

ACTION STEPS FOR SERVICE PLAN DEVELOPMENT ISSUE
Illinois Developmental Disabilities Children's Support and Residential Waivers (0464 and 0473),
Appendix D-1-a, D-1-b, D-1-c, D-1-d, D-1-l, D-2-a, and D-2-b

Issue: Service Plans for Participants in the Children's Support Waiver (0464) and Children's Residential Waivers (0473) are currently developed by a team of individuals led by a Qualified Intellectual Disabilities Professional (QIDP), who are sometimes affiliated with an agency that provides direct services. This QIDP is the Service Facilitator in the Children's Support Waiver or is employed by the residential provider in the Children's Residential Waiver. This QIDP convenes the service planning meetings and writes the service plan for the individual and team. The Federal Centers for Medicare and Medicaid Services has indicated this practice is no longer acceptable under federal regulations promulgated on March 17, 2014, because it creates a potential conflict of interest.

In order to secure Federal approval for the Waivers' renewal application, the State must make modifications to the Waivers and implement the corrective action plan (CAP) put forth below. This plan creates new service planning procedures. In doing so, the responsibilities for service planning will be transferred to the Independent Service Coordination (ISC) Agencies that provide Independent Service and Support Advocacy (ISSA) to Waiver Participants. These entities are independent of direct service provision to individuals with developmental disabilities. There are currently 17 ISC Agencies whose geographic areas cover all of Illinois. It will not be necessary to recruit additional vendors. Since through their contractual agreements with the State, these 17 entities may not provide direct services to persons with developmental disabilities, a conflict of interest in service planning will no longer exist.

The language in Appendix D is being modified as follows:

D-1-c.

Upon enrollment and annually thereafter each participant is given a statement of rights by the ISSA. The statement of rights can be found at: <http://www.dhs.state.il.us/onenetlibrary/12/documents/Forms/IL462-1201.pdf>. The rights statement is consistent with the final Medicaid Home and Community Based Services rules CMS 2249F and 2296F.

The participant, the participant's family or legal representative, other individuals from the participant's support network as the participant, his or her family or guardian chooses, and the ISSA work together to develop the plan. Direct service providers do not play a direct role in the development of the plan, nor do they attend any planning meetings, unless the participant or his or her legal representative requests their participation. Progress notes and other documentation from current providers will be used to inform planning activities.

The ISSA provides information and support to enable the participant and his or her family or guardian to participate in and direct the planning process. The participant is informed of the types of services provided under the Waiver, as well as options of all willing and qualified providers. The options discussed and the choices made are documented as part of the planning process.

The plan itself and discussion of the plan is in plain language and in a manner accessible to the participant. The written plan may be produced in other formats, such as pictures, DVD, etc., to accommodate specific needs of the participant; however, the plan must exist in written format. The participant, his or her legal representative, if applicable, and the ISC all sign the plan. Providers responsible for the plan's implementation must also sign the plan.

The participant, his or her legal representative, if applicable, and direct service providers responsible for the plan's implementation are given a written copy of the plan by the ISSA when it is developed and updated. The participant and his or her legal guardian, if applicable, may also obtain a new copy of the plan by requesting it of the ISSA. Potential providers are given copies of the plan with the consent of the individual and his or her legal representative.

Annually the participant is informed about the process to request updates to the service plan and is informed of his/her right to request a revision to the service plan at any time.

D-1-d.

The ISSA employed by an Independent Service Coordination (ISC) agency completes the plan with the participant, the participant's family and/or legal guardian, and other individuals from the participant's support network as the family or guardian chooses. The ISSA and ISC agency may not provide any direct services in order to avoid a conflict of interest.

The plan is completed prior to initial service implementation and updated at least annually thereafter. The plan may be updated more frequently should the participant's needs and circumstances change. The time and location of the assessment and service plan meetings are convenient to the Waiver participant and guardian.

To begin the service planning process, ISSAs complete an assessment with the participant using a standard assessment tool developed by the OA with stakeholder input. The assessment collects and compiles information about the participant's strengths, needs, preferences, desired outcomes, health, and risk factors. The tool guides an interview with the participant. Topics covered include the participant's self-description, communication needs, relationships, living arrangements, work, abilities, health/medication issues, recreation, and community connections. The assessment tool is available upon request from the OA.

