

Joint Committee on Administrative Rules
ADMINISTRATIVE CODE

TITLE 89: SOCIAL SERVICES
CHAPTER I: DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
SUBCHAPTER d: MEDICAL PROGRAMS
PART 146 SPECIALIZED HEALTH CARE DELIVERY SYSTEMS
SECTION 146.220 RESIDENT PARTICIPATION REQUIREMENTS

Section 146.220 Resident Participation Requirements

- a) The SLP setting may admit or retain residents whose needs can be met through the services described in Section 146.230. The following criteria shall be met prior to admission to the SLP setting:
- 1) Be age 22 years or over with a physical disability (as determined by the Social Security Administration) or elderly (age 65 years or over);
 - 2) Be screened by the appropriate Department on Aging contracted Care Coordination Unit (DoA CCU) or the Department of Human Services Division of Rehabilitation Services (DHS-DRS) screening agency and found to be in need of nursing facility level of care. A new Determination of Need (DON), or successor tool, screen is not needed for a resident who is transferring between SLP providers or comes from a nursing facility with no break in service. It is the admitting SLP provider's responsibility to ensure that a screening document is received from the transferring SLP setting or nursing facility. If the individual is transferring directly from a nursing facility and has a history of a developmental disability or serious mental illness, as evidenced in the medical history accompanying the individual, the SLP provider must submit a referral for a specialized evaluation to be completed by the DHS Division of Developmental Disabilities (DHS-DDD) Independent Service Coordination (ISC) agency or the Division of Mental Health (DHS-DMH) Preadmission Screening Resident Review (PASRR) agency to evaluate for need for active treatment or the existence of serious functional risks and needs associated with the diagnosis to determine if they exceed the capacity of the SLP setting. Private pay individuals may choose to be admitted into the SLP setting when the screening assessment does not justify nursing facility level of care;
 - 3) If further evaluation is necessary due to the suspicion of a developmental disability or serious mental illness, the developmental disability or serious mental illness must be determined by a qualified DHS-DDD ISC agent or DHS-DMH preadmission screening (PAS) agent. The presence of a developmental disability does not automatically preclude admission to the

SLP unless there is the need of continuous active treatment for which the individual should be considered for other DHS-DDD services not available through the SLP. The presence of a serious mental illness does not automatically preclude admission to the SLP unless the psychiatric symptoms, behavioral risk, and major treatment adherence/engagement problem persist at a sufficiently serious level that exceeds the service capabilities of the SLP provider. The evaluation and determination of whether the needs are within the SLP provider capability or beyond the SLP provider capacity is determined by the DHS-DDD ISC or DHS-DMH PAS agent; and

- 4) Have name checked against the United States Department of Justice Dru Sjodin National Offender Public Website at www.nsopr.gov, the Illinois Sex Offender Registration website at www.isp.state.il.us and the Illinois Department of Corrections registered sex offender database at www.idoc.state.il.us. Refer to Section 146.215 for facility requirements if a person whose name appears on either registry is admitted to an SLP setting.
- b) The SLP provider's assessment to determine if a potential resident's needs can be met by the SLP provider shall not occur until after the DON, or successor tool, assessment and other required PAS have been completed and determinations provided to the SLP provider.
- c) Private pay residents seeking to convert to Medicaid while residing in an SLP setting shall be screened by the Department using the DON or successor tool, prior to the point of conversion and must be found to be in need of nursing facility level of care before Medicaid payment may be authorized.
- d) Each prospective resident shall have a tuberculin skin test in accordance with the Control of Tuberculosis Code (77 Ill. Adm. Code 696).
- e) A Medicaid resident of the SLP setting shall not participate in any other federal Home and Community-Based Waiver Program.

(Source: Amended at 44 Ill. Reg. 2331, effective January 15, 2020)