



Illinois Disabilities Services Plan Update

July 2006



OFFICE OF THE GOVERNOR
207 STATE CAPITOL, SPRINGFIELD, ILLINOIS 62706

ROD R. BLAGOJEVICH
GOVERNOR

July 1, 2006

Dear Members of the General Assembly,

Please find attached the 2006 Disabilities Services Plan update.

I believe that seniors and people with disabilities of all ages should have the opportunity to live in community-integrated settings, and I am proud of the many strides our administration has made in reaching this vision. I am also committed to working in partnership with you, members of the Disabilities Services Advisory Committee (DSAC), and state agency staff to ensure we continue to improve the system.

I would like to take this opportunity to recognize the members of the DSAC—especially Art Dykstra and Ann Ford, the co-chairs—for contributing their time, passion, expertise, and sometimes, personal experience to helping us think through these challenging issues. Their input into this process has been valuable and has provided me with critical perspective for the plan update as attached.

From the Illinois Department of Human Services (IDHS) to the Illinois State Board of Education, from Healthcare and Family Services to the Illinois Housing Development Authority, our administration has demonstrated its commitment to community-integrated living in a variety of key initiatives that will serve as milestones along the path towards the following vision:

People with disabilities and the elderly have the right to choose to live in appropriate community settings. The State of Illinois will provide a system of quality, adequately financed, cost-effective community-based services and supports to meet the unique needs of individuals who choose to live in the community.

Some of these key milestones include:

- The Prioritization of Urgency of Need for Services (PUNS) Database was established by DHS' Division of Developmental Disabilities in 2004. There are currently 10,000 individuals with disabilities on this database, and we are stepping up outreach efforts to include public service announcements, a new website: DD.ILLINOIS.gov and a toll-free telephone number (1-888-DDPLANS). The intent of the initiative is to educate individuals with

developmental disabilities and their families and friends about the database to make known their immediate and near-term service needs.

- IDHS' Division of Rehabilitation Services Community Reintegration Program's budget will increase by \$2 million in SFY'07 due to a transfer from the Illinois Housing Development Authority, enabling an additional 400 individuals with disabilities to transition from nursing homes back into the community.
- IDHS' Division of Developmental Disabilities is expanding opportunities for 200 individuals who chose to move from State Operated Developmental Centers to community-based settings. This Division is also working to develop a proposal for Medicaid coverage for children's services.
- IDHS' Division of Mental Health and Healthcare and Family Services collaborated on reforming the Mental Health Preadmission Screening process and expanded the system to include resident review and targeted case management.

While we are on the right trajectory and are paving the way for success and independence for seniors and people with disabilities; there is more work to be done, together.

Sincerely,

A handwritten signature in black ink, appearing to read "Rod Blagojevich". The signature is fluid and cursive, with a large initial "R" and "B".

Rod R. Blagojevich
Governor

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PREFACE

This Disabilities Services Plan (DSP) update is designed to meet the expectations of the Disabilities Services Act of 2003. That legislation is focused on the planning and action needed to enhance compliance with the Americans with Disabilities Act of 1990 and the Supreme Court's decision in *Olmstead v. L. C.*, 119 S. Ct. 2176 (1999). As such, this document highlights the noteworthy and recent progress that Illinois has made in helping individuals to live in the least restrictive setting possible. Further, readers will encounter guidance for further change in the disability services system over the course of the next five years. The outcomes embedded in the DSP update will produce further changes in the disability services system that are built on the agreement that people with disabilities and the elderly should have the option to choose to live in the community and to work and socialize so that they can realize their full potential and live the life they desire.

I. INTRODUCTION

The number of people with disabilities or who are aging and who currently or will need long term care to live in the community is expected to grow rapidly over the next three decades. In recent years, Illinois has met this challenge head on with special initiatives designed to ensure persons with disabilities and older adults access to services in the least restrictive setting that is both appropriate and available. Some of the most recent initiatives are a plan to transition 200 individuals to community settings from State-Operated Developmental Centers, a dramatic expansion of the state's efforts to reintegrate people with disabilities from nursing homes back into the community, a cutting edge method of providing older adults with support services they need to reintegrate into community settings, a reengineering of the state's mental health preadmission screening system to include new services that will enable individuals to find appropriate community services, and the development of an application for a new Medicaid waiver for children.

Illinois has been working to restructure its long-term care service system to increase the availability of community or home-based living arrangements. This DSP update presents Illinois' blueprint for continuing that transition, thereby enhancing public policy that already complies with both the Americans with Disability Act and related court decisions. The DSP update was developed with the assistance of the Governor's Illinois Disabilities Services Advisory Committee (DSAC), relevant state agencies, and other stakeholders. It encourages the Illinois commitment to leverage the strengths of its existing long-term care system while continuing to embrace the belief that people with disabilities and the elderly should have the option to chose to live in the community and to work and socialize so that they can realize their full potential and live life as they want.

BACKGROUND

With a population of over 12 million residents, the State of Illinois has over 600,000 citizens with disabilities between the ages of 21 and 64 living in the community and over 1,400,000 non-institutionalized senior citizens age 65 and older, over 38 percent of whom have disabilities that affect activities of daily living in the home (U.S. Bureau of the Census, 2004).¹ More than 1.6 million people remain in their homes and their communities by using state programs such as Medicaid, personal attendant services, homemakers, and Meals on Wheels (HDA, 2003). In addition, there are an estimated

¹ 10 Mar. 2006 <http://factfinder.census.gov/>

458,000 persons age 18 and over with serious mental illness—excluding the homeless population, many of whom are said to be mentally ill (64 Fed. Reg. 33890, 1999).

Another trend evident in Illinois is that people with developmental disabilities in households with caregivers older than 60 are reaching a record high of 28,755 and may have need of long term care after their family member dies or can no longer provide this care (University of Colorado 2002). In 2004, the State of Illinois spent \$2,172,861,638 for Mental Health and Developmental Disabilities programs providing services to 389,187 beneficiaries.

According to the Department of Public Health's 2002 Long Term Care Facilities Profile Summary for October 2003, there are 99,656 persons living in 1,237 licensed facilities in Illinois. In addition approximately 3,000 individuals currently reside in State-Operated Developmental Centers (SODCs), operated by Illinois Department of Human Services, Division of Developmental Disabilities (DHS/DDD). The Illinois Department of Healthcare and Family Services (HFS) (Illinois' Medicaid authority), estimated that 5,300-6,000 non-geriatric persons with serious mental illness reside in Medicaid-certified nursing facilities (MDS, 2004).

The 2004 American Association of Retired Persons (AARP) State Data Profile reports that 5.3 percent of Illinois seniors, age 65 and older reside in nursing home facilities, compared to the nationwide average of 4.0 percent (AARP, 2004). Historically, the State-Operated Hospitals (SOHs) provided care to the seriously and persistently mentally ill. At their peak in the 1940s, the SOHs held over 55,500 persons. In SFY00, on an average day, there were 1,766 people residing in State-Operated Hospitals (SOHs) administered by the DHS Division of Mental Health (DHS/DMH) (DHS Yearly Statistical Report, 2001), with less than 1,000 non-forensic beds and a great majority being occupied by persons who stay less than three months.

Recent analyses show that the number of people with disabilities, age 60 and younger, who entered nursing homes in Illinois, increased from 9,893 in 1997 to 12,064 in 2001 (Illinois Center for Health Statistics, 2003), while the overall number of Medicaid paid days has remained constant. Overall nursing home occupancy has fallen. As of SFY06, HFS pays for only 56,000 Aged, Blind and Disabled served in nursing homes with over 68,000 served in home and community based waivers and 328,000 served in the community. So the percentage of Aged Blind and Disabled beneficiaries served in nursing homes is now at an all time low of 14%, compared to 86% served in the community.

LEGISLATIVE AND LEGAL FOUNDATIONS

Governor Blagojevich signed the Disabilities Services Act of 2003 (Public Act 093-0638) to improve compliance with the Americans with Disabilities Act of 1990 and the Supreme Court's decision in *Olmstead v. L. C.*, 527 U.S. 581, 119 S. Ct. 2176 (1999). That decision concluded that under Title II of the ADA, "States are required to place persons with mental disabilities² in community settings rather than in institutions when the State's treatment professionals have determined that community placement is appropriate, the transfer from institutional care to a less restrictive setting is not opposed by the affected individual, and the placement can be reasonably accommodated, taking into account the resources available to the State and the needs of others with mental disabilities."³ The Disabilities Services Act of 2003 seeks to provide the foundation for a wider range of community based services and supports, including outpatient and residential options. The Act established a Governor-appointed advisory committee called the Disabilities Services Advisory Committee (DSAC). This committee was designed to assist in the development and implementation of a Disabilities Services Plan.

² This decision has been interpreted to include the full range of people with disabilities and the elderly.

³ *Olmstead v. L.C.* 527 U.S. 581, 607, 119 S. Ct. 2176, 2190 (1999)

THE ILLINOIS DISABILITIES SERVICES ADVISORY COMMITTEE (DSAC)

The DSAC has been meeting regularly since February 2005 and is comprised of persons with disabilities, the elderly, disability advocates, family members, representatives from provider communities and organized labor, and non-voting senior managers representing the State of Illinois' Department on Aging (DoA), Department of Human Services (DHS), Department of Healthcare and Family Services (HFS), Housing Development Authority (IHDA), State Board of Education (ISBE), and Department of Employment Security (DES). DHS acts as the lead state agency for the DSAC with leadership provided by the Office of the Assistant Secretary for Programs.

DSAC members, in part, were appointed because they were involved in other major departmental initiatives related to long-term care services in the community or that are related to nursing homes or institutions. Their participation leveraged a wealth of knowledge of a broader set of policy discussions or initiatives, strengthening the impact that DSAC had on its mission. This partnership between persons with disabilities, the elderly, advocates, the provider community and staff representing various state agencies was created to not only respond to various directives and legislation, but to ensure quality of life changes for persons with disabilities and older adults. A complete list of members is attached as **Appendix A, DSAC Roster**.

The DSAC established the following vision and mission statements to guide its work:

DSAC Vision Statement

People with disabilities and the elderly have the right to choose to live in the community. The State of Illinois will provide a system of quality, adequately financed, cost-effective community-based services and supports to meet the unique needs of individuals who choose to live in the community.

DSAC Mission Statement

*The Disabilities Services Advisory Committee will advise the State as it develops and implements the Disabilities Services Plan which will enhance compliance with the Americans with Disabilities Act and the decision in *Olmstead v. L. C.*, 119S. Ct. 2176 (1999). This Disabilities Services Plan will lay the framework for long term services and supports for the State of Illinois so it can better support, both fiscally and programmatically, the choices of people with disabilities and the elderly, emphasizing accessibility to community-based services and creating a better balance between institutional and community services.*

II. OVERARCHING PRINCIPLES

The DSAC developed the following overarching principles to frame public policy discussions regarding the disability services system in Illinois of the future. They are consistent with current Illinois public policy and the Americans with Disabilities Act and the Olmstead decision. For a full listing of recent activities designed to enhance the state's commitment to these principles, consult the tables in **Appendix C, Current or Recent Activities**.

Principle #1: Emphasize Choice: Enable individuals to choose from a range of appropriate and accessible community services.

Persons with disabilities and the elderly should have the ability to live and work in the location they prefer, with appropriate supports, services and housing alternatives that enable them to do so. Every

effort will be made to maximize opportunities for people to choose living arrangements, supports and services that maximize their independence and their involvement in community living.

Principle #2: Support Effective, Informed Choice: Ensure that persons with disabilities and the elderly have timely access to adequate and effective information, assistance in navigating the administrative systems, and effective support for decision-making, to the extent that they request or require it.

Information on services and funding should be easily available to all persons with disabilities and the elderly. A user-friendly administrative structure should be available to them, to family and friends involved in their lives, and to those acting on their behalf if they are not capable or if they choose the assistance of others. Access to these services needs to be strengthened and provided in culturally appropriate ways for all persons with disabilities and the elderly in Illinois navigating long term care systems.

Principle #3: Increase System Capacity for Accessible High Quality Care.

The state agencies responsible for long term care—in partnership with persons with disabilities, the elderly, advocates and the provider community—should provide the leadership to ensure high quality supports and services for people who receive them. This includes the capacity to identify and support effective programs and services and quality providers. It also needs to be adequate to recruit new providers and assist in development of new alternatives.

Principle #4: Strengthen Quality Management: Ensure effective and accessible supports and services and appropriate outcomes for people through enhanced quality and compliance monitoring systems and improved accountability.

Persons with disabilities and the elderly deserve an effective system that offers informed choice, delivers effective, quality supports and services and which is responsive to articulated and changing needs. The public deserves a quality management system that ensures the cost-effective use of public monies. It should also provide appropriate opportunities for the involvement of persons with disabilities and the elderly in quality management activities and offer opportunities for direct communication with persons with disabilities and the elderly to determine need, assess the satisfaction of persons with disabilities and the elderly and record and resolve complaints and other issues of concern to persons with disabilities and the elderly.

Principle #5: Support the Network of Persons with disabilities, the elderly, their Families, Friends, Neighbors and Communities.

Family members often provide supportive services for persons with disabilities and the elderly that meet their needs. For a variety of reasons some persons with disabilities and the elderly choose these valuable “natural supports,” often reducing government’s role in providing care and allowing scarce resources to be redirected to others in need. With family size shrinking, more two-person wage earners families and the population growing older, the ability of family members to sustain this level of effort is strained. Providing support to these caregivers becomes ever more important. Investing in these family supports has been proven to defer a person’s further involvement in the service system.

In addition, volunteer efforts should be recognized for the value they provide. Self-advocacy, support groups, and other creative ideas for enabling individuals within the community of persons with disabilities to provide mutual support and assistance should be fostered.

Principle # 6: *Commit to Continuous Improvement of the Workforce: Create a Workforce Development Strategy that Delivers a Stable, High-Quality Direct Care Staff.*

Most persons with disabilities and older adults who choose to live in the community rely on paid staff for supports and services critical to them. To varying degrees their ability to achieve their personal outcomes, have personal needs met and enjoy a quality life are dependent on the skills, decision-making abilities, and stability of those paid staff. The public responsibility to support their decisions to live in the community requires a commitment to support the recruitment and retention of a skilled and dedicated workforce.

Principle# 7: *Re-engineer the Infrastructure: Improve the State Agency Capacity to Support Choice.*

Persons with disabilities and the elderly are individuals. As such, their decisions regarding what is important to them and the supports they need to pursue things of importance are diverse and fluid. Effective person-centered planning, which transfers some control to the person with disabilities, is critical to them. Public policy that supports choice must be flexible enough to respond to a broad range of options and recognize that a person's needs and choices often change over time. Balancing this public policy commitment with the need to efficiently manage available resources requires a level of coordination and integration of cross-system capacity and administrative effort. It also requires fiscal policy and increased resources that support this commitment.

SYSTEMS CHANGE TARGET AND OUTCOMES

Target Statement: "Over a five year period beginning on July 1, 2006, the Disability Services Plan will enhance the formalized choice process for all people with disabilities and the elderly. These enhancements will provide more opportunities for individuals to move to residential settings where appropriate and desired."

Outcomes: This systems change will augment the following outcomes that benefit people with disabilities and/or older adults:

- Access to effective and stable services in the community that allow them to remain in their home or in a community setting of their choice, or to move to one if they choose to leave their current placement in a nursing home or institution.
- Support for people as it relates to the choices they make during a person-centered planning process regarding meaningful opportunities to be integrated and engaged in their community.
- A quality management system that provides direct input by people who have disabilities and older citizens in assessing the quality of services and service providers and offers effective service planning and service provider performance information to people with disabilities and older citizens so they can make informed choices.
- A properly designed and supported state-level database that identifies demographic information and impairment levels of both current and future institutional and community clients. This database can be used for people currently living in the community or for those who wish to leave institutional settings. It can also be used to match needs expressed by people with local community services and service providers.

- Customer friendly fiscal, programmatic and administrative policies that support a person’s choice of community-based services; eliminate any bias toward institutional care; and provide the fiscal flexibility to support a person’s ability to change services, providers, and communities in a timely and user-friendly manner.
- Fiscal policies that maximize Illinois’ leverage of federal funding; examination of a “money follows the person” pilot; and analysis of methods for increasing federal financial participation while maintaining the General Revenue Fund appropriation so that further resources can be reinvested into community-based services and supports.

III. CURRENT DISABILITY SERVICES IN ILLINOIS

The overarching principles for Illinois’ long term care system of the future support a cross-disability strategy that seeks to integrate and coordinate the supports and services available for people who have disabilities or who are elderly. This integration allows for a more efficient and effective leveraging of available resources.

