



September 6, 2018

Dear Governor Bruce Rauner and the General Assembly:

On behalf of the Senate Bill 84 Intellectual and Developmental Disability Home and Community-Based Services Task Force, I am pleased to submit the following report presenting the Task Force's recommendations.

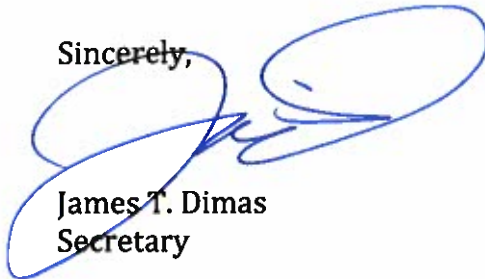
The Illinois Senate Bill 84 of the 100<sup>th</sup> Regular Session, passed and signed into law August 11, 2017, required the four legislative leaders and the Secretary of the Department of Human Services to appoint the membership. The purpose of the Task Force was to review current and potential federal funds for home and community-based service options for individuals with intellectual and developmental disabilities.

The attached report includes nine recommendations related to the legislation followed by six recommendations that fall outside the scope of the legislation. The report presents a comprehensive list of the recommendations, the rationale and recommended action steps along with supporting documentation used in discussions when developing the recommendations.

The Task Force appreciates your continued support of individuals with intellectual and developmental disabilities across the State of Illinois. The Task Force encourages you to examine and consider the recommendations put forth in this report.

Thank you for your time and attention in reviewing this report.

Sincerely,



James T. Dimas  
Secretary

**Senate Bill 84**  
**Intellectual and Developmental**  
**Disabilities Home and Community-**  
**Based Services Task Force**

**Report of Findings**  
**August 2018**



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### **Attachments**

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- 2. Task Force Membership**
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July 10, 2018

Dear Governor Bruce Rauner and the General Assembly:

I appointed the Division of Developmental Disabilities to coordinate the Senate Bill 84 Intellectual and Developmental Disability Home and Community-Based Services Task Force.

There were 17 Task Force members comprised of advocates, family, community provider membership organizations, advocacy organizations and two legislators. The members convened eight times beginning November 2017 through June 2018. To meet the legislative requirements, the members chose to create three committees: System Innovation, PUNS (Prioritization of Urgency of Need for Services), and Fiscal. Members volunteered to meet in committee outside the scheduled meetings.

The final report will present the recommendations, rationale and action steps as well as supporting documentation. Following is a summary of the recommendations:

#### System Innovation

- 1) Develop a utilization review system for all state-funded adult intellectual/developmental disabilities services inclusive of HCBS (Home and Community-Based Services), SODC (State Operated Developmental Center) and ICF/DD (Intermediate Care Facilities for Developmental Disabilities) to assure that people are receiving clinically appropriate level of services.
- 2) Conduct personal experience interviews with all HCBS participants to evaluate whether services meet the HCBS rule and address Personal Plan outcomes. Review current quality assurance measures and consider expansion of those measures to incorporate critical components of community living beyond health and safety concerns including community integration outcomes, freedom to exercise choice and control over daily routines and major life decisions, and how well the personal plan/support objectives reflect the vision of the individual.
- 3) Investigate and report on the feasibility of Illinois adopting other Medicaid Waiver options including Community First Choice Option (1915(k)), 1115 Demonstration Waiver, and 1915(i).
- 4) Review Respite Program and see if it can be changed to provide federal matching dollars.
- 5) Update/increase the current rate for Waiver services including: a) the current CILA (Community Integrated Living Arrangement) rate model to reflect the severity of support needs and b) Supported Employment, ABA (Applied Behavior Analysis) Therapy, Respite, Day Services, Personal Service Workers and Family Support.

- 6) Reestablish a rebalancing plan for persons with intellectual/developmental disabilities that shifts funding opportunities to HCBS settings via the consolidation of SODCs and prohibition of new SODC admissions.
- 7) Evaluate the service/support needs of people living in SODCs to identify gaps in the HCBS system that must be addressed to make community living a realistic option for all people with I/DD (Intellectual/Developmental Disabilities) receiving state-funded services.

#### PUNS

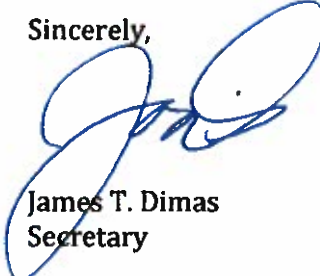
- 1) Improve capabilities of PUNS software application to allow consumers and families access to their information thereby keeping the information current.
- 2) Develop a formula to move people from the PUNS waiting list to services so there is real movement.
- 3) Initiate communication with those on the Illinois PUNS database.

#### FISCAL

- 1) Reimburse community providers at rates that will support higher hourly wages for the federally funded Medicaid services.
- 2) Develop a pilot project using new individualized cost neutral, person centered, and flexible residential support structures for persons currently in the Medicaid Waiver program.
- 3) Modernize the current CILA residential rate payment models.
- 4) Develop a community support rate methodology for leisure time and employment support for persons served in the Medicaid Waiver.
- 5) Review and update the current rates and structure of the Independent Service Coordination statewide.

The final report from this Task Force will be sent to you by July 31, 2018.

Sincerely,



James T. Dimas  
Secretary

## **Task Force Membership Positions**

The legislation required the following Task Force positions:

- DHS Secretary or designee (chairperson);
- Representative from HFS;
- Six persons selected from recommendations of organizations whose membership consists of providers;
- Two persons who are guardians or family members;
- Two persons selected from recommendations of consumer organizations that engage in advocacy or legal representation of individuals with intellectual/developmental disabilities;
- Three persons who self-identify as individuals with intellectual/developmental disabilities and who are engaged in advocacy for the rights of individuals with intellectual/developmental disabilities;
- One member of the Senate appointed by President of the Senate;
- One member of the Senate appointed by Minority Leader of the Senate;
- One member of the House appointed by Speaker;
- One member of the House appointed by Minority Leader of the House.

## **Legislation Required Tasks**

The legislation identified the following as what the Task Force would review:

- The current Federal Medicaid matching funds for services provided in the State;
- Ways to maximize federal supports for the current services provided, including attendant services, housing, and other services to promote independent living;
- Options that require federal approval and federal funding;
- Ways to minimize the impact of constituents awaiting services;
- All avenues to utilize federal funding involving home and community-based services identified by the Task Force.

## **Format of Task Force/Meetings**

There were 17 Task Force members comprised of advocates, family, community provider membership organizations, advocacy organizations and two legislators. One member of the Senate appointed by the President of the Senate and one member of the Senate appointed by the Minority Leader of the Senate were not designated to this Task Force. All other required positions made up the membership. The members convened eight times beginning November 2017 through June 2018 in compliance with the Open Meetings Act (OMA). To meet the legislative requirements and timeframe, the members chose to create three committees: System Innovation, PUNS (Prioritization of Urgency of Need for Services), and Fiscal. Members volunteered for their committee of choice and met in committee outside the scheduled meetings. Each member could give input into the recommendations, rationale and action steps. Though this was a collaborative effort, each member did not agree with all the recommendations. The recommendations are grouped by committee though they are not prioritized.

## **Recommendations, Rationale and Action Steps**

**The following recommendations were developed by members of the System Innovation Committee.**

**Recommendation #1 SYSTEM INNOVATION – Develop a utilization review system for all state-funded adult intellectual/developmental disabilities services inclusive of Home and Community-Based Services (HCBS), State Operated Developmental Centers (SODCs) and Intermediate Care Facilities for Persons with Developmental Disabilities (ICF/DD) to assure that people are receiving clinically appropriate level of services.**

- **Rationale:** The results of the review may identify resources that could be used to expand HCBS services for people not presently able to access such services due to funding limitations.
- **Recommended Action Step – Administrative:** 1) Determine who would conduct utilization review and establish a complete process, inclusive of appeal rights; 2) Review recommendations from the Employment Rates Workgroup regarding acuity ranking; 3) Evaluate systems used in other states; 4) Review 2014 Community Integrated Living Arrangement (CILA) Rate Committee Recommendations and the 2016 Employment/Day Services Funding Committee recommendations.
- **Recommended Action Step – Regulatory:** Clarify process for increasing Community Day Service (CDS) rates based on acuity level under 119.215 d) D) i-iii.

