

Land of Lincoln Legal Aid – Carbondale 618-457-7800 Ext. 6127 mlpsi@lincolnlegal.org

SIH



**Breaking Barriers to Justice** 

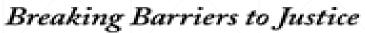
### WHO IS LAND OF LINCOLN LEGAL AID

"We believe all people of Central and Southern Illinois should have access to justice, income security, adequate housing, quality education, healthcare, safety from violence and exploitation, and the opportunity to improve their own lives."



Breaking Barriers to Justice





### WHAT WE DO

• Land of Lincoln provides free civil legal services to low-income residents and seniors in 65 counties in Illinois.

• The kind of help we provide ranges from telephone advice or brief service, to representation in court or administrative hearings.

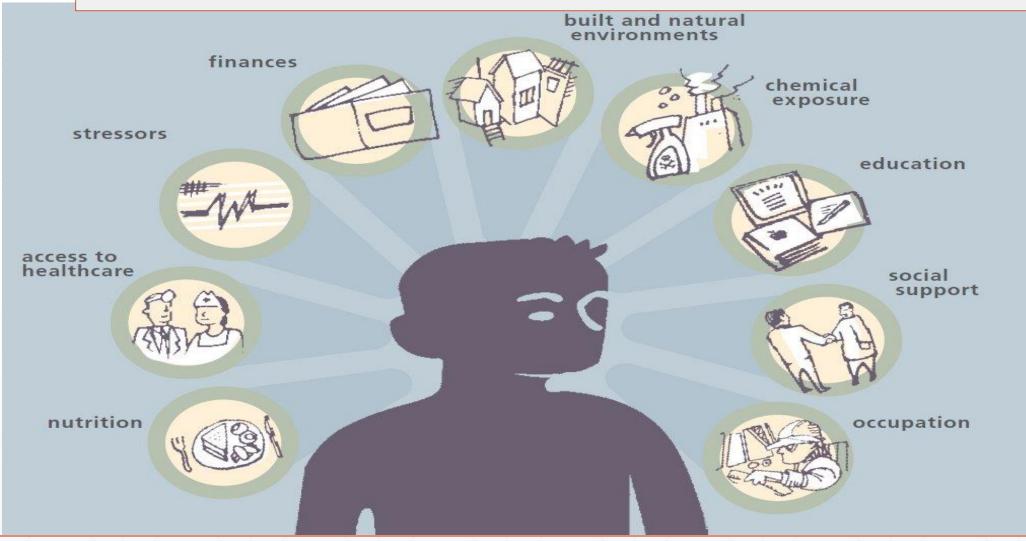
• We only handle certain kinds of civil cases. We do not handle any criminal cases, including traffic cases. We also do not handle any personal injury, malpractice or worker's compensation cases.



### WHAT IS MLPSI

- Partnership between Southern Illinois Healthcare and Land of Lincoln Legal Aid
- Founded in 2002
- We work closely with providers (doctors, nurses, clinical social workers) at:
  - SIH Hospitals
  - SIH Medical Group
  - Shawnee Health Services
- Within the past 19 years, more than 2000 people have been referred to the MLPSI
  - More than 1000 positive outcomes
- 2012 Outstanding MLP of the Year, National Center for Medical Legal Partnerships

