

Family Support Network – Ligas Informational Seminar

**Division of Developmental Disabilities Update
3/24/21**

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Overview of Presentation

- Upcoming Webinars
- DDD Updates
- Person Centered Planning System Review
- PUNS List
- Waiver Service Transitions
- Statewide Transition Plan Process
- DDD Rate Recommendations for FY 22

Upcoming Webinars

April 8th

- Behavioral Supports: What Providers Need to Know

April 22nd

- Dietary and Safe Dining Practices

May 13th

- Abuse & Neglect: What you Need to Know

May 27th

- Individual Rights, Independence, Social Relationships

Provider Training Webpage: <https://www.dhs.state.il.us/page.aspx?item=45209>

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DDD Updates

- DD Advisory Committee
 - Valuable feedback, review & support by diverse group of stakeholders.
 - Newest Subcommittees:
 - Assistive Technology & Enabling Technology.
 - Human Right Committee Subcommittee.
- Updating Rules that govern our operations
 - Rule 115 (CILA) Posted for comment 2/26/21 (has not been updated since 2003!).
 - Rule 119 (CDS), Rule 120 (waiver) have all passed through the Regulatory Advisory Board and are with the Rule Bureau.
- Expanded Short-Term Stabilization Homes
 - Going from four 4-person homes to eight 4-person homes.

DDD Updates

- Support Stabilization Services
 - Expansion for bridge support for those transitioning out of SODCs.
- Waiver revision effective April 1, 2021
 - Includes Remote Supports as a service for individuals in residential/CILAs.
 - PSWs ability to be paid while providing support in a hospital setting.
- Employment Expansion
 - New guidance on service provision
 - Strengthening the relationship between Division of Rehabilitation Services & DDD
 - Memorandum of Understanding, regular meetings and data sharing.
 - Projects: Review of career counseling, expanding accreditation cap.

PCP Process

- Person centered planning system review & refinement
 - Surveys (providers, ISCs, individuals).
 - Review and revise the Discovery, Personal Plan and Implementation Strategy documents and process.
 - Address ISC and BQM monitoring process.
 - ISC training
 - Provider training

PUNS List

- The State's database that registers children, young adults, and adults with I/DD who want or need DD services.
- As funding is available, based on appropriation, individuals are selected from PUNS and are then able to apply for DD waiver services.
- For the past several years, the DD Division has selected approximately 1,600 individuals annually from the PUNS list for community-based services. Once selected, individuals work with their Independent Service Coordination (ISC) Agency to select the services and supports they wish to receive and enter into those services.
- 2018: DD Division instituted first ever "early notice letter": individuals likely to be selected in the next fiscal year receive a letter notifying them of their likely selection roughly 6 months before the selection occurs.

PUNS Selections

- **FY20**
 - 895 letters sent
 - 1,251 selected from PUNS List
 - 602 individuals entered services in FY20
- **FY21**
 - 1,528 letters sent
 - 1,561 selected from PUNS List
 - 470 individuals entered services in FY21 (as of 03/01/2021)
- **FY22 Early Notice**
 - 1,572 letters sent

NOTE: Per the Ligas Reasonable Pace requirement, for FY20, the State is serving a minimum of 600 individuals selected from PUNS. For FYs21–25, the State will serve at least 630 individuals from the PUNS List each year.

Changing Services

New Information Bulletins on waiting and/or accessing services and changing services under the waiver

- PUNS List
 - Seeking vs. Planning for Services
- Aging out of Children's Services
- Crisis Funding
- Waiver Service Transitions

Information Bulletin webpage:

<https://www.dhs.state.il.us/page.aspx?item=51195>

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PUNS List

Numbers (as of March 1, 2021):

- 18,034 Active PUNS Cases*
 - 12,937 Adults (over 18)
 - 5,097 Children (under 18)

PUNS Categories:

- Seeking Services: Children and adults who currently need or desire services – PUNS selections are made from the Seeking category only
 - 13,186 children and adults (10,051 adults)
- Planning for Services: Children and adults who do not currently need or desire services but may in the future
 - 4,848 children and adults

*NOTE: Active PUNS Cases includes ~3,500 adults currently receiving waiver services that will be removed either because they had the option to go into their chosen service or they will be able to in the future with the implementation of the Waiver Service Transitions Bulletin.