**Recommendation #2 SYSTEM INNOVATION – Investigate and report on the feasibility of Illinois adopting other Medicaid Waiver options including Community First Choice Option - 1915(k), 1115 Demonstration Waiver, and 1915(i).**

- **Rationale:** 1) Allows for another alternative to HCBS services for people living in community settings; 2) Enhances Federal Medical Assistance Percentages (FMAP); 3) May serve as a vehicle to address the waiting list and unserved populations.
- **Recommended Action Step – Administrative:** 1) Approach states where a 1915(k) Waiver is in place and discuss issues and impact; 2) Discuss with Centers for Medicare and Medicaid Services (CMS) requirements for expanding the current 1115 Waiver to include select I/DD services. 3) Conduct cost analysis of potential scenarios and associated costs of adding to the current Waiver or another Waiver.

**Recommendation #3 SYSTEM INNOVATION – Review the Respite Program and see if it can be changed to provide federal matching dollars.**

- **Rationale:** Currently, the State of Illinois does not receive a federal match for the Respite Program.
- **Recommended Action Step – Administrative:** 1) Evaluate the fiscal impact of FMAP for Respite services; 2) Approach CMS regarding eligibility for FMAP for the Respite Program.

**Recommendation #4 SYSTEM INNOVATION** – Update/increase the current rate for Waiver services to maximize federal supports already available which includes: 1) The CILA rate model to reflect the severity of support needs; and 2) Supported Employment, Behavior Therapy, Community Day Service, and Personal Support Workers.

- **Rationale:** Bring the State into compliance with best practices that better serve individuals utilizing the community support model, ensuring that only the appropriate level of staffing and supports are employed to promote maximum independence in the community.
- **Recommended Action Step – Administrative:** 1) Create a tiered model for CILA supports and services; 2) Explore new housing models and consider integrating flexible supports into supportive housing; 3) Explore use of different/new individual assessment tools; 4) Update CILA rate matrix to reflect a community support model.
- **Recommended Action Step – Regulatory:** Update DD rules (115, 116, 119, etc.) that correspond to CILA model changes.

**Recommendation #5 SYSTEM INNOVATION** – Reestablish a rebalancing plan for persons with intellectual/developmental disabilities that shifts funding opportunities to HCBS services via the consolidation of SODCs and prohibition of new SODC admissions.

- **Rationale:** By taking a deliberate step to consolidate SODCs and stop new admissions to SODCs, the state can make a full commitment to home and community-based services and supports.
- **Recommended Action Step – Administrative:** Develop and implement a plan to build the capacity within the community to assure the needs of all people in the community system can be met.
- **Recommended Action Step – Legislative:** 1) Work with General Assembly members through the COGFA process to close SODCs; 2) Make corresponding legislative changes to support prohibition of admissions and facility closures.

**Recommendation #6 SYSTEM INNOVATION** - Evaluate the service and support needs of people living in SODCs to identify gaps in the HCBS system that must be addressed in order to make community living a realistic option for all people with I/DD receiving state-funded services.

- **Rationale:** We believe there are individuals living in the SODCs who do not require the restrictive environment an SODC provides and who would prefer to live in the community with appropriate supports and services.
- **Recommended Action Step – Administrative:** Develop and implement a plan to build the capacity within the community to assure the needs of all people in the community system can be met.
- **Recommended Action Step – Legislative:** 1) Establish legislation to assure that I/DD funding remains at current or greater levels; 2) Any reduction in SODC spending should be matched by an increase in community spending.



**The following recommendation was developed by members of the PUNS Committee.**

**Recommendation #1 PUNS - Develop a strategic plan to move people from the PUNS waiting list to services so there is real movement.**

- **Rationale:** Though people are selected from the PUNS waiting list to receive services, there are also many people added to the waiting list. Little progress is made to decrease the waiting list.
- **Recommended Action Step – Administrative:** 1) Develop a plan for reducing the number of people waiting for services; 2) Select individuals from the PUNS waiting list to Waiver services according to the plan, at a minimum annually.

**The following recommendations were developed by members of the Fiscal Committee.**

**Recommendation #1 FISCAL – Develop a cost-neutral pilot project which allows for services to be provided to an individual, tailored specifically to his/her needs, but not necessarily following the constraints of the current rate methodology structure.**

**Rationale:** The current rate methodology is not supporting the cost to deliver services. Developing pilot projects for community providers to use the current funded residential rate while allowing flexibility in the method services are provided will test innovations on a small scale.

**Recommended Action Step – Administrative:** Develop legislation to allow voluntary use of cost neutral pilots by approved providers for persons currently served in the Medicaid Waiver.

**Recommendation #2 – FISCAL – Develop a community support rate methodology for leisure time activities and employment support for persons served in the Medicaid Waiver.**

- **Rationale:** Like residential programming, the current rate methodologies do not cover costs for delivering individualized support services for leisure time activities and planning for individualize employment. The current rates incentivize the use of larger, less personalized programs with investments in real estate and travel to and from a centralized site.
- **Recommended Action Step – Administrative:** 1) Hire a qualified national consultant selected through a procurement process to work with the Division of Developmental Disabilities in reviewing and revising, as necessary, a new rate structure; 2) Cost out the incremental cost of any new rate components/methodology and develop budget plans for bringing rates up as appropriate.

## **Recommendations by the Task Force Outside the Scope of the SB 84 Legislation**

**Recommendation SYSTEM INNOVATION** – 1) Conduct personal experience interviews with all HCBS participants to evaluate whether services meet the DDD HCBS Waivers and address Personal Plan outcomes. 2) Review current quality assurance measures and consider expansion of those measures to incorporate critical components of community living beyond health and safety concerns including community integration outcomes, freedom to exercise choice, control over daily routines and major life decisions, and how well the personal plan/support objectives reflect the vision of the individual.

- **Rationale:** Prepare for compliance with the CMS 1915(c) HCBS Waiver and evaluate current HCBS experiences to be able to address any barriers to full community involvement.
- **Recommended Action Step – Administrative:** 1) Initiate pilot project(s) to conduct personal experience interviews to evaluate whether current survey processes are adequately capturing this information; 2) Share results with DD Quality Committee to make recommendations for expanded survey activity and/or systemic changes in response to survey findings.

**Recommendation PUNS** - Improve capabilities of PUNS software application to allow consumers and families access to their information thereby keeping the information current.

- **Rationale:** By bringing the PUNS list information online, it will offer easier opportunities to connect with consumers and families, update information that is inaccurate and encourage the state to prepare for the coming needs.
- **Recommended Action Step – Administrative:** Determine costs associated with improving the capabilities of PUNS and submit request for appropriation to the Illinois General Assembly.
- **Recommended Action Step – Legislative:** 1) Legislation and funding is needed to improve the PUNS database capabilities; 2) A statewide bipartisan panel would need to develop the system.
- **Recommended Action Step – Regulatory:** Assess, monitor, and create uniform standards, rules, and formats for data sharing.

**Recommendation PUNS** - Initiate communication with those on the PUNS database.

- **Rationale:** There is currently limited communication with people on the PUNS database. Regular communication with people on the PUNS database will give them information about developmental disability issues and will allow them to take a role in planning for their future.
- **Recommended Action Step – Administrative:** 1) Create a comprehensive mailing list identifying the preferred method of communication; 2) Communicate with people waiting for services regarding best practices and resources; 3) Create information that is easy to understand, easy to locate and in various languages.

**Recommendation FISCAL – Reimburse community providers at rates that will support higher hourly wages for the federally funded Medicaid services.**

- **Rationale:** It is believed by some that low Medicaid reimbursement rates result in the State of Illinois indirectly subsidizing the cost of health care in higher-benefit states. See “Where is the federal money for DD services from Illinois taxpayers that was not “matched” by state funding?” attached to the report for more information.
- **Recommended Action Step – Legislative:** Adequately fund the State Medicaid matching dollars so that Illinois can get a full return on the dollars they invest in the country’s Medicaid program.

**Recommendation FISCAL – Modernize the current CILA residential rate payment models.**

- **Rationale:** The current CILA rate methodologies are not accurately based on an individual’s need for support and services or the cost of delivering services.
- **Recommended Action Step – Administrative:** 1) Hire a qualified national consultant selected through a procurement process to work with the Division of Developmental Disabilities in reviewing and revising, as necessary, a new rate structure; 2) Cost out the incremental cost of any new rate component/methodology and develop budget plans for bringing rates up as appropriate.

