State of Illinois
Department of Human Services

Illinois Department of Human Services
Division of Rehabilitation Services

Home Services Program
CUSTOMER GUIDEBOOK

IDHS
ILLINOIS DEPARTMENT OF HUMAN SERVICES
DIVISION OF REHABILITATION SERVICES

DHS-DRS
Empowering
PEOPLE WITH DISABILITIES

INTRODUCTION

The Illinois Department of Human Services' Division of Rehabilitation Services (DRS) is a state agency. We serve people with disabilities who live in Illinois. Many people with disabilities want to find good jobs, get more education, and live independently. We help them meet these goals. DRS works directly with customers and their families to identify their goals. We help customers select the services that will help them meet their goals. The goals and services are written into each customer's service plan.

Some people with disabilities need help to live safely in their homes. The Home Services Program (HSP) helps customers with activities of daily living to keep them from moving into a nursing home. The HSP can help with things like personal care, cooking, cleaning, and nursing services. These services make sure customers can live how they want.

DRS has local offices in every part of the state. We team up with businesses, providers, and organizations across Illinois. Together, we support thousands of Illinois residents with disabilities in meeting their goals.

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REFERRAL

To apply for HSP services, you will need to submit a referral. There are 3 ways to submit a referral. You can go online at the DHS Website, go to your local DRS office, or call your DRS local office.

To submit a referral online, please visit our website at: www.dhs.state.il.us and search "Apply Online" then click "Rehabilitation Services: Apply Online"

To find the phone number or address for the DRS local office, please search "office locator" and select Office type: "Rehabilitation Services"

ELIGIBILITY *for the Home Services Program*

HSP eligibility criteria:

- Be under the age of 60 at time of application; there is no age limit for the AIDS or Brain Injury (BI) waiver.
- Be a resident of the State of Illinois.
- Be a citizen of the United States or be an individual who is living permanently in the United States after having been legally admitted.
- Have a severe disability that is expected to last for at least 12 months or for the duration of life.
- Have a Determination of Need score of 29 points or more.
- Have less than $17,500 in assets or $35,000 family assets for a child under the age of 18.
- Not require services that exceed the cost of services in an institutional setting.
- Have applied for, be a recipient of, or be found eligible for Medicaid benefits.

INTERVIEW

After you have submitted a referral, you will be assigned an HSP counselor who will determine if you are eligible to receive HSP services. The HSP counselor will meet with you to conduct an interview and Determination of Need (DON) assessment. During the interview, you will talk with the HSP counselor about many topics that impact your ability to safely live in your home. You will be asked about your medical diagnosis, what you are able to do on your own, what you need help with, your income and assets and how you would like to live your life. You will be asked to provide proof of your medical diagnosis, limitations, income, and assets. This information will be used to determine if you meet the HSP eligibility criteria.

If you are determined eligible for services, either the HSP counselor or the Managed Care Organization (MCO) Care Coordinator will visit your home to complete your person- centered service plan.

CUSTOMERS RIGHTS and RESPONSIBILITIES:

HSP customers have the right to:

- Basic safety
- Information
- Choice, participation, and self determination
- Dignity and individuality
- Resolve grievances.
- Assistance in securing their rights.

HSP customers have the responsibility to:

- Provide accurate information.
- Sign enrollment and eligibility documents.
- Gather information to determine eligibility.
- Follow HSP requirements.
- Report all changes in condition and circumstances.
- Cooperate with Medicaid eligibility processes.

A complete explanation of your rights can be found on the IDHS Website (www.dhs.state.il.us) by searching "Rights and Responsibilities".

MANAGED CARE ORGANIZATIONS

A Managed Care Organization (MCO) is a health care provider that delivers integrated and quality managed care.

Enrollment in a MCO is mandatory for most persons who receive Medicaid assistance. Each MCO has a dedicated Member Services line. You can find more information about MCO's by visiting hfs.illinois.gov and typing "Managed Care" in the search box.

If you are enrolled with a MCO for payment of medical services, that MCO will also be responsible for management of your HSP Services. HSP and the MCO work together to ensure your services are delivered similarly to HSP customers not enrolled in an MCO.