The State of Illinois’ broad base of services are offered by or administered through a series of state agencies that include: Department of Aging (DoA); Department of Human Services (DHS), Divisions of Developmental Disabilities (DDD), Mental Health (DMH) and Rehabilitation Services (DRS); Department of Healthcare and Family Services (HFS); State Board of Education (ISBE); Department of Employment Security (DES); and the Illinois Division of Specialized Care for Children (IDSCC). These services are funded through a complex and ever-changing mix of public dollars appropriated by local, state, and federal governments. Also, The Illinois Housing Development Authority (IHDA) finances affordable housing development for low- and moderate-income persons, including older adults and persons with disabilities. A review of the state’s broad base of current services was conducted and the subsequent information is organized to demonstrate the cross-disability applicability that should be of benefit to people who have disabilities or older adults. This review is presented as **Appendix B, the Cross-Disabilities Services Inventory**.

IV. CURRENT INITIATIVES AND BEST PRACTICES

Under the leadership of our administration, state agencies have been able to plan, develop, and implement innovative programs designed to provide opportunities for individuals who choose to live in less restrictive settings as appropriate. In developing new programs, state agencies have crossed departmental lines to work collaboratively on systematic problems to develop shared solutions and recommendations. A spirit of collaboration has been employed in our administration to encourage new and better ways of serving individuals with disabilities resulting in the following initiatives and best practices created through partnerships and individual agencies. For a full listing of current initiatives designed to enhance the state’s commitment to providing services in least restrictive settings, consult the tables in Appendix C.

Partnerships

An innovative partnership between the Illinois Department of Human Services (DHS) and the Illinois Housing Development Authority (IHDA) for the \$2 million expansion of the Community Reintegration Program that will nearly double the capacity of the program to move persons with disabilities under the age of 60 years old from nursing facilities back to the community. In addition, these agencies also developed a new statewide Home Modification pilot program, with \$1 million in funding from IHDA’s Affordable Housing Trust Fund, serving the needs of low-income persons with disabilities and seniors needing accessibility modifications to their homes.

DHS and HFS are working to develop a request for Medicaid Home and Community Based Services waiver coverage for children's services. The target date for completion of the proposal is late fall or early winter of 2006 with a planned effective date of July 1, 2007. The proposal will include services for children with autism and autism spectrum disorders along with children with other developmental disabilities.

DHS' Division of Mental Health in partnership with the Department of Public Health (DPH) and Healthcare and Family Services (DHFS) implemented a redesigned and strengthened Pre-Admission Screening for the state's mental health service system. There will be \$3.4 million in funding dedicated to enhancing services for persons with mental illness, and the system will be expanded this year to include two additional key services - Resident Review and Targeted Case Management.

The Illinois Department on Aging (DoA) initiated a demonstration program in six areas of the state to identify long stay nursing home residents who wish to return to their communities and provide them extra help to move to independent living arrangements. Under this demonstration, seniors receive financial assistance for expenses such as housing and security deposits, utility services, furniture and household items for up to six months and then receive more typical community care services. DoA uses \$2 million per year from HFS to fund the ET-Home Again program. In less than nine months, more than 85 nursing home residents have been successfully relocated to community settings.

This year, DHS' Division of Mental Health will convene system partners from throughout the mental health service system, and together develop a shared vision and goals for the further development of a statewide recovery-oriented service system. Within this service system, there will be an emphasis on the utilization of established evidence-based practices, with particular emphasis on supported employment and supported permanent housing. In addition, throughout this development there will be a foundational emphasis on the involvement and participation of consumers and family members.

This year, in partnership with community service providers and other stakeholders, DHS' Division of Developmental Disabilities staff seeks to develop three teams of behavioral and medical professionals to deliver, upon referral, immediate, individually-tailored and coordinated Crisis Prevention and Intervention (CPI) in natural community settings. Referrals will be individuals who are experiencing an acute behavioral and/or medical difficulty or condition that, without professional intervention, could lead to loss of their community living arrangement.

Department Initiatives

Illinois Department of Human Services (DHS)

The DHS Division of Developmental Disabilities is transitioning approximately 200 individuals from State-Operated Developmental Centers (SODCs) to alternative community-based services during calendar year 2006. The Division is expanding community living options by providing additional opportunities for those who are choosing to move from SODCs. Funding levels at the SODCs will be maintained so that the moves will enhance staffing ratios at the centers and improve the quality of care for residents, most of whom have severe developmental disabilities and medical needs.

The DHS Division of Rehabilitation Services provides alternatives to nursing facility placement for more than 30,000 individuals with disabilities ages 0 to 99 years old through the Home Services Program, using a wide array of services that are largely customer-directed under service plans that are developed jointly with the customer and/or family.

Through federal funding, the DHS Division of Rehabilitation Services' Illinois Assistive Technology Project has provided nearly \$5 million in low interest extended term loans for purchases of home remodeling and assistive technology over the past three years as well as a wide array of other assistive

technology services which is ongoing to enhance the independence and often prevent the nursing facility placement of the individuals served.

In August, the DHS Division of Developmental Disabilities will launch an outreach initiative for the Prioritization of Urgency of Need for Services (PUNS) Database. The outreach efforts include public service announcements, a new website: DD.ILLINOIS.gov and a toll-free telephone number (1-888-DDPLANS). The intent of the initiative is to get the word out to individuals with developmental disabilities and their families and friends about the database and how to use it to make known their immediate and near-term service needs.

This year, Division of Mental Health will work with national experts to provide its first statewide housing assessment, leading to the development of an increased number of supported permanent housing sites. Also utilizing increased state funding, the DMH expects to add to its number of existing housing sites through SFY07.

Illinois Department on Aging (DoA)

The Older Adult Services Act (PA 93-1031) establishes DoA as the lead state agency to transform older adult services to emphasize home and community based services, recognizing the continuing need for 24-hour skilled nursing care for individuals with significant impairments. DoA established leads, and provides staff support for the 32-member Older Adult Services Advisory Committee (OASAC), which consists of representatives from nursing home and home and community care associations, advocacy and academic organizations, citizen members and family caregivers.

In 2005, DoA received \$1.8 million to implement Emergency Home Response Services as a core service of its Community Care Program (CCP). The service is scheduled to be available to CCP clients in October 2006. The addition of Emergency Home Response is historic as it created the first new CCP service that will be available to all eligible clients statewide, versus as a demonstration project. The current array of core CCP services include: Case Management, Homemaker, and Adult Day Services.

Illinois Housing Development Authority (IHDA)

With the July 2005 passage of the Rental Housing Support Program, IHDA will target 30% of the program's resources to support extremely low and severely low income persons with special needs, including transitioning individuals to least restrictive settings. Program funding will be available starting in late SFY'07.

Illinois State Board of Education (ISBE)

ISBE implemented a "focused" monitoring system in January of 2006. This new monitoring system "ranks" districts by performance with placements in less restrictive settings. Districts demonstrating the greatest challenges with LRE (as demonstrated by performance data) receive on-site visits and targeted technical assistance. ISBE intervenes with increased sanctions where districts are not demonstrating improvement. The National Center for Educational Accountability and Monitoring assisted ISBE in developing this monitoring approach.

Illinois Department of Employment Security (DES)

DES helps individuals with disabilities in their search for employment. As a result, the number of individuals with disabilities entering employment increased dramatically from 1,982 individuals in SFY'05 to 5,304 individuals in the first 9 months of SFY'06.

Healthcare and Family Services

Expansion of Prescription Coverage: Illinois Cares Rx is the most comprehensive wrap-around program in the country, helping to cover the increased costs of the Medicare Part D program, including premium

costs, coinsurance, coverage during the "donut" and the deductible. HFS has played a major role in assisting low-income seniors and persons with disabilities access affordable prescription drugs through Governor Blagojevich's Illinois Cares Rx program.

Expansion of Supportive Living Facility (SLF) Program: On September 27, 2004, Governor Blagojevich directed HFS to lift the moratorium on accepting new provider applications for supportive living facilities (SLFs). During the sixty-day application period, the Department received 139 applications for new projects, and ultimately approved 74 applications to proceed toward certification. Currently, 64 sites are operational, containing over 5,000 units, with another 76 projects containing over 6,000 units proceeding toward certification.

V. FISCAL YEAR 2007 RECOMMENDATIONS AND ACTION ITEMS

The seven overarching principles presented in Section II of this document set the basic direction for Illinois' disability services delivery system of the future. In drilling down to concrete action items, three areas of strategic intent and 10 underlying focus areas were identified. Combined, they will yield the tactical approach necessary to elicit the system change target and outcomes.

AREAS OF STRATEGIC INTENT:

- 1. Enhancing and Supporting Choice Among Available Services and Expanding Choice in the Community** (NOTE: combines recommendations from principles or policy directions 1, 2 and 7)
- 2. Enhancing and Supporting the Provision of High Quality Care** (NOTE: combines recommendations from principles or policy directions 3, 4 and 6)
- 3. Enhancing Support Networks for Persons with Disabilities and their Families** (NOTE: presents recommendations from principle or policy direction 5)

FOCUS AREAS:

1. Cross-Disability Management Information System
2. Data-Driven Decision Making
3. Annual Growth and Realignment Projections
4. Fiscal Policies that Support System Choice
5. Choice for People
6. Equitable Access
7. Cross-disability Quality Management Plan
8. Workforce Development
9. Financial Investment in Quality Services
10. Navigating the Cross-Disability System

ACTION ITEMS:

A detailed set of action items is presented underneath the areas of strategic intent and focus. These action items will be the foundation for the development of a workplan for SFY 2007 and beyond. Items that the state has identified as ones where design work or implementation can be completed in SFY 2007 are bolded and underlined. A compilation of these activities can be found in **Appendix D, a Summary of State Fiscal Year 2007 Action Steps**.

The action items are described in the following tables, along with the state agency assessment of level of difficulty. Some of these action items pertain to more than one area of strategic focus and are therefore presented in the document more than once. These action items may require changes that impact regulation, written policy, and funding, but most of these action items can be acted upon in some capacity

in SFY 2007. The action items that cannot be acted upon in 2007 represent the initial list of long-term action items to be the focus of the DSP update. As such, we have organized the action items into one of the following three categories:

- *Minimal action required* – This category identifies the action items that can be implemented without fiscal impact and/or regulatory change. This would apply in instances where the funding exists, and/or the current regulations do not prevent the action items from being implemented.
- *Moderate action required* – This category identifies the action items that can be implemented with moderate fiscal impact or regulatory changes. This would be in cases where funding exists, however, a shift in funds or focus of funds would need to occur to implement the action items.
- *Significant action required* – This category identifies the action items where legislative action would be needed to acquire additional funding or changes to laws or statutes. In many cases the involved state agencies could not expect to initiate or complete these action items during SFY 07 without legislative action, which was considered to be beyond their control.

When an action item listed under one of these areas of strategic focus also applies to other areas of strategic focus it is cross-referenced by number in the action item chart.

Area of Strategic Intent #1: Enhancing and Supporting Choice in the Community with the Use of Adequate Funding

Focus #1: Cross-Disability Management Information System – An adequately funded cross-disability management information system will be completed that effectively and efficiently projects the quantity and types of services that are needed and/or requested in the community as well as those required to support a person’s decision to live in the community. It will also track the people who live in institutional settings that have requested services in the community. This will require:

- a) Expansion of the cross-disability database to include all disability populations and highlight those who choose to modify their services and living arrangements to better meet their needs.
- b) Commitment of additional resources to enhance information technology capabilities; especially as it impacts cross-system data flow and tracking need.

Focus #1 Action Items

Action Item	Level of Action Required			Other Areas of Strategic Focus
	Minimal	Moderate	Significant	
Track people leaving institutions to ensure that services in the community meet their needs (at least after 6, 12 and 18 months)	<ul style="list-style-type: none"> • <u>DoA</u> • <u>DDD</u> 	<ul style="list-style-type: none"> • <u>DMH</u> 	<ul style="list-style-type: none"> • HFS 	<ul style="list-style-type: none"> • 7

*If an Agency is bolded and underlined, the Agency can either begin design work or implement a systems change or new service in SFY 2007.

Focus #2: Data-Driven Decision Making - State-level policy, funding and service development decisions will be timely; based on accurate and current data on need (based on the consequences of a person’s disability or age not on the disability type), adequate funding needs and evidence-based best practice; and be strategic and not reactive.

Focus #2 Action Items

Action Item	Level of Action Required			Other Areas of Strategic Focus
	Minimal	Moderate	Significant	
Increase the funding of assistive technology in each state agency to increase the number of people who can stay in their own homes	• <u>DRS</u> ⁴	• <u>DoA</u> ⁵	• <u>DDD</u>	• 3 • 4
Increase the funding of environmental modifications and related assessments in each state agency to increase the number of people who can stay in their own homes	• <u>DRS</u> ⁶	• <u>IHDA</u> ⁷ • <u>DoA</u>	• <u>DDD</u>	• 3 • 4
Provide funding for additional CILA opportunities and other residential living programs	• <u>DDD</u> ⁸			• 3 • 4

*If an Agency is bolded and underlined, the Agency can either begin design work or implement a systems change or new service in SFY 2007.

Focus #3: Annual Growth and Realignment Projections: - The involved state agencies will, in collaboration and with the advice of the DSAC, develop a work plan that projects annual growth or realignment efforts for community supports, services and housing opportunities, and other related supports by major category for each disability group, all of which are adequately funded. This plan will:

- c) Integrate effective traditional services and new services and be responsive to emerging evidence-based best practice, changing needs and emerging disability populations.
- d) Identify how existing service and housing options need to be redesigned, expanded, or otherwise improved (i.e., diagnostics and evaluation, service coordination/case management, assistive technology, day services, work options, supports in the home, enhanced staffing for CILAs, crisis response teams, etc.).
- e) Outline how targeted growth or realignment will improve the equity of access by areas of concern (geographic distribution, cultural or economic communities, etc.).

⁴ DRS has already completed this action item.

⁵ SFY 2006 \$455,000 funding from IL Affordable Housing Trust Fund for Assistive Technology

⁶ IHDA has identified \$1 million in new funding for home modifications in SFY07.

⁷ Ibid

⁸ Funding for additional CILA opportunities, based on individual choice, is available for adults being deinstitutionalized from either State-operated Developmental Centers (SODCs) or private Intermediate Care Facilities for persons with Developmental Disabilities (ICFs/DD) that are involved in voluntary downsizing. This funding is available on an ongoing basis. In addition, new CILA funding for young adults with DD aging out of DCFS care is included in the Governor’s FY07 DD budget.

- f) Include a housing development pipeline list for each disability group that is integrated into the Governor's Housing Plan.
- g) Provide the basis for all strategic and tactical efforts to increase funding for services related to the Disabilities Services Plan, and integrate into efforts to increase funding for expansion of services and improved quality of care across the entire system.
- h) Leverage available non-GRF funding to maximize the opportunities for people to choose community supports and services.
- i) Maintain and expand GRF funding to maximize opportunities for people to choose community supports and services.
- j) Create appropriate business opportunities to generate adequate and effective community services and to support the transition away from unnecessary reliance on institutional care.
- k) Document annually the obstacles encountered to developing appropriate service capacity and record or recommend solutions.
- l) Identify the technical assistance and other support (to individuals and/or providers) that the state agencies will provide during the targeted growth or realignment.
- m) Improve the state agency capacity to coordinate and integrate the various service platforms within the system to ensure maximum leverage of resources and capacity and to maximize the user-friendliness of the system.
- n) Integrate and build on all state-level and regional long-term care plans and initiatives to ensure compatibility and consistency of services and access to housing (e.g. the Older Adult Services Act and the Comprehensive Housing Plan).
- o) Identify how HCBS waiver authority (current or future) will be used to support the targeted changes in service capacity.
- p) Identify how these annual growth or realignment projections interface with cross-disability data on people who are waiting for services and with broader service growth targets for the involved disability service systems.
- q) Describe how these growth and realignment projections will impact the lives and quality of care of those people who choose to remain in an institutional setting.

Focus #3 Action Items

Action Item	Level of Action Required			Other Areas of Strategic Focus
	Minimal	Moderate	Significant	
Create crisis response capacity to deflect institutional placements and provide short term options	<ul style="list-style-type: none"> • <u>DoA</u> • <u>DRS</u>⁹ • <u>DDD</u> 	<u>DMH</u>		N/A
Create a statement of the state’s responsibility to ensure an access to the least restrictive alternatives in community service settings	<u>DoA</u>		<ul style="list-style-type: none"> • HFS • DDD 	<ul style="list-style-type: none"> • 5 • 6
Increase the funding of assistive technology in each state agency to increase the number of people who can stay in their own homes	<u>DRS</u> ¹⁰	<u>DoA</u> ¹¹	<ul style="list-style-type: none"> • <u>DDD</u> 	<ul style="list-style-type: none"> • 2 • 4
Expand money for community reintegration programs		<ul style="list-style-type: none"> • <u>DRS</u>¹² • <u>DoA</u> 	<ul style="list-style-type: none"> • DMH • HFS 	<ul style="list-style-type: none"> • 4
Expand funding for MI supportive housing		<u>IHDA</u>	<ul style="list-style-type: none"> • <u>DMH</u> • HFS 	<ul style="list-style-type: none"> • 4 • 6
Increase the funding of environmental modifications and related assessments in each state agency to increase the number of people who can stay in their own homes	<u>DRS</u> ¹³	<ul style="list-style-type: none"> • <u>IHDA</u> • <u>DoA</u> 	<ul style="list-style-type: none"> • <u>DDD</u> 	<ul style="list-style-type: none"> • 2 • 4
Provide funding for additional CILA opportunities and other residential living programs	<u>DDD</u> ¹⁴			<ul style="list-style-type: none"> • 2 • 4
Provide improved and increased quantities of case management, service coordination and/or care coordination, using a holistic and person-centered approach, to improve the continuity of care for all people intersecting a disability service system		<u>DoA</u>	<ul style="list-style-type: none"> • DMH • HFS • <u>DDD</u> 	<ul style="list-style-type: none"> • 5 • 6
Create more affordable and accessible housing		<ul style="list-style-type: none"> • <u>IHDA</u> • <u>DMH</u> 	<ul style="list-style-type: none"> • DoA • <u>HFS</u>¹⁵ • DDD 	<ul style="list-style-type: none"> • 4 • 6

⁹ DRS has already completed this action item.

