

	A	B	C	D	E
1	Force Recom	PAS & BACKGROUND CHECK	Statute, Rule, Policy, Workgroup or Budget	Supportive Housing Providers Association Response	
2		1 Care Plan, least restrictive, most independence	NHCA, Rules	Support. For supportive housing this means funding a flexible mix of services that allow the individual to live in this community-integrated setting.	
3		2 PAS Reform	Rules	Support. Screening should be approached from the standpoint of determining what services will make it possible for person to live in a community-integrated setting.	
4		3 90 Day Reassessment	Rules	Support. See above.	
5		4 Re-train Screeners	Rules	Support. Not just so that they are aware, but so that they approach screening from the viewpoint stated in our 2nd comment above.	
6		5 Train Hospital Discharge Planners	Rules	Support. Same as above.	
7		6 PAS 'Risk of Harm'	Rules	Support. However, preadmission screening should not just be a rigid "instrument", but rather should be based on clinical judgment. Risk assessment should only part of a well-rounded view. Risk assessment should be an evidence-based tool that includes age, type of offense, and length of time since offense. Again, screening should be approached from standpoint of what will make it possible for individual to live in the community. Individuals with serious mental illness with criminal backgrounds are living successfully in	
8		7 Hospital initiate background check	Hospital Licensing Act	Oppose.	
9		8 Electronic Submission of background check	Rules	Support.	
10		9 DPH sanction of failure to do background check	NHCA	Support.	
11		10 Provisional basis admission	NHCA	Need details.	
12		11 Retrieve warrant info	NHCA/Workgroup	Support.	
13		12 Criminal Analysis reform	NHCA/Workgroup	Support.	
14		13 Response to Warrants	NHCA/Workgroup	Support.	
15		14 DPH database for criminal history	Workgroup	Support.	
16		15 Consumer Choice Info Report	IL Act on Aging	Support.	
17	II.	ENFORCE HIGHER STANDARDS			
18		16 Certificate to treat Mentally Ill	Rules/Workgroups	Support, if this means the Mental Health Code. SHPA's support should not imply that nursing homes are appropriate placements for people with mental illness.	
19		17 Certificate to treat Risk of Harm	Rules/Workgroups	Oppose. Nursing homes should not be used for this purpose. Has potential to recreate the state's current unbalanced situation again.	
20		18 Stronger DPH powers	NHCA Type A, B	Support.	
21		19 Stronger DPH powers - NHCA Type A, B	NHCA, tax, fees	Support.	
22		20 Increase penalties	NHCA, Type A,B	Support. Lift cap on size of fines.	
23		21 Agency protocols to report misconduct	Workgroup	Support.	
24		22 Share info w/ JCOAH on problems	Policy	Support.	
25		23 Require facilities to report problems	NHALDA	Support.	
26		24 Remove confidentiality restrictions	Med Pract Act	Need more detail.	
27		25 Whistleblower protections	NHALDA	Support.	
28		26 Increase Min Staffing Requirements	NHCA, Rules	Support.	

	A	B	C	D	E
29	27	Unit for Technical Assistance to NH's	Workgroup	Oppose. Seems like another way to house individuals with mental illness in large institutions.	
30	28	Psychotropic Drug reform	Workgroup	Support. SHPA's support should not imply that nursing homes are appropriate placements for people with mental illness.	
31	29	JCOAH accreditation for certification	Rules	Need more detail.	
32	30	Criteria for granting Certification of Need to include Violation history	Health Facilities Planning Act	Support.	
33	31	Increase fees	NHCA	Support.	
34	32	Change payment methodology	Workgroup	Support, as long as funds used to care for residents.	
35	III.	EXPAND HOME & COMMUNITY OPTIONS			
36	33	Expanded options for housing w/ leases	Budget	Support. Will work with state to add details to this. (See SHPA 's attached Plan. See attached list of 573 units ready to open in FY2011 with state service funding.)	
37	34	Expanded therapeutic options	Budget	Support. Will work with state to add details to this. (See SHPA 's attached Plan.)	
38	35	Expanded funding for IDHA options	Budget	Support. Will work with the Corporation for Supportive Housing and IHDA to add details to this.	
39	36	Increase Medicaid reimbursement, Money Follows Person	Budget	Support.	
40	37	Maximize fed financial resources for H&C	Budget	Support. Supportive housing is already doing this. Current supportive housing leverages nearly \$37 million in on-going annual federal funding--a 175% return on the state's investment.	
41	38	Increase \$/mo for allowance	Budget	Support--however, residents transitioning to the community should have their full SSI monthly payments and should only have to use 30% of this to cover rent, as is the case with supportive housing.	