**ADULT WAIVER RENEWAL**
**DIVISION OF DEVELOPMENTAL DISABILITIES**

**DRAFT POSTED FOR PUBLIC COMMENT**
**FEBRUARY 9, 2017**
**SUMMARY OF MAJOR CHANGES**

The Medicaid Waiver for community-based services to adults with developmental disabilities is scheduled for renewal by the federal Centers for Medicare and Medicaid Services (CMS) by July 1, 2017. Staff at the Illinois Department of Healthcare and Family Services (HFS), the State's designated Medicaid agency, and staff within the Division of Developmental Disabilities (DDD) have been drafting the renewal application. We have now posted the draft application for public comment prior to submission to federal CMS no later than April 1, 2017. The draft is available at HFS's website at https://www.illinois.gov/hfs/MedicalClients/HCBS/Pages/default.aspx.

Comments may be submitted via e-mail to HFS.HCBSWaiver@illinois.gov, or in writing to:

Illinois Department of Healthcare and Family Services
Attention: Waiver Manager
201 S. Grand Avenue East, 2nd Floor
Springfield, IL 62763

The public comment period ends on March 10, 2017.

The paragraphs below describe the major changes included in this draft renewal application. We hope they will assist stakeholders in reviewing the draft. We encourage everyone to review the entire draft document, and we welcome input on the proposed changes, as well as any sections of the draft application. We expect to make additional modifications based on public input. All changes proposed as part of the final renewal application are subject to federal CMS approval.

## QUALITY ENHANCEMENT ISSUES AND SAFEGUARDS

Background and Registry Checks. When this Waiver was last renewed five years ago, the DDD required background and registry checks on all provider employees at the time of hire. During this Waiver period, that requirement was expanded to include checks both at the time of hire and annually thereafter. The provider requirements found in Appendix C reflect this change.

Staff Completing Investigations. The current Waiver reflects the past practice of allowing staff at provider organizations to be approved by the Office of Inspector General (OIG) to complete investigations of abuse, neglect, and exploitation allegations. Currently, OIG investigations are completed only by OIG personnel. The language in Appendix G reflecting the past practice has been eliminated.

Adult Protective Services (APS). When the Waiver was last renewed, OIG conducted investigations of allegations of abuse, neglect, and exploitation for individuals with developmental disabilities living in

their own homes. During this Waiver period, that responsibility was transferred through statutory changes to APS. Appendix G has been modified to reflect this change in policy and procedures.

Involuntary Termination of Participant-Directed Home Based Support Services (HBS). Currently, the Waiver provides for the involuntary termination of Participants from self-directed HBS in the event the Participant and/or his or her representative have committed fraud regarding the funds. The draft renewal would add the following two additional circumstances under which involuntary termination can occur:

- The Participant is living with a family member or other individuals who has been determined by APS or other authorized entity (e.g., law enforcement) to have abused or neglected the Participant or other individuals, and
- The ISC agency and Fiscal Employer Agency have determined and documented that the Participant and/or his or her employer of record are not able to direct their own services, either with or without the assistance of a Service Facilitation agency.

In all three circumstances, the involuntary termination would be subject to appeal and the Participant would be offered agency-based services.

We have added this additional language in part in response to concerns highlighted by the HBS stakeholder workgroup.

Monitoring of Participants' Well-Being by Independent Service Coordination (ISC) Agencies. The current Waiver indicates that ISC agencies will have contact with all Waiver Participants a minimum of four times per year. This draft proposes changing that to a minimum of one visit per year in the home in addition to the time spent with the individual and guardian during the assessment and planning processes. We believe this change would give ISC agencies the flexibility to direct their resources based on the needs of the Participants at a given point in time.

If this change is implemented, it is the DDD's intent to develop, with stakeholder input, standard guidelines for the ISCs to use to determine which Participants would need only the minimum contact and which Participants would need higher levels of contact. For example, we envision a Participant, living at home with his mother and father, without extraordinary medical or behavior issues, who works 10 hours per week at a part-time job and attends a site-based Developmental Training program three days per week, and has done so without significant incidents for the past two years, may need less monitoring. On the other hand, a Participant who does not have involved family members, who has recently moved to a Community Integrated Living Arrangement and is experiencing significant behavior issues, may need more monitoring. Of course, these are opposite examples and relatively easy to distinguish—reality will be more difficult, but we are striving to make our resources more flexible so we can smartly target our monitoring capabilities where they are most needed. Factors that could be included in the standard guidelines may be Participant medical issues, Participant behavior issues, impressions of family involvement and stability, provider stability and quality indicators, involvement of multiple providers, Participant's ability to advocate for his or herself, natural supports, transition periods, etc.

In addition to strengthening the ISC monitoring, we believe this flexibility will help ISC agencies better manage their new responsibilities with regard to Participants' Plans described in the next section below.

While we must be as efficient as possible, we also must ensure basic safeguards. Concerns about this proposal have been voiced regarding the need for visits to individuals during their day program(s), worries that one visit per year would become the default for everyone, etc. We are open to other ideas as to the best way to effectively manage resources and would appreciate any suggestions stakeholders have on this topic.