¹⁰ Ibid.

¹¹ SFY 2006 funding from IL Affordable Housing Trust Fund for Assistive Technology.

¹² SFY 2006 funding from IL Affordable Housing Trust Fund for DOA Enhanced Transition and for DHS Community Reintegration.

¹³ IHDA has identified \$1 million in new funding for home modifications in SFY07.

¹⁴ Funding for additional CILA opportunities, based on individual choice, is available for adults being deinstitutionalized from either State-operated Developmental Centers (SODCs) or private Intermediate Care Facilities for persons with Developmental Disabilities (ICFs/DD) that are involved in voluntary downsizing. This funding is available on an ongoing basis. In addition, new CILA funding for young adults with DD aging out of DCFS care is included in the Governor’s FY07 DD budget.

Action Item	Level of Action Required			Other Areas of Strategic Focus
	Minimal	Moderate	Significant	
Improve access to supports and services that are needed by people who choose and are able to remain in their own home or that of a family, including but not limited to: transportation, housekeeping services, personal care attendant, respite, home-based support, support programs, etc.	<ul style="list-style-type: none"> • <u>DRS</u>¹⁶ • <u>DDD</u> 	<ul style="list-style-type: none"> • <u>DoA</u> 	<ul style="list-style-type: none"> • HFS 	<ul style="list-style-type: none"> • 4 • 6 • 7 • 10
Examine earned income caps that provide disincentives for people in ICF/DDs , nursing homes and CILAs to work			<ul style="list-style-type: none"> • HFS • DDD 	N/A
Expand waivers (expand existing capacity, add services and add new waivers) – especially support children’s waivers in appropriate disability groups (DD, MH, Health-related)	<u>DDD</u>	<ul style="list-style-type: none"> • <u>DoA</u> • <u>DMH</u> • <u>HFS</u> 		N/A
Assist appropriate individuals in community ICFDDs who choose to move to alternative settings and facilitate their choice.	<u>DDD</u>			6
Combine assisted living services to simplify access integrate services and improve consistency			<ul style="list-style-type: none"> • IHDA • HFS 	N/A
Seek a federal grant for a “Money Follows the Person” pilot		<ul style="list-style-type: none"> • <u>HFS</u> • <u>DoA</u> • <u>DHS</u> 		4

*If an Agency is bolded and underlined, the Agency can either begin design work OR implement a systems change or new service in SFY 2007.

Focus #4: Fiscal Policies that Support System Choice - The involved state agencies, in collaboration and with the advice of the DSAC, will create fiscal payment mechanisms and methodologies that effectively support choice (e.g. money follows the person; create a mechanism that equalizes and simplifies the financing of housing costs between institutional care and community opportunities), are adequately funded and which:

- r) Provide valuable outcomes for people who have a disability or who are elderly;
- s) Maintain the fiscal viability of the provider community;
- t) Provide adequate funding to support effective, quality care;
- u) Create proper incentives or support for the expanded array of services; and
- v) Ensure accountability for public funds.

¹⁵ Supported Living Facilities.

¹⁶ This does not include transportation, which DRS cannot provide. DRS has already completed this action item.

Focus #4 Action Items

Action Item	Level of Action Required			Other Areas of Strategic Focus
	Minimal	Moderate	Significant	
Seek a federal grant for a “Money Follows the Person” pilot		<ul style="list-style-type: none"> • <u>HFS</u> • <u>DoA</u> • <u>DHS</u> 		3
Expand money for community reintegration programs		<ul style="list-style-type: none"> • <u>DRS</u>¹⁷ • <u>DoA</u> 	<ul style="list-style-type: none"> • DMH • HFS 	3
Expand funding for MI supportive housing		IHDA	<ul style="list-style-type: none"> • DMH • HFS 	<ul style="list-style-type: none"> • 3 • 6
Increase the funding of assistive technology in each state agency to increase the number of people who can stay in their own homes	<u>DRS</u> ¹⁸	<u>DoA</u> ¹⁹	<ul style="list-style-type: none"> • <u>DDD</u> 	<ul style="list-style-type: none"> • 2 • 3
Increase the funding of environmental modifications and related assessments in each state agency to increase the number of people who can stay in their own homes	<u>DRS</u> ²⁰	<ul style="list-style-type: none"> • <u>IHDA</u> • <u>DoA</u> 	<ul style="list-style-type: none"> • <u>DDD</u> 	<ul style="list-style-type: none"> • 2 • 3
Provide funding for additional CILA opportunities and other residential living programs	<u>DDD</u> ²¹			<ul style="list-style-type: none"> • 2 • 3
Create more affordable and accessible housing		<ul style="list-style-type: none"> • <u>IHDA</u> 	<ul style="list-style-type: none"> • DoA • <u>HFS</u>²² • DDD • DMH 	<ul style="list-style-type: none"> • 3 • 6

¹⁷ SFY 2006 funding from IL Affordable Housing Trust Fund for DOA Enhanced Transition and for DHS Community Reintegration.

¹⁸ DRS has already completed this action item.

¹⁹ SFY 2006 \$455,000 Funding from IL Affordable Housing Trust Fund for Assistive Technology

²⁰ IHDA has identified \$1 million in new funding for home modifications in SFY07.

²¹ Funding for additional CILA opportunities, based on individual choice, is available for adults being deinstitutionalized from either State-operated Developmental Centers (SODCs) or private Intermediate Care Facilities for persons with Developmental Disabilities (ICFs/DD) that are involved in voluntary downsizing. This funding is available on an ongoing basis. In addition, new CILA funding for young adults with DD aging out of DCFS care is included in the Governor’s FY07 DD budget.

²² Supportive Living Facilities

Action Item	Level of Action Required			Other Areas of Strategic Focus
	Minimal	Moderate	Significant	
Improve access to supports and services that are needed by people who choose and are able to remain in their own home or that of a family, including but not limited to: transportation, housekeeping services, personal care attendant, respite, home-based support, support programs, etc.	<ul style="list-style-type: none"> • <u>DRS</u>²³ • <u>DDD</u> 	<ul style="list-style-type: none"> • <u>DoA</u> 	<ul style="list-style-type: none"> • HFS 	<ul style="list-style-type: none"> • 3 • 6 • 7 • 10

*If an Agency is bolded and underlined, the Agency can either begin design work or implement a systems change or new service in SFY 2007.

Focus #5: Choice for People - The involved state agencies, in collaboration with and the advice of the DSAC, will create or improve adequately funded mechanisms that allow persons with disabilities and the elderly appropriate choice among qualified providers and the ability to change providers through planned transition. This will require:

- w) Creation of a cross-disability set of outcomes and performance expectations for all functions related to choice (information, service coordination, case management, etc.).
- x) Creation of appropriate administrative vehicles that offer people-directed service planning and service delivery to those who prefer that level of decision-making.
- y) Centralized information about service quality and availability that is widely available (i.e. accessible, distributed to appropriate communities, culturally relevant, accessible to persons with disabilities or who are elderly, etc.).
- z) Create a long-term care system-wide set of outcomes and performance expectations for case management or service coordination.
- aa) Determine and document each person's real need and choice, to set the stage for selecting among real world choices.
- bb) Establish a clear delineation of state agency responsibilities for transition planning.

Focus #5 Action Items

Action Item	Level of Action Required			Other Areas of Strategic Focus
	Minimal	Moderate	Significant	
Create a statement of the state's responsibility to ensure access to the least restrictive alternatives in community service settings	<ul style="list-style-type: none"> • <u>DoA</u> 		<ul style="list-style-type: none"> • DDD 	<ul style="list-style-type: none"> • 3 • 6

²³ This does not include transportation, which DRS cannot provide.

Action Item	Level of Action Required			Other Areas of Strategic Focus
	Minimal	Moderate	Significant	
Improve and increase quantities of case management, service coordination and/or care coordination, using a holistic and person-centered approach, to improve the continuity of care for all people intersecting a disability service system		<ul style="list-style-type: none"> • <u>DoA</u> 	<ul style="list-style-type: none"> • DMH • HFS • <u>DDD</u> 	<ul style="list-style-type: none"> • 3 • 6
Expand person-directed care in all disability areas	<ul style="list-style-type: none"> • <u>DRS</u>²⁴ • <u>DDD</u> 	<ul style="list-style-type: none"> • <u>DoA</u> • <u>DMH</u> 	<ul style="list-style-type: none"> • HFS 	<ul style="list-style-type: none"> • 6
Identify and remove barriers for people on the PUNs database who want to move into appropriate, integrated settings of their choice at a reasonable pace	<u>DDD</u>			<ul style="list-style-type: none"> • 6 • 7
Add capacity to databases that assist in the management of providing services to individuals with disabilities	<ul style="list-style-type: none"> • <u>DDD</u> • <u>DMH</u> • <u>DRS</u> 			<ul style="list-style-type: none"> • 5 • 7
Request that the Illinois State Board of Education invest in the capacity to monitor and ensure compliance for transition planning and provide educational services in the least restrictive environment			<ul style="list-style-type: none"> • HFS • ISBE 	<ul style="list-style-type: none"> • 10

*If an Agency is bolded and underlined, the Agency can either begin design work or implement a systems change or new service in SFY 2007.

Focus #6: Equitable Access - Access to supports and services in the community for people who have a disability or who are elderly will be equitable across disability groups, levels of need, geographic regions, and cultural or economic communities, and will be adequately funded. This would be accomplished through the following steps:

- cc) Examine other states' efforts to improve a person's access to – and selection of - supports and services in the community.
- dd) Create and implement culturally appropriate and geographically tailored outreach activities that ensure broad community knowledge of available supports, services and housing alternatives and how to connect with the system.
- ee) Make sure that intake and case management are effective and that each offers a level of people-directed activity for those who wish that level of decision-making. This would include effective cross-agency or cross-system coordination (no wrong door), clear roles, responsibilities and outcomes for case management and service coordination, and effective quality management practices.
- ff) Ensure that assistance is adequate and available in all geographic areas.

²⁴ DRS has already completed this action item.

Focus #6 Action Items

Action Item	Level of Action Required			Other Areas of Strategic Focus
	Minimal	Moderate	Significant	
Create a statement of the state’s responsibility to ensure access to the least restrictive alternatives in community service settings	<ul style="list-style-type: none"> • <u>DoA</u> 		<ul style="list-style-type: none"> • DDD • <u>DOA</u> • DMH 	<ul style="list-style-type: none"> • 3 • 5
Expand funding for MI supportive housing		<ul style="list-style-type: none"> • <u>IHDA</u> 	<ul style="list-style-type: none"> • <u>DMH</u> • HFS 	<ul style="list-style-type: none"> • 3 • 4
Improve and increase quantities of case management, service coordination and/or care coordination, using a holistic and person-centered approach, to improve the continuity of care for all people intersecting a disability service system		<ul style="list-style-type: none"> • <u>DoA</u> 	<ul style="list-style-type: none"> • DMH • HFS • <u>DDD</u> 	<ul style="list-style-type: none"> • 3 • 5
Create more affordable and accessible housing		<ul style="list-style-type: none"> • <u>IHDA</u> 	<ul style="list-style-type: none"> • DoA • <u>HFS</u>²⁵ • DDD • DMH 	<ul style="list-style-type: none"> • 3 • 4
Improve access to supports and services that are needed by people who choose and are able to remain in their own home or that of a family, including but not limited to: transportation, housekeeping services, personal care attendant, respite, home-based support, support programs, etc.	<ul style="list-style-type: none"> • <u>DRS</u>²⁶ • <u>DDD</u> 	<ul style="list-style-type: none"> • <u>DoA</u> 	<ul style="list-style-type: none"> • HFS 	<ul style="list-style-type: none"> • 3 • 4 • 7 • 10
Enhance person directed care opportunities in all disability areas	<ul style="list-style-type: none"> • <u>DRS</u>²⁷ • <u>DDD</u> 	<ul style="list-style-type: none"> • <u>DoA</u> • <u>DMH</u> 	<ul style="list-style-type: none"> • HFS 	<ul style="list-style-type: none"> • 5
Assist appropriate individuals in community ICF/DDs who choose to move to alternative settings and facilitate their choice.	<ul style="list-style-type: none"> • <u>DDD</u> 			<ul style="list-style-type: none"> • 3
Identify and remove barriers for people on the PUNs database who want to move into appropriate, integrated settings of their choice at a reasonable pace	<ul style="list-style-type: none"> • <u>DDD</u> 			<ul style="list-style-type: none"> • 5 • 7

²⁵ Supportive Living Facilities

²⁶ This does not include transportation, which DRS cannot provide. DRS has already completed this action item.

²⁷ DRS has already completed this action item.

Action Item	Level of Action Required			Other Areas of Strategic Focus
	Minimal	Moderate	Significant	
Add capacity to databases that assist in the management of providing services to individuals with disabilities	<ul style="list-style-type: none"> • <u>DDD</u> • <u>DMH</u> • <u>DRS</u> 			<ul style="list-style-type: none"> • 5 • 7

*If an Agency is bolded and underlined, the Agency can either begin design work or implement a systems change or new service in SFY 2007.

Area of Strategic Intent #2: Enhancing and Supporting the Provision of High Quality Care with the Use of Adequate Funding

Focus #7: Cross-disability Quality Management Plan – Illinois, as a result of the Disabilities Services Plan, will create a cross-disability quality management plan that ensures that all supports and services chosen by people who have a disability or who are elderly will be of the highest possible quality, effectively and efficiently managed, appropriate to a person’s need and choice, and properly monitored and adequately funded. This quality management plan will reflect federal expectations related to the CMS Quality Framework and will be coordinated across all involved state agencies. To do this, the following actions will be taken:

- gg) Existing quality management tools and protocols that evaluate quality of care, identify provider strengths and opportunities for improvement, and offer effective technical assistance or support when appropriate will be enhanced, expanded or redesigned to create an integrated cross-disability portfolio that establishes appropriate common elements while allowing appropriate specialization.
- hh) Quality assurance mechanisms and processes related to long term care will include a focus on individual choice, personal outcomes, and include the involvement of individuals with disabilities.
- ii) Oversight and accountability for all quality assurance activities for both institutional and community services should be properly organized, adequately resourced, effectively completed, and inform program and fiscal policy decisions.
- jj) Roles, responsibilities and performance expectations for each public and private component of the long-term care system should be clearly articulated, measured and accountable.
- kk) Publicly articulated and industry-supported benchmarks will be used to track progress in matching the needs of persons with disabilities and the elderly with articulated outcomes, and appropriate service levels and settings.
- ll) Expand evidence-based service practices.
- mm) Further support will be offered for provider development of quality supports and services, including changing service elements or components to respond to changing demand and the development of sufficient provider agency capacity to offer legitimate choice.

- nn) The cross-disability database and industry-specific policy research will be used to identify those quality supports or services that are critical for a person’s successful life in the community. (i.e., the availability of affordable housing, access to affordable and geographically accessible health care, transportation, and employment opportunities including supported employment and entrepreneurship).
- oo) Mechanisms will be created that support a person’s ability to move when provider performance is unacceptable and resistant to improvement.
- pp) Mechanisms/service protocols will be created that support providers’ ability to transition individuals when a person is found to be inappropriate or unwilling to participate in services. Hopefully, this will prevent a crisis from developing in the unlikely event that an individual’s choice needs to be re-evaluated.

Focus #7 Action Items

Action Item	Level of Action Required			Other Areas of Strategic Focus
	Minimal	Moderate	Significant	
Improve access to supports and services that are needed by people who choose and are able to remain in their own home or that of a family, including but not limited to: transportation, housekeeping services, personal care attendant, respite, home-based support, support programs, etc.	<ul style="list-style-type: none"> • <u>DRS</u>²⁸ • <u>DDD</u> 	<ul style="list-style-type: none"> • <u>DoA</u> 	<ul style="list-style-type: none"> • HFS 	<ul style="list-style-type: none"> • 3 • 4 • 6 • 10
Track people leaving institutions to ensure that services in the community meet their needs (at least after 6, 12 and 18 months)	<ul style="list-style-type: none"> • <u>DoA</u> • <u>DDD</u> 	<ul style="list-style-type: none"> • <u>DMH</u> 	<ul style="list-style-type: none"> • HFS 	<ul style="list-style-type: none"> • 1

*If an Agency is bolded and underlined, the Agency can either begin design work or implement a systems change or new service in SFY 2007.