# Social Determinants of Health

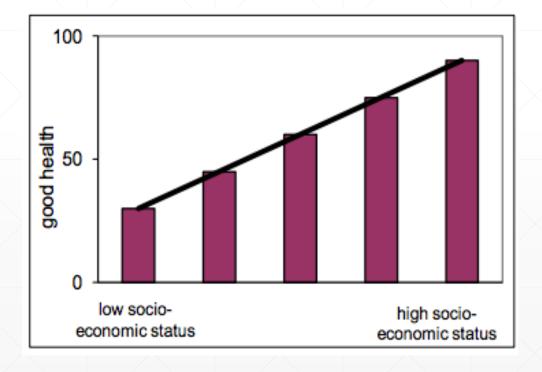


Source: www.healthandenvironment.org



# **SDOH AND POVERTY**

### Social Gradient of Health

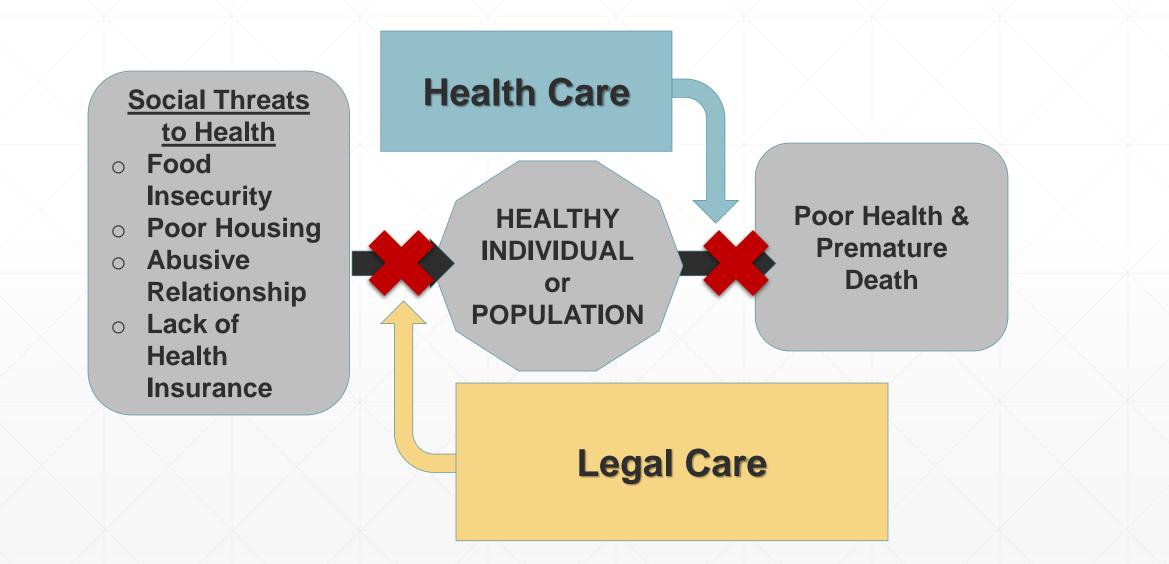


Income  $\rightarrow$  Most important SDOH contributing to health inequity

Extreme differences in income have negative health consequences for patients living in poverty

Sources: www.physiospot.com and www.who.int/en

# Social Determinants of Health



## HOW DO I INTEGRATE THIS INTO MY PRACTICE?



# The legal team can treat the following types of issues:

- bankruptcy
- food stamps/SNAP
- child support
- foreclosure
- debt collection
- guardianship
- disability benefits

- housing conditions
- divorce/custody
- Medicaid/ Medicare
- domestic violence
- Powers of Attorney
- education
- Expungement/Sealing criminal convictions

# **#1 Pay attention to RED FLAGS**

### **Examples of RED FLAGS:**

#### Non-compliance

Failure to show up for appointments

Failure to obtain medications

Failure/refusal to follow through with other treatments such as home health, outpatient therapy, dialysis, etc.

#### High Utilization of Services

Multiple re-hospitalizations Multiple ER visits Multiple psychiatric contacts

#### Socio-economic Risk Factors

Does your patient belong to an atrisk population?

- Racial minority
- Elderly
- Single parent household
- Low income / uninsured /underinsured

# **#2 Ask a <u>SCREENING QUESTION</u>**

Start Small...

If you notice a **RED** 

FLAG, choose ONE

default <u>SCREENING</u> QUESTION to ask. Do you have enough money to make ends meet?

Do you have enough food to feed your family?

Do you have health insurance?

Do you feel safe and secure in your home?

Do you have enough money to pay your rent or utility bills each month?

Are your children succeeding in school?

# **#3 Make a Referral**

If your patient answers **NO** to any of the screening questions, they may need legal assistance.

### **REFERRAL TIPS AND GUIDELINES**

- You should fill out the referral form <u>NOT</u> the patient.
- We **<u>DO NOT</u>** fill out applications for patients.
- If your patient has been denied benefits, find out when the patient was denied before the referral is made. If the patient's appeal deadline has passed, advise the patient to reapply. **DO NOT** refer a patient who does not have a current denial to appeal.

\* If the patient's appeal time has <u>recently passed</u> or <u>there was no notice of termination</u> <u>or denial at all</u> you may contact us to discuss this potential referral.

• **<u>DO NOT</u>** refer a patient who has only applied for benefits and has not received a denial notice.

# Please feel free to contact the legal team if you have a question about a potential referral.

ERAND OF LINCOL AUD- Breaking Barriers to Justice	Contraction Contraction		Herrin Hospital Memorial Hospital of Carbondale St. Joseph Memorial Hospital SIH Cancer Institute Center for Medical Arts Logan Primary Care	
Patient Information	Referral Form	Emergency? Yes / No	Primary Care Harrisburg	
ICD10 / Diagnosis:			SIH Medical Group Other:	
Patient of an SIH Hospital or SIH Medical Group: Yes / No			1	
Patient Location at time of referral: Home SIH Hospital LTC Facility Other:			- Shawnee Health Service	
Patient Name (tirst, middle, last):			Shawnee Alliance / Healthy Families	
DOB: SS# (last four digits):			Shawnee Health Care-Carbondale	
E-mail:	Safe to Se	nd Message: Yes / No	Shawnee Health Care- Carterville Shawnee Health Care-Marion	
	00101000	na moosago. Too Tho	Shawnee Health Care- Murphysboro	
Home Address:	Safe to Se	nd Mail: Yes / No		
City:	Zip:	103/140	Shawnee Healthcare – Behavioral Health	
Phone #:	Safe to Le	ave Message: Yes / No	Shawnee Health Care – OB/GYN &	
Permission to Send Text Message: Yes / No			Pediatrics D Shawnee Health Service Other:	
Referred By:				
Phone:Ext;				
E-mail:				
LEGAL CATEGORY (Please Check)	INCLUDES (Please Circle)			
Criminal Records	Expungement Sealing	Healthcare worker waivers	Certificates of good conduct/rehabilitation	
Consumer Protection	Debt collection Bankrup	tcy Consumer fraud		
Education Law	Education issues for disable	ed children Discipline, su	spension and termination from school	
Elder Law & Disability Rights	Elder abuse and exploitation Advance directives Wills			
Housing	Eviction Unsafe living conditions Foreclosure			
Family Safety & Stability	Orders of protection Divorce Custody Child guardianships			
Public Benefits	Medicaid Medicare T/	ANF SNAP Social Secu	urity Unemployment	
Brief Description:				