HSP is responsible for:

- Determining initial and annual eligibility
- Approving Individual Provider (IP) employment packets
- Paying IP time sheets.

MCO Care Coordinator is responsible for:

- Visiting you in your home
- Developing your service plan.
- Answering your questions.
- Helping you solve problems related to HSP services.
- Helping you find providers and sending you IP employment packets and time sheets.

SERVICE PLAN OVERVIEW

Once DRS determines that you are eligible for HSP services, but before your services can begin, you will receive a service plan. This is used to identify the specific types of services you will receive, and in what amounts. Depending on your circumstances, you may work with your DRS counselor to develop the service plan. However, if you are enrolled in a Medicaid managed care health plan, then you will instead work with a care manager from your MCO to develop your plan.

As a general matter, if you are enrolled in managed care, it is important to understand the different roles that DRS and your MCO will fulfill in providing your home services. DRS is responsible for evaluating you (and reevaluating you each year) to determine your DON score and thus verify whether you are eligible to participate in HSP. On the other hand, once DRS verifies your eligibility, your MCO case manager is responsible for planning and making all necessary arrangements for you to receive home services.

The Service Plan must indicate:

- The type of service(s) to be provided,
- Whether IP services will be provided by a personal assistant (PA) whom you employ yourself, or by caregivers provided by a homemaker agency,
- How often each task will be performed,
- The number of hours each task is to be provided per month, and
- The amount that will be paid for the service(s).

REDETERMINATIONS

Every year, the HSP counselor will meet with you to complete a new interview, Determination of Need (DON) assessment and verify all eligibility requirements. This is called an annual redetermination. This meeting will also discuss any changes needed on your service plan, your individual providers, and other general areas of need. If you are enrolled in an MCO, you will have two meetings: one with the HSP counselor and one with the MCO Care Coordinator.

If you have a change in condition or need, a new assessment may be requested by contacting your DHS Counselor or MCO Care Coordinator at any time before your next annual redetermination.

DENIAL OR TERMINATION OF HSP SERVICES

DRS can deny or terminate your HSP services any time that you:

- Move from Illinois or cannot be located,
- Are determined to have service costs that are greater than what it would cost to serve you in an institution,
- Refuse services or fail to cooperate in other ways,
- Are institutionalized and not expected to be released for more than 60 days,
- Fail to act appropriately, such as being abusive or threatening to a provider or a HSP employee, or
- Experience an improvement in your condition, so that you are no longer at risk for institutionalization.

APPEALS

As an HSP customer, you have the right to appeal any action or lack of action made by Home Services Program staff through the Illinois Department of Human Services' Bureau of Hearings. You can file an appeal with your HSP counselor at any time. You will receive an HSP Appeals Fact Sheet (HSP 1), Request for Hearing form that will provide you will information you need for the appeal, and a copy of the HSP Customer Bill of Rights.

If you need assistance with your appeal, the Illinois Home Care Ombudsman Program (HCOP) may be able to help. They can be reached by emailing the following address: Aging.HCOProgram@Illinois.gov or calling (800) 252-8966, pressing 4, and asking for the Home Care Ombudsman.

If you are enrolled in an MCO, you will first appeal to your MCO.

MANAGING YOUR PROVIDERS

As an HSP customer, you will be the employer of any IPs that work in your home. It is your responsibility to hire and manage your IPs. You will also be responsible for making sure your IPs can complete the tasks on your service plan. If you are not able to manage your IPs, you can receive services from a Homemaker Agency.

The following are tips for finding and managing IP's:

Who can help me with my needs?

Most of the time, you can choose who provides the services listed in your plan.

How can I find providers?

You can find a provider through your local Centers for Independent Living (CIL), word of mouth, friends, family, or other HSP customers. You may also try local ads or social media to find a provider.

By Dec 31, 2025, HSP will work to implement a customer and provider registry system that can be utilized by both customers and providers.

Customers can search to find a provider and providers can search to find a customer to work for. This registry will provide more choices for both customers and providers.

How do I know if a provider is right for me?