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Waiver Service Transitions

- Waiver Service Transitions occur when an individual who is receiving one set of Waiver services is seeking another set of Waiver services. For example, an individual receiving Adult HBS has a desire to move to CILA based on a change in their needs or preferences.
- Effective with the publishing of the *Crisis and Waiver Service Transition* Information Bulletin it will no longer be necessary for individuals in a DD Waiver service to be enrolled in, or selected from, the PUNS list in order to participate in a Waiver Service Transition.
- Ongoing, individuals receiving waiver-funded services will not be placed on the PUNS list but will, instead, follow the process outlined in the Information Bulletin.

Information Bulletin webpage:

<https://www.dhs.state.il.us/page.aspx?item=51195>

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Waiver Service Transitions

- The Waiver Service Transition process requires an individual to demonstrate the Waiver Service Transition is necessary in order to meet their needs or preferences or allows them to meet the outcomes laid out in their Personal Plan, and that all options within the individual's current waiver services have been exhausted. Note: Also requires appropriation authority. Requests may include:
 - Community Day Services to Adult Home-Based Services
 - Community Day Services to Community Integrated Living Arrangement (any model)
 - Adult Home-Based Services to Community Integrated Living Arrangement (any model)
 - Family or Intermittent CILA to 24-Hour or Host Family CILA

HCBS Settings Rule

- The Home and Community-Based Services (HCBS) Settings Rule is a federal rule that was published in January 2014 (the final compliance deadline is March 2023). Settings Rule specifics:
 - Requires all HCBS settings meet certain qualifications (as describe on the next slides)
 - Requires that HCBS waiver recipients have access to community-based services and supports of their own choosing, that they have full access to the benefits of community living, and that they have access to services in the most integrated settings
 - Adds protections for HCBS waiver recipients
 - Requires states bring their HCBS waiver settings into compliance with the qualifications mentioned above

HCBS Settings Rule

- HCBS Settings must have all of the following qualities:
 - Be integrated in and support full access to the community, including
 - Opportunities to seek employment and work in competitive integrated settings
 - Engage in community life
 - Control personal resources
 - Receive services in the community
 - Be selected by the person from among settings options including non-disability specific settings, option for private bedroom in a residential setting
 - Ensure individual rights of privacy, dignity and respect, and freedom from coercion and restraint

HCBS Settings Rule

- Qualities continued:
 - Optimizes, but does not regiment:
 - Individual initiative
 - Autonomy
 - Independence in making life choices, including but not limited to:
 - Daily activities
 - Physical environment, and
 - With whom to interact
 - Facilitates individual choice regarding services and supports, and who provides them

Provider Owned or Controlled Residential Settings

- In addition to qualities already specified, the following additional conditions must be met for provider-owned and controlled residential settings:
 - A. A lease or other legally enforceable agreement providing similar protections to local and municipal rules and laws
 - B. Individual privacy with lockable doors, choice of roommate(s), and freedom to furnish or decorate the unit
 - C. Control of own schedule including access to food at any time
 - D. Access to visitors at any time
 - E. Physically accessible

Provider Owned or Controlled Settings

- The Settings Rule requires provider-owned or controlled residential and non-residential settings that are presumed to be institutional to be submitted to federal CMS for an additional review process called the Heightened Scrutiny process.
- Three categories that are presumed to have the qualities of an institution for purposes of the Settings Rule and Heightened Scrutiny:
 - Settings that are located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment;
 - Settings that are in a building located on the grounds of, or immediately adjacent to, a public institution; and
 - Any other settings that have the effect of isolating individuals receiving Medicaid HCBS from the broader community of those not receiving Medicaid HCBS

Statewide Transition Plan

- The Statewide Transition Plan (STP) outlines how the State will come into compliance with the HCBS Settings Rule by March 2023.
- The State's initial STP was submitted to federal CMS in late January 2021.
- DDD Released an Information Bulletin (IB) on *Lockable Doors and Privacy in a Residential Setting*.
- DDD will be releasing an additional IB on Leases & Residential Agreements.
- HFS and DDD will be working on a revision of STP to include focus on supportive housing, employment, person centered planning & technical assistance.

