

Division of Developmental Disabilities
Town Hall Webinar Questions and Answers from 8-31-16

1. Q: What would be the role of a home-based service facilitator if the family chooses to receive the service?

A: The federal Centers for Medicare and Medicaid Services just tentatively accepted the State's proposed, modified definition for Service Facilitation. This new definition is targeted to take effect on July 1, 2017 and is as follows:

Service Facilitation assists the participant (or the participant's family or representative, as appropriate) in arranging for, directing and managing services. Practical skills training is offered to enable families and participants to independently direct and manage waiver services. Examples of skills training include providing information on recruiting and hiring personal support workers, managing workers, and providing information on effective communication and problem-solving. The service/function includes providing information to ensure that participants understand the responsibilities involved with directing their services. The extent of the assistance furnished to the participant or family is specified in the service plan. The service does not duplicate other waiver services or Individual Support, Service and Advocacy (ISSA) services provided by Independent Service Coordination (ISC) agencies.

Specify applicable (if any) limits on the amount, frequency, or duration of this service: This service is included in the participant's annual cost maximum, see Appendix C-4. There is no specific service maximum.

Service Delivery Method: Provider managed.

The service may not be provided by a legally responsible person, relative, or legal guardian.

Provider Category: Agency

Provider Type: Community-Based Agencies

Provider Qualifications: Other – Entity under contract with the Operating Agency that does not also provide ISSA. Services must be provided personally by a professional defined in federal regulations as a Qualified Intellectual Disabilities Professional (QIDP).

Verification of Provider Qualifications

Entity Responsible for Verification: Waiver Operating Agency (Illinois Department of Human Services (IDHS))

Frequency of Verification: Upon enrollment and annually.

2. Q: Can service plans start to move away from active treatment, or is Bureau of Quality Management (BQM) still focusing on these types of service plans during provider reviews until an official change is made?

A: BQM does not currently look for specific goal areas within the service plan. Plans may begin to eliminate active treatment as a requirement but must continue to consider and address the goals and preferences of the individual who receives services.

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3. Q: Will ISCs do the plans for people who get Home Based Support?
A: Yes.
4. Q: Is it a conflict of interest for the same case manager to develop and monitor the plan?
A: Not according to interpretation provided by the federal Centers for Medicare and Medicaid Services (federal CMS). The "conflict" which must be avoided is the conflict between the planning of services and the provision of services.
5. Q: Nurse-Trainers also inspect. Who do they answer to and why do they vary so much and exceed and require more than is in rules?
A: The Division of Developmental Disabilities (DDD) employs several Registered Nurses (RNs) who conduct reviews of provider agency implementation of Rule 116 as well as provide technical assistance to providers for healthcare related issues. Although these nurses were a part of the BOM in the past, they now are part of the Division's Bureau of Clinical Services. They report to and are scheduled by the Division's Statewide Nursing Coordinator, Anne Fitz. Anne can be reached at Anne.Fitz@illinois.gov or by phone at 217-785-6183. Concerns regarding consistency among reviews and expectations that go beyond the language in Rule 116 should be discussed with Anne.
6. Q: How is it that an ISC, who spends only a few hours per year with the consumers, is better Qualified to develop the plan than the actual provider with whom the consumer resides? Will families have to identify a Service Facilitation (SF) agency upon entry into the program? Or can they wait until they need an SF to secure an agency? In rural areas some ISC agencies are staffed by people that have had previous relationships with provider agencies, how will conflict be addressed by these situations? Can you explain the service facilitation for home-based not mandated? We do not do home visits and that's how we bill from service facilitation hours. Please explain. We do Adult home-based only.
A: With the new planning process, service plans will be focused on the personal goals and desired outcomes of the person who receives services (and the family, when appropriate). ISCs will spend considerable time with the person and their families in order to discovery what is most important to the person. Part of that discovery will, no doubt, include consultation with other providers who know the person very well. Families can identify the SF agency at the time when they need a SF. The past affiliation with provider Agencies is not considered a conflict of interest based on the current definition provided by federal CMS. The issue is one of conflict that would limit options of a person to only those services the current provider currently has available rather than an array of options based on interests/preferences.