**Note:** The current Illinois CILA rate structure incentivizes provider owned, and larger real estate settings while not adequately supporting the actual costs of providing trained support personnel on-site. The largest variable in the CILA rates formula is based on the number of residents in each individual setting. Under HCBS, the setting costs should not be relevant to the services that are reimbursed. Costs should be based on delivering the individual’s specific support services.

**Recommendation FISCAL – Review and update, if warranted, the current rates and structure of the Independent Service Coordination (ISC) agencies statewide.**

- **Rationale:** As part of the implementation of the Home and Community Based Waiver Program, the State has increased the role and the skill requirements of the Individual Service Coordination agencies. As the State’s front door for Intellectual/Developmental Disabilities (I/DD) services, a review is necessary to determine the adequate funds needed to cover the actual cost of service delivery.
- **Recommended Action Step – Administrative:** 1) Hire a qualified national consultant selected through a procurement process to work with the Division of Developmental Disabilities in reviewing and revising, as necessary, a new rate structure; 2) Cost out the incremental cost of any new rate component/methodology and develop budget plans for bringing rates up as appropriate.

## **Glossary of Terms and Definitions**

**Adult Waiver:** A program for adults with Developmental Disabilities, age 18 and over, that provides support to prevent or delay out-of-home residential services or to provide residential services in the least restrictive community setting for individuals who would otherwise need ICF/DD level of care.

**ABA – Applied Behavior Analysis:** Techniques used to bring about meaningful and positive change in behavior by increasing useful behaviors and reducing those that may cause harm or interfere with learning. ABA principles and techniques can foster basic skills such as looking, listening and imitating, as well as complex skills such as reading, conversing and understanding another person’s perspective.

**BCBA – Board Certified Behavior Analyst:** Independent practitioners with a graduate-level certification in behavior analysis who provide behavior-analytic services. BCBA’s must have their credentials approved by DHS, Division of Developmental Disabilities, before receiving payments for providing behavior intervention services and therapies to persons receiving services under the Illinois Adult, Children’s Support and Children’s Residential Medicaid Waivers.

**BALC – Bureau of Accreditation, Licensure and Certification:** A Bureau within the DHS Clinical, Administrative and Program Supports division whose role is to assure that community agencies conform to established standards.

**CMS – Centers for Medicare and Medicaid Services:** The federal agency within the Department of Health and Human Services, which reviews, approves and monitors State Medicaid Waiver plans.

**Children’s Residential Waiver:** Out of home residential services to children and young adults with developmental disabilities ages 3 through 21 who are at risk of placement in an Intermediate Care Facility for persons with Developmental Disabilities (ICF/DD).

**Children’s Support Waiver:** Home-Based services and supports to children and young adults with developmental disabilities ages 3 through 21 who live in their family home and are at risk of placement in an Intermediate Care Facility for persons with Developmental Disabilities (ICF/DD). Young adults, age 18-21, who are enrolled in the Children’s Support Waiver must be full-time students. Families are allowed to purchase services and supports within a monthly spending maximum equal to two times the Supplemental Security Income (SSI) amount.

**CDS - Community Day Service:** Assistance with acquisition, retention, or improvement in self-help, socialization and adaptive skills that takes place in non-residential settings, separate from the participant’s private residence or other residential living arrangement. These services focus on enabling the participant to attain or maintain his or her maximum functional level and shall be coordinated with any physical, occupational, or speech therapy.

**CILA – Community Integrated Living Arrangement:** Residential service arrangement for individuals with a developmental disability that focuses on the service needs of the individual in his or her home or a community setting where eight or fewer individuals with disabilities live together. CILAs are licensed by the State.

**DD – Developmental Disability:** A disability which is attributable to intellectual disability or a related condition. (Refer to the definitions of intellectual disability for further details.)

**DDD – Division of Developmental Disabilities:** A Division of the Illinois Department of Human Services in charge of developmental disabilities services, including the Children's and Adult Medicaid Waiver programs.

**FMAP – Federal Medical Assistance Percentages:** The percentage rates used to determine the matching funds rate allocated annually to certain medical and social service programs. State governments use FMAP percentages to determine the federal government's contribution to specific state administered programs, such as the Illinois Medicaid Waiver.

**HFS – Illinois Department of Healthcare and Family Services:** The single Illinois state Medicaid agency that oversees waiver programs including the three Developmental Disability Waivers: Adult Waiver, Children's Residential Waiver and Children's Support Waiver.

**HBS – Home-Based Services:** Participants who choose home-based support services may select from a menu of services based on their individual needs within an overall monthly services cost maximum. Typical services chosen by participants may include community day services, as well as direct services provided by domestic employees or by agency employees. Participants also have a variety of therapies and other services available to them.

**Home and Community-Based Services (HCBS) Waivers:** The HCBS Waivers fund services that provide an alternative to placement in an institutional setting for individuals with a developmental disability. DHS has approval to claim Medicaid reimbursement under three waivers: the Waiver for Adults with Developmental Disabilities, the In-Home Supports Waiver for Children and Young Adults with Developmental Disabilities, and the Residential Waiver for Children and Young Adults with Developmental Disabilities.

**IDHS – Illinois Department of Human Services:** One of Illinois' largest agencies. IDHS was created in 1997, to provide Illinois residents with streamlined access to integrated services, especially those who are striving to move from welfare to work and economic independence, and others who face multiple challenges to self-sufficiency. The program Divisions include: Substance Use Prevention and Recovery, Developmental Disabilities, Family and Community Services, Mental Health, and Rehabilitation Services.

**Integrated Community Setting:** A home (house or apartment) or place of employment that is integrated into a local neighborhood, among similar homes or places of business where people with and without developmental disabilities live, work, and play.

**Intellectual Disability:** Refers to significantly subaverage general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested before the age of 18 years. Significantly subaverage is defined as an intelligence quotient (IQ) of 70 or below on standardized measures of intelligence.

**ICF/DD – Intermediate Care Facility for Persons with Developmental Disabilities:** A residential setting for adults with developmental disabilities licensed governed by the ID/DD Community Care Act.

**Medicaid Waiver:** The waivers afford participants and families the choice between participant direction and more traditional service delivery, or a combination. The number of individuals served each year is based on available State appropriation levels. The Division of Developmental Disabilities operates these waiver programs under an Interagency Agreement with the Department of Healthcare and Family Services (HFS), which administers the Medicaid program in Illinois.

**Personal Plan:** The single, integrated personal vision for a person's life. It focuses on the individual's strengths, preferences, needs and each desire. The Personal Plan will contain the outcomes that the person desires in his/her life and document choice of qualified providers. In addition, it will reflect what is important to the person regarding delivery of services in a manner which ensures personal preferences, health and welfare. The Personal Plan also includes risk factors and plans to minimize them.

**PUNS – Prioritization of Urgency of Needs for Services:** Waiting list for individuals with developmental disabilities that are either not fully served or needing services now or in the future.

**QIDP – Qualified Intellectual Disabilities Professional (formerly QMRP and QSP):** A professional staff with experience in the field of intellectual/developmental disabilities. A QIDP must meet academic and clinical standards established by the federal government and training requirements established by the State of Illinois.

**ROCS – Reporting of Community Services:** A PC-based software system designed to be used for collecting and submitting required data to DHS by community providers for payment of individual services.

**Respite:** In-Home Respite programs provide intensive or non-intensive support services to help maintain individuals in their homes. Residential Respite programs provide short-term stays for individuals in a residential setting that is licensed, certified or approved and is appropriate for their needs. These are non-Medicaid state funded programs.

**Self-Directed Services:** A service model by which people with developmental disabilities (or their guardian) are empowered to direct the nature and duration of services they receive and are able to directly manage their personal support staff.

**SODC – State Operated Developmental Center:** Residential programs serving people with developmental disabilities offering a variety of treatment programs and services. DHS operates seven developmental centers, including one center that provides both mental health and developmental disability services. One center also provides a forensic living unit.

**SEP – Supported Employment Program:** A program that provides supports and services to individuals with developmental disabilities in a work environment. These individuals work for compensation in a variety of community-integrated work environments, in which persons without disabilities are also employed.

# ATTACHMENTS

The attached supporting documents are being included in this report by suggestion of some committee members. These documents are separate and apart from the committee recommendations.

1 AN ACT concerning public aid.

2 **Be it enacted by the People of the State of Illinois,**  
3 **represented in the General Assembly:**

4 Section 5. The Department of Human Services Act is amended  
5 by adding Section 1-65 as follows:

6 (20 ILCS 1305/1-65 new)

7 Sec. 1-65. Intellectual and Developmental Disability Home  
8 and Community-Based Services Task Force.

9 (a) The Secretary of Human Services shall appoint a task  
10 force to review current and potential federal funds for home  
11 and community-based service options for individuals with  
12 intellectual or developmental disabilities. The task force  
13 shall consist of all of the following persons:

14 (1) The Secretary of Human Services, or his or her  
15 designee, who shall serve as chairperson of the task force.