The use of the statewide, standardized assessment tool ensures information regarding the participant's goals, needs, and preferences are collected and compiled. The plan must then be based on and address the assessed needs, preferences, and desired outcomes. Next best options may be considered as responsive if the participant and family cannot specifically have what the participant and family prefer due to limitations identified.

Upon enrollment and at least annually thereafter, during the planning process, the ISSA explains to the participant the types of services available under the Waiver, as well as all willing and qualified providers of services. The ISSA is responsible for informing participants that a listing of all qualified providers by type of provider is available on the OA's website. A written copy of the listing may be made available by the ISSA for those participants without internet access upon request. In addition, the Operating Agency maintains a video for participants and families regarding options within the developmental disabilities system. It is available on the Operating Agency's website at <http://www.dhs.state.il.us/page.aspx?item=87154>.

The ISSA is responsible for implementing the plan and monitoring its on-going implementation and effectiveness. The ISSA is charged with coordinating the various services chosen by the participant, including State Plan services for healthcare and medical needs, as well as generic supports. The ISSA is responsible for ensuring that providers are identified and linked for any services identified that the participant may require beyond those authorized in the Waiver, i.e. medical services, non-emergency transportation to medical appointments, dental services, optometric services, etc. The ISSA must then monitor that the services are delivered as specified in the plan.

D-2-a.

The ISSA is responsible for monitoring service plan implementation and participant health and welfare. The minimum frequency of contact, including direct, in-person contact with the participant, is annually.

The ISSA reviews that services delivered are in accordance with the service plan and that all services called for in the service plan are being delivered.

If the ISSA determines the plan is not meeting the individual’s assessed needs, the ISSA shall work with the participant, family and guardian, if applicable, to ensure the plan is modified as necessary. In the event that conflicts arise with providers over service plan issues, the ISSA must assist the participant in resolving such conflicts. A resolution protocol, including time frames is posted on the OA’s website at <http://www.dhs.state.il.us/page.aspx?item=56642>. The protocol includes a referral to the OA for intervention if issues cannot be resolved locally.

The OA monitors the case management and ISSA activity through a representative sample of participants on a continuous, on-going basis. Data is collected and analyzed as specified under the Quality Improvement sections in Appendices D and G on an on-going, continuous basis. Summary reports are shared with the MA quarterly and discussed during Quality Management Committee meetings. When problems are identified, they are documented and remediation efforts are initiated by the OA. Remediation efforts may include revising service plans, increased monitoring, technical assistance, plans of correction, voidance of claims.

As the service planning responsibilities are transferred to the ISC Agencies, the State chooses to develop a standard, statewide service plan template and procedures for their use. It is believed this standardization will provide simplification and thus better understanding for Participants, Guardians, Providers, and quality reviewers.

These modifications constitute fundamental changes to the structure of Illinois’ Home-Based Support Services (HBS) Program and require the input of stakeholders throughout the service system.

The overall corrective action plan is targeted for completion by September 30, 2017. It will be incorporated by reference into the renewal application for the Children’s Support and Residential Waivers.

TASK	RESPONSIBLE ENTITIES	TARGET DATE	DELIVERABLE/OUTCOME	COMMENTS/STATUS
1. Develop draft template for	Operating Agency (OA)	Completed on 1/12/16.	Draft template.	Prior to the drafting of this action plan, the OA had begun the process of modifying its service

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standard service plan format for use by the ISC Agencies.				plan development requirements. As part of the State's activities to implement the new federal HCBS regulations, a work team of family representatives, ISCs, providers, and OA staff was formed to modify current service planning practices to ensure compliance with the new regulations. On 1/12/16, a representative from the work team presented a draft template to the senior managers of the OA for review and consideration.
2. Distribute draft template for stakeholder comment.	OA	Completed on 3/17/16.	Obtain input from stakeholders, including providers, families, and Participants, who are most impacted by the changes.	The draft template was distributed to all known stakeholders via e-mail notice. Trade and advocacy organizations assisted in informing stakeholders. The OA hosted a webinar to explain the template and the changes underway on 3/17/16. The recording of the webinar was available for viewing on the OA's website for the following two weeks. Live question and answer sessions for stakeholders were held via webinar on 3/29/16 and 4/6/16.
3. Finalize draft template based on stakeholder input.	OA and Medicaid Agency (MA)	Completed on 5/24/16.	Final template.	
4. Determine test size and parameters (e.g., geographic areas, service type, participant characteristics, etc.).	OA and MA	Completed on 11/30/16.	Identified size of test and Participant selection.	A selection of Participants currently receiving Service Facilitation in the Children's Support Waiver were part of this test. The test was conducted statewide with all ISC agencies.
5. Select ISC	OA	Completed on	List of ISC agencies	The full test included all ISC agencies.