Focus #8: Workforce Development - The involved state agencies, in collaboration, will create a properly financed workforce development and stabilization plan that:

- qq) Clearly defines the roles, required skills and/or experience and aptitude for quality direct care staff, including the capacity to support choice.
- rr) Identifies recruitment strategies that have successfully targeted segments of the labor market with appropriate skills and/or aptitudes for direct care.
- ss) Examines successful practices in Illinois and other states to expand and stabilize the workforce.
- tt) Conducts a workforce analysis that assesses Illinois’ readiness to serve people in the community with best practices known to the field and develop a workforce enhancement plan that focuses on training, credentialing, qualifications, and wages.

²⁸ This does not include transportation, which DRS cannot provide. DRS has already completed this action item.

- uu) Reviews and updates standardized training and certification standards for persons performing evaluation, diagnosis and eligibility determination functions across all disability systems to maximize simplicity and interchangeability.

Focus #9: Financial Investment in Quality Services - The involved state agencies, in collaboration with the Governor's Office of Management and Budget, will identify funding sources that targets the financial investment, appropriations, and management required to support the provision of high quality services and choice.

Area of Strategic Intent #3: Enhancing Support Networks for Persons with Disabilities and Their Families with the Use of Adequate Funding

Focus #10: Navigating the Cross-Disability System- Illinois will create an adequately funded capacity within each disability service system to better support people who have a disability or who are elderly as they encounter, navigate, and receive services and supports that are publicly funded. This will include:

- vv) Strengthen programs and curricula that offer education, training and assistance to families that choose to provide care for their loved ones with disabilities.
- ww) Create additional mechanisms that allow persons with disabilities and the elderly who live with family members to receive supports in their home and in their community that augment the supports provided by family members and sustain their decision to live with their families.
- xx) Provide advocacy training and peer support to people who have disabilities or who are elderly and their families to help them navigate the service systems.
- yy) Train service coordinators and other service staff to enhance their ability to support a person in the decision-making process.
- zz) Strengthen current opportunities and develop creative mechanisms that allow self-advocates and support groups to provide direction for state efforts to support people who choose to live at home or with families who provide supports – independent of agencies that provide them supports and services.
- aaa) Evaluate current efforts to offer people-directed services.
- bbb) Develop methods for families, advocates and self-advocates to actively participate in quality assurance systems.

Focus #10 Action Items

Action Item	Level of Action Required			Other Areas of Strategic Focus
	Minimal	Moderate	Significant	
Improve access to supports and services that are needed by people who choose and are able to remain in their own home or that of a family, including but not limited to: transportation, housekeeping services, personal care attendant, respite, home-based support, support programs, etc.	<ul style="list-style-type: none"> • <u>DRS</u>²⁹ • <u>DDD</u> 		<ul style="list-style-type: none"> • DoA • HFS 	<ul style="list-style-type: none"> • 3 • 4 • 6 • 7
Provide training and support for families who want guardianship		<ul style="list-style-type: none"> • <u>DoA</u> 		N/A
Request that the Illinois State Board of Education invest in the capacity to monitor and ensure compliance for transition planning and provide educational services in the least restrictive environment			<ul style="list-style-type: none"> • HFS • ISBE 	<ul style="list-style-type: none"> • 5

*If an Agency is bolded and underlined, the Agency can either begin design work or implement a systems change or new service in SFY 2007.

VI. CONCLUSION

Many hours of work on the part of state agencies and DSAC members were invested and contributed towards this report. The issues tackled are complex and necessitate careful deliberation and a will to constantly encourage the system to grow and improve.

As illustrated, our administration has made great strides to provide living options in the least restrictive settings and has devoted much effort to strategically defining our next steps. We understand that these issues cannot be changed overnight and that they must be addressed in a deliberate and synergistic manner. We have demonstrated that will and are committed to continuing to build upon our accomplishments, learn from our challenges, and strive towards our shared vision.

VII. APPENDICES

²⁹ This does not include transportation, which DRS cannot provide. DRS has already completed this action item.

Appendix A – Disabilities Services Advisory Committee Roster

1. *Marian Alcala*, People First of Illinois
2. *Edward Bannister*, Coalition of Citizens with Disabilities in Illinois - Bolingbrook Chapter
3. *Kathy Baumann*, Family Counseling Center
4. *Michael Bibo*, Illinois Health Care Association
5. *Gerard Broeker*, Statewide Independent Living Council
6. *Rita Burke*, Illinois League of Advocates for the Developmentally Disabled
7. *John Cameron*, American Federation of State, County and Municipal Employees
8. *Carlos Charneco*, Department of Employment Security*
9. *Sister Rosemary Connelly*, Misericordia Heart of Mercy
10. *Charlotte Cronin*, Family Support Network
11. *Art Dykstra*, Trinity Services (co-chair)
12. *John Eckert*, Department on Aging*
13. *William Fielding*, Fielding Enterprises
14. *Ann Ford*, Illinois Network of Centers for Independent Living (co-chair)
15. *Donna Ginther*, American Association of Retired People
16. *Willie Gunther*, Assistive Technology Program
17. *James Hogan*, Cornerstone Services
18. *Grace Hou*, Department of Human Services*
19. *Susan Hughes*, University of Illinois at Chicago
20. *Flora Johnson*, Service Employees International Union Local 880
21. *Christopher Koch*, Ed.D., Illinois State Board of Education*
22. *Renee Lumpkin*, Community Service Options, Inc.
23. *Kristin MacRae*, Chicago Association for Retarded Citizens
24. *Barbara McGoldrick*, Parent
25. *Phil Milsk*, Law Offices of Philip C. Milsk
26. *Gloria Morales Curtin*, El Valor Services
27. *Don Moss*, United Cerebral Palsy of Illinois
28. *Joy Paeth*, Area Agency on Aging of Southwestern Illinois
29. *Tony Paulauski*, The Arc of Illinois
30. *Bill Pluta*, IL Housing Development Authority*
31. *Lena Raimondo*, PSR P.E.A.C.E. Group
32. *Sheila Romano*, Illinois Planning Council on Developmental Disabilities
33. *Brian Rubin*, Brian Rubin & Associates

Appendix A – Disabilities Services Advisory Committee Roster

34. *Lucy Sajdak*, Growing Place Empowerment Organization
35. *Janet Stover*, Futures in Rehabilitation Management
36. *Terry Sullivan*, Illinois Council on Long Term Care
37. *Barbara Wesolek*, ADAPT
38. *Theresa Wyatt*, Department of Healthcare and Family Services*

*Non-Voting State Agency Representatives

Appendix B The Cross-Disability Services Inventory

The Cross-Disability Services Inventory is presented below. Each agency that provides the service listed in the Disabilities Services Inventory is identified, along with the source of funding that enables the agency to provide the service. However, it should be noted that, although an agency may provide a particular service, the population served by any particular agency may be limited by agency eligibility requirements;¹ different agencies may also have requirements that they must follow to provide the service.² It is also important to note that despite similarities in service names, services are often different and may differ operationally from one Division/Agency to another.

The following agencies are listed in the table below: Department on Aging (DoA); Department of Human Services' (DHS) Divisions of Developmental Disabilities (DDD), Mental Health (DMH) and Rehabilitation Services (DRS); Department of Healthcare and Family Services (HFS); Illinois Housing Development Authority (IHDA); Illinois State Board of Education (ISBE); Illinois Department of Employment Security (IDES); and Illinois Division of Specialized Care for Children (DSCC).

Funding for the individual service or resource is designated with S for state funds, F for federal funds, L for local funds, S/F for state and federal funds, and L/F for local and federal funds.

Table D-1: The Cross-Disability Services Inventory

Service/Resource Inventory	Disability Group				
	People Who Are Elderly	People Who Have Developmental Disabilities	People Who Have Psychiatric Disabilities	People Who Have Physical Disabilities	Children Who Have Complex Medical Needs
S=State Funds, F=Federal Funds, L=Local Funds, S/F=State and Federal, L/F=Local and Federal					
INTAKE, EVALUATION AND DIAGNOSIS SERVICES					
Counseling and Referral	<ul style="list-style-type: none"> • DRS (S/F) • DMH (S/F) • DoA (S/F) • DDD (S) 	<ul style="list-style-type: none"> • DRS (S/F) • DoA (S/F) • DDD (S) 	<ul style="list-style-type: none"> • DRS (S/F) • DMH (S/F) • DoA (S/F) • DDD (S) 	<ul style="list-style-type: none"> • DRS (S/F) • DoA (S/F) • DDD (S) 	<ul style="list-style-type: none"> • DRS (S/F) • DDD (S) • DSCC (S)
Employment Counseling and Job Referral	<ul style="list-style-type: none"> • IDES (F) 	<ul style="list-style-type: none"> • IDES (F) 	<ul style="list-style-type: none"> • IDES (F) 	<ul style="list-style-type: none"> • IDES (F) 	<ul style="list-style-type: none"> • IDES (F)³
Child and Adolescent Outpatient Services (assessments)	<ul style="list-style-type: none"> • DMH (S/F) 	<ul style="list-style-type: none"> • HFS (S/F) 	<ul style="list-style-type: none"> • DMH (S/F) • HFS (S/F) 	<ul style="list-style-type: none"> • HFS (S/F) 	<ul style="list-style-type: none"> • HFS (S/F) • DSCC (S)
Disability Determination Services	<ul style="list-style-type: none"> • DRS (F) 	<ul style="list-style-type: none"> • DRS (F) 	<ul style="list-style-type: none"> • DRS (F) 	<ul style="list-style-type: none"> • DRS (F) 	<ul style="list-style-type: none"> • DRS (F)
Extended State Plan Services (assessments)					<ul style="list-style-type: none"> • HFS (S/F) • OGE (L/F)⁴
Outpatient Mental Health (assessments, evaluations, etc.)	<ul style="list-style-type: none"> • DMH (S/F) • HFS (S/F) • OGE (L/F) 	<ul style="list-style-type: none"> • HFS (S/F) • OGE (L/F) 	<ul style="list-style-type: none"> • DMH (S/F) • HFS (S/F) • OGE (L/F) 	<ul style="list-style-type: none"> • HFS (S/F) • OGE (L/F) 	<ul style="list-style-type: none"> • HFS (S/F) • OGE (L/F)

¹ For example, although the DoA provides counseling and referral services to disability groups other than the elderly, any individual in another disability group who receives the service **must** also be elderly.

² For example, mental health services must be delivered by the appropriately credentialed service providers. DMH agencies must be certified to deliver services under Rule 132.

³ Must be 16 years of age.

⁴ "OGE" refers to other (local) government entity; "L" for local funds. HFS has agreements with over 1,000 OGEs that fund portions of the medical assistance program. Those entities certify their expenditures and HFS secures the federal financial participation on their behalf.

Appendix B
The Cross-Disability Services Inventory

Service/Resource Inventory	Disability Group				
	People Who Are Elderly	People Who Have Developmental Disabilities	People Who Have Psychiatric Disabilities	People Who Have Physical Disabilities	Children Who Have Complex Medical Needs
S=State Funds, F=Federal Funds, L=Local Funds, S/F=State and Federal, L/F=Local and Federal					
Pre-Admission Screening (PAS)	<ul style="list-style-type: none"> • DRS (S/F) • DMH (S/F) • DoA (S) • DDD (S/F) 	<ul style="list-style-type: none"> • DRS (S/F) • DoA (S) • DDD (S/F) 	<ul style="list-style-type: none"> • DRS (S/F) • DMH (S/F) • DoA (S) • DDD (S/F) 	<ul style="list-style-type: none"> • DRS (S/F) • DoA (S) • DDD (S/F) 	<ul style="list-style-type: none"> • DRS (S/F) • DDD (S/F)
Screening, Assessment and Support Services (SASS)			<ul style="list-style-type: none"> • DMH (S/F) 		
Screening, Assessment and Support Services (SASS) (preadmission screening for psychiatric hospitalization and related alternative services for children and adolescents)		<ul style="list-style-type: none"> • HFS (S/F) <i>(children)</i> 	<ul style="list-style-type: none"> • HFS (S/F) <i>(children)</i> 	<ul style="list-style-type: none"> • HFS (S/F) <i>(children)</i> 	<ul style="list-style-type: none"> • HFS (S/F)
Vocational Services – Evaluation, Diagnostic, Etc.	<ul style="list-style-type: none"> • DRS (F) • DDD (S/F) 	<ul style="list-style-type: none"> • DRS (F) • DDD (S/F) 	<ul style="list-style-type: none"> • DRS (F) • DMH (S/F) • DDD (S/F) 	<ul style="list-style-type: none"> • DRS (F) • DDD (S/F) 	<ul style="list-style-type: none"> • DRS (F) • DDD (S/F)
Career/Labor Market Information	<ul style="list-style-type: none"> • IDES (F) 	<ul style="list-style-type: none"> • IDES (F) 	<ul style="list-style-type: none"> • IDES (F) 	<ul style="list-style-type: none"> • IDES (F) 	<ul style="list-style-type: none"> • IDES (F) <i>(if 16 years of age)</i>
INDIVIDUALIZED SERVICE PLAN AND SERVICE COORDINATION SERVICES					
Counseling and Referral	<ul style="list-style-type: none"> • DRS (S/F) • DMH (S/F) • DoA (S/F) • DDD (S/F) 	<ul style="list-style-type: none"> • DRS (S/F) • DoA (S/F) • DDD (S/F) 	<ul style="list-style-type: none"> • DRS (S/F) • DMH (S/F) • DoA (S/F) • DDD (S/F) 	<ul style="list-style-type: none"> • DRS (S/F) • DoA (S/F) • DDD (S/F) 	<ul style="list-style-type: none"> • DRS (S/F) • DDD (S/F)
Employment Counseling and Referral	<ul style="list-style-type: none"> • IDES (F) 	<ul style="list-style-type: none"> • IDES (F) 	<ul style="list-style-type: none"> • IDES (F) 	<ul style="list-style-type: none"> • IDES (F) 	<ul style="list-style-type: none"> • IDES (F) <i>(if 16 years of age)</i>
Employment Case Management for Veterans	<ul style="list-style-type: none"> • IDES (F) 	<ul style="list-style-type: none"> • IDES (F) 	<ul style="list-style-type: none"> • IDES (F) 	<ul style="list-style-type: none"> • IDES (F) 	
Case Management	<ul style="list-style-type: none"> • DRS (S/F) • DMH (S/F) • DoA (S/F) • DDD (S/F) 	<ul style="list-style-type: none"> • DRS (S/F) • DoA (S/F) • DDD (S/F) • OGE (L/F) <i>(children)</i> 	<ul style="list-style-type: none"> • DRS (S/F) • DMH (S/F) • DoA (S/F) • DDD (S/F) • OGE (L/F) <i>(children)</i> 	<ul style="list-style-type: none"> • DRS (S/F) • DoA (S/F) • DDD (S/F) • OGE (L/F) <i>(children)</i> 	<ul style="list-style-type: none"> • DRS (S/F) • DDD (S/F) • HFS (S/F) • OGE (L/F) • DSCC (S/F)
Independent Service Coordination (ISC)	<ul style="list-style-type: none"> • DDD (S/F) 	<ul style="list-style-type: none"> • DDD (S/F) 	<ul style="list-style-type: none"> • DDD (S/F) 	<ul style="list-style-type: none"> • DDD (S/F) 	<ul style="list-style-type: none"> • DDD (S/F)
Individual Service and Support Advocacy (ISSA)	<ul style="list-style-type: none"> • DDD (S/F) 	<ul style="list-style-type: none"> • DDD (S/F) 	<ul style="list-style-type: none"> • DDD (S/F) 	<ul style="list-style-type: none"> • DDD (S/F) 	<ul style="list-style-type: none"> • DDD (S/F)
Advocacy and Self-Advocacy Training	<ul style="list-style-type: none"> • DDD (S) 	<ul style="list-style-type: none"> • DDD (S) 	<ul style="list-style-type: none"> • DDD (S) 	<ul style="list-style-type: none"> • DDD (S) 	<ul style="list-style-type: none"> • DDD (S) • DSCC (S/F)
HEALTH, HEALTH-CARE AND CLINICAL SERVICES					
Health Promotion, Wellness, Exercise	<ul style="list-style-type: none"> • DoA (F) 	<ul style="list-style-type: none"> • DoA (F) 	<ul style="list-style-type: none"> • DoA (F) 	<ul style="list-style-type: none"> • DoA (F) 	<ul style="list-style-type: none"> • HFS (S/F)