Service facilitation will no longer be a mandatory service for families that chose home-based services. While the service planning and monitoring currently done by service facilitators will shift to the ISC agency, the various other supports provided by service facilitators will continue to be available to those families who wish to purchase them.

7. Q: Will there be any role for current agency QIDPs?
A: Although the ISCs will be given responsibilities for the service plan effective July 1, 2017, the direct service providers must still have appropriate staff to develop their service implementation strategies, to document and implement those strategies, to interface with guardians/family members/other providers/ISCs, coordinate and schedule medical/therapy

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appointments, oversee direct support persons, ensure settings' compliance with the new federal rule, etc. While providers may (based upon possible changes to State rules) have more flexibility going forward in how they organizationally structure these activities, we would assume they would want to continue employment with current Qs. If any comments by Division staff have given the impression Qs would no longer be needed within direct service provider organizations, the impression is unintentional.

8. Q: To get on this list, do you have to be receiving Prioritization of Urgency of Need for Services (PUNS) funding or just on the waiting list?

A: Anyone can be placed on the supportive housing waiting list that is interested in supportive housing options. If the potential tenant is selected for a housing opportunity and hasn't been selected for services, they can turn down the offer to be referred to the property since they won't have the services in place that would support them in their own housing.

9. Q: What is the date of the implementation for the Life Choice Initiative? Will the family deal with billing issues or the ISC's?

A: Life Choices activities are being implemented in an ongoing fashion. Eventually, the system changes that were driven by Life Choices will no longer be called "Life Choices" but, instead, will just be a part of how the DDD operates. The Division currently is considering a number of options related to paperwork and billing for personal support workers. ISCs will not be providing support related to billing. In all likelihood, issues/concerns will either be addressed by the family, by using optional service facilitation, and/or by the fiscal intermediary entity (ACES\$ or Public Partnerships).

10. Who will deal with the billing if the family does not choose to have a Service facilitator?

A: The amount of billing assistance currently provided by Service Facilitation agencies to Home-based Service (HBS) participants varies widely. Once Service Facilitation is no longer mandated as of July 1, 2017, each participant and family will have to make decisions regarding the assistance needed. They may choose to continue their current Service Facilitation. They may seek assistance through unpaid natural supports, e.g., a relative, family friend, or neighbor. Or, they may decide they do not need assistance and will do this work themselves. This issue will be addressed through the participant's service plan.

11. Q: If a family is happy with their current service facilitator and choose to continue to purchase the service can they continue with the current Service Facilitator provider?

A: Yes they may.

12. Who will be telling parents about not having to have service facilitation? What are the recommendations?

A: The Division will develop with stakeholder input an official notice regarding this change. The notice will be posted on the Division's website. ISC and Service Facilitation agencies will be instructed to discuss with participants and their families the official notice during their visits during the first half of calendar year 2017. This will give participants and families time to make decisions about this change.

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13. Q: How will the 2014 HCBS settings rules impact developmental training programs?
A: The DT training sites must be integrated into the community according to the new rule.
14. Q: When will the proposed definition for Service Facilitation that was submitted to CMS for the Children's Support Waiver (CSW) be posted on the IDHS website?
A: Please refer to Question #1 above. CMS has tentatively accepted our draft definition submitted in August of 2016. Once the definition is approved as part of the full CSW renewal application, it will be posted with the entire application on the website.
15. Q: It seems that I have heard that Day Training (DT) programs as they are currently structured will no longer exist. Is that so?
A: Day Programs are being reviewed with various workgroups that consist of a variety of stakeholders. There is nothing that has been concrete as far as replacing existing programs.
16. Q: In the Adult Waiver, I am interested in the waiver neutrality. In the last version of the waiver, it commits to neutrality between Intermediate Care Facility for Individuals with Intellectual Disabilities (ICFs/IID) and not state institutions. It will be more flexible if the neutrality is to state institutions as it will allow the state more flexibility in serving high needs individuals in the smaller CILA sites. Can we change that and get more flexibility?
A: The adult Waiver must demonstrate cost neutrality compared to ICFs/IID. From the federal perspective, that definition includes the 7 State-Operated Developmental Centers. The costs of those are included into the cost neutrality calculations.
17. Q: Would share what is the status of the 1115 waiver.
A: Status of 1115 Waiver can be found on the Healthcare and Family Services (HFS) website: <https://www.illinois.gov/hfs/info/1115Waiver/Pages/default.aspx>
18. Q: How will the HFS transition plan affect the Waivers?"
A: The HFS Transition Plan will lead to more integration, more person-centered planning and increased promotion of choices and rights.
19. Q: Can you come and talk to an Adult Support Group at the Epilepsy Foundation of Greater Chicago, 17 N. State St., Chicago, IL?
A: I would be happy to speak to any group that is interested. Lore.Baker@illinois.gov or (217) 782-6865.
20. When do you age out of housing, and what is your options after that?
A: You never "age out" of your own home that you lease. There is an age eligibility criteria to initially access Section 811 project based rental subsidies, but once you have acquired the rental subsidy, you never "age out" of receiving it either.