16 (2) One representative of the Department of Healthcare  
17 and Family Services.

18 (3) Six persons selected from recommendations of  
19 organizations whose membership consists of providers  
20 within the intellectual and developmental disabilities  
21 service delivery system.

22 (4) Two persons who are guardians or family members of  
23 individuals with intellectual or developmental



1 disabilities and who do not have responsibility for  
2 management or formation of policy regarding the programs  
3 subject to review.

4 (5) Two persons selected from the recommendations of  
5 consumer organizations that engage in advocacy or legal  
6 representation on behalf of individuals with intellectual  
7 or developmental disabilities.

8 (6) Three persons who self-identify as individuals  
9 with intellectual or developmental disabilities and who  
10 are engaged in advocacy for the rights of individuals with  
11 disabilities. If these persons require supports in the form  
12 of reasonable accommodations in order to participate, such  
13 supports shall be provided.

14 The task force shall also consist of the following members  
15 appointed as follows:

16 (A) One member of the Senate appointed by the President  
17 of the Senate.

18 (B) One member of the Senate appointed by the Minority  
19 Leader of the Senate.

20 (C) One member of the House of Representatives  
21 appointed by the Speaker of the House of Representatives.

22 (D) One member of the House of Representatives  
23 appointed by the Minority Leader of the House of  
24 Representatives.

25 (b) The task force shall review: the current federal  
26 Medicaid matching funds for services provided in the State;

1 ways to maximize federal supports for the current services  
2 provided, including attendant services, housing, and other  
3 services to promote independent living; options that require  
4 federal approval and federal funding; ways to minimize the  
5 impact of constituents awaiting services; and all avenues to  
6 utilize federal funding involving home and community-based  
7 services identified by the task force. The Department shall  
8 provide administrative support to the task force.

9 (c) The appointments to the task force must be made by July  
10 1, 2017. Task force members shall receive no compensation. The  
11 task force must hold at least 4 hearings. The task force shall  
12 report its findings to the Governor and General Assembly no  
13 later than July 1, 2018, and, upon filing its report, the task  
14 force is dissolved.

15 (d) This Section is repealed on July 1, 2019.

16 Section 99. Effective date. This Act takes effect upon  
17 becoming law.

**Senate Bill 84 – Membership**

**November 2017 – June 2018**

**DHS Secretary Designee – Chairperson**

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528 East Capitol  
Springfield, IL 62701  
[vickiekean@donmossandassociates.com](mailto:vickiekean@donmossandassociates.com)

Sarah Myerscough-Mueller, Director of Policy for Developmental Disabilities  
Illinois Association for Rehabilitation Facilities  
1624 N. Burling St. Unit C  
Chicago, IL 60614  
[smyerscough-mueller@iarf.org](mailto:smyerscough-mueller@iarf.org)

**Guardians, Family Members and Advocates**

Mike Baker  
Missy Kichline  
Merlin Lehman  
Bob Peterson  
John Porter  
Anne Thurston

**Representatives from Advocacy or Legal Organizations**

Krescence Beck, Program Coordinator  
The Alliance  
6754 Middlegate Lane  
Glen Carbon, IL 62034  
[krescenebeck@gmail.com](mailto:krescenebeck@gmail.com)

Deb Kennedy, Vice President  
Equip for Equality  
20 North Michigan Avenue, Suite 300  
Chicago, IL 60602  
[Deborah@equipforequality.org](mailto:Deborah@equipforequality.org)

**One Member of the Senate Appointed by President of the Senate**

No one appointed

**One Member of the Senate Appointed by Minority Leader of the Senate**

No one appointed

**One Member of the House Appointed by Speaker**

Robyn Gabel, Assistant Republican Leader for the House of Representatives  
820 Davis St Ste 103  
Evanston, IL 60201  
[staterepgabel@robbyngabel.com](mailto:staterepgabel@robbyngabel.com)

**One Member of the House Appointed by Minority Leader of the House**

Norine Hammond, House Minority Leader  
331 N. Lafayette Street  
P.O. Box 170  
Macomb, IL 61455  
[rephammond@macomb.com](mailto:rephammond@macomb.com)

**SB 84 Intellectual and Developmental Disability Home and Community-Based Services Task Force  
Schedule of Meetings**

<b>Date</b>	<b>Time</b>	<b>Locations</b>	<b>Call In Number</b>
Fri. Nov 17, 2017	9:00 - 10:30	<b>Spgfld</b> - Harris Building - 1st Floor Fiscal Conf. Room	Number - 888-494-4032 Passcode - 449-141-8910#
Tues. Dec 12, 2017	10:00 - 12:00	<b>Spgfld</b> - Harris Building - 2A East Conference Room	Number - 888-494-4032 Passcode - 449-141-8910#
Tues. Jan 23, 2018	11:30 - 2:00	<b>Spgfld</b> - Harris Building - MIS 2B Conference Room <b>Chicago</b> - Clinton - 1st Floor Video Conference Room <b>11:30 - 2:00 only</b>	Number - 888-494-4032 Passcode - 449-141-8910#
Tues. Feb 27, 2018	11:00 - 2:00	<b>Spgfld</b> - Harris Building - MIS 2B Conference Room <b>Chicago</b> - Clinton - 1st Floor Video Conference Room	Number - 888-494-4032 Passcode - 449-141-8910#
Tues. Mar 27, 2018	11:00 - 2:00	<b>Spgfld</b> - Harris Building - MIS 2B Conference Room <b>Chicago</b> - Clinton - 1st Floor Video Conference Room	Number - 888-494-4032 Passcode - 449-141-8910#
Tues. Apr 24, 2018	11:00 - 2:00	<b>Spgfld</b> - Harris Building - MIS 2B Conference Room <b>Chicago</b> - Clinton - 1st Floor Video Conference Room	Number - 888-494-4032 Passcode - 449-141-8910#
Tues. May 22, 2018	11:00 - 2:00	<b>Spgfld</b> - Harris Building - MIS 2B Conference Room <b>Chicago</b> - Clinton - 1st Floor Video Conference Room	Number - 888-494-4032 Passcode - 449-141-8910#
Tues. June 26, 2018	11:00 - 2:00	<b>Spgfld</b> - Harris Building - MIS 2B Conference Room <b>Chicago</b> - TBD	Number - 888-494-4032 Passcode - 449-141-8910#

**Harris Building is located at 100 S. Grand Avenue East, Springfield**

**Clinton Building is located at 401 S. Clinton St., Chicago**

As of 1/5/18

**SB 84 Intellectual and Developmental Disability Home and Community-Based Services Task Force**

**REVISED Schedule of Meetings**

<b>Date</b>	<b>Time</b>	<b>Locations</b>	<b>Call In Number</b>
Tues. Apr 24, 2018		<b>CANCELLED</b>	
Tues. May 22, 2018	<b>TIME CHANGE</b> 10:00 - 12:30	<b>Spgfld</b> - Harris Building - MIS 2B Conference Room <b>Chicago</b> - Clinton - 1st Floor Video Conference Room	Number - 888-494-4032 Passcode - 449-141-8910#
<b>NEW MEETING</b> Tues. June 12, 2018	10:00 - 2:00	<b>Spgfld</b> - Harris Building - MIS 2B Conference Room <b>Chicago</b> - Clinton - 1st Floor Video Conference Room	Number - 888-494-4032 <b>CHANGE IN PASSCODE</b> Passcode - 238-778-6583#
Tues. June 26, 2018	11:00 - 2:00	<b>Spgfld</b> - Harris Building - MIS 2B Conference Room <b>Chicago</b> - Clinton - 1st Floor Video Conference Room	Number - 888-494-4032 Passcode - 449-141-8910#

**Harris Building is located at 100 S. Grand Avenue East, Springfield**

**Clinton Building is located at 401 S. Clinton St., Chicago**

As of 4/4/18



Bruce Rauner, Governor • James T. Dimas, Secretary

Intellectual and Developmental Disability  
Home and Community-Based Services Task Force  
Senate Bill 84  
Meeting Notice

Friday, November 17, 2017

9:00 – 10:30 a.m.