Appendix B The Cross-Disability Services Inventory

Service/Resource Inventory	Disability Group				
	People Who Are Elderly	People Who Have Developmental Disabilities	People Who Have Psychiatric Disabilities	People Who Have Physical Disabilities	Children Who Have Complex Medical Needs
S=State Funds, F=Federal Funds, L=Local Funds, S/F=State and Federal, L/F=Local and Federal					
Medication Administration – In-Home	<ul style="list-style-type: none"> • DRS (S/F) • DMH (S/F) • DoA (F) • HFS (S/F) 	<ul style="list-style-type: none"> • DRS (S/F) • DoA (F) • HFS (S/F) 	<ul style="list-style-type: none"> • DRS (S/F) • DMH (S/F) • DoA (F) • HFS (S/F) 	<ul style="list-style-type: none"> • DRS (S/F) • DoA (F) • HFS (S/F) 	<ul style="list-style-type: none"> • DRS (S/F) • HFS (S/F)
Medication Administration – Not In-Home	<ul style="list-style-type: none"> • DMH (S/F) • DDD (S/F) <i>(In DD CILA)</i> 	<ul style="list-style-type: none"> • DDD (S/F) <i>(In DD CILA)</i> 	<ul style="list-style-type: none"> • DMH-S/F • DDD (S/F) <i>(In DD CILA)</i> 	<ul style="list-style-type: none"> • DDD (S/F) <i>(In DD CILA)</i> 	<ul style="list-style-type: none"> • DDD (S/F) <i>(In DD CILA)</i>
Psychiatric Medication	<ul style="list-style-type: none"> • DMH (S/F) • HFS (S/F) 	<ul style="list-style-type: none"> • HFS (S/F) 	<ul style="list-style-type: none"> • DMH (S/F) • HFS (S/F) 	<ul style="list-style-type: none"> • HFS (S/F) 	<ul style="list-style-type: none"> • HFS (S/F)
Specialized Medical Equipment and/or Supplies	<ul style="list-style-type: none"> • DoA (F) • HFS (S/F) 	<ul style="list-style-type: none"> • DoA (F) • HFS (S/F) 	<ul style="list-style-type: none"> • DoA (F) • HFS (S/F) 	<ul style="list-style-type: none"> • DoA (F) • HFS (S/F) 	<ul style="list-style-type: none"> • HFS (S/F) • DSCC (S)
Extended State Plan Services (behavioral, physical, occupational and speech/communication therapies)	<ul style="list-style-type: none"> • DDD (S/F) • HFS (S/F) 	<ul style="list-style-type: none"> • DDD (S/F) • HFS (S/F) 	<ul style="list-style-type: none"> • DDD (S/F) • HFS (S/F) 	<ul style="list-style-type: none"> • DDD (S/F) • HFS (S/F) 	<ul style="list-style-type: none"> • DDD (S/F) • HFS (S/F) • DSCC (S)⁵
Private Duty Shift Nursing	<ul style="list-style-type: none"> • DRS (S/F) 	<ul style="list-style-type: none"> • DRS (S/F) 	<ul style="list-style-type: none"> • DRS (S/F) 	<ul style="list-style-type: none"> • DRS (S/F) 	<ul style="list-style-type: none"> • DRS (S/F) • HFS (S/F) • DSCC⁶
Home Health Aide Services	<ul style="list-style-type: none"> • DRS (S/F) • DoA (F) • HFS (S/F) 	<ul style="list-style-type: none"> • DRS (S/F) • DoA (F) • HFS (S/F) 	<ul style="list-style-type: none"> • DRS (S/F) • DoA (F) • HFS (S/F) 	<ul style="list-style-type: none"> • DRS (S/F) • DoA (F) • HFS (S/F) 	<ul style="list-style-type: none"> • DRS (S/F) • HFS (S/F) • DSCC⁷
Nurse Training					<ul style="list-style-type: none"> • HFS (S/F) • DSCC⁸
Nurse Aid Training	<ul style="list-style-type: none"> • HFS (S/F) 	<ul style="list-style-type: none"> • HFS (S/F) 	<ul style="list-style-type: none"> • HFS (S/F) 	<ul style="list-style-type: none"> • HFS (S/F) 	<ul style="list-style-type: none"> • HFS (S/F)
Nursing – 24-Hour In-Home					
Nursing – Scheduled In-Home – Intermittent	<ul style="list-style-type: none"> • DRS (S/F) • DMH (S/F) • DDD (S/F) • HFS (S/F) 	<ul style="list-style-type: none"> • DRS (S/F) • DDD (S/F) • HFS (S/F) 	<ul style="list-style-type: none"> • DRS (S/F) • DMH (S/F) • DDD (S/F) • HFS (S/F) 	<ul style="list-style-type: none"> • DRS (S/F) • DDD (S/F) • HFS (S/F) 	<ul style="list-style-type: none"> • DRS (S/F) • DDD (S/F) • HFS (S/F)
Nursing – Non-Scheduled – In-Home (on call, emergency, etc.)					
Nursing – Out-of-Home Scheduled	<ul style="list-style-type: none"> • DMH (S/F) 		<ul style="list-style-type: none"> • DMH (S/F) 		<ul style="list-style-type: none"> • HFS (S/F)
Nursing – Out-of-Home Un-scheduled	<ul style="list-style-type: none"> • DMH (S/F) 		<ul style="list-style-type: none"> • DMH (S/F) 		<ul style="list-style-type: none"> • HFS (S/F)

⁵ This applies to occupational therapy, physical therapy and speech therapy.

⁶ This service provided under the home- and community-based waiver. Funding for these services is provided by the Illinois Department of Healthcare and Family Services.

⁷ Ibid.

⁸ Ibid.

Appendix B
The Cross-Disability Services Inventory

Service/Resource Inventory	Disability Group				
	People Who Are Elderly	People Who Have Developmental Disabilities	People Who Have Psychiatric Disabilities	People Who Have Physical Disabilities	Children Who Have Complex Medical Needs
S=State Funds, F=Federal Funds, L=Local Funds, S/F=State and Federal, L/F=Local and Federal					
OTHER SUPPORTS AND SERVICES					
Personal Care	<ul style="list-style-type: none"> • DRS (S/F) • DoA (S) • DDD (S/F) 	<ul style="list-style-type: none"> • DRS (S/F) • DoA (S) • DDD (S/F) 	<ul style="list-style-type: none"> • DRS (S/F) • DoA (S) • DDD (S/F) 	<ul style="list-style-type: none"> • DRS (S/F) • DoA (S) • DDD (S/F) 	<ul style="list-style-type: none"> • DRS (S/F) • DDD (S/F) • HFS (S/F)
Companion Services	<ul style="list-style-type: none"> • DoA (S) 	<ul style="list-style-type: none"> • DoA (S) 	<ul style="list-style-type: none"> • DoA (S) 	<ul style="list-style-type: none"> • DoA (S) 	
Client Transitional Subsidy – (institutional to community services)	<ul style="list-style-type: none"> • DoA (S) 	<ul style="list-style-type: none"> • DoA (S) 	<ul style="list-style-type: none"> • DMH (S/F) • DoA (S) 	<ul style="list-style-type: none"> • DoA (S) 	
Centers for Independent Living (CILs)	<ul style="list-style-type: none"> • DRS (S/F) 	<ul style="list-style-type: none"> • DRS (S/F) 	<ul style="list-style-type: none"> • DRS (S/F) 	<ul style="list-style-type: none"> • DRS (S/F) 	<ul style="list-style-type: none"> • DRS (S/F)
Independent Skills Training	<ul style="list-style-type: none"> • DRS (S/F) • DMH (S/F) • DDD (S/F) 	<ul style="list-style-type: none"> • DRS (S/F) • DDD (S/F) 	<ul style="list-style-type: none"> • DRS (S/F) • DMH (S/F) • DDD (S/F) 	<ul style="list-style-type: none"> • DRS (S/F) • DDD (S/F) 	<ul style="list-style-type: none"> • DRS (S/F) • DDD (S/F)
Transition to Adult Services		<ul style="list-style-type: none"> • ISBE (F) 	<ul style="list-style-type: none"> • DMH (S/F) • ISBE(F) 	<ul style="list-style-type: none"> • ISBE (F) 	<ul style="list-style-type: none"> • HFS (S/F) • DSCC⁹ • ISBE (F)
Crisis Intervention Services	<ul style="list-style-type: none"> • DMH (S/F) • DoA (S) • DDD (S/F) 	<ul style="list-style-type: none"> • DoA (S) • DDD (S/F) 	<ul style="list-style-type: none"> • DMH (S/F) • DoA (S) • DDD (S/F) • HFS (S/F) <i>(children)</i> 	<ul style="list-style-type: none"> • DoA (S) • DDD (S/F) 	<ul style="list-style-type: none"> • DDD (S/F)
24-Hour Emergency Response	<ul style="list-style-type: none"> • DRS (S/F) • DMH (S/F) • DoA (S) • DDD (S/F) 	<ul style="list-style-type: none"> • DRS (S/F) • DoA (S) • DDD (S/F) 	<ul style="list-style-type: none"> • DRS (S/F) • DMH (S/F) • DoA (S) • DDD (S/F) 	<ul style="list-style-type: none"> • DRS (S/F) • DoA (S) • DDD (S/F) 	<ul style="list-style-type: none"> • DRS (S/F) • DDD (S/F)
24-Hour Security					
Social or Recreational Programming	<ul style="list-style-type: none"> • DMH (S/F) • DoA (F) 	<ul style="list-style-type: none"> • DoA (F) 	<ul style="list-style-type: none"> • DMH (S/F) • DoA (F) 	<ul style="list-style-type: none"> • DoA (F) 	
Lekotek Center – Library and Resource Centers	<ul style="list-style-type: none"> • DRS (S) 	<ul style="list-style-type: none"> • DRS (S) 	<ul style="list-style-type: none"> • DRS (S) 	<ul style="list-style-type: none"> • DRS (S) 	<ul style="list-style-type: none"> • DRS (S)
Transportation – Medical and/or Services	<ul style="list-style-type: none"> • DRS (F) • DMH (S) • DoA (F) • HFS (S/F) 	<ul style="list-style-type: none"> • DRS (F) • DoA (F) • HFS (S/F) 	<ul style="list-style-type: none"> • DRS (F) • DMH (S) • DoA (F) • HFS (S/F) 	<ul style="list-style-type: none"> • DRS (F) • DoA (F) • HFS (S/F) 	<ul style="list-style-type: none"> • DRS (F) • HFS (S/F) • DSCC (S)
Transportation – Community Inclusion and/or Activities	<ul style="list-style-type: none"> • DoA (F) • DDD (S/F) 	<ul style="list-style-type: none"> • DoA (F) • DDD (S/F) 	<ul style="list-style-type: none"> • DoA (F) • DDD (S/F) 	<ul style="list-style-type: none"> • DoA (F) • DDD (S/F) 	<ul style="list-style-type: none"> • DDD (S/F)

⁹ This service is provided as an element of case management.

Appendix B
The Cross-Disability Services Inventory

Service/Resource Inventory	Disability Group				
	People Who Are Elderly	People Who Have Developmental Disabilities	People Who Have Psychiatric Disabilities	People Who Have Physical Disabilities	Children Who Have Complex Medical Needs
S=State Funds, F=Federal Funds, L=Local Funds, S/F=State and Federal, L/F=Local and Federal					
Adaptive Equipment	<ul style="list-style-type: none"> • DRS (S/F) • DDD (S/F) • DoA (S) • HFS (S/F) 	<ul style="list-style-type: none"> • DRS (S/F) • DDD (S/F) • HFS (S/F) 	<ul style="list-style-type: none"> • DRS (S/F) • DDD (S/F) • HFS (S/F) 	<ul style="list-style-type: none"> • DRS (S/F) • DDD (S/F) • HFS (S/F) 	<ul style="list-style-type: none"> • DRS (S/F) • DDD (S/F) • HFS (S/F)
Mental Health Juvenile Justice		<ul style="list-style-type: none"> • DOC (S/F)¹⁰ • OGE (L/F) <i>(children)</i> 	<ul style="list-style-type: none"> • DMH (S/F) • DOC (S/F) • OGE (L/F) <i>(children)</i> 	<ul style="list-style-type: none"> • DOC (S/F) • OGE (L/F) <i>(children)</i> 	
SERVICES RELATED TO A PERSON'S LIFE IN A HOME OR RESIDENCE IN THE COMMUNITY					
Home and/or Environmental Modifications	<ul style="list-style-type: none"> • DRS (S/F) • DoA (F) • DDD (S/F) 	<ul style="list-style-type: none"> • DRS (S/F) • DoA (F) • DDD (S/F) 	<ul style="list-style-type: none"> • DRS (S/F) • DoA (F) • DDD (S/F) 	<ul style="list-style-type: none"> • DRS (S/F) • DoA (F) • DDD (S/F) 	<ul style="list-style-type: none"> • DRS (S/F) • DDD (S/F) • HFS (S/F) • DSCC (S)¹¹
Homemaker/Housekeeping/ Meals Service	<ul style="list-style-type: none"> • DRS (S/F) • DoA (S/F) 	<ul style="list-style-type: none"> • DRS (S/F) • DoA (S/F) 	<ul style="list-style-type: none"> • DRS (S/F) • DoA (S/F) 	<ul style="list-style-type: none"> • DRS (S/F) • DoA (S/F) 	<ul style="list-style-type: none"> • DRS (S/F)
Community Integrated Living Arrangements (CILA)	<ul style="list-style-type: none"> • DMH (S/F) • DDD (S/F) 	<ul style="list-style-type: none"> • DDD (S/F) 	<ul style="list-style-type: none"> • DMH (S/F) • DDD (S/F) 	<ul style="list-style-type: none"> • DDD (S/F) 	<ul style="list-style-type: none"> • DDD (S/F)
Foster Care/Family Care	<ul style="list-style-type: none"> • DoA (F) • DDD (S/F) <i>(In Host Family CILA)</i> 	<ul style="list-style-type: none"> • DoA (F) • DDD (S/F) <i>(In Host Family CILA)</i> 	<ul style="list-style-type: none"> • DoA (F) • DDD (S/F) <i>(In Host Family CILA)</i> 	<ul style="list-style-type: none"> • DoA (F) • DDD (S/F) <i>(In Host Family CILA)</i> 	<ul style="list-style-type: none"> • DDD (S/F) <i>(In Host Family CILA)</i>
Community Group Home (excludes ICF/DD, IMD, nursing home)	<ul style="list-style-type: none"> • DMH (S/F) • DDD (S/F) 	<ul style="list-style-type: none"> • DDD (S/F) 	<ul style="list-style-type: none"> • DMH (S/F) • DDD (S/F) 	<ul style="list-style-type: none"> • HFS (S/F) • DDD (S/F) 	<ul style="list-style-type: none"> • DDD (S/F) • HFS (S/F)
Supervised Residential	<ul style="list-style-type: none"> • DMH (S/F) • DDD (S/F) • HFS (S/F) <i>(SLF adults)</i> 	<ul style="list-style-type: none"> • DDD (S/F) 	<ul style="list-style-type: none"> • DMH (S/F) • DDD (S/F) • DOC (S/F) 	<ul style="list-style-type: none"> • DDD (S/F) 	<ul style="list-style-type: none"> • DDD (S/F)
Supportive Residential	<ul style="list-style-type: none"> • DMH (S/F) • DoA (S) • DDD (S/F) 	<ul style="list-style-type: none"> • DoA (S) • DDD (S/F) 	<ul style="list-style-type: none"> • DMH (S/F) • DoA (S) • DDD (S/F) 	<ul style="list-style-type: none"> • DoA (S) • DDD (S/F) 	<ul style="list-style-type: none"> • DDD (S/F)
Community Supported Living – Apartments (certified)					
Community Supported Living – Person's Own Home/Family Home	<ul style="list-style-type: none"> • DDD (S/F) 	<ul style="list-style-type: none"> • DDD (S/F) 	<ul style="list-style-type: none"> • DDD (S/F) 	<ul style="list-style-type: none"> • DDD (S/F) 	<ul style="list-style-type: none"> • DDD (S/F)
Short-Term Residential Options for Crisis Situations	<ul style="list-style-type: none"> • DMH (S/F) • DDD (S/F) 	<ul style="list-style-type: none"> • DDD (S/F) 	<ul style="list-style-type: none"> • DMH (S/F) • DDD (S/F) 	<ul style="list-style-type: none"> • DDD (S/F) 	<ul style="list-style-type: none"> • DDD (S/F)

¹⁰ DOC is the Illinois Department of Corrections. DOC was among those State agencies included in the survey.

¹¹ Funding is for ramps and lifts only.