It is a good idea for you to interview the provider you are thinking about hiring. Ask questions about their background, what they like to do, past work experience, and their ability to do the tasks on your service plan. Be ready to answer any questions the provider may have.

MANAGING YOUR PROVIDERS *(cont'd)*

Can I run a background check on my provider?

The state will automatically run a background screening on all providers after they turn in the provider employment packet. You can also request a separate background check be completed and have the results sent directly to you. HSP pays for all background checks, you will never be charged a fee. Your counselor can provide the documents you will need to request a background check.

Can my provider help with non-Service Plan tasks?

The provider is employed by you but paid through HSP. Therefore, your providers cannot be paid to assist others living in the home or perform duties not in the service plan. Transportation is not a service available through the HSP. IPs nor homemaker agency staff are allowed to transport HSP customers.

Is training available for my provider?

You will be required to train your new provider on how to complete the tasks listed on your service plan. You know your needs better than anyone and it is important that your provider can safely provide these services. An organized daily routine, a 'how-to' list, good communication, and people familiar with your care are all helpful for training new providers. Additional mandatory training is available through your provider's union.

ELECTRONIC VISIT VERIFICATION

Providers use the Electronic Visit Verification (EVV) system to clock in and out of work. Providers are also required to fill out and turn in a paper time sheet. Your provider must clock in and out using EVV immediately upon arriving at your home for work and before leaving your home at the end of the provider's shift.

Providers receive a step-by-step EVV instruction guide in their employment packet, and providers should refer to this guide to answer any questions about EVV.

If your provider has questions about the EVV system, they can visit our website by going to www.dhs.state.il.us and searching "EVV", refer to the documents in their employment packet, or contact the DRS local office.

Customers and IPs are encouraged to sign up for the EVV portal at www.DRS.Illinois.gov/EVV. The EVV portal allows IPs to view work hours and customers can edit and approve IP work hours. IPs are encouraged to download the Sandata Mobile Connect (SMC) mobile application to easily clock in and clock out. If you would like to receive access to the portal and SMC, you can find more information by visiting www.dhs.state.il.us and search "Sandata Mobile Connect". This application will be available to download from Google Play store and APP store for Android and iPhone users respectively.

If a customer or IP sees an error for a visit in the portal, the customer should ensure the correct time has been written on the timesheet. The EVV portal or SMC does not replace the requirement for IPs to submit a signed paper timesheet. IPs are still required to submit a

timesheet to the local office for each pay period they work before the timesheet due date. This will allow staff to fix the error and prevent delayed or incorrect payments. Final approval of the IP's visits for the purpose of payment processing will be done by the local DRS office based on a review of the customer approved timesheets.

PAPER TIME SHEETS

IPs working for HSP customers are required to record all visits on a paper time sheet and call-in and call-out through the EVV system.

The paper timesheet must be submitted to the HSP customer's local office by the timesheet due date. You can find the payroll schedule by visiting www.dhs.state.il.us and typing "HSP IP Payroll Schedule" in the search bar.

Timesheets must be submitted to the local office following the below guidelines:

- Timesheets may be **scanned, faxed, photocopied, or similarly reproduced if the copy is of the original document.**
- Timesheets must include the signatures of both the customer and IP.
- **Signatures may be original handwritten, electronically reproduced, or digitally signed.**
- Timesheets may be submitted through any of the HSP approved methods: **Email, Fax, Drop boxes located at the local office, In-Person or United States Postal Service.**

If you have any questions about this process, please reach out your local office for assistance.

COMPLIANCE POLICIES:

HSP customers who utilize IPs are responsible for hiring and monitoring the work hours of all IPs who work for them. IPs are also responsible for monitoring their own work hours.

Key points on HSP Compliance Policies:

- IPs shall not work more than sixty (60) hours in a work week, unless HSP approves an Overtime Exception. This also applies to IPs who work for multiple customers. The combined hours worked for multiple customers shall not exceed sixty (60) hours in a work week. Customers cannot approve more hours than are listed on their monthly service plan.
- IPs cannot work more than 16 hours in a 24-hour period; see exceptions below.