Harris Building

100 South Grand Ave East

First Floor Fiscal Conference Room

Or

Call In Number: 888-494-4032 then Passcode 449-141-8910#

AGENDA

Introductions	20 minutes
Overview of Senate Bill 84	15 minutes
Expectations of Task Force Members	25 minutes
Discussion of Future Meetings and Task	25 minutes
Action Steps Wrap-Up	5 minutes





Bruce Rauner Governor • James T. Dimas Secretary

Intellectual and Developmental Disability  
Home and Community-Based Services Task Force  
Senate Bill 84  
Meeting Notice

Tuesday, December 12, 2017

10:00 a.m. – 12:00 p.m.

Harris Building

100 South Grand Ave, East, Springfield

2A West Conference Room

Or

Call In Number: 888-494-4032 then Passcode 238-778-6583#

AGENDA

Attendance	5 minutes
Announcements	5 minutes
Overview of Minutes from 11/17/17 Meeting	10 minutes
Review and Discussion of Members Expectations	30 minutes
Discussion of Subgroups: members and tasks	30 minutes
Innovative Service and Funding Committee	30 minutes
Action Steps Wrap-Up	5 minutes



Bruce Rauner, Governor • James T. Dimas, Secretary

Intellectual and Developmental Disability  
Home and Community-Based Services Task Force  
Senate Bill 84  
Meeting Notice

Tuesday, January 23, 2018

11:30 a.m. – 2:00 p.m.

Harris Building

100 South Grand Ave, East, Springfield

MIS 2B Conference Room

Or

401 S. Clinton St., Chicago

1<sup>st</sup> Floor Video Conference Room

Or

Call In Number: 888-494-4032 then Passcode 449-141-8910#

AGENDA

Attendance	5 minutes
Announcements	5 minutes
Approval of Minutes from 11/17/17 Meeting Approval of Minutes from 12/12/17 Meeting	10 minutes
State of Illinois Supportive Housing Update – Presentation by Lore Baker	60 minutes
Break	10 minutes
1115 Waiver – Presentation by Kelly Cunningham	30 minutes
Overview of Subgroups: Members and Tasks	20 minutes
Action Steps Wrap-Up	5 minutes



Bruce Rauner Governor • James T. Dimas Secretary

Intellectual and Developmental Disability  
Home and Community-Based Services Task Force  
Senate Bill 84  
Meeting Notice

Tuesday, February 27, 2018

11:00 a.m. – 2:00 p.m.

Harris Building

100 South Grand Ave, East, Springfield

MIS 2B Conference Room

Or

401 S. Clinton St., Chicago

1<sup>st</sup> Floor Video Conference Room

Or

Call In Number: 888-494-4032 then Passcode 449-141-8910#

AGENDA

Attendance	5 minutes
Announcements	5 minutes
Approval of Minutes from 12/12/17 Meeting	5 minutes
Review of Minutes from 1/23/18 Meeting	10 minutes
1115 Waiver – Presentation by Kelly Cunningham	20 minutes
Overview of Committee Meetings	
Innovative Services/Best Practices	60 minutes
PUNS	30 minutes
Fiscal	N/A
Action Steps Wrap-Up	5 minutes



Bruce Rauner *Governor* • James T. Dimas *Secretary*

**Intellectual and Developmental Disability  
Home and Community-Based Services Task Force  
Senate Bill 84  
Meeting Notice**

**Tuesday, March 27, 2018**

**11:00 a.m. – 2:00 p.m.**

**Harris Building**

**100 South Grand Ave, East, Springfield**

**MIS 2B Conference Room**

**or**

**401 S. Clinton St., Chicago**

**1<sup>st</sup> Floor Video Conference Room**

**or**

**Call In Number: 888-494-4032 then Passcode 449-141-8910#**

**AGENDA**

Attendance	5 minutes
Announcements	5 minutes
Approval of Minutes from 2/27/18 Meeting	10 minutes
Overview of Committee Meetings	60 minutes
Innovative Services/Best Practices	
PUNS	
Fiscal	
Discussion of Next Steps	20 minutes
Action Steps Wrap-Up	5 minutes



Bruce Rauner Governor • James T. Dimas Secretary

Intellectual and Developmental Disability  
Home and Community-Based Services Task Force  
Senate Bill 84  
Meeting Notice

Tuesday, May 22, 2018

10:00 a.m. – 12:30 p.m.

Harris Building

100 South Grand Ave, East, Springfield

MIS 2B Conference Room

or

401 S. Clinton St., Chicago

1<sup>st</sup> Floor Video Conference Room

or

Call In Number: 888-494-4032 then Passcode 449-141-8910#

AGENDA

Attendance	5 minutes
Announcements	5 minutes
Approval of Minutes from 3/27/18 Meeting	10 minutes
Committee Recommendations and Discussion	
Innovative Services/Best Practices	50 minutes
Fiscal	50 minutes
Discussion of Next Steps	20 minutes
Action Steps Wrap-Up	10 minutes



Bruce Rauner Governor • James T. Dimas Secretary

Intellectual and Developmental Disability  
Home and Community-Based Services Task Force  
Senate Bill 84  
Meeting Notice

Tuesday, June 12, 2018

10:00 a.m. – 12:30 p.m.

Harris Building

100 South Grand Ave, East, Springfield

MIS 2B Conference Room

or

401 S. Clinton St., Chicago

1<sup>st</sup> Floor Video Conference Room

or

Call In Number: 888-494-4032 then Passcode **238-778-6583#**

AGENDA

Attendance	5 minutes
Announcements	5 minutes
Approval of Minutes from 3/27/18 Meeting	
Approval of Minutes from 5/22/18 Meeting	10 minutes
Committee Recommendations and Discussion	
Prioritize All Committee Recommendations	90 minutes
Break	20 minutes
Continue Prioritizing Committee Recommendations	90 minutes
Discussion of Next Steps	10 minutes
Action Steps Wrap-Up	10 minutes



Bruce Rauner Governor • James T. Dimas Secretary

Intellectual and Developmental Disability  
Home and Community-Based Services Task Force  
Senate Bill 84  
Meeting Notice

Tuesday, June 26, 2018

11:00 a.m. – 2:00 p.m.

Harris Building

100 South Grand Ave, East, Springfield

MIS 2B Conference Room

or

401 S. Clinton St., Chicago

1<sup>st</sup> Floor Video Conference Room

or

Call In Number: 888-494-4032 then Passcode **449-141-8910#**

AGENDA

Attendance	5 minutes
Announcements	5 minutes
Approval of Minutes from 6/12/18 Meeting	5 minutes
Finalize Committee Recommendations	60 minutes
Break	10 minutes
Finalize Committee Recommendations (cont.)	60 minutes
Discuss Report Findings – Due June 30, 2018	20 minutes
Final Wrap-Up	15 minutes



Bruce Rauner, Governor • James T. Dimas, Secretary

ILLINOIS DEPARTMENT OF HUMAN SERVICES  
DIVISION OF DEVELOPMENTAL DISABILITIES

SB 84 – Intellectual and Developmental Disability Home and  
Community-Based Services Task Force

Friday, November 17, 2017  
9:00 a.m. – 10:30 a.m.

MINUTES - FINAL

Members Present

Cota, Kit O'Brien, Chairperson  
Baker, Mike  
Beck, Krescence  
Carmody, Kathy  
Cooch, Meg  
Cunningham, Kelly  
DiBartolomeo, Frank  
Fallon, John  
Kean, Vickie  
Lehman, Merlin  
Kichline, Missy  
Kennedy, Deborah  
Myerscough-Mueller, Sarah  
Peterson, Robert  
Porter, John  
Thurston, Anne

Guest Present

Lore Baker

DHS/DDD Staff Present

Andrea Medley

Agenda Item: Introductions

The first SB 84 Intellectual and Developmental Disability Home and Community-Based Services Task Force was held on November 17, 2017. Kit O'Brien Cota, Chairperson, began the meeting at 9:00 a.m. The meeting



adjourned at 11:00 a.m. Those in attendance were asked to introduce themselves and indicate their connection in the field of intellectual/developmental disabilities and their interest in this Task Force.

#### Agenda Item: Overview of Senate Bill 84

Kit O'Brien Cota presented an overview of the tasks identified in the Senate Bill. The handout previously sent to members identified 5 functions. The Task Force is short term, needing to conclude by June 30, 2018. This Task Force falls under the Open Meetings Act. The meetings must take place in a public building and the meeting information posted 48 hours ahead of the meeting. Also, the Chairperson must post the meetings for the remainder of FY 18 by January 2018.