Appendix B
The Cross-Disability Services Inventory

Service/Resource Inventory	Disability Group				
	People Who Are Elderly	People Who Have Developmental Disabilities	People Who Have Psychiatric Disabilities	People Who Have Physical Disabilities	Children Who Have Complex Medical Needs
S=State Funds, F=Federal Funds, L=Local Funds, S/F=State and Federal, L/F=Local and Federal					
Respite – In-Home	<ul style="list-style-type: none"> • DRS (S/F) • DoA (F) • DDD (S/F) 	<ul style="list-style-type: none"> • DRS (S/F) • DoA (F) • DDD (S/F) 	<ul style="list-style-type: none"> • DRS (S/F) • DMH (S) • DoA (F) • DDD (S/F) 	<ul style="list-style-type: none"> • DRS (S/F) • DoA (F) • DDD (S/F) 	<ul style="list-style-type: none"> • DRS (S/F) • DDD (S/F)
Respite – Out-of-Home	<ul style="list-style-type: none"> • DoA (F) • DDD (S/F) 	<ul style="list-style-type: none"> • DoA (F) • DDD (S/F) 	<ul style="list-style-type: none"> • DoA (F) • DDD (S/F) 	<ul style="list-style-type: none"> • DoA (F) • DDD (S/F) 	<ul style="list-style-type: none"> • DDD (S/F)
Respite – In-Home, Medical					<ul style="list-style-type: none"> • HFS (S/F) • DSCC¹²
Respite – Out-of-Home, Medical					<ul style="list-style-type: none"> • HFS (S/F) • DSCC¹³
SERVICES DURING THE DAY (EDUCATION, EMPLOYMENT, HABILITATIVE, ETC.)					
Day Services – Habilitative	<ul style="list-style-type: none"> • DMH (S/F) • DDD (S/F) 	<ul style="list-style-type: none"> • DDD (S/F) 	<ul style="list-style-type: none"> • DMH (S/F) • DDD (S/F) 	<ul style="list-style-type: none"> • DDD (S/F) 	<ul style="list-style-type: none"> • DDD (S/F)
Day Services – Rehabilitative	<ul style="list-style-type: none"> • DMH (S/F) 	<ul style="list-style-type: none"> • HFS (S/F) 	<ul style="list-style-type: none"> • DMH (S/F) • HFS (S/F) 	<ul style="list-style-type: none"> • HFS (S/F) 	
Adult Day Service/Day Care	<ul style="list-style-type: none"> • DRS (S/F) • DoA (S) • DDD (S/F) 	<ul style="list-style-type: none"> • DRS (S/F) • DoA (S) • DDD (S/F) 	<ul style="list-style-type: none"> • DRS (S/F) • DoA (S) • DDD (S/F) 	<ul style="list-style-type: none"> • DRS (S/F) • DoA (S) • DDD (S/F) 	<ul style="list-style-type: none"> • DRS (S/F) • DDD (S/F)
Medical Day Service/Day Care					<ul style="list-style-type: none"> • HFS (S/F) • DSCC¹⁴
Vocational Services – Evaluation, Diagnostic, Etc.	<ul style="list-style-type: none"> • DRS (F) • DDD (S/F) 	<ul style="list-style-type: none"> • DRS (F) • DDD (S/F) 	<ul style="list-style-type: none"> • DRS (F) • DMH (S/F) • DDD (S/F) 	<ul style="list-style-type: none"> • DRS (F) • DDD (S/F) 	<ul style="list-style-type: none"> • DRS (F) • DDD (S/F)
Vocational Services – Rehabilitation	<ul style="list-style-type: none"> • DRS (F) 	<ul style="list-style-type: none"> • DRS (F) 	<ul style="list-style-type: none"> • DRS (F) • DMH (S/F) 	<ul style="list-style-type: none"> • DRS (F) 	<ul style="list-style-type: none"> • DRS (F)
Vocational Services – Work Readiness	<ul style="list-style-type: none"> • DDD (S/F) 	<ul style="list-style-type: none"> • DDD (S/F) 	<ul style="list-style-type: none"> • DMH (S/F) • DDD (S/F) 	<ul style="list-style-type: none"> • DDD (S/F) 	<ul style="list-style-type: none"> • DDD (S/F)
Employment Vocational Services – Workshop, Enclave, Etc.	<ul style="list-style-type: none"> • IDES (F) 	<ul style="list-style-type: none"> • IDES (F) 	<ul style="list-style-type: none"> • IDES (F) 	<ul style="list-style-type: none"> • IDES (F) 	<ul style="list-style-type: none"> • IDES (F) <i>(if 16 years of age)</i>
Vocational Services – Workshop, Enclave, Etc.	<ul style="list-style-type: none"> • DDD (S/F) 	<ul style="list-style-type: none"> • DDD (S/F) 	<ul style="list-style-type: none"> • DMH (S/F) • DDD (S/F) 	<ul style="list-style-type: none"> • DDD (S/F) 	<ul style="list-style-type: none"> • DDD (S/F)
Supported Employment	<ul style="list-style-type: none"> • DRS (S/F) • DDD (S/F) 	<ul style="list-style-type: none"> • DRS (S/F) • DDD (S/F) 	<ul style="list-style-type: none"> • DRS (S/F) • DMH (S/F)¹⁵ • DDD (S/F) 	<ul style="list-style-type: none"> • DRS (S/F) • DDD (S/F) 	<ul style="list-style-type: none"> • DRS (S/F) • DDD (S/F)

¹² This service provided under the home- and community-based waiver. Funding for these services is provided by the Illinois Department of Healthcare and Family Services.

¹³ Ibid.

¹⁴ Ibid.

Appendix B The Cross-Disability Services Inventory

Service/Resource Inventory	Disability Group				
	People Who Are Elderly	People Who Have Developmental Disabilities	People Who Have Psychiatric Disabilities	People Who Have Physical Disabilities	Children Who Have Complex Medical Needs
S=State Funds, F=Federal Funds, L=Local Funds, S/F=State and Federal, L/F=Local and Federal					
Competitive Employment	<ul style="list-style-type: none"> • DRS (F) • DoA (F) • IDES (F) 	<ul style="list-style-type: none"> • DRS (F) • DoA (F) • IDES (F) 	<ul style="list-style-type: none"> • DRS (F) • DMH-(S/F) • DoA (F) • IDES (F) 	<ul style="list-style-type: none"> • DRS (F) • DoA (F) • IDES (F) 	<ul style="list-style-type: none"> • DRS (F)
Employment Services – Training, Readiness and Referral	<ul style="list-style-type: none"> • DRS (F) • DoA (F) • IDES (F) <i>(no training)</i>	<ul style="list-style-type: none"> • DRS (F) • DoA (F) • IDES (F) <i>(no training)</i>	<ul style="list-style-type: none"> • DRS (F) • DMH (S/F) • DoA (F) • IDES (F) <i>(no training)</i>	<ul style="list-style-type: none"> • DRS (F) • DoA (F) • IDES (F) <i>(no training)</i>	<ul style="list-style-type: none"> • DRS (F) • IDES (F) <i>(no training; if 16 years of age)</i>
SERVICES RELATED TO THE MENTAL WELL BEING OF A PERSON LIVING IN THE COMMUNITY					
Assertive Community Treatment (ACT)	<ul style="list-style-type: none"> • DMH (S/F)¹⁶ 		<ul style="list-style-type: none"> • DMH (S/F)¹⁷ • HFS (S/F) <i>(children)</i>		
Child and Adolescent Outpatient Services (assessment, planning and treatment)		<ul style="list-style-type: none"> • HFS (S/F) 	<ul style="list-style-type: none"> • DMH (S/F) • HFS (S/F) 	<ul style="list-style-type: none"> • HFS (S/F) 	<ul style="list-style-type: none"> • HFS (S/F)
Child and Adolescent Wraparound		<ul style="list-style-type: none"> • ISBE (F) 	<ul style="list-style-type: none"> • DMH (S/F) • ISBE (F) 	<ul style="list-style-type: none"> • ISBE (F) 	<ul style="list-style-type: none"> • ISBE (F)
Emergency Psychiatric Services	<ul style="list-style-type: none"> • DMH (S/F) • HFS (S/F) 	<ul style="list-style-type: none"> • HFS (S/F) 	<ul style="list-style-type: none"> • DMH (S/F) • HFS (S/F) 	<ul style="list-style-type: none"> • HFS (S/F) 	<ul style="list-style-type: none"> • HFS (S/F)
Gero-psychiatric Services	<ul style="list-style-type: none"> • DMH (S/F) • HFS (S/F) 		<ul style="list-style-type: none"> • DMH (S/F) 		
Outpatient Mental Health	<ul style="list-style-type: none"> • DMH (S/F) 		<ul style="list-style-type: none"> • DMH (S/F) 		
<ul style="list-style-type: none"> • Services provided by physicians, federally-qualified health centers, rural health clinics, hospital-based outpatient clinics and school-based clinics. 	<ul style="list-style-type: none"> • HFS (S/F) 	<ul style="list-style-type: none"> • HFS (S/F) 	<ul style="list-style-type: none"> • HFS (S/F) 	<ul style="list-style-type: none"> • HFS (S/F) 	<ul style="list-style-type: none"> • HFS (S/F)
<ul style="list-style-type: none"> • Services provided by community mental health centers. 	<ul style="list-style-type: none"> • OGE (L/F) 	<ul style="list-style-type: none"> • OGE (L/F) 	<ul style="list-style-type: none"> • HFS (S/F) • OGE (L/F) <i>(children)</i>	<ul style="list-style-type: none"> • OGE (L/F) 	<ul style="list-style-type: none"> • OGE (L/F)
<ul style="list-style-type: none"> • Services provided by school districts pursuant to the Individuals with Disabilities Education Act. 		<ul style="list-style-type: none"> • OGE (L/F) <i>(children)</i>	<ul style="list-style-type: none"> • OGE (L/F) <i>(children)</i>	<ul style="list-style-type: none"> • OGE (L/F) <i>(children)</i>	<ul style="list-style-type: none"> • OGE (L/F)

¹⁵ Supported Employment in mental health is an evidence-based practice endorsed by the SAMHSA Center for Mental Health Services.

¹⁶ Assertive Community Treatment in mental health is an evidence-based practice endorsed by Center for Medicare and Medicaid Services and the SAMHSA Center for Mental Health Services.

¹⁷ Ibid.

Appendix B
The Cross-Disability Services Inventory

Service/Resource Inventory	Disability Group				
	People Who Are Elderly	People Who Have Developmental Disabilities	People Who Have Psychiatric Disabilities	People Who Have Physical Disabilities	Children Who Have Complex Medical Needs
S=State Funds, F=Federal Funds, L=Local Funds, S/F=State and Federal, L/F=Local and Federal					
Psychiatric Leadership/Services	• DMH (S/F)		• DMH (S/F)		
Psychosocial Rehabilitation and Support	• DMH (S/F)		• DMH (S/F)		
<ul style="list-style-type: none"> Services provided by physicians, federally-qualified health centers, rural health clinics, hospital-based outpatient clinics and school-based clinics. 	• HFS (S/F)	• HFS (S/F)	• HFS (S/F)	• HFS (S/F)	• HFS (S/F)
<ul style="list-style-type: none"> Services provided by community mental health centers. 	• OGE (L/F)	• OGE (L/F)	• HFS (S/F) (children) • OGE (L/F)	• OGE (L/F)	• OGE (L/F)
SERVICES AND SUPPORTS FOR INDIVIDUALS AND FAMILIES					
Individual Care Grants	• DDD (S/F)	• DDD (S/F)	• DMH (S) • DDD (S/F)	• DDD (S/F)	• DDD (S/F)
Advocacy and Self-Advocacy Training	• DDD (S)	• DDD (S) • ISBE (F)	• DDD (S) • ISBE (F)	• DDD (S) • ISBE (F)	• DDD (S) • DSCC • ISBE (F)
Day Care (for family members)					
Family Training	• DDD (S/F) (In Family CILA)	• DDD (S/F) (In Family CILA) • ISBE (F)	• DDD (S/F) (In Family CILA) • ISBE (F)	• DDD (S/F) (In Family CILA) • ISBE (F)	• DDD (S/F) (In Family CILA) • DSCC (S/F) ¹⁸ • ISBE (F)
Child Support Enforcement (CSE) ¹⁹		• HFS (S/F)	• HFS (S/F)	• HFS (S/F)	• HFS (S/F)

¹⁸ This service is provided as an element of case management services.

¹⁹ Includes the seeking and enforcement of orders to provide dependent children with income and health care coverage from responsible absent parents.

Appendix B The Cross-Disability Services Inventory

Service/Resource Inventory	Disability Group				
	People Who Are Elderly	People Who Have Developmental Disabilities	People Who Have Psychiatric Disabilities	People Who Have Physical Disabilities	Children Who Have Complex Medical Needs
S=State Funds, F=Federal Funds, L=Local Funds, S/F=State and Federal, L/F=Local and Federal					
SERVICES AND SUPPORTS RELATED TO HOUSING^{20, 21}					
Rental					
<ul style="list-style-type: none"> Direct loan financing of privately-owned developments – (First mortgage financing, Second mortgage financing, limited grants for non profits) 	• IHDA (S/F)	• IHDA (S/F)	• IHDA (S/F)	• IHDA (S/F)	• IHDA (S/F)
<ul style="list-style-type: none"> Provision/allocations of tax credits 	• IHDA (S/F)	• IHDA (S/F)	• IHDA (S/F)	• IHDA (S/F)	• IHDA (S/F)
Homeownership/Home Buyer Assistance – First mortgage financing (below market interest rates), second mortgage financing (down payment loans), down payment/Closing Cost assistance (down payment loans/grants), housing rehabilitation assistance, home modification assistance	• IHDA (S/F)	• IHDA (S/F)	• IHDA (S/F)	• IHDA (S/F)	
Type of Housing (With Services)	• DDD (S/F)	• DDD (S/F)	• DDD (S/F)	• DDD (S/F)	• DDD (S/F)
<ul style="list-style-type: none"> SLFs/ELDERLY 	<ul style="list-style-type: none"> HFS (S/F) IHDA (S/F) 				
<ul style="list-style-type: none"> Group homes – DCFS/DD/MF²² 	<ul style="list-style-type: none"> DMH (S/F) IHDA (S/F) 	• IHDA (S/F)	<ul style="list-style-type: none"> DMH (S/F) IHDA (S/F) 	• IHDA (S/F)	• IHDA (S/F)
<ul style="list-style-type: none"> CILAs²³ 	<ul style="list-style-type: none"> DMH (S/F) IHDA (S/F) 	• IHDA (S/F)	<ul style="list-style-type: none"> DMH (S/F) IHDA (S/F) 	• IHDA (S/F)	• IHDA (S/F)
<ul style="list-style-type: none"> Permanent supportive housing – homeless 	• IHDA (S/F)	• IHDA (S/F)	• IHDA (S/F)	• IHDA (S/F)	• IHDA (S/F)

²⁰ IHDA’s financing programs are potentially available to assist all of these populations, but are not considered a “service.” Developers/owners are the actual applicants in rental projects. Also, IHDA does not have a set-aside of its resources for each disability.

²¹ The “underserved populations” the State targets its housing resources to include are: very low-income households; homeless; low-income seniors; and low-income persons with disabilities, including but not limited to physical disability, developmental disability, mental illness, co-occurring mental illness and substance abuse disorder, or HIV/AIDS. In addition, there are other groups that fall under the ‘Special Needs’ category, which are part of other priority initiatives of the Governor and are not specifically identified in the Comprehensive Housing Planning Act (P.A. 94-0965), which created the State’s Annual Comprehensive Housing Plan, or disabilities services legislation, such as Veterans, DCFS clients, ex-offenders, etc.

²² IHDA may have limited ability to fund licensed facilities.

²³ Ibid.

