



**REQUEST TO EXCEED 25-HOUR ISSA (Individual Service and Support Advocacy) SERVICES CAP**

This form is used to request/grant additional ISSA hours beyond the 25-hour cap. Entry into this **form must be typed**. Handwritten forms will **not** be accepted.

Who is initiating this request?

- Independent Service Coordination (ISC) Agency  
 Department of Human Services/Division of Developmental Disabilities (DHS/DDD)

**I. General Information:**

<b>ISC Agency:</b>	
<b>ISC Contact Person:</b>	
<b>ISC E-mail:</b>	
<b>ISC Telephone:</b>	
<b>Date Approval Needed by:</b>	

<b>DHS/DDD Staff:</b>	
<b>DHS/DDD E-mail:</b>	
<b>DHS/DDD Telephone</b>	
<b>Date Visit(s) Will Begin: (DHS/DDD ONLY)</b>	
<b>Date Visit(s) Will End: (DHS/DDD ONLY)</b>	

<b>Name of Individual:</b>	
<b>Individual Home Address:</b>	
<b>Provider Agency Name</b>	

<b>Individual SSN:</b>	
<b>Individual RIN:</b>	
<b>Number of additional requested/granted hours:</b>	

**II. Why are additional hours needed? (please check the appropriate boxes)**

<b>Service Plan development issues/concerns - give example of how this will be different than the regular Service Plan meeting</b>	
<b>Individual, guardian, and/or family requesting extra advocacy for issues. Give examples/reasons for need</b>	
<b>Received from prior ISC agency with no hours remaining for required 4 visits</b>	
<b>Special/Additional staffing (due to medical/behavioral issues)</b>	
<b>Required court appearances/legal issues.</b>	
<b>Individual requesting different services/change in providers</b>	
<b>Other: Explain below in Description of Issues/Concerns box</b>	

<b>Office of Inspector General (OIG) and/or Department on Aging/Adult Protective Services (APS) allegations/substantiated findings</b>	
<b>Behavioral concerns, Support Services Team (SST) involvement</b>	
<b>Medical issues</b>	
<b>Health and/or safety concerns</b>	
<b>Services in jeopardy</b>	
<b>Appeals process</b>	
<b>Conflict resolution</b>	

**III. Description of Issues/Concerns**

**Description of Issue(s) Requiring Additional Hours. Please note the activities to be performed and the desired outcome.**



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**IV. ISC Agency Staff Only**

Has a previous request for additional ISSA hours been submitted to DDD during the current fiscal year?	Yes	No

If Yes, respond to the following question(s): How many additional ISSA hours were used?

Explain the purpose and outcomes achieved or not achieved:

Signature of ISC Agency Executive Director: (or designee)

**V. DDD/Bureau of Community Services Only**

Additional ISSA Hours Request Approved:		Number of Hours Approved:	
Additional ISSA Hours Request Denied:			
Reason Denied or Hours Reduced:			

Date Form Sent to DDD/Bureau of Community Reimbursement:

Community Services Staff Signature:	Date:

Internal Only - Community Services Staff: Once form is signed and approved/denied. RETURN COPY TO THE ISC AGENCY VIA DHS APPROVED ENCRYPTED EMAIL. IF APPROVED, FORWARD TO DDD BUREAU OF COMMUNITY REIMBURSEMENT FOR FURTHER PROCESSING.

**DDD/Bureau of Community Reimbursement**

Fiscal Year	Date Processed on the log	Current 50D Hours Allowed	Additional Hours Approved	New Total 50D Hours	Initials



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INSTRUCTIONS FOR COMPLETING THE REQUEST TO EXCEED 25-HOUR ISSA SERVICES CAP" FORM

As a result of input from the Life Choice Project and DHS/DDD staff, the Request to Exceed 25-Hour ISSA Services Cap form has been updated. ISC agencies are being provided with the following guidance which provides more detail but does not constitute a change in policy.