Overtime Policy

Summary:

An IP cannot work more than 60 hours in a work week unless their customer(s) have an approved overtime exception. A work week is defined as Sunday at 12:00am to Saturday at 11:59pm. Not to be confused with a pay period of the 1st - 15th or 16th - End of Month. Neither the 60-hour overtime limit, nor an approved overtime exception, allow an IP to work more hours than listed on their customer(s) service plan.

Exceptions:

- Customers may apply for an Overtime Exception. If approved, their IP(s) can work more than 60 hours in a work week if the customer's monthly service plan has enough hours.
- To apply for an overtime exception, customers can

COMPLIANCE POLICIES: *(cont'd)*

visit www.dhs.state.il.us and search "HSP overtime", contact dhs.hspovertime@illinois.gov, or contact your local HSP counselor.

- A Legally Responsible Individual (LRI) is defined as a customer's spouse; or a parent, stepparent; foster parent or legal guardian of a customer who is under age 18. LRI's cannot work more than the total extraordinary care hours in the customer's monthly service plan or 40 hours in a week, whichever is less. LRIs cannot work more than 40 hours in a week, even if the customer has an overtime exception.

Occurrences:

- IPs will receive an occurrence every time they work more than 60 hours in a work week unless their customer has an approved overtime exception.
- Every four (4) active occurrences will result in a 1-month period of ineligibility for payment. IPs will not be paid to provide services to any HSP customer for the 1-month period.
- An IP's twelfth (12) active occurrence will result in the IP being permanently ineligible for funding from HSP.

Dispute:

- Customers may appeal the denial of an overtime exception through the Bureau of Administrative Hearings (BAH).
- IPs may file a grievance with their union for overtime occurrences or periods of payment ineligibility.

Contact: DHS.HSPOvertime@Illinois.gov (overtime topics only) or visit www.dhs.state.il.us and search "HSP overtime".

COMPLIANCE POLICIES: *(cont'd)*

Service Plan Violation Policy (Formerly Over Hours Policy)

Summary:

A customer cannot allow an IP to work more hours than are authorized on their monthly service plan. The service plan indicates how many days per month specific tasks are required by the customer. Work schedules are set by the customer and, though flexible, should follow the Service Plan. The service plan is approved by the customer, along with their HSP Counselor, or MCO care coordinators. Weekly service plan hours equal the monthly service plan hours divided by 4.35. Example: 130.5 monthly service plan hours divided by 4.35 equals 30. 130.5/4.35=30

Exceptions:

- Customers must request and receive pre-approval from their HSP counselor or MCO care coordinator when exceeding their approved monthly service plan.
- Acceptable reasons for overages include:
  - The customer received prior approval from the HSP counselor or MCO care coordinator for the additional hours.
  - An emergency requiring the IP to work more hours in the evening or weekend when the HSP counselor or MCO care coordinator could not be contacted in advance.

Unacceptable reasons include:

- Failure to keep track of the approximate number of hours worked each period.
- Disagreements between the customer and provider over the number of hours worked.

COMPLIANCE POLICIES: *(cont'd)*

- Disagreement with the number of hours authorized on the service plan.
- Provider working more hours for personal gain when services are not needed.

Occurrences:

- Customers will receive an occurrence if they approve a provider to work more than the hours listed on the monthly service plan by more than five (5) hours.in a month.
- Customers who receive three (3) unexcused overages of more than five (5) hours within a 6-month period may be transitioned from IP services to homemaker agency.

Dispute:

- Customers may appeal a service plan change to an agency through the Bureau of Administrative Hearings (BAH).
- Customers enrolled with a MCO may appeal service plan provider changes through the MCO's internal appeal process.

Contact:

- Customers should contact their local HSP counselor or coordinator.
- Customers enrolled with a MCO should contact the assigned MCO care coordinator.

16 Hour Policy

Summary:

An IP cannot work more than 16 hours in a 24-hour period for one or more HSP customers, pursuant to 89 Illinois Administrative Code Section 686.40

COMPLIANCE POLICIES: *(cont'd)*

Exceptions:

The customer's HSP counselor may grant an exception, should an emergency occur that results in the loss of a paid or unpaid primary caregiver who resides with the customer, and there is imminent danger to the health, safety, and wellbeing of the customer. Customers enrolled with an MCO should contact the care coordinator to request an exception.