#### Agenda Item: Expectations of Task Force Members

Members were asked what they hoped to get out of the meeting. Following is a list of topics/comments that were identified:

- Develop plan to reduce PUNS wait list; list too long; do not select from PUNS often enough
- Create system opportunities for people to learn service options while they are waiting to be selected from PUNS; training opportunities for people and their guardians and families
- Expand options and capacity for HBS, CILA, and others; expands choice
- Create 1915k Waiver
- Tap into more federal dollars; leaving a lot of money on the table
- Increase housing opportunities; expand accessibility options; separate housing and services in award funding
- Provider incentives to providers
- Increase flexible housing; more housing with less people
- Take advantage of state plan and do not rely mainly on Waivers
- Explore DRS options and communicate opportunities with ISC
- Decrease 8 person CILA; increase 2 person CILA options; more options for personalized living arrangements
- Offer flexibility in CILA model to meet people's needs
- Increase day services options
- Construct a well-researched plan to move the service delivery system forward
- Develop a framework of principles to guide DHS/DDD services
- Increase behavioral health supports

- Identify difference between Rehabilitation and Habilitation and offer both
- Identify specific needs that are not funded
- Use Life Choices recommendations and move them forward
- Funding/rates do not meet the needs of the individuals served
- Funding for HBS services is the same for all individuals and may not meet the needs for the people serviced
- Inadequate services for the increase in needs people have
- Look at SODC to deliver services to community and use as training centers
- Need increase in DSP wages
- Increase in funding provides options
- Agency or guardian as payee should not be automatic
- Medication administration should not be required
- Have made little progress in 40 years
- Person Centered Planning is good but we set people up for failure
- Some services available to people living in SODCs is not available in the community therefore transitioning to community services is challenging
- Community services need to be available so SODCs are able to close admissions
- Parents are concerned that providers cannot meet person's needs due to funding and available staff supports
- If MH is getting 1115, can DD too

#### Agenda Item: Discussion of Future Meetings

##### Consensus of future meetings:

Once a month

Three hour time block

10:00 a.m. to 11:00 a.m. start time

Committees work between the meetings

Push to have legislatures at the table

Video conference – Springfield and Clinton Building (Joliet also available)

Meeting dates established 4<sup>th</sup> Tues of the month except for December:

Dec. 12, Jan. 23, Feb. 27, Mar 27, Apr 24, May 22, June 26

Desired time: 11:00 – 2:00

##### Topics for future meetings:

HCBS Models in other states – research and evaluate

Housing – update on Illinois efforts and committee

PUNS – overview of decisions DDD has made for future  
 Overview of three DD Waivers  
 Non-waiver options  
 Fiscal considerations (FFP)  
 Obtain 1115 Waiver information as background  
 Obtain Life Choices recommendations as background  
 Identify what medical services are already within SODC  
 DDD and DRS FFP Medicaid match  
 MH and 1115 Medicaid match  
 Tap into Technical Assistance program from CMS  
 DDD and DRS FFP Medicaid match  
 MH and 1115 Medicaid match

Questions and Comments:

Can we pull people into the committees that are not on the Task Force?  
 Can there be exclusive communication with a Committee without including  
 all Task Force members?  
 Committees work between the meetings

Agenda Item: Action Steps Wrap-Up and Recommendations

Actions Steps –

Set up the next meeting date and locations	Kit
Contact DHS liaison for information on legislature	
Representative for this Task Force	Kit
Set up meeting through outlook invites	Kit
Identify OMA requirements	Kit

Committee report:

Recommendations –

Establish Committees – suggestions:

Housing	PUNS	HCBS Models
HBS Waiver	Fiscal	Non-waiver Options

Tap into Technical Assistance program from CMS  
 Identify Subject Matter Expert (SME) in to address certain  
 issues and be on workgroups



Bruce Rauner, Governor • James T. Dimas, Secretary

**ILLINOIS DEPARTMENT OF HUMAN SERVICES  
DIVISION OF DEVELOPMENTAL DISABILITIES**

**Intellectual and Developmental Disability Home and  
Community-Based Services Task Force  
Tuesday, December 12, 2017  
10:00 a.m. – 12:00 p.m.**

**MINUTES**

**Members Present**

Cota, Kit O'Brien, Chairperson  
Baker, Mike  
Cooch, Meg  
DiBartolomeo, Frank  
Fallon, John  
Kean, Vickie  
Lehman, Merlin  
Kichline, Missy  
Kennedy, Deborah  
Myerscough-Mueller, Sarah  
Peterson, Robert  
Porter, John  
Thurston, Anne  
Wyant, Tracey (For Beck, Krescene)

**Members Absent**

Carmody, Kathy  
Cunningham, Kelly

**Guest Present**

Baker, Lore

**Agenda Item: Announcements**

- Anticipate that future meetings will have video conference in Springfield and Chicago with a conference call-in number.

**Agenda Item: Overview of Minutes from 11/17/17**

- Some corrections were identified and will be corrected for review at the meeting on January 23, 2018.

**Agenda Item: Review and discussion of Members Expectations**

- Overview of expectations:
  - o Flexibility of services and supports
  - o Flexibility of funding addressing individual needs
  - o Utilizing existing documents as reference
  - o Recommendations to the legislature

**Agenda Item: Discussion of Committees: Members and Task**

- There was lengthy discussion about the need for committees to meet outside of the monthly Task Force meetings.
- This discussion was tabled to be finalized at the next meeting scheduled for January 23, 2018.

**Agenda Item: Innovative Services and Funding Committee**

- The Innovative Services and Funding Committee met on 12/1/17 and discussed:
  - o the committees purpose
  - o establishing key priorities and vision of DD community service system
  - o contacting other states regarding promising practices
  - o opportunities within Illinois DD Waiver to enhance and/or expand community services
  - o potential funding models to enhance/expand community services
  - o CMS communication regarding priorities

**Agenda Item: Action Steps Wrap-up**

- Suggest presentations for future meetings:
  - o Housing - update on efforts in Illinois
  - o 1115 Waiver Overview
  - o Medicaid Waiver services overview
  - o Overview of three DD Waivers
- Determine existing documents that can be provided to members to assist as we progress to developing the proposal.



Bruce Rauner, Governor

Illinois Department of Human Services

James T. Dimas, Secretary

Developmental Disabilities  
600 East Ash • Building 400 • Springfield, IL 62703

**Intellectual and Developmental Disability Home and  
Community-Based Services Task Force**

**Tuesday, January 23, 2018**

**11:30 a.m. – 2:00 p.m.**

**Harris Building**

**100 South Grand Ave., East, Springfield, IL**

**Clinton Building**

**401 S. Clinton St., Chicago, IL**

**Call In Number: 888-494-4032, Passcode 449-141-8910#**

**Members Present**

IP Cota, Kit O'Brien, Chairperson  
P Baker, Mike  
P Carmody, Kathy  
IP DiBartolomeo, Frank  
V Fallon, John  
P Gable, Robyn  
P Hammond, Norine  
P Kean, Vickie  
P Kennedy, Deborah  
P Lehman, Merlin  
P Peterson, Robert  
IP Porter, John  
P Thurston, Anne  
IP Wyant, Tracey (Attending for Beck,  
Krescene)

**Guest Present**

IP Baker, Lore

**Members Absent**

A Cooch, Meg  
A Cunningham, Kelly  
A Kichline, Missy  
A Myerscough-Mueller, Sarah

**Type of Attendance Key**

In Person= IP  
By Phone= P  
By Video= V  
Absent= A

## MEETING MINUTES

### **Agenda Item: Announcements**

- Active members of the Task Force are encouraged to take the online Open Meeting Act training before the next meeting. Email instructions were provided on how to access the training and complete it. It takes approximately 45 minutes to take the training.

### **Agenda Item: Approval of Minutes from 11/17/17 Meeting; Overview of Minutes from 12/12/17 Meeting**

- Kathy Carmody motioned to approve the meeting minutes, Mike Baker 2<sup>nd</sup> the motion. A vote was taken to approve the 11/17/17 meeting minutes, everyone in attendance voted yes and it passed.
- Some corrections were identified to the 12/12/17 meeting minutes and will be corrected for review at the next meeting on February 27, 2018.
- Committees will be required to take meeting minutes because they will be posted publicly as part of the Open Meetings Act. This is covered in the training.