**Procedural Guidelines:**

1. Hours will not be granted until the ISC agency has submitted the Request to Exceed 25-Hour ISSA Services Cap form. The form will note why the additional hours are being requested and the desired outcome(s) beyond routine reimbursable activities. **Prior approval is required for activities beyond the minimum requirements that would result in an excess of 25 hours.**
2. Unless otherwise documented in the ISSA notes, a telephone call will be authorized at 15 minutes per occurrence. Calls of longer duration may be authorized if documented and justifiable per the ISSA notes. Special note: Repetitive telephone calls for issues with apparent resolution, or repetitive telephone calls regarding the same issue, are not reimbursable.
3. With the exclusion of the quarterly ISSA visits, all other on-site visits and meetings reimbursable under these guidelines will be authorized per the Request to Exceed 25-Hour ISSA Services Cap forms. The time needed will be determined by DHS/DDD Community Services staff in conjunction with ISC Agency staff.
4. The transfer of an individual's case from one ISC agency to another does not restart the 25-hour clock. If needed, additional hours may be requested by the new ISC agency.
5. If DHS/DDD is requesting an ISC agency to complete specialized additional monitoring, a Request to Exceed 25-Hour ISSA Services Cap form must be completed by DHS/DDD staff. DHS/DDD staff will communicate with the ISC agency and specify on the form identified concerns, the date the visits will start and end, the frequency of the visit(s), duration of the visits and/or a review date to discuss additional specialized monitoring.
6. If additional specialized monitoring is needed, ISC agencies will complete the ISC Specialized Additional Monitoring Report form [IL462-4450 (N-11-15)] for all visits.

**Requests to Exceed the 25-Hour Cap:**

To reiterate prior guidance, an annual maximum of 25 service hours is allocated for each individual receiving ISSA services. Request to exceed this cap may be granted by DHS/DDD in cases such as those involving a provider agency with systemic problems so serve that the health, safety, and well-being of one or more individuals are at risk, or an individual is in a crisis situation and additional hours are required to resolve the issues involved. Examples include:

1. An individual's waiver services are in jeopardy (including time expended to identify a new placement to maintain waiver services).
2. The individual has severe unmet medical or behavioral needs which have resulted in at least one recent medical intervention or the need for significant intervention (staff add-on requests), or a Support Services Team (SST) referral.
3. Incarceration and required court appearances.
4. Safety or wellness checks by the ISC agency at the request of DHS/DDD. Unique or special situations (for example, facility closures) will be given special consideration for the authorization of additional hours. Another example is the change in ownership of a provider agency which results in significant changes to supervision of the individual served.
5. Time expended due to OIG allegations/substantiated findings.



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**Requests to Exceed the 25-Hour Cap: (cont.)**

6. Time expended for the Conflict Resolution Process.
7. Time expended to facilitate individual/guardian change of waiver services or a change in provider agencies.
8. Time expended for the appeals process.
9. Time expended for an individual/guardian request of extra advocacy for issues (ISC agency will document examples/reasons on the form).
10. Time expended for additional Service Plan staffing(s).

**Request will not be granted for:**

1. Request from Parents/Guardians for additional hours without a basis similar to the foregoing situations. ISC agencies must take care to explain to individuals, parents, and guardians that ISSA services are not a substitute for family involvement or other natural supports.
2. Agency request for additional hours to cover only the cost of the ISSA worker's travel time.
3. Completion of Clinical and Administrative Review Team (CART) forms, gathering of documentation for CART, and attendance at CART meetings. Program 50 (Independent Service Coordination) funds are expected to be used to support the CART function.
4. General case management activities, e.g., arranging for wheelchairs with vendors and attendant travel, coordination of medical and other appointments, and similar activities. These are the responsibility of the provider agency.

**Completion of Form:**

The form is designed to be self explanatory. When the ISC agency is initiating the request, they are responsible for completing Sections I through IV. ISC staff completing the form will note the name of the ISC agency; the date of the request; the contact information of the person filling out the form (name, phone, email); the contact information of the DHS/DDD Community Services staff (name, phone, email); the date that a response is needed for the prior approval; information of the individual whom you are requesting the hours for (name, address, provider, social security number, Recipient Identification Number (RIN)); and the number of hours that you are requesting. ISC Staff should check the applicable boxes as to why the additional hours are being requested. Staff should then write a narrative describing the issues, the activities to be performed with the additional hours, and the desired outcome(s). After all information has been completed, the form will be signed by the ISC agency's Executive Director (or designee). The form will then be submitted via fax or DHS approved encrypted email to the appropriate DHS/DDD Community Services staff.

Community Services staff will review the form prior to the date that approval is needed by and 1) indicate approval of the request, or 2) deny the request, including the reason(s) for why the request is denied or the hours are reduced. When DHS/DDD staff are initiating the form, they are responsible for completing Sections I through III and Section V. In all cases, DHS/DDD staff will sign, date and return a copy of the complete form via DHS approved encrypted email to the ISC Agency. DDD approved requests will be forwarded to the DDD Bureau of Community Reimbursement for processing. Requests that are not approved will be returned to the ISC agency with an explanation in Section IV.