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agencies to test template.		11/30/16.	involved in the testing phase.	
6. Develop and submit to CMS for review revised draft language for inclusion in Appendix D of the Waiver renewals. D-1-a, D-1-b, D-1-c, D-1-d, D-1-l, D-2-a, and D-2-b.	MA and OA	Completed on 3/8/17.	Modified language for the Waiver renewal applications.	The last draft was submitted on 3/8/17. CMS provided feedback on 3/22/17. The draft, with CMS feedback included, is now incorporated into the Waiver renewal application.
7. Develop and submit to CMS for review revised draft language for inclusion in Appendices B and C of the Waiver renewals.	MA and OA	Completed on 3/8/17.	Modified language for the Waiver renewal applications.	The last draft was submitted on 3/8/17. CMS provided feedback on 3/22/17. The draft, with CMS feedback included, is now incorporated into the Waiver renewal application.
8. Complete initial draft of rule language to reflect the new service planning policies and procedures in accordance with federal regulations.	OA and MA	4/14/17.	Draft rule amendment.	The OA's Rule 120 will be amended.
9. Develop training protocol.	OA	Completed 2/1/17.	Training protocol for test ISC agencies.	
10. Schedule training sessions	OA and contracted ISC agencies	Completed on 12/16/16.	Schedule of sessions.	

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with test ISC agencies.				
11. Train test ISC agencies to complete the standard format.	OA and contracted ISC agencies	Completed 2/17/17.	Test participants will have a standardized, common understanding statewide of the proposed service plan format.	Two, one and one-half day training sessions were completed in January of 2017. Additional webinar sessions were held on 2/15/17 and 2/17/17 to discuss the specifics of the planning process for children.
12. Conduct informational sessions with providers potentially impacted by the test.	OA and selected providers	Completed on 2/22/17.	Providers will be informed of what to expect from the ISC agencies and the new planning process, as well as their changing role.	Two informational conference calls were held with provider organizations involved with the test on 2/9/17 and 2/22/17.
13. Complete review by the DDD Regulatory Advisory Board of draft rule language.	OA and DDD Regulatory Advisory Board	7/31/17.	Second draft of rule amendment.	The Board's next meeting is scheduled for 4/24/17.
14. Initiate test of template.	OA and contracted ISC agencies	Completed on 1/20/17.	ISC agencies will begin using the service plan template with selected Waiver Participants.	
15. Complete service plans selected for the test using the standard template. Include both new plans and annual updates.	Contracted ISC agencies	Completed on 3/10/17.	Analysis of service plans completed by the ISC agencies using the new template.	
16. File rule	OA	9/30/17.	Publication in the Illinois	

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amendment and proceed through public comment process required by State statute.			Register of proposed rule amendment for public comment.	
17. Modify template as needed based on experience of tests.	OA and contracted ISC agencies	4/30/17.	Final template for full statewide implementation.	The Operating Agency is holding two workgroup sessions to revise the template based on the test.
20. Train all ISC agencies on final template.	OA and contracted ISC agencies	6/30/17.	Completed training sessions by all ISC agencies.	Training sessions are scheduled beginning 4/10/17 through 6/28/17.
21. Implement use of standard template statewide by the ISC agencies.	OA and contracted ISC agencies	7/1/17.	Statewide use of standardized service plan template by conflict-free ISC agencies.	
22. Modify monitoring tools to reflect and capture the new service planning policies and processes. (Include stakeholder input.)	OA and MA	8/31/17.	Modified quality assurance review tool.	
23. Train quality review staff on the new review tool.	OA	9/30/17.	OA quality review staff will understand the expectations of the service plan policies and processes and will have the knowledge and tools	

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			necessary to conduct reviews of performance.	