**SERVICE PLANS**

Planning Policies and Processes. In accordance with the new federal Home and Community-Based Services (HCBS) Rule, the DDD is now testing the draft, standardized person-centered plan document developed through the Life Choices workgroup. This new plan format will be implemented for all Waiver Participants beginning July 1, 2017. The ISC agencies will now be given the responsibility to complete these plans with the Participants and their guardians and families. Appendix D has been rewritten to describe the new process that will be in effect as the renewal occurs. This same language is being used in the renewal of the two children's waivers.

**EMPLOYMENT AND DAY PROGRAMS**

Access to Supported Employment. Service definitions in Appendix C have been modified to strengthen and enhance access to Supported Employment Programs. These service definitions have been developed with input from the Employment First stakeholder workgroup.

Along with these proposed definitions, we are considering new rate methodologies to support the programs. The stakeholder workgroup has provided suggestions that are now being reviewed in accordance with available funding levels. Questions being considered are rates reflecting geographic differences and/or acuity-based components versus standard, statewide rates. The inclusion of incentives to increase working hours is also being discussed.

In addition, we are proposing revised language in Appendix C that would allow Participants to receive Supported Employment Services while also enrolled or waiting to be enrolled in Vocational Rehabilitation Services, as long as the services are not duplicated or delivered on the same date and time.

Day Community Access and Employment Path. A new day service is being proposed to increase community integration during traditional day program hours. The service would be delivered in small groups in natural community settings. The new service is defined, along with provider qualifications and service limitations, in Appendix C. The Alliance has advocated strongly and petitioned the DDD for the inclusion of this type of service, and the Employment First stakeholder workgroup provided valuable input into the development of this proposal. In addition to input on the description of the service, we would also welcome input regarding its name.

Site-Based Developmental Supports (Developmental Training). A new paragraph has been added to the service definition that states the following:

> Waiver Participants with this service included in their Plan are not required to also utilize other day programs or supported employment services; however, individuals receiving Site-Based Developmental Supports are expected to have an individually determined optimal amount of integrated non-residential habilitation services (i.e., Supported Employment-Individual, Supported Employment-Small Group, Community Access and/or Employment Path Services) in their Plan in order to ensure opportunities for community integration are maximized.

Maximum Hours of Employment/Day Services. The current Waiver states the maximum number of billable hours for Employment and Day services as 1,100 per year. This maximum is based on the

requirement that Developmental Training sites be open for services a minimum of five hours per day for 240 days per year, or a total of 1,200 per year. The DDD then calculated the hourly rate with an absentee factor so that the 1,200 per year could be billed in 1,100 hours. While this practice has been in place for decades now, it continues to cause confusion for stakeholders as to the number of service hours that are actually calculated into the annual funding amount. We propose changing the methodology to allow for billing of 1,200 hours per year. While the hourly rate will be reduced to accommodate this change, the annual amount of funding will remain constant so the provider will not experience a loss in revenue. The absentee factor will be eliminated. In addition to simplifying the methodology, we believe this change will make it easier for Participants to develop Plans that incorporate multiple types of Employment and Day services.

**OTHER MISCELLANEOUS CHANGES**

Medicaid Agency Responsibilities and Involvement. Appendix A describes the roles of and interactions between the Medicaid Agency (HFS) and the Operating Agency (DDD). Language in this section has been modified to strengthen the coordination between the two agencies to ensure compliance with federal regulations and to bring consistency among all of the State's waivers.

Number of People Served. The overall capacity of the Waiver, i.e., the number served in the Waiver programs, has been expanded to cover the growth in community-based services due to the implementation of the Ligas Consent Decree, transfers from SODCs, and other enrollments. Appendix B reflects this growth for Year 1 of the Waiver renewal period and keeps the total capacity constant for the remaining years. Although we currently anticipate additional growth after Year 1, it is the DDD's practice to wait to amend future capacity until additional spending levels are authorized.

Financial Eligibility for the Waiver. At the direction of CMS for all of the State's waivers, language regarding spousal impoverishment has been included in Appendix B, which outlines parameters for financial eligibility.

Property Damage Reimbursement. We are proposing the addition of a new service in Appendix C that would assist residential providers by reimbursing them for property damage (within specified limits) caused by Participants with extraordinary behavior issues.

Service Facilitation. During discussions regarding renewal of the Children's Support Waiver, CMS provided direction that we can no longer require HBS participants to purchase Service Facilitation with their monthly allocations. Language in both Appendices C and E has been modified to change the service definition of Service Facilitation and to incorporate the new definition as an optional service. Given that this situation has already been discussed with CMS as part of the Children's Support Waiver renewal, these changes are being made effective July 1, 2017, per an action plan submitted with that waiver. With the help of the HBS stakeholder workgroup, informational materials have been developed and are being disseminated to Participants, families, providers, and other stakeholders and advocates.

Performance Measures. Performance Measures have been modified throughout the appendices based on the latest direction from CMS received during discussions of the renewals of the two children's waivers.