### **Agenda Item: State of Illinois Supportive Housing Update – Presentation by Lore Baker**

- Provided an overview of the definition of Affordable Housing and Supportive Housing
- Provided an overview of the Statewide Referral Network (SRN)
- Provided an overview of Section 811 Rental Subsidy
- Discussed the details of individuals accessing Affordable Housing and Supportive Housing, SRN and Section 811 Rental Subsidy
- See PowerPoint presentation for details

### **Agenda Item: 1115 Waiver – Presentation by Kelly Cunningham**

- Kelly Cunningham was absent from the meeting due to illness. She will be added to the agenda to speak at the next meeting on February 27, 2018.

### **Agenda Item: Overview of Committees – Members and Tasks**

- Three committees were identified:
  - o Innovation Services: Kathy Carmody (Lead), Frank DiBartolomeo, Mike Baker, John Fallon, Deborah Kennedy and Robert Peterson
  - o Fiscal Federal: John Fallon and Merlin Lehman
  - o PUNS: Mike Baker (Lead), Anne Thurston, Frank DiBartolomeo and John Fallon
- Housing and Employment committees were tabled until the next meeting on February 27, 2018.
- HBS Waiver and Non-Waiver committees became a part of Innovation Services.
- An email will be sent to all members for any additional participation in each of the three committees. Committees will need to meet and be prepared to present at the next meeting on February 27, 2018 and provide bullet points of information for discussion.

**Agenda Item: Action Steps Wrap-up**

- Edit the 12/12/17 Task Force meeting minutes.
- Request of Lore Baker to send the Illinois Housing Development Authority (IHDA) map of affordable housing property locations throughout the state.
- Kit O'Brien Cota will send an email to members identifying the committees and those who volunteered for each.
- Each Committee will meet and report back to the Task Force at the next meeting 2/27/18.





Bruce Rauner, Governor

Illinois Department of Human Services

James T. Dimas, Secretary

Developmental Disabilities  
600 East Ash • Building 400 • Springfield, IL 62703

**Intellectual and Developmental Disability Home and  
Community-Based Services Task Force**

Tuesday, February 27, 2018

11:00 a.m. – 2:00 p.m.

Harris Building

100 South Grand Ave., East, Springfield, IL

Clinton Building

401 S. Clinton St., Chicago, IL

Call In Number: 888-494-4032, Passcode 449-141-8910#

**Members Present**

**Guest Present**

IP	Cota, Kit O'Brien, Chairperson	IP	Baker, Lore
P	Baker, Mike		
P	Beck, Krescence		<b><u>Members Absent</u></b>
P	Cooch, Meg	A	Carmody, Kathy
IP	Cunningham, Kelly	A	Gable, Robyn
P	DiBartolomeo, Frank	A	Hammond, Norine
V	Fallon, John	A	Lehman, Merlin
IP	Kean, Vickie	A	Porter, John
P	Kennedy, Deborah	A	Thurston, Anne
IP	Kean, Vickie		
P	Kennedy, Deborah		
IP	Kichline, Missy		
P	Myerscough-Mueller, Sarah		
P	Peterson, Robert		

**Type of Attendance Key**

In Person= IP

By Phone= P

By Video= V

Absent= A

## MEETING MINUTES FOR FEBRUARY 27, 2018

### **Agenda Item: Announcements**

- No new announcements.

### **Agenda Item: Approval of Minutes from 12/12/17 and 1/23/18 Meeting**

- Vickie Kean motioned to approve the 12/12/17 meeting minutes, Robert Peterson 2<sup>nd</sup> the motion. Those in attendance voted yes and it passed.
- Vickie Kean motioned to approve the 1/23/18 meeting minutes, Missy Kichline 2<sup>nd</sup> the motion. Those in attendance voted yes and it passed.

### **Agenda Item: 1115 Waiver –**

#### **Presentation by Kelly Cunningham**

- Discussion regarding Transforming Health & Human Services
- See information is posted on the HFS Website @ <https://www.illinois.gov/hfs/info/1115Waiver/Pages/default.aspx>
- Provided information on the 1115 Waiver. This is a Research and Demonstration Waiver, which allows testing, innovations and pilots in order to save money or keep it cost neutral
- The 1115 Waiver budget must be neutral to the federal government over 5 years
- Conversations with CMS are on-going

### **Agenda Item: Overview of Committee Meetings**

- Additional members were added to the Innovative Services, PUNS and Fiscal Federal Committees (underlined):
  - o Innovation Services: Kathy Carmody (Lead), Frank DiBartolomeo, Mike Baker, John Fallon, Deborah Kennedy, Missy Kichline and Robert Peterson
  - o Fiscal Federal: Vickie Kean (Lead), John Fallon, Meg Cooch, Frank DiBartolomeo and Merlin Lehman
  - o PUNS: Mike Baker (Lead), Anne Thurston, Frank DiBartolomeo, Meg Cooch and John Fallon
- **Innovative and Best Practices Committee:** Vickie Kean presented an overview of their meetings and introduced sub-committees and goals.
  - o Review the CMS Waiver options regarding expanding DD services
  - o Take a look at services in other states that could be replicated in Illinois
  - o Review and evaluate existing HCBS Waiver: are there more options for services within the current Waiver?
  - o Develop a strategy to integrate community activities; coordinating with the Assistive Technology Workgroup and the WISH workgroup
  - o Identify Review regulatory and statutory changes needed to progress

- **PUNS Committee:** Mike Baker, Frank DiBartolomeo and Krescence Beck presented and provided two handouts: PUNS Form Completion Manual and PUNS Data Committee Recommendations
  - o Suggestion to expand categorization of PUNS from 3 to 5 categories
  - o Discussion of emergency critical planning needs
  - o Upgrading IT systems in order to work better with Illinois State Board of Education
  
- **Housing and Employment potential committees were tabled and will be discussed at the next meeting on February 27, 2018.**

**Agenda Item: Action Steps Wrap-up**

- Kelly Cunningham will send Kit O'Brien Cota a link to the HFS website for 1115 Waiver information.
- The Innovative Services Committee will continue to meet and provide an update at the next meeting.
- The PUNS Committee will prioritize identifying those in need and where funding would come from and give an update at the next meeting.
- Vickie Kean will initiate an invitation for the FISCAL Committee to have a first meeting. The Fiscal Committee will give an update at the next meeting.

**Adjournment**

- Vickie Kean motioned to adjourn the meeting and Robert Peterson 2<sup>nd</sup>. All approved.



Bruce Rauner, Governor

Illinois Department of Human Services

James T. Dimas, Secretary

**Developmental Disabilities**

600 East Ash • Building 400 • Springfield, IL 62703

**Intellectual and Developmental Disability Home and  
Community-Based Services Task Force**

Tuesday, March 27, 2018

11:00 a.m. – 2:00 p.m.

Harris Building

100 South Grand Ave., East, Springfield, IL

Clinton Building

401 S. Clinton St., Chicago, IL

Call In Number: 888-494-4032, Passcode 449-141-8910#

**Members Present**

**Members Absent**

IP	Cota, Kit O'Brien, Chairperson	A	Baker, Mike
P	Beck, Krescence	A	Cunningham, Kelly
P	Carmody, Kathy	A	Gable, Robyn
V	Cooch, Meg	A	Hammond, Norine
P	DiBartolomeo, Frank	A	Kennedy, Deborah
IP	Fallon, John	A	Kichline, Missy
IP	Kean, Vickie	A	Thurston, Anne
P	Lehman, Merlin		
V	Myerscough-Mueller, Sarah		
P	Peterson, Robert		
IP	Porter, John		

**Type of Attendance Key**

In Person= IP

By Phone= P

By Video= V

Absent= A

## MEETING MINUTES FOR MARCH 27, 2018

### Agenda Item: Announcements

- There has been a request for the time of the May 22<sup>nd</sup> meeting to be earlier. Kit will be checking the conference rooms to see if they are available from 10:00 – 12:30.

### Agenda Item: Approval of Minutes from 2/27/18

- Vickie Kean motioned to approve the 2/27/18 meeting minutes, Robert Peterson 2<sup>nd</sup> the motion. Those in attendance voted yes and it passed.

### Agenda Item: Overview of Committee Meetings

A representative of each committee is to prioritize all of the recommendations by the first May meeting.

#### **Innovative Services/Best Practices –**

##### **Kathy Carmody**

- No new information to report.
- The Committee will be ready to report to the Task Force at the May meeting.