*Note: The 16-hour limitation does not apply to IPs providing respite services.

Occurrences:

- Customers will receive an occurrence if they approve an IP to work more than 16 hours in a 24-hour period.
- Customers with 3 or more occurrences of an IP working more than 16 hours in a 24-hour period within 6 months may be transitioned from IP to homemaker agency services.

Dispute:

- If there is a dispute regarding the application of the 16-hour policy, the local office will verify the provider's EVV data and time sheets.
- If the resulting action is a service plan change, customers may appeal a service plan change through the BAH.
- Customers enrolled with an MCO may appeal service plan changes through the MCO's internal appeal process.

COMPLIANCE POLICIES: *(cont'd)*

Contact:

- Customers should contact their local HSP counselor or coordinator.
- Customers enrolled with a MCO should contact the assigned MCO care coordinator.

Electronic Visit Verification (EVV) Policy

Summary:

Pursuant to Section 12006 of the federal 21st Century CURES Act (42 U.S.C. 1396b(l) and the Illinois SMART Act (Public Act 97-0689, Sec 5-5f (g)), all HSP IPs must use an EVV system to electronically track and document time spent providing services to a HSP customer.

Customers and IPs are encouraged to sign up for the EVV portal at www.DRS.Illinois.gov/EVV. The EVV Portal allows IPs to view work hours and customers can edit and approve IP work hours. IPs are encouraged to download the Sandata Mobile Connect (SMC) mobile application to easily clock in and clock out. If you would like to receive access to the portal and SMC, you can find more information by visiting www.dhs.state.il.us and search "Sandata Mobile Connect".

Occurrences:

Non-compliance occurs if one or more of the following applies:

1. NO IL488-2251Home Services Program Time Sheet is submitted.
2. NO EVV visits in the EVV portal
3. MORE THAN 5 visits from the time sheet are missing in the EVV portal

COMPLIANCE POLICIES: *(cont'd)*

4. MORE THAN 5 visits on the time sheet DO NOT match call times in the EVV portal by ten minutes.
5. MORE THAN 5 visits in the portal are from an unregistered EVV telephone number.
6. MORE THAN 5 visits in the portal are ADDED/ EDITED due to an error made by the IP.

Customers and IPs with 3 occurrences listed above within a 6-month period may have their service plan transitioned from IP to homemaker agency services.

Dispute:

- If there is a dispute regarding the application of the EVV policy, the local office will verify the provider's EVV data and time sheets.
- If the occurrences result in a service plan change, customers may appeal this action through the BAH.
- Customers enrolled with an MCO may appeal service plan changes through the MCO's internal appeal process.

Contact:

- Customers should contact their local HSP counselor or coordinator or visit www.DRS.Illinois.gov/EVV

LABOR RELATIONS

The HSP Labor Relations unit provides support to your IP's. IPs are unionized and represented by Service Employees International Union (SEIU) This unit is responsible for SEIU related inquiries, SEIU Training, IP Grievances, Unemployment Insurance Benefit Claims, IP Wage Verification, IP Worker's Compensation, etc.

To request records for Wage Verifications, gross earnings, or replacement W2s, your IP should contact the local DRS Office for assistance.

INDIVIDUAL PROVIDER TRAINING

Effective 07/01/2024, Individual providers must attend Annual Mandatory Trainings and New Hire Trainings.

If an IP fails to attend their required training, they may become temporarily ineligible (Suspended) for funding from HSP until they attend their training and become active again.

Training is conducted through SEIU Member Education Training Center (METC).

