



## ALTERNATIVE DAY PROGRAM REQUEST

**Please Complete Online and Print.**

This form is used to request all Day Program Services except 31U & 31C Community Day Services (On-Site & Off-Site). Requesting Agency completes Sections 1, 2, and 3. ISC agency completes Section 4. Division staff completes Section 5. Requesting Agency must secure prior approval from the DD Division in order to provide, bill, and be paid for these services. See the Medicaid Waiver Manual for Program Descriptions of Alternative Day Programs. Requests missing information, required attachments, or signature(s) will be returned. Authorization, if approved, will be communicated to the agency through an Agency Change Memo and an updated rate sheet.

**1. Identifying Information** (Complete all items)

Date of Request: \_\_\_\_\_

Individual: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Street Address: \_\_\_\_\_ City & State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Last Four Digits of SSN: \_\_\_\_\_ RIN: \_\_\_\_\_

Requesting Agency Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Person Completing Request: \_\_\_\_\_ Telephone: \_\_\_\_\_ Ext.: \_\_\_\_\_

**2. Alternative Day Program Requested** (Check one) (Include Required Attachments)

At-Home Day Program (Program Code 37U) - Waiver Program CILA Agency Name: \_\_\_\_\_

For At-Home Day Program, attach a copy of the updated Implementation Strategy with a detailed daily schedule that includes the time staff will be involved with the person, type of at home activities, community activities, schedule and materials. This part of the strategy should explain how identified needs are to be addressed. If a person is not attending a day program because of behavior or medical issues, then the strategy should address the behaviors or medical issues.

Adult Day Care Program (Program Code 35U) - Waiver Program

For Adult Day Care, provider must be licensed by the Illinois Department on Aging and enrolled as a 35U waiver provider with the Division of Developmental Disabilities. 35U Provider's Name: \_\_\_\_\_ FEIN: \_\_\_\_\_

**NOTE:** Supported Employment Program (SEP) will now only be authorized individually as requested by program code. Please refer to the Information Bulletin posted in 2020 regarding SEP for eligibility requirements. You may apply for SEP - Individual, SEP - Group, or both. Specific documentation is required to be approved for each type of SEP support. Check the applicable type(s) of SEP which is being requested.

Supported Employment Individual (Program Code 39U) Individual Supported Employment requires a copy of the Dept. of Rehabilitation Services (DRS) notice of closure (IL488-0717W) AND a written narrative covering the following: The name of the employer, employer address and supervisor; Position and job duties; Rate of pay; the ongoing and/or proposed job supports that will be provided.

Supported Employment Group (Program Code 39G) Group Supported Employment requires written narrative covering the following: The name of the employer, employer address and supervisor; Position and job duties; Rate of pay; the ongoing and/or proposed job supports that will be provided.

Virtual Day Services (Program Code 31V) - Waiver Program for Virtual Day Services (VDS)

If the person is CILA funded, both the VDS provider and the person's residential provider must acknowledge the person's authorization for VDS. Billing VDS will count against the person's total number of 1,100 available hours for billing any day services provided during the State's Fiscal Year (July 1 to June 30). If the person is funded for Adult HBS, then VDS services must be included in the A-HBS person's Personal Plan and Service Agreement before VDS services are started.



### ALTERNATIVE DAY PROGRAM REQUEST

VDS Provider's Agency Name: \_\_\_\_\_

VDS Provider's Representative's Name (Printed): \_\_\_\_\_

VDS Provider Representative's Signature: \_\_\_\_\_

#### CILA, CLF or Adult Home-Based Services:

A-HBS or Provider's Agency Name: \_\_\_\_\_

A-HBS or Provider's Representative's Name (Printed): \_\_\_\_\_

A-HBS or Provider Representative's Signature: \_\_\_\_\_

#### 3. Reason for Request - Required for 31V and 37U Requests Only: (Include Required Attachments)

- Is unable to attend a traditional CDS program due to concerns with the COVID-19 pandemic.
- Has an illness or medical conditions or severe maladaptive behaviors that prevent participation in a traditional day program. Attach a description of the behavior or health issues and how they prevent the person from attending a community-based day program.
- Is over the age of 60 and declines to participate in traditional out-of-home day programs.
- Is unable to locate a traditional day program to serve him/her or appropriate to meet his/her needs. Attach a list of the the names of the providers that were contacted and the reason/(s) for denial.

#### 4. ISC concurs with plan for Alternative Day Program Services? Yes No

ISC Agency Name: \_\_\_\_\_

ISC Representative Printed Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

ISC Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### 5. Division Staff concurs with request? Yes No Effective Date Authorized: \_\_\_\_\_

Printed Name of Division Staff \_\_\_\_\_ Track-It Number \_\_\_\_\_

Signature of Division Staff \_\_\_\_\_ Date \_\_\_\_\_

[Region or BTS. Rep. is responsible for attaching a CRS print screen of DD-funded services.]