#### PATIENT AUTHORIZATION TO DISCLOSE THE FOLLOWING HEALTH/LEGAL INFORMATION

I understand authorizing the use or disclosure of the information identified above is voluntary. I need not sign this form to ensure healthcare treatment.

Date

I authorize the health care provider named above to consult with Land of Lincoln Legal Ald (Land of Lincoln) about my possible legal problem to see if Land of Lincoln can help resolve my problem or refer me to other resources. I also authorize Land of Lincoln to discuss my possible or unrent legal problem with my health care provider to help resolve my problem. I Burther authorize Land or Lincoln to disclose, my name, demographic Information, and result of my case to the above-named healthcare provider and Southhcare.

I understand that I have a right to revoke this authorization at any time. I understand that If I revoke this authorization i must do so in writing and present my written revocation to the Health information Department and Land of Lincoin. I understand that the revocation will not apply to information that has already been released in response to this authorization or to the extent that Land of Lincoin has already acted in relance on this authorization.

I understand that the information (excluding mental health information) that is being disclosed under this authorization may be subject to re-disclosure by the recipient and no longer be protected under the Health Insurance Portability and Accountability Act.

I understand that this authorization may include disclosing information regarding mental health, developmental disability, sexually transmitted disease, aloohol and/or drug abuse services, and HIV/AIDS test results, including but not limited to examination, diagnosis, evaluation, treatment or rehabilitation.

I have carefully read and understand the above and do hereby expressly and voluntarity authorize disclosure of the information between the healthcare provider listed above and Land of Lincoin. I agree that that a photocopy of this authorization is as valid as the original

#### Client's Signature

Legal assistance is not provided for criminal or personal injury cases. Representation is not guaranteed and is determined on a case by case basis. PLEASE SEND TO: Land of Lincoln Legal Aid: Attention Intake Specialist mlosi@Incolnlegal.org

Eax: (618) 457-7877 Phone: (618) 457-7800 x 6127

### **MLPSI Referral Form**

#### **Important things to REMEMBER:**

### ICD 10 Code

### Legal Issue (check all that apply)

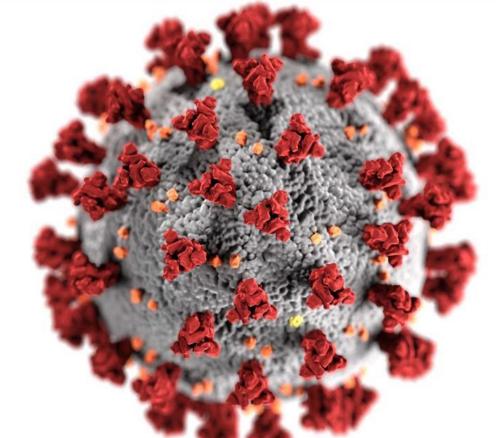
#### Description of each legal Issue

# I SENT A REFERRAL... NOW WHAT?



- MLPSI intake specialist will pre-screen the patient
- If the patient and their case qualifies for Land of Lincoln, he or she will be scheduled for an appointment with the appropriate legal advocate for an evaluation of their case
- Referral source will receive an email notification regarding the status of the patient's case

# The Impact of COVID-19





Breaking Barriers to Justice

### • <u>The Office</u>

- Office is closed to public until September 7, 2021
- Most staff work from home parttime
- Meet with client by phone
- Limited in-person client meetings
- Safety protocols in place for inperson meetings including social distancing, barriers, and masks.

## The Courts

- Zoom court for many counties
- Clients may access zoom hearings via smartphone or dialing in by phone
- Several counties require inperson hearings
- Social distancing and masks are no longer required

# **Questions?**





MEDICAL LEGAL PARTNERSHIP of southern Illinois

**Diane Goffinet** (Managing Attorney)

• 618-457-7800 ext. 6117

Lana Crawford (Senior Staff Attorney)

• 618-457-7800 ext. 6119

Jordan VanDeveer (Staff Attorney)

• 618-457-7800 ext. 6123

Madison Olsen (MLPSI Paralegal)

• 618-457-7800 ext. 6127

Angie Bailey (Community Benefits Manager, SIH)

• 618-457-5200 ext. 67834

Sandra Schwartz (Community Health Coordinator, SIH)

• 618-457-5200 ext. 67837