HCBS Settings Rule/Provider Self-Assessment Survey

- DDD and BALC are working together to assess all settings to ensure they comply with HCBS Settings Rules.
- An initial list of settings that (1) are located in a public or private institution or (2) are on the grounds of or adjacent to a public institution must be submitted to federal CMS by March 31.
- In order to meet the March 31 deadline, DHS, DDD, BALC, and HFS developed a provider self-assessment survey for residential and non-residential settings. The survey will help the State create the settings list for CMS submission.
 - Residential includes: Intermittent CILA, 24-Hour CILA, Host Family CILA, Child Group Home, Community Living Facility (16 beds and under only).
 - Non-Residential includes: Adult Day Care, Community Day Services (serving any waiver recipients), Group Supported Employment sites.

Provider Self-Assessment Survey

- The Provider Self-Assessment Surveys for each residential and non-residential waiver setting were due Monday, March 15, 2021.
- The purpose of the Survey is to help the State identify whether a site is:
 - (1) located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment;
 - (2) in a building on the grounds of, or immediately adjacent to, a public institution that provides inpatient institutional treatment; or
 - (3) any other setting that has the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving Medicaid HCBS.
- *Note: Inpatient institutional treatment includes Intermediate Care Facilities for Individuals with Intellectual and Developmental Disabilities (ICF/DD).*

Rates Implementation

- *Guidehouse Developmental Disability Services Rate Study* released December 2020; 5 year timeline for implementation.
- Rate Study FY 22 recommendations implementation cost: \$329M.
- Fiscal and economic barriers to full implementation of the Guidehouse rate recommendations.
- Some recommendations have an associated cost; others do not.
- DDD has reviewed recommendations and planning a strategy for FY 22 (and beyond).

Rate Study & Implementation

- The Division of Developmental Disabilities' ability to implement the Guidehouse Recommendations is subject to appropriation via the Illinois General Assembly's budget process and subsequent approval by the Governor.
- In addition, implementation of recommendations will require significant waiver revisions (and approvals by CMS) for this, and future years.

FY 22 Rate Implementation Goals

- Move towards compliance with the Ligas Consent Decree and Federal CMS Settings Rule.
- Align rates and reimbursements to support community integration and meaningful day options, including employment expansion.
- Address minimum wages issues and pressures in our rate methodologies and reimbursements.
- Improve the system structure:
 - Ensure all programs and services are on a rate methodology.
 - Address inconsistencies between services and methodologies.
 - Build a strong base to ensure that future investments can be logically invested in the coming years.

Rate Study & Implementation

- Residential Services
 - Frontline Staff: Increase CILA Residential DSP and ICF/DD Aide reimbursement rates at \$15/hr (increase of \$.50)
 - Non-Frontline Staff: Move all job titles to Bureau of Labor Statistics (BLS) averages for CILA Residential and ICF/DD Residential
 - Unfunded hours in 24-Hour CILA Model (60D): Fund the currently-unfunded 2 staffing hours per day in the 5- to 8-bed 24-hour CILA rate methodology
 - 24-Hour CILA Bedhold: Eliminate bedhold and implement an occupancy rate
 - CILA Earned Income Collection: Remove the collection of earned income from CILA residents
 - Intermittent CILA: Convert Intermittent CILA and Intermittent Family CILA to hourly rate
 - Host Family: Convert Host Family CILA from shift-staff methodology to per diem

Rate Study & Implementation

- Community Day Services
 - Community Day Services (31U/31C): Move CDS services onto the Guidehouse-recommended rate methodology as of 7/1/21. Set the average wage in the rate methodology at \$15/hr (consistent with Residential services). Move non-frontline staff job titles to BLS averages for CDS staff.
- Employment Recommendations
 - Individual Supported Employment (39U): Implement Guidehouse Individual Supported Employment (SEP) Rates.
 - Group Supported Employment (39G): Implement Guidehouse Group Supported Employment Rates (39G).

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