Appendix B
The Cross-Disability Services Inventory

Service/Resource Inventory	Disability Group				
	People Who Are Elderly	People Who Have Developmental Disabilities	People Who Have Psychiatric Disabilities	People Who Have Physical Disabilities	Children Who Have Complex Medical Needs
S=State Funds, F=Federal Funds, L=Local Funds, S/F=State and Federal, L/F=Local and Federal					
Independent Living	<ul style="list-style-type: none"> • DDD (S/F) • DRS (F) 	<ul style="list-style-type: none"> • DDD (S/F) • DRS (F) 	<ul style="list-style-type: none"> • DDD (S/F) • DRS (F) 	<ul style="list-style-type: none"> • DDD (S/F) • DRS (F) 	<ul style="list-style-type: none"> • DDD (S/F) • DRS (F)
<ul style="list-style-type: none"> • Home ownership for persons with disabilities (with and without home mod.) 	<ul style="list-style-type: none"> • IHDA (S/F) 	<ul style="list-style-type: none"> • IHDA (S/F) 		<ul style="list-style-type: none"> • IHDA (S/F) 	
<ul style="list-style-type: none"> • SILC-Homeownership Coalition; 	<ul style="list-style-type: none"> • IHDA (S/F) 	<ul style="list-style-type: none"> • IHDA (S/F) 	<ul style="list-style-type: none"> • IHDA (S/F) 	<ul style="list-style-type: none"> • IHDA (S/F) 	
<ul style="list-style-type: none"> • Project Ground Floor 		<ul style="list-style-type: none"> • IHDA (S) 			
<ul style="list-style-type: none"> • Accessible/adaptable modifications 	<ul style="list-style-type: none"> • IHDA (S/F) 	<ul style="list-style-type: none"> • IHDA (S/F) 	<ul style="list-style-type: none"> • IHDA (S/F) 	<ul style="list-style-type: none"> • IHDA (S/F) 	
Benefits Assessment, Outreach and Planning for SSI/SSDI Recipients and Their Beneficiaries²⁴	<ul style="list-style-type: none"> • DMH (F) 				
Energy Assistance	<ul style="list-style-type: none"> • HFS (F) 				
<ul style="list-style-type: none"> • Low income heating and energy assistance (LIHEAP) 					
<ul style="list-style-type: none"> • Energy Assistance Act (State) 	<ul style="list-style-type: none"> • HFS (S) 	<ul style="list-style-type: none"> • HFS (S) 	<ul style="list-style-type: none"> • HFS (S) 	<ul style="list-style-type: none"> • HFS (S) 	<ul style="list-style-type: none"> • HFS (S)

²⁴ Funded under a federal grant from the Social Security Administration

Appendix C
Current or Recent Activities

Principle #1: Emphasize Choice of Community Services: Enable individuals to choose from a range of appropriate services in the community.				
	Goal or Outcome	Action	Agencies	Timeframe
1.1	Maximize independence and involvement in community living	PA 093-0902 amends the Illinois Act on Aging to add "community reintegration services" – transition services funded at 6 sites	DoA & HFS	Funded through June 30, 2005
1.2	Allow older adults Illinois the flexibility of receiving services they need.	Offer Cash & Counseling (C&C) in select geographic locations	DoA, HFS	Grant Ends December 2007
1.3	Provide HCBS Services thru DRS	Continue to administer & improve and expand	DRS	Ongoing
1.4	Provide greater access to affordable housing with services for persons with disabilities that need supportive services (but do not need the more intense care provided in a nursing home)	Expand the Supportive Living Program as a creative and promising practice for delivering housing	HFS-BLTC	November 2004 – December 2007
1.5	Clear and consistent reporting of accessible and adaptable units that are affordable to low-income persons with disabilities; a referral system between affordable housing providers with available accessible units and the persons who need them.	Create a statewide accessible housing registry to identify housing accessible for persons with disabilities.	IHDA, DHS, HUD, USDA-RD	Begun 2002, Initial IHDA website December 2005, ongoing updates
1.6	Increased use of innovative financing and operating strategies for affordable housing developments; increased capacity to develop special needs housing, especially in rural areas.	Build capacity for affordable housing development through housing resource education program.	IHDA	Begin 2006
1.7	Increased access to home modification assistance for those persons who choose it.	Identify existing and new sources of funding for a coordinated home modification program for people with a disability and elders who are at risk of institutionalization	DoA, DHS, IHDA, DECO, Governor's Office	Begin 2006
1.8	Development of new types of housing that meet the needs of special populations.	Develop and fund housing models/pilot projects that meet the unique needs of populations.	Governor's Office, IHDA, Appropriate state departments	Begin 2006
1.9	Increased number of persons with disabilities in homeownership.	Create and continue homeownership programs in coordination with other state agencies	IHDA, DHS	Ongoing
1.10	Each individual with developmental disabilities will have a service plan that supports the individual's quality of life as he or she defines it	Provide training in person-centered planning to people w/ developmental disabilities, family members and providers	DHS/DD, Committee of the SAC/DD	June – September 2005

Appendix C
Current or Recent Activities

Principle #1: Emphasize Choice of Community Services: Enable individuals to choose from a range of appropriate services in the community.				
	Goal or Outcome	Action	Agencies	Timeframe
1.11	Use new Federal Medicaid Revenue to expand services in the community	\$3.5 million from DT FFS conversion will be used to provide new CILA and Home-based Supports	DHS/DD, GOMB, FFS Committee	Effective FY 2006
1.12	Support people in the community to avoid unnecessary SODC placement	Create DD Network teams of provider agencies, DDD, ISC/PAS agencies, and SODCs that meets monthly to provide early assistance in achieving stability for the individual	DHS/DD and providers	
1.13	Increase opportunities to work in the community	a.) Implement the Ticket to Work and Work Incentives Improvement Grant (federal)	HFS Administered	Grant funded in 2000, program commenced in 2002
		b.) Implement and increase the Health Benefits for Workers with Disabilities (HBWD) to support efforts to obtain and maintain employment.	DHS/DRS, HFS	
1.14	Provide transition assistance for students with disabilities who want to work	Total to grow from 18,000 to 20,000	DHS/DRS w/ HFS and others	Between FY 2002 and FY 2004
1.15	Increase community services options as alternatives to residential placements for children with serious emotional disturbances	Use the Independent Care Grants (ICG) and New Freedom Initiative to generate options	DHS/MH	Begun FY 2004
1.16	Improve children's mental health	Develop and implement the SASS Program	DHS/DMH	Begun FY 2004 Ongoing
1.17	Contracts awarded to best qualified providers; policy and requirements are clarified; Appropriate dispositions are made for persons screened by providers	Develop and implement an RFP process for Mental Health Pre-Admission Screening Services (PAS-MH)	DMH	Winter 2004 – January 31, 2006
1.18	Continue development of plan to address Olmstead issues	Action Plan is developed, approved and implemented	DHS/DMH	Completion of RFP process – FY-2006 Full implementation – FY-2007
1.19	Successfully renew existing HCBS waivers	In partnership with federal CMS, obtain federal approval of waiver renewals.	HFS, DHS, DoA	2006 through 2010
1.20	Create a long range plan for the SLF program	Assess and explore potentially underserved areas and additional populations who may benefit from SLF	HFS, in coordination with DHS, DoA, and DPH	2007-2009
1.21	Enhance screening and coordination efforts for adults with serious mental illness to prevent unnecessary hospitalization for psychiatric illness	Develop a new Screening Assessment and Services program for adults who are experiencing a mental health crisis	HFS, DHS	Ongoing

**Appendix C
Current or Recent Activities**

Principle #1: Emphasize Choice of Community Services: Enable individuals to choose from a range of appropriate services in the community.

	Goal or Outcome	Action	Agencies	Timeframe
1.22	Develop HCBS waiver for persons with serious mental illness	1) Develop necessary information infrastructure to obtain data 2) Further enhance current assessment process for MI residents in IMDs and other nursing homes to identify persons who would benefit from a different level of care and choose to make a transition 3) Design specifications for new levels of intensive service and/or residential programs for individuals with MI needing long term care	HFS, DHS/DMH, DPH	2007-2010

Principle #2: Support Effective, Informed Choice: Create administrative and service planning policy and practice that ensures timely access to adequate and effective information, assistance in navigating the administrative systems, and effective support for decision-making, to the extent that it is required or requested.

	Goal or Outcome	Action	Agencies	Timeframe
2:1	Provide consumer-centered "one-stop" entry points into the long term support system	Establish an Aging and Disability Resource Center in Rockford and Decatur	DoA, DHS, HFS, DPH and local providers	Begun – to end June 30, 2007
2:2	DRS Program Data in Cross-disability database	Transfer Survey of Individual Need data	DRS	Complete by October 2005
2.3	Track individuals' needs to enable DHS to plan for and offer services to meet geographic needs.	Expand Cross-disability Database to include all disability populations and highlight those who choose to modify their services and living arrangements to better meet their needs	DHS: MH, DD, RS	DD database operational by June 2005 DMH to expand implementation during FY-2007
2.4	Improve transition planning for students leaving the education system	Develop a new transition plan starting at age 14 to better prepare children for adult services including vocational rehabilitation and the consumer directed services in the DHS-DRS Home Services Program. Prior to this, transition did not begin until the age of 18	DHS/DRS, ISBE, HFS, DSCC	

Appendix C
Current or Recent Activities

Principle #3: Increase System Capacity for High Quality Care.				
	Goal or Outcome	Action	Agencies	Timeframe
3.1	Improve In-home Care of Home Services Program	Develop Improved Quality Framework recognizing Consumer Choice	DRS & HFS	Ongoing
3.2	HCBS waiver consumers will be served by qualified providers	Collaborate to improve & assure standards and oversight of HCBS waiver providers	HFS w/ DSCC, DHS (DDD and DRS), DoA	Begun January 2005
3.3	Increased options for persons with mental illness to live in community settings.	Analyses of alternative settings and support services that facilitate the most independent lifestyle possible for these individuals.	HFS-BLTC	June – December 2005
3.4	Development of the Illinois Housing Initiative Notice of Funding Availability (NOFA) process, combining funding for supportive housing projects.	DHS to inform IHDA of specific housing needs of its various client populations, coordinating IHDA housing financing programs with DHS services funding, where needed.	DHS, IHDA, GOMB	Begin FY 2006
3.5	Developmental disabilities services will be both accountable and portable and federal matching funds through the Medicaid Home and Community-Based Services waiver will be maximized.	Convert eligible programs that are currently grant-funded with no federal funding to Medicaid waiver fee-for-service funding.	DHS/DD	Begun, new initiatives in FY 2006
3.6	DHS will have an objective analysis of the adequacy of current funding levels to assist in planning and budgeting processes	Conduct a cost analysis of DD services to determine the adequacy of the funding levels to support high quality care	MH /DHS/DD w/ contractor	Begun, completion due June 30, 2005

Appendix C
Current or Recent Activities

Principle #4: Strengthen Quality Management: Ensure effective supports and services and appropriate outcomes for people through enhanced quality and compliance monitoring systems and improved accountability.				
	Goal or Outcome	Action	Agencies	Timeframe
4.1	Operational Quality Management in Home Services Program	Create 5-person unit	DRS	Operational by 12/05
4.2	Fulfill administrative requirements of the single state Medicaid agency in assuring the health, safety and welfare of persons served in HCBS waivers.	Collaborate in developing quality assurance plans for each HCBS waiver based on CMS Quality Assurance Framework and Guidance	HFS w/ DSCC, DHS (DDD & DRS), DoA	Begun February 2004 and ongoing
4.3	A plan endorsed by Illinois stakeholders and approved by the U.S. Department of Education which addresses outcomes for students with disabilities.	Develop 6 year plan for IDEIA Implementation in Illinois.	ISBE	August – December 2005
4.4	The developmental disabilities service system will have a robust, effective, well-coordinated and responsive quality management system to ensure the health, safety and welfare of individuals served and to ensure accountability	Develop a quality management system that monitors outcomes, identifies individual and systemic issues, resolves issues in a timely manner, and ensures systemic improvement	DHS: DD, HFS BOIC, CMS contractors	Begun February 2005
4.5	Collect and monitor consumer perception of care information for a representative sample of consumers receiving DMH funded community services	Review results of surveys; work with relevant stakeholders to identify actionable recommendations based on results	DHS/DMH	Ongoing through FY-2007
4.6	Collect and monitor consumer perception of care information for a representative sample of consumers services in DMH state hospitals	Review results of surveys; work with relevant stakeholders to identify actionable recommendations based on results	DHS/DMH	Ongoing through FY-2007
4.7	Develop a National Toolkit focusing on services for adults	Participate with the National Association of Mental Health Directors Research Institute on the development of the toolkit	DHS/DMH	Ongoing through FY-2007
4.8	Review and improve MFTD assessment tool	Explore use of a standardized assessment tool to determine level of care and service needs of medically fragile, technology dependent individuals	HFS, DHS, DSCC	2007-2009
4.9	Improve quality of services provided through HCBS waivers	Implement quality assurance activities that meet the federal requirements of the Medicaid agency's oversight responsibilities of HCBS waivers	HFS, DHS, DoA, DSCC	2007-2009

Appendix C
Current or Recent Activities

Principle #4: Strengthen Quality Management: Ensure effective supports and services and appropriate outcomes for people through enhanced quality and compliance monitoring systems and improved accountability.				
	Goal or Outcome	Action	Agencies	Timeframe
4.10	Ensure provision of high quality, resident appropriate services in SLF	1) Provide ongoing training and technical assistance to operational and approved SLF providers 2) Meet or exceed rule-required timeframes associated with complaint investigations and certification reviews	HFS	Ongoing
4.11	Continue to ensure that individuals with serious mental illness (SMI) served in licensed LTC facilities receive appropriate mental health care	1) Develop quality indicators for mental health and psychiatric rehabilitation services 2) Provide technical assistance and training on psychiatric rehab and mental health services 3) Coordinate with DPH and DHS/DMH to address specific service issues	HFS, DPH, DHS	Ongoing
4.12	Effectively manage chronic care conditions among targeted populations	Implement principles of disease management across all medical programs	HFS, in coordination with other agencies and providers	Ongoing

Appendix C
Current or Recent Activities

Principle #5: Support the Network of People with a Disability, Elders, their Families, Friends, Neighbors and Communities.				
	Goal or Outcome	Action	Agencies	Timeframe
5.1	Increase coordination with DHS to serve older adults caring for adult children with developmental disabilities	13 Area Agencies on Aging established Family Care Caregiver Resource Centers	DoA, DHS	Begun – no end date
5.2	Parent of young children w/ disabilities trained in advocacy and organizational skills (Next Step)	Continue to offer training around state	DRS	Ongoing
5.3	HCBS waiver consumers will be given the opportunity to direct their own services if they desire to do so	Review consumer direction options with waiver renewals	HFS w/ DSCC, DHS (DDD & DRS), DoA	July 2005 – October 2009
5.4	The DHS/DDD will have a strategic plan, developed with involvement of all stakeholders, to guide system changes and progress	Develop a revised comprehensive strategic plan for developmental disabilities services for the next three years	DHS: DD, with SAC/DD, stakeholders, & consultants	Begun – Completion Date Fall 2005
5.5	Individuals with developmental disabilities will have the opportunity, skills and knowledge to advocate for themselves in a variety of settings.	Work with Macon Resources and their 32 subcontractors to enhance individual and system self-advocacy	DHS/DD, ICDD, Macon Resources	January 2005 – June 2006
5.6	Increase the impact of the voice of people with mental health issues	Implement an MH Consumer survey to capture opinions	DHS/MH w/ federal assistance	
5.7	Establish Family Care Care-giver Resource Centers that will provide or link family care-givers to information, assistance, counseling, support groups, education, respite care and supplemental (e.g., legal assistance) services.	Use federal funding from Older Americans Act to finance services for up to 92,000 people so they don't need nursing home care	DoAARC's Lifespan	Begun FY 2003
5.8	Develop a network of WRAP facilitators	Provide ongoing WRAP (Wellness, Recovery, Action Program) training to Illinois consumers, DMH staff and other stakeholders.	DMH	Winter 2003 – Ongoing
5.9	Stakeholders gain an understanding of recovery as a process and an outcome of mental health services	Continue to provide recovery-oriented training to all stakeholders that support the roles of advocates and participate in the mental health service delivery system	DMH	Summer 2004 - ongoing

Principle # 6: Commit to Continuous Improvement of the Workforce: Create a Workforce Development Strategy that Delivers a Stable, High-Quality Direct Care Staff.				
	Goal or Outcome	Action	Agencies	Timeframe
6.1	HSP Customers have access to qualified, well-trained, adequately compensated Personal Assistants	Improve training consistency at Independent Living Centers	DRS	Training & monitoring are ongoing, \$ increase effective Aug 2005
6.2	Improve recruitment and retention of direct support staff throughout the developmental disabilities service system	Work in partnership with the Illinois Council on Developmental Disabilities (ICDD) on pilots	DHS/DD, ICDD, Univ. of Minnesota, UCE	Begun 2005, multi-year

Appendix C
Current or Recent Activities

Principle # 7: Re-engineer the Infrastructure: Improve the State Agency Capacity to Support Choice.				
	Goal or Outcome	Action	Agencies	Timeframe
7.1	Support older adults who wish to stay in their homes by restructuring the delivery of services to include home-based services as well as institutional care.	Restructuring of all aspects of service, including the provision of housing, health, financial and supportive services for elders (P.A. 093-1031, Older Adults Services Act)	DoA, DPH, HFS, DHS, DPH & other agencies and providers needed for OASA	Begun w/ Annual Evaluations
7.2	Assist people to move out of nursing homes	Community Reintegration Initiative (w/ Centers for Independent Living) w/ annual evaluation	DRS	Ongoing
7.3	Increase in total number of affordable, available units for persons with disabilities	Expand consideration and use of innovative and flexible funding strategies, and maximize the use of federal and local revenues	IHDA	Ongoing
7.4	Removal of persons living in nursing homes who are able to live independently; subsequent cost-savings to the State.	Continue to support other agency-led initiatives (such as DHS' Real Choice Systems Change and DoA's Community Reintegration) to provide other housing options for persons living in nursing homes who do not need to be there.	DHS, DoA, HFS, IHDA, DRS	Ongoing
7.5	An increase in the total number of SLF developments in the state, in areas of greatest need; development and implementation of Medicaid waiver for persons with disabilities.	Maximize use of HCBS waiver program to serve the housing and service needs of people with a disability and elders in supportive living facilities.	HFS, DHS, IHDA	Ongoing
7.6	Individuals with developmental disabilities will have the opportunity to direct their own services within an individual budget	Pilot Project w/ selected private partner	DHS/DD	Begun January 2005
7.7	The service system for individuals with disabilities will be rebalanced so that individuals may receive services in community settings if they prefer	Explore options for funding following the individual through the proposed Community First Act	DHS: (DD, RS, MH), DoA, HFS, DPH	Legislation Pending
7.8	Protect individuals' rights and ability to work while in assisted living	Modify rules and regulations in support	DoA, DPH	Begun in 2006
7.9	Increase dual cases served by the VR & HSP programs by 10%	Increase training	DHS/DRS	Begun in FY 2004
7.10	Develop coordinated strategic plan	Engage in a strategic planning process for mental health that addresses long term care services	DMH	Spring 2005 – Summer 2005

Appendix C
Current or Recent Activities

Principle # 7: Re-engineer the Infrastructure: Improve the State Agency Capacity to Support Choice.				
	Goal or Outcome	Action	Agencies	Timeframe
7.11	Quantify mental health system long range need	Evaluate the optimal number of NF/IMD beds and other alternative settings needed by the mental health system over the next 10-15 years	HFS, DHS/DMH, DPH	2007
7.12	Create separate rate system for facilities focusing on psychiatric rehabilitation	Promulgate payment rules for nursing facilities designated by the state as Class I IMDs, which focus on the specific needs of individuals with SMI	HFS, in coordination with DHS, DPH	2007
7.13	Maintain or expand employment options for persons with disabilities on Medicaid	Work with advocates and individuals with disabilities to submit a new Medicaid Infrastructure Grant (MIG) proposal for 2007-2010	HFS, DHS	Spring – Summer 2006

Appendix D
Summary of State Fiscal Year 2007 Action Items

Note: If an agency is bolded, the agency can either begin design work or implement a systems change or new service in SFY 2007.