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21. I have asked this question before: The Statewide Referral Network (SRN) when I ask to get on the list the ISSA and service provider say it's just a list and anyone can access it. I know this is not true so how do I get my sons on this list?
A: Please have your ISC agent contact me and I will outreach to them to make sure that they understand the process for adding your son to the SRN waiting list. Lore.Baker@illinois.gov or (217) 782-6865.
22. Q: In moving in this direction, what is the status of the Uniform Assessment Tool (UAT)? Who will ultimately do these on an annual basis in lieu of the Inventory For Client and Agency Planning Instructor Program (ICAP)?
A: This project has taken several turns and has received several extensions from CMS. We do not anticipate any more extensions. The State is committed to starting at least some assessments in January 2017. The training schedule itself is not something that federal CMS will examine, but it has to coincide with the overall schedule. Currently, the Department of HFS and the DDD are considering that the Developmental Disabilities (DD) ISC agencies will be considered a secondary referral for other organizations, rather than complete the UAT related screening. Final decisions have not yet been made, but the ISCs will not be involved in the initial roll out of assessments in January 2017, other than as a referral source. Additional information on that will be forthcoming. Previously, there was consideration of incorporating an automated version of the ICAP into the UAT, but that is no longer under consideration.
23. Q: Will agencies still need Qualified Intellectual Disabilities Professional (QIDP) on staff if ISCs take over plan development and monitoring?
A: Please see Question #7 above.
24. Q: If ISC is only doing six visits a year, of which one is a staffing, who is keeping track of the day-to-day issues that come up?
A: Please refer to Question #7 above with regard to the roles of the ISC agencies and provider organizations. The minimum number of ISC visits per year has not been decided. Please see the following webpage for a discussion of future ISC contracting and funding for ISC monitoring: <http://www.dhs.state.il.us/page.aspx?item=87629>.
25. Q: These initiatives (Life Choices, Flexible Day Services, Supportive Housing, Employment First) are embraced by everyone. I am concerned with the state and the community provider's capacity to implement these initiatives with limited resources, no funding increases for 9 years, and a current staffing crisis. What is the state's plan to allocate resources to these initiatives?
A: The various initiatives are in place as a way of ensuring Illinois remains compliant with Federal expectations. A failure to do so would result in the loss of Medicaid dollars which helps fund services. The state and the Illinois Department of Human Services (IDHS) support these initiatives by way of a comprehensive plan for the transformation of our systems of care. A major theme of the IDHS transformation is redirecting resources from expensive, deep-end programs to prevention and community-based alternatives. This shift will enable the state to reinvest resources in community infrastructure to address longstanding issues, including community expansion and attracting and retaining a competent workforce.
26. Q: Does BQM still score agencies during your visit?
A: Not at this time.

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27. Q: If ISCs are providing all case management, yet providers are responsible for developing implementation strategies will provided be funded for that?

A: Given the information provided in Question #7 above, the Division does not have any plans to reduce funding to direct service providers as a result of the service planning changes.