Town Hall Webinar
Division of Developmental Disabilities

Greg Fenton, Director

December 1, 2016
Update and Timelines for Waivers and Statewide Transition Plan

Presenter: Jim Eddings
Section Manager, Strategic Planning, Bureau of Program Development & Medicaid Administration
Waiver Renewals

• New waivers are initially approved by the Centers for Medicare and Medicaid Services (CMS) for a period of three years.

• Renewals are issued for five-year periods.
Status of Two Children’s Waivers (Residential and In-Home Support)

• The expiration date of the current renewals was June 30, 2015.
• The Waivers are now operating under 90-day extension periods while CMS and the State (the Departments of Healthcare and Family Services and Human Services) discuss issues to ensure compliance with federal regulations.
• The renewal applications are still pending.
• CMS issued a joint Request for Additional Information (RAI) for both Waivers.
• CMS is now reviewing the State’s draft response.
Status of Two Children’s Waivers (Residential and In-Home Support)

• The State submitted a draft response to CMS’s RAI on October 28, 2016.

• Once CMS indicates the draft responses are acceptable, the State must submit the response formally and modify its renewal application accordingly.

• As long as the discussions are progressing and the State responds timely, CMS should continue the extensions.

• The current extension expires December 21, 2016.
Status of Adult Waiver Renewal

• The expiration date of the current renewal is June 30, 2017.
• The State completed and submitted its evidentiary report, which is the first step of the renewal process, on October 28, 2015.
• The evidentiary report describes review and sampling methods, lists all performance measures included in the Waiver, indicates evidence of compliance for each of the first three years of the Waiver renewal period, and summarizes remediation activities for non-compliance.
• The renewal application must be submitted no later than March 31, 2017. It is the State’s intention to submit the application prior to that date.
Status of Adult Waiver Amendment

• The State submitted an Amendment to the Adult Waiver that includes:
  – An increase in the number of Behavior Intervention hours funded per year,
  – An increase in overall Waiver capacity to address the Ligas expansion,
  – The addition of the 24-hour stabilization services, and
  – Technical changes regarding standard Medicaid eligibility consistent with the Affordable Care Act.

• CMS issued a RAI, to which the State submitted a draft response.
• CMS indicated it would provide feedback on the draft RAI response by February 3, 2016.
• The State received the CMS feedback on the draft RAI. The State provided a response on June 15, 2016.
• The Adult Waiver Amendment was approved on June 28, 2016.
Status of Statewide Transition Plan for the federal HCBS Rule

• The State submitted its initial draft Statewide Transition Plan in March of 2015.
• CMS provided feedback on the draft plan.
• HFS published a second draft of the plan for public comment. The public comment period has ended. HFS is now making modifications to the draft plan based on the public comment.
• Concurrently, HFS asked providers to complete a self-assessment of the level of compliance of their residential and day program sites.
• The State has conducted site visits to those sites that were reported to be out of compliance and a sample of those sites that were reported to be at various levels of compliance.
• A multi-agency team examined the survey results.
Remediation and Compliance

• At the conclusion of the survey validation process, the State will begin its remediation process.

• All sites will be required to be fully compliant by the effective date of the federal rule. If the State anticipates that a site cannot or will not become compliant by that date, it will begin work on transitioning the site’s waiver participants as appropriate.
Questions About The Waivers

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EMPLOYMENT FIRST PROJECT

Presenter: Paul Morell, Medicaid Waiver Specialist

- Funded by Balancing Incentive Program
- $3,000,000 in grants to direct service providers and $200,000 to a technical assistance provider through the Notice of Funding Opportunity process
- 200 individuals placed in individualized competitive integrated employment; at least part time basis (12 hours per week) by June 30, 2017
INDIVIDUALIZED COMPETITIVE INTEGRATED EMPLOYMENT

• Competitive wage (no sub-minimum wage)
• Community based job (no rehabilitation facility or long term care facility)
• Employment involves interaction with others who do not have disabilities
GRANT Awardees

- Awardees were selected by a committee consisting of DHS and DRS staff
- Eleven (11) awardees from across the State were chosen from 26 applicants for the direct service contract at up to $15,000 per individual served
- One (1) awardee was chosen from 4 applicants for the technical assistance and resource development contract
DIRECT SERVICE Awardees

- Bridgeway, Inc.
- Coleman Tri-County Services
- Community Services, Inc.
- CTF Illinois
- Jewish Child and Family Services
- Lester and Rosalie Anixter Center
- Orchard Village
- Ray Graham Association
- Sertoma Centre, Inc.
- The ARC of the Quad Cities Area
- Transitions of Western Illinois, Inc.