Action Item	Level of Action Required ¹			Other Areas of Strategic Focus
	Minimal	Moderate	Significant	
Strategic Intent #1: Enhancing and Supporting Choice in the Community with the Use of Adequate Funding				
<i>Focus #1: Cross-Disability Management Information System</i>				
Track people leaving institutions to ensure that services in the community meet their needs (at least after 6, 12 and 18 months)	<ul style="list-style-type: none"> • DoA • DDD 	<ul style="list-style-type: none"> • DMH 	<ul style="list-style-type: none"> • HFS 	<ul style="list-style-type: none"> • 7
<i>Focus #2: Data-Driven Decision Making</i>				
Increase the funding of assistive technology in each state agency to increase the number of people who can stay in their own homes	<ul style="list-style-type: none"> • DRS² 	<ul style="list-style-type: none"> • DoA³ 	<ul style="list-style-type: none"> • DDD 	<ul style="list-style-type: none"> • 3 • 4
Increase the funding of environmental modifications and related assessments in each state agency to increase the number of people who can stay in their own homes	<ul style="list-style-type: none"> • DRS⁴ 	<ul style="list-style-type: none"> • IHDA⁵ • DoA 	<ul style="list-style-type: none"> • DDD 	<ul style="list-style-type: none"> • 3 • 4
Provide funding for additional CILA opportunities and other residential living programs	<ul style="list-style-type: none"> • DDD⁶ 			<ul style="list-style-type: none"> • 3 • 4
<i>Focus #3: Annual Growth and Realignment Projections</i>				
Create crisis response capacity to deflect institutional placements and provide short term options	<ul style="list-style-type: none"> • DoA • DRS⁷ • DDD 	<ul style="list-style-type: none"> DMH 		N/A
Create a statement of the state's responsibility to ensure an access to the least restrictive alternatives in community service settings	<ul style="list-style-type: none"> DoA 		<ul style="list-style-type: none"> • HFS • DDD 	<ul style="list-style-type: none"> • 5 • 6
Increase the funding of assistive technology in each state agency to increase the number of people who can stay in their own homes	<ul style="list-style-type: none"> DRS⁸ 	<ul style="list-style-type: none"> DoA⁹ 	<ul style="list-style-type: none"> • DDD 	<ul style="list-style-type: none"> • 2 • 4

¹ If an Agency is bolded, the Agency can either begin design work or implement a systems change or new service in SFY 2007.

² DRS has already completed this action item.

³ SFY 2006 \$455,000 funding from IL Affordable Housing Trust Fund for Assistive Technology.

⁴ Ibid.

⁵ IHDA has identified \$1 million in new funding for home modifications in SFY07.

⁶ Funding for additional CILA opportunities, based on individual choice, is available for adults being deinstitutionalized from either State-operated Developmental Centers (SODCs) or private Intermediate Care Facilities for persons with Developmental Disabilities (ICFs/DD) that are involved in voluntary downsizing. This funding is available on an ongoing basis. In addition, new CILA funding for young adults with DD aging out of DCFS care is included in the Governor's FY07 DD budget.

⁷ DRS has already completed this action item.

⁸ Ibid.

⁹ SFY 2006 funding from the IL Affordable Housing Trust Fund for Assistive Technology.

Appendix D
Summary of State Fiscal Year 2007 Action Items

Action Item	Level of Action Required ¹			Other Areas of Strategic Focus
	Minimal	Moderate	Significant	
Expand money for community reintegration programs		<ul style="list-style-type: none"> • DRS¹⁰ • DoA 	<ul style="list-style-type: none"> • DMH • HFS 	<ul style="list-style-type: none"> • 4
Expand funding for MI supportive housing		IHDA	<ul style="list-style-type: none"> • DMH • HFS 	<ul style="list-style-type: none"> • 4 • 6
Increase the funding of environmental modifications and related assessments in each state agency to increase the number of people who can stay in their own homes	DRS ¹¹	<ul style="list-style-type: none"> • IHDA • DoA 	<ul style="list-style-type: none"> • DDD 	<ul style="list-style-type: none"> • 2 • 4
Provide funding for additional CILA opportunities and other residential living programs	DDD ¹²			<ul style="list-style-type: none"> • 2 • 4
Provide improved and increased quantities of case management, service coordination and/or care coordination, using a holistic and person-centered approach, to improve the continuity of care for all people intersecting a disability service system		DoA	<ul style="list-style-type: none"> • DMH • HFS • DDD 	<ul style="list-style-type: none"> • 5 • 6
Create more affordable and accessible housing		<ul style="list-style-type: none"> • IHDA • DMH 	<ul style="list-style-type: none"> • DoA • HFS¹³ • DDD 	<ul style="list-style-type: none"> • 4 • 6
Improve access to supports and services that are needed by people who choose and are able to remain in their own home or that of a family, including but not limited to: transportation, housekeeping services, personal care attendant, respite, home-based support, support programs, etc.	<ul style="list-style-type: none"> • DRS¹⁴ • DDD 	<ul style="list-style-type: none"> • DoA 	<ul style="list-style-type: none"> • HFS 	<ul style="list-style-type: none"> • 4 • 6 • 7 • 10
Examine earned income caps that provide disincentives for people in ICF/DDs , nursing homes and CILAs to work			<ul style="list-style-type: none"> • HFS • DDD 	N/A
Expand waivers (expand existing capacity, add services and add new waivers) – especially support children’s waivers in appropriate disability groups (DD, MH, Health-related)	DDD	<ul style="list-style-type: none"> • DoA • DMH • HFS 		N/A

¹⁰ SFY 2006 funding from IL Affordable Housing Trust Fund for DOA Enhanced Transition and for DRS Community Reintegration.

¹¹ IHDA has identified \$1 million in new funding for home modifications in SFY 07.

¹² Funding for additional CILA opportunities, based on individual choice, is available for adults being deinstitutionalized from either State-operated Developmental Centers (SODCs) or private Intermediate Care Facilities for persons with Developmental Disabilities (ICFs/DD) that are involved in voluntary downsizing. This funding is available on an ongoing basis. In addition, new CILA funding for young adults with DD aging out of DCFS care is included in the Governor’s FY07 DD budget.

¹³ Supportive Living Facilities.

¹⁴ This does not include transportation, which DRS cannot provide. DRS has already completed this action item.

Appendix D
Summary of State Fiscal Year 2007 Action Items

Action Item	Level of Action Required ¹			Other Areas of Strategic Focus
	Minimal	Moderate	Significant	
Assist appropriate individuals in community ICFDDs who choose to move to alternative settings and facilitate their choice.	DDD			6
Combine assisted living services to simplify access integrate services and improve consistency			<ul style="list-style-type: none"> • IHDA • HFS 	N/A
Seek a federal grant for a “Money Follows the Person” pilot		<ul style="list-style-type: none"> • HFS • DoA • DHS 		4
<i>Focus #4: Fiscal Policies that Support System Choice</i>				
Seek a federal grant for a “Money Follows the Person” pilot		<ul style="list-style-type: none"> • HFS • DoA • DHS 		3
Expand money for community reintegration programs		<ul style="list-style-type: none"> • DoA • DRS 	<ul style="list-style-type: none"> • DMH • HFS 	3
Expand funding for MI supportive housing		IHDA	<ul style="list-style-type: none"> • DMH • HFS 	<ul style="list-style-type: none"> • 3 • 6
Increase the funding of assistive technology in each state agency to increase the number of people who can stay in their own homes	DRS¹⁵	DoA	<ul style="list-style-type: none"> • DDD 	<ul style="list-style-type: none"> • 2 • 3
Increase the funding of environmental modifications and related assessments in each state agency to increase the number of people who can stay in their own homes	DRS¹⁶	<ul style="list-style-type: none"> • IHDA • DoA 	<ul style="list-style-type: none"> • DDD 	<ul style="list-style-type: none"> • 2 • 3
Provide funding for additional CILA opportunities and other residential living programs	DDD¹⁷			<ul style="list-style-type: none"> • 2 • 3
Create more affordable and accessible housing		<ul style="list-style-type: none"> • IHDA 	<ul style="list-style-type: none"> • DoA • HFS • DDD • DMH 	<ul style="list-style-type: none"> • 3 • 6

¹⁵ DRS has already completed this action item.

¹⁶ Ibid.

¹⁷ Funding for additional CILA opportunities, based on individual choice, is available for adults being deinstitutionalized from either State-operated Developmental Centers (SODCs) or private Intermediate Care Facilities for persons with Developmental Disabilities (ICFs/DD) that are involved in voluntary downsizing. This funding is available on an ongoing basis. In addition, new CILA funding for young adults with DD aging out of DCFS care is included in the Governor’s FY07 DD budget.

Appendix D
Summary of State Fiscal Year 2007 Action Items

Action Item	Level of Action Required ¹			Other Areas of Strategic Focus
	Minimal	Moderate	Significant	
Improve access to supports and services that are needed by people who choose and are able to remain in their own home or that of a family, including but not limited to: transportation, housekeeping services, personal care attendant, respite, home-based support, support programs, etc.	<ul style="list-style-type: none"> • DRS¹⁸ • DDD 	<ul style="list-style-type: none"> • DoA 	<ul style="list-style-type: none"> • HFS 	<ul style="list-style-type: none"> • 3 • 6 • 7 • 10
<i>Focus #5: Choice for People</i>				
Create a statement of the state's responsibility to ensure access to the least restrictive alternatives in community service settings	<ul style="list-style-type: none"> • DoA 		<ul style="list-style-type: none"> • DDD 	<ul style="list-style-type: none"> • 3 • 6
Improve and increase quantities of case management, service coordination and/or care coordination, using a holistic and person-centered approach, to improve the continuity of care for all people intersecting a disability service system		<ul style="list-style-type: none"> • DoA 	<ul style="list-style-type: none"> • DMH • HFS • DDD 	<ul style="list-style-type: none"> • 3 • 6
Expand person-directed care in all disability areas	<ul style="list-style-type: none"> • DRS¹⁹ • DDD 	<ul style="list-style-type: none"> • DoA • DMH 	<ul style="list-style-type: none"> • HFS 	<ul style="list-style-type: none"> • 6
Identify and remove barriers for people on the PUNs database who want to move into appropriate, integrated settings of their choice at a reasonable pace	<ul style="list-style-type: none"> • DDD 			<ul style="list-style-type: none"> • 6 • 7
Add capacity to databases that assist in the management of providing services to individuals with disabilities	<ul style="list-style-type: none"> • DDD • DMH • DRS 			<ul style="list-style-type: none"> • 6 • 7
Request that the Illinois State Board of Education invest in the capacity to monitor and ensure compliance for transition planning and provide educational services in the least restrictive environment			<ul style="list-style-type: none"> • HFS • ISBE 	<ul style="list-style-type: none"> • 10
<i>Focus #6: Equitable Access</i>				
Create a statement of the state's responsibility to ensure access to the least restrictive alternatives in community service settings	<ul style="list-style-type: none"> • DoA 		<ul style="list-style-type: none"> • DDD • DOA • DMH 	<ul style="list-style-type: none"> • 3 • 5
Expand funding for MI supportive housing		<ul style="list-style-type: none"> • IHDA 	<ul style="list-style-type: none"> • DMH • HFS 	<ul style="list-style-type: none"> • 3 • 4

¹⁸ This does not include transportation, which DRS cannot provide.

¹⁹ DRS has already completed this action item.

Appendix D
Summary of State Fiscal Year 2007 Action Items

Action Item	Level of Action Required ¹			Other Areas of Strategic Focus
	Minimal	Moderate	Significant	
Improve and increase quantities of case management, service coordination and/or care coordination, using a holistic and person-centered approach, to improve the continuity of care for all people intersecting a disability service system		<ul style="list-style-type: none"> • DoA 	<ul style="list-style-type: none"> • DMH • HFS • DDD 	<ul style="list-style-type: none"> • 3 • 5
Create more affordable and accessible housing		<ul style="list-style-type: none"> • IHDA 	<ul style="list-style-type: none"> • DoA • HFS²⁰ • DDD • DMH 	<ul style="list-style-type: none"> • 3 • 4
Improve access to supports and services that are needed by people who choose and are able to remain in their own home or that of a family, including but not limited to: transportation, housekeeping services, personal care attendant, respite, home-based support, support programs, etc.	<ul style="list-style-type: none"> • DRS²¹ • DDD 	<ul style="list-style-type: none"> • DoA 	<ul style="list-style-type: none"> • HFS 	<ul style="list-style-type: none"> • 3 • 4 • 7 • 10
Enhance person directed care opportunities in all disability areas	<ul style="list-style-type: none"> • DRS²² • DDD 	<ul style="list-style-type: none"> • DoA • DMH 	<ul style="list-style-type: none"> • HFS 	<ul style="list-style-type: none"> • 5
Assist appropriate individuals in community ICF/DDs who choose to move to alternative settings and facilitate their choice.	<ul style="list-style-type: none"> • DDD 			3
Identify and remove barriers for people on who want to move into appropriate, integrated settings of their choice at a reasonable pace	<ul style="list-style-type: none"> • DDD 			<ul style="list-style-type: none"> • 5 • 7
Add capacity to databases that assist in the management of providing services to individuals with disabilities	<ul style="list-style-type: none"> • <u>DDD</u> • <u>DMH</u> • <u>DRS</u> 			<ul style="list-style-type: none"> • 5 • 7
Strategic Intent #2: Enhancing and Supporting the Provision of High Quality Care with the Use of Adequate Funding				
<i>Focus #7: Cross-disability Quality Management Plan</i>				
Improve access to supports and services that are needed by people who choose and are able to remain in their own home or that of a family, including but not limited to: transportation, housekeeping services, personal care attendant, respite, home-based support, support programs, etc.	<ul style="list-style-type: none"> • DRS²³ • DDD 	<ul style="list-style-type: none"> • DoA 	<ul style="list-style-type: none"> • HFS 	<ul style="list-style-type: none"> • 3 • 4 • 6 • 10

²⁰ Supportive Living Facilities

²¹ This does not include transportation, which DRS cannot provide. DRS has already completed this action item.

²² DRS has already completed this action item.

²³ This does not include transportation, which DRS cannot provide. DRS has already completed this action item.

Appendix D
Summary of State Fiscal Year 2007 Action Items

Action Item	Level of Action Required ¹			Other Areas of Strategic Focus
	Minimal	Moderate	Significant	
Track people leaving institutions to ensure that services in the community meet their needs (at least after 6, 12 and 18 months)	<ul style="list-style-type: none"> • DoA • DDD 	<ul style="list-style-type: none"> • DMH 	<ul style="list-style-type: none"> • HFS 	<ul style="list-style-type: none"> • 1
Strategic Intent #3: Enhancing Support Networks for Persons with Disabilities and Their Families with the Use of Adequate Funding				
<i>Focus #10: Navigating the Cross-Disability System</i>				
Improve access to supports and services that are needed by people who choose and are able to remain in their own home or that of a family, including but not limited to: transportation, housekeeping services, personal care attendant, respite, home-based support, support programs, etc.	<ul style="list-style-type: none"> • DRS²⁴ • DDD 		<ul style="list-style-type: none"> • DoA • HFS 	<ul style="list-style-type: none"> • 3 • 4 • 6 • 7
Provide training and support for families who want guardianship		<ul style="list-style-type: none"> • DoA 		N/A
Request that the Illinois State Board of Education invest in the capacity to monitor and ensure compliance for transition planning and provide educational services in the least restrictive environment			<ul style="list-style-type: none"> • HFS • ISBE 	<ul style="list-style-type: none"> • 5

²⁴ This does not include transportation, which DRS cannot provide. DRS has already completed this action item.