**Section 240.1010 Choices for Care Pre and Post Screening and Informed Choice**

a) Choices for Care prescreening is the determination of the need for institutional long term care services and/or other long term services and supported programs that require an institutional level of care, including the supportive living program settings. All participants age 60 and over, regardless of the payment source, must be determined eligible prior to placement in a nursing facility (licensed under the Nursing Home Care Act; certified to participate in the Medicare program under Title XVIII of the Social Security Act (42 U.S.C. 301 et seq.), or certified to participate in the Medicaid program under Title XIX of the Social Security Act; placement in a supportive living program (Medicaid waiver)); or to determine if the participant/authorized representative chooses community-based services and supports.

b) Except as indicated in subsections (j) and (l), any participant seeking admission to a nursing facility or supportive living program must be screened to determine their level of care need for nursing facility or supportive living program services pursuant to this Section.

c) Prescreening includes the completion of the level of care to determine eligibility for institutional level of care or supported living program setting placement. In addition, the participant will receive copies of brochures related to the following subject matters:

1) Privacy Practices; and

2) Adult Protective Servicesbrochure*.*

d) In compliance with federal Preadmission Screening and Resident Review (PASRR) requirements, when CCUs completing the HFS Level I Screen for individuals residing in the community to determine if there is a suspicion of and a reasonable basis to suspect mental illness and/or developmental disability, the CCU shall make the appropriate referral to the state designed entity within one day to determine if an HFS Level II Screen is required. If it is determined that no further screening is required, the CCU shall complete the required forms. If further screening is required by the state designated entity, that entity shall complete the required forms.

e) The hospital shall notify the CCU at least 24 hours prior to discharge.

f) CCUs will have the capacity to complete face-to-face prescreenings seven days per week, at a minimum of seven hours per day.

g) Responsibility for prescreenings shall be vested in the CCUs. The CCU is responsible for ensuring that copies of the HFS Interagency Certification of Screening Results form and the HFS Level I Screen shall be submitted to the state designated entity within the required timeframe.

h) The participant who is prescreened shall:

1) be afforded informed choice including an explanation of all support options, including nursing facility, supportive living program setting, home and community-based services; and

2) be advised of their right to refuse nursing facility, supportive living program setting, home and community-based, or all services.

i) Postscreening shall occur if a participant is admitted to a nursing facility or supportive living program setting without benefit of prescreening.

1) Postscreening may occur for any of the following reasons:

A) after nursing facility or supportive living program setting placement in an emergency situation when there is a pre-existing condition of need for a caregiver and the caregiver is no longer able to provide care. The CCU shall conduct prescreening within two calendar days after the date of the request for postscreening;

B) for nursing facility or supportive living program admissions from a hospital emergency department or outpatient services; or

C) for nursing facility or supportive living program setting admissions for participants coming from out-of-state.

2) The CCU shall conduct a postscreening within two calendar days after the date of the request for postscreening.

j) Nursing facility prescreening does not apply to the following:

1) Transfers from one nursing facility to another.

2) Admissions to a continuing care retirement community with which the participant has a life care contract.

3) Participants who are receiving or will be receiving hospice services.

4) Returns to a nursing facility from a hospital.

5) Admissions to a nursing facility from the community for respite care for a period of no more than 15 calendar days.

6) Admissions to sheltered care facilities.

7) Participants who resided in a nursing facility on June 30, 1996.

8) Participants who resided in a nursing facility for a period of at least 60 calendar days who are returning to a nursing facility after an absence of not more than 60 calendar days.

k) A prescreening or postscreening for supportive living program setting admissions is not required for:

1) Hospice services;

2) Caregiver respite services;

3) Transfers from nursing facilities licensed under the Nursing Home Care Act and certified to participate in the Medicaid program or another supportive living program setting without a break in service. It is the admitting supportive living program setting's responsibility to ensure that a screening document is received from the transferring nursing facility or supportive living program setting; or

4) Residents who were admitted to a supportive living program setting from a hospital to which they were transferred for the purpose of receiving care.

l) Any participant who has been admitted to a nursing facility that operates under the Hospital Licensing Act [210 ILCS 85], or provider licensed under Section 35 of the Alternative Health Care Delivery Act [210 ILCS 3/35], whose actual length of stay in the facility exceeds 21 calendar days, shall be screened to determine the participant's need for continued services.

m) Nursing facility conversion screening is the assessment of the appropriateness of in-home and community-based care for nursing facility residents age 60 and over who have applied for and been found eligible for Medicaid assistance.

1) Conversion screens shall be initiated by a referral from HFS.

2) Conversion screens shall be accomplished in accordance with Deinstitutionalization (see Section 240.1960(g)). A Deinstitutionalization assessment will be conducted within 60 days after the date of admittance to the nursing facility if the participant chooses to have follow-up by the CCU.

3) Conversion screens shall include the option of CCP transitional services for those participants who are appropriate for in-home and community-based services.

(Source: Amended at 48 Ill. Reg. 11053, effective July 16, 2024)