Direct Service Awardee’s Technical Assistance Provider: Economic Systems, Inc.
MILESTONES

• Initial phone conference with direct service providers and technical assistance provider was held on 11/10/16

• Providers immediately began identifying the individuals that would be participating in the project

• Payments will be made to the direct service providers based on the following milestones;
  – Enrollment form submission
  – Assessment/Discovery Plan submission
  – Successful Job Hire Report
  – Job Support (individual completes 4 weeks on the job)
DESIRED OUTCOMES

• Increase the number of individuals with I/DD working in individualized competitive integrated employment

• Expand Illinois’ capacity and expertise in providing individualized competitive integrated employment services and supports in individuals with I/DD

• Receive written resources from technical assistance provider
  – Written success stories illustrating key elements that directly influenced the successful outcomes
  – Lessons learned report (Do’s and Don’ts)
  – Best practices guide
CONTACT INFORMATION

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Short term Stabilization Homes (SSH)

Molly Chapman

Town Hall Update
12-1-16
Overview

- 4-bed 24 hour residential settings operated under Community Integrated Living Arrangement (CILA) licensing as a community alternative to State Operated Developmental Center placement.
- They are designed to serve persons with an intellectual or developmental disability who are experiencing a behavioral crisis and are at risk of losing their home in the community despite Support Service Team (SST) intervention.
- Short term means up to 90 days.
- The stay is meant to stabilize the presenting concerns and to plan for long term stabilization, but not to provide long term intervention or treatment.
- The discharge plan will be return to the person’s home or another community home.
- This short stay will give the provider an opportunity to receive training, make home modifications, staffing changes and/or other changes that will help them continue the stabilization when the person returns.
Overview

- June 2015 Request for Application (RFA) distributed
- April 2016 contracts
  - Envision Unlimited homes located in the South Suburbs and will serve the Northern 1/3 of the state (Northwest, North Suburban, city of Chicago, South Suburban Regions)
  - Individual Advocacy Group homes located in the Springfield area and will serve the central and southern 2/3 (North Central, Central, Southern Regions)
- September 2016 two homes open
- October 2016 all homes open
Referral Process

Referrals will be chosen from individuals that staff from the Division of Developmental Disabilities and Individual Service Coordination agencies are currently working to stabilize.

- Person identified to fill a vacancy
- DDD- Bureau of Community Services (Regions) staff contacts ISC
- ISC completes the application packet
- Agency and guardian assist with application
- ISC submits application to DDD staff
- DDD staff review application
- DDD staff forward application to SSH
- SSH staff contact Agency and/or guardian to arrange admission
Upon Admission

- Initial staffing set within 72-hours
- Participants
  - Individual
  - Guardian and/or other family
  - Provider Agency staff
  - Independent Service Coordinator
  - DDD Community Services staff and Project Manager
  - SST staff
  - SSH staff

- Staffing goals: discuss presenting concerns, describe stability, establish individual and team responsibilities, and set target discharge date.
- Set day and time for weekly follow-up staffings
Weekly Contact

- Regular weekly follow-up staffings
  - Review the individual’s past week
  - Update on responsibilities of each team-member
  - Make changes to the plan and responsibilities as needed
- Additional and specific communication may occur between weekly staffings
- Transition plan two weeks prior to discharge
- Discharge follow-up
  - Telephone follow-up from SSH
  - In-person follow-up from SST
Statistics

- Referral Timeline
  - September Referrals- 2
  - October Referrals- 6
  - November Referrals- 3

- Referral Geography
  - Chicago Area Referrals- 5
  - Springfield Area Referrals- 6

- Distribution
  - Providers- 9
  - Independent Service Coordination- 7
  - Anna to Rockford
Statistics

- Referral Gender
  - Males: 6
  - Females: 5

- Age Range
  - 18 – 24: 7
  - 25 – 30: 3
  - 31 – 40: 1

- Diagnosis
  - Mild Intellectual Disability: 4
  - Moderate Intellectual Disability: 4
  - Severe Intellectual Disability: 3
  - Mental Health Diagnosis: 9
  - Autism: 5
Statistics

- Physical Location at Time of Referral
  - CILA Home- 7
  - Family Home- 2
  - Hospital- 2

- Residential Funding Source
  - 24-Hour CILA- 10
  - ICFDD- 1
Statistics

- Referral Reasons
  - Physical Aggression- 11
  - Recurrent Psychiatric Hospitalization- 9
  - Property Destruction- 8
  - Elopement- 8
  - Inappropriate Sexual Behavior- 5
  - Overutilization of Emergency Services- 5
  - Verbal Aggression- 5
  - Negative Community Behavior- 4
  - Self-Abuse- 3
  - Staffing to be adjusted- 1
Contact For Questions About The SSH Program

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Questions?

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