SEIU METC Topics include:

- HSP Services Offered
- HSP Service Plan Assistance
- Payment (Paycheck Distribution) Options
- Time sheet and EVV Overview
    - Time sheet and EVV Instructions
- Overtime
- Medicaid Fraud
- HSP Forms

INDIVIDUAL PROVIDER TRAINING *(cont'd)*

- Overview, Handling, and Reporting, of Abuse
  - Physical, Verbal, Emotional, Mental & Sexual
  - Abuse
  - Confinement
  - Neglect
  - Passive Neglect & Willful Deprivation
  - Financial Exploitation
- Additional Training available

PROVIDER EMPLOYMENT PACKETS

HSP is a Medicaid Waiver program, and your IPs must be enrolled as a Medicaid provider. For HSP to pay your providers, they must complete and submit the 'Individual Provider Employment Packet'.

You can request an IP Employment Packet from your DRS local office or your MCO Coordinator. You can visit the IDHS website at www.dhs.state.il.us and search "Provider Packet".

It is very important that you and your providers complete all the necessary forms and submit them to the DRS local office. Furthermore, your DRS local office cannot assist with the W4 tax forms nor the Federal I-9 employment verification form.

Once your provider's packet has been approved, the provider will receive a unique number called a Santrax ID. The Santrax ID number will be used to clock in and out of the EVV. Once the Santrax ID has been given to your provider, you can give them a start date and schedule the days and times for them to work.

CENTER FOR INDEPENDENT LIVING

Centers for Independent Living (CILs) are community-based non-profit organizations that provide services and support to people with disabilities. Your local CIL supports the community by helping people with disabilities gain independence in all aspects of their lives. CILs provide peer support, information, referral, advocacy, independent living skills training, and transition support services.

- CILs provide potential HSP customers with program information, answer questions, and submit referrals to the program.
- CILs help HSP customers find Pas and IPs who can provide the services listed on your service plan. They also provide training and guidance to help you manage your providers.
- CILs can help new HSP customers transition from
- living in a nursing home to living at home again.
- CILs can train customers in independent living skills to decrease their dependence on HSP services.

Please contact your HSP counselor or go online at www.incil.org/locate for more information.

FRAUD

The HSP Fraud Unit investigates allegations of fraud by IPs, customers and agencies. They coordinate investigations with Local, State and Federal Agencies. Common types of fraud are secondary employment fraud, hospitalization fraud, ghost employee fraud, and postmortem fraud. If you suspect fraud by your IP or any other IP, please report this to your local DRS office.

IMPACT

Illinois Medicaid Program Advanced Cloud Technology (IMPACT)is a provider enrollment system that allows HSP to claim federal Medicaid dollars for all eligible providers. All IP and agencies are required to be enrolled in IMPACT.

Providers will be enrolled in IMPACT when they are hired by customers, and the necessary paperwork is provided in the IP Employment Packet. If your provider has questions about IMPACT, you can direct them to your HSP counselor or the DRS local office.

DRS LOCAL OFFICES FOR HSP

To contact your DRS local office, please visit our website at www.dhs.state.il.us search “office locator” and select Office type: “Rehabilitation Services” or call the DRS Hotline at (877) 581-3690.

The DRS local offices are staffed with:

HSP Rehabilitation Services ***Counselors***
Your HSP counselor will be the one to meet with you and discuss program eligibility, your needs, and how HSP can help you live a more independent life.

HSP Rehabilitation Services ***Coordinator***
Your HSP Coordinator will assist with employee packets, time sheet questions, provider document requests, and general HSP questions.

Important and Helpful Numbers:

Report Abuse/Neglect:	(866) 800-1409
General DHS Helpline:	(800) 843-6154
DRS Hotline:	(877) 581-3690
Provider Assistance Line:	(800) 804-3833
Debit Card/Direct Deposit:	(217) 785-7790
Illinois Provider Debit MasterCard:	(866) 338-2944
SEIU Provider Union:	(866) 933-7348

General Questions can be submitted to:

Illinois Department of Human Services
Office of Customer Support
100 S Grand Ave E Springfield, IL 62762

IDHS
ILLINOIS DEPARTMENT OF HUMAN SERVICES

Programs, activities and employment opportunities in the Illinois Department of Human Services are open and accessible to any individual or group without regard to age, sex, race, sexual orientation, disability, ethnic origin or religion. The department is an equal opportunity employer and practices affirmative action and reasonable accommodation programs.

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