#### **PUNS –**

##### **Krescene Beck**

- Final recommendations were distributed to the Task Force electronically with the 3/27/18 meeting invitation
- One recommendation is to change to the following 5 categories - Critical, Transitional, Actively Seeking, Planning, Informational
- The Critical category is not considered for those in “crisis”
- PUNS would be considered a planning database/tool
- Some recommendations have an inherent cost and some do not; the cost and resources are connected to the various recommendations
- There was a discussion regarding the exploration of databases other agencies are using
- The priority for the PUNS Committee is to work with the parameters of what money is available

#### **Fiscal –**

##### **Vickie Kean**

- An overview of their meetings was presented and Committee goals were introduced.
- The committee asked for input regarding the direction of this group?
- Explore local funding grant options for Illinois to consider.
- Explore funding models from other states for Illinois to consider.
- Identify if there were recommendations previously presented to DHS/DDD that were not considered and/or implemented?
- Vickie will contact key people at the Division for more information and data regarding funding uses and options.

- Identify if there is Federal money available for Illinois due to the taxes Illinois citizens to the federal government.

#### **Agenda Item: Discussion of Next Steps**

- The meeting scheduled for April 24, 2018 is cancelled. This will give the committees more time to pull together information and finalize their recommendation list to the task force.
- An additional meeting is scheduled for June in order to complete the tasks prior to June 30<sup>th</sup>.
- There will be two June meetings. The additional meeting will be June 12<sup>th</sup> from 10:00 a.m. – 2:00 p.m. This meeting will be used to prioritize all the recommendations presented from the Committees and discuss the details of the final report.
- The process of finalizing the Senate Bill 84 report and who is responsible for putting it together was discussed.
- Hosting a subject matter and public hearing to present the task force results to the Governor and General Assembly by July, 2018 was discussed. More details will be outlined at a later date.

#### **Agenda Item: Action Steps Wrap-up**

- The time for the May 22<sup>nd</sup> meeting will change. The new time is from 10:00 a.m. to 12:30 p.m. Members will be notified via outlook calendar.
- There will be two June meetings. The additional meeting will be June 12<sup>th</sup> from 10:00 a.m. – 2:00 p.m. This meeting will be used to prioritize all the recommendations presented from the Committees and discuss the details of the final report.
- The June 26<sup>th</sup> meeting will remain on the schedule.
- Kit will email three handouts submitted by Merlin Lehman to the group.
- The Innovative Services and Fiscal Committees will present their meeting summary with recommendations at the May 22<sup>nd</sup> meeting.

#### **Adjournment**

- John Porter motioned to adjourn the meeting and Robert Peterson 2<sup>nd</sup> the motion. All approved.



Bruce Rauner, Governor

Illinois Department of Human Services

James T. Dimas, Secretary

Developmental Disabilities  
600 East Ash • Building 400 • Springfield, IL 62703

**Intellectual and Developmental Disability Home and  
Community-Based Services Task Force**

Tuesday, May 22, 2018

10:30 a.m. – 12:30 p.m.

Harris Building

100 South Grand Ave., East, Springfield, IL

Clinton Building

401 S. Clinton St., Chicago, IL

Call In Number: 888-494-4032, Passcode 449-141-8910#

**Members Present**

**Members Absent**

IP	Cota, Kit O'Brien, Chairperson	A	Gable, Robyn
IP	Baker, Mike	A	Hammond, Norine
IP	Beck, Krescence	A	Kichline, Missy
IP	Carmody, Kathy	A	Thurston, Anne
P	Cooch, Meg	A	Peterson, Robert
P	Cunningham, Kelly		
IP	DiBartolomeo, Frank		<b><u>Regular Attendee</u></b>
P	Fallon, John	IP	Baker, Lore
P	Kean, Vickie		
P	Kennedy, Deborah		
P	Lehman, Merlin		
P	Myerscough-Mueller, Sarah		
IP	Porter, John		

**Type of Attendance Key**

In Person= IP

By Phone= P

By Video= V

Absent= A

## MEETING MINUTES FOR MAY 22, 2018

### Agenda Item: Announcements

- The next meeting will be on June 12<sup>th</sup> from 10:00 AM – 2:00 PM. There will be a break for lunch. The call in number passcode will be different for this meeting.

### Agenda Item: Approval of Minutes from 3/27/18

- The March 27<sup>th</sup> meeting minutes could not be approved due to the lack of submission to members for review. The meeting minutes will be submitted to the Task Force members.

### Agenda Item: Committee Recommendations and Discussion

A representative of each committee is to prioritize all of the recommendations by the first May meeting.

#### **Innovative Services/Best Practices –**

##### **Kathy Carmody**

- A handout was provided to the members. Members of this committee went over key points from the handout.
- There was considerable discussion about the recommendations.
- The document will be revised so that only one recommendation is identified within a row, the rationales are based on facts, and the action steps are concise.

#### **Fiscal –**

##### **John Fallon**

- A handout was provided to the members. Members of this committee went over key points from the handout.
- Final recommendations were made.

### Agenda Item: Discussion of Next Steps

- The first meeting in June will be on the 12<sup>th</sup> from 10:00 a.m. – 2:00 p.m. This meeting will be used to prioritize all the recommendations presented from the Committees and discuss the details of the final report.
- The information submitted for the final report will be compiled and formatted consistently for each committee.
- Details on hosting a subject matter and public hearing to present the task force results to the Governor and General Assembly by July, 2018 will be finalized.
- Recommendations will be revised for each committee following today's discussion of suggested changes.

### Agenda Item: Action Steps Wrap-up

- The June 26<sup>th</sup> meeting will remain on the schedule as the final wrap up of the Task Force.

### Adjournment

- John Porter motioned to adjourn the meeting and Mike Baker 2<sup>nd</sup> the motion. All approved.





Illinois Department of Human Services

Bruce Rauner, Governor

James T. Dimas, Secretary

Developmental Disabilities  
600 East Ash • Building 400 • Springfield, IL 62703

**Intellectual and Developmental Disability Home and  
Community-Based Services Task Force**

Tuesday, June 12, 2018

10:00 a.m. – 2:00 p.m.

Harris Building

100 South Grand Ave., East, Springfield, IL

Clinton Building

401 S. Clinton St., Chicago, IL

Call In Number: 888-494-4032, Passcode 449-141-8910#

**Members Present**

**Members Absent**

IP	Cota, Kit O'Brien, Chairperson	A	Gable, Robyn
P	Baker, Mike	A	Hammond, Norine
P	Beck, Krescence	A	Kichline, Missy
P	Carmody, Kathy	A	Thurston, Anne
P	Cooch, Meg	A	Cunningham, Kelly
V	DiBartolomeo, Frank		
IP	Fallon, John		
P	Kean, Vickie		
P	Kennedy, Deborah		
IP	Lehman, Merlin		
V	Myerscough-Mueller, Sarah		
P	Peterson, Robert		
IP	Porter, John		

**Type of Attendance Key**

In Person= IP

By Phone= P

By Video= V

Absent= A

## **MEETING MINUTES FOR June 12, 2018**

### **Agenda Item: Announcements**

- There is a Subject Matter Hearing scheduled for June 21, 2018, 1:00 p.m. at the Michael Bilandic Building. This is for HB 5538 and HB 5539. See Mike Baker if you are able to testify.
- The next meeting will be on June 26<sup>th</sup> from 11:00 AM – 2:00 PM.

### **Agenda Item: Approval of Minutes from 3/27/18 and 5/22/18**

- There was a motion to approve the March 27<sup>th</sup> meeting minutes. Kathy Carmody approved the meeting minutes, Robert Peterson 2<sup>nd</sup> the motion.
- There was a motion to approve the May 22<sup>nd</sup> meeting minutes. Mike Baker approved the meeting minutes, Kathy Carmody 2<sup>nd</sup> the motion.

### **Agenda Item: Committee Recommendations and Discussion**

A discussion regarding the format of the recommendations:

- The fewer words used, the better, more concise
- Graphs or pictures
- Road map
- Make sure there is enough substance
- An appendix that includes reports, more specific information and action steps
- There might not be a consensus on all recommendations
- It was decided not to make an effort to prioritize all recommendations

### **Legislative**

There was discussion about:

- When the final report should be done
- When hearings can be planned, possible request for November 13<sup>th</sup> during the veto session
- Who will file the legislative report and strategize

### **Agenda Item: Discussion of Next Steps**

- Bullet points for legislators will be more concise  
Draft recommendations will be edited and distributed for discussion at the next meeting.

### **Agenda Item: Action Steps Wrap-up**

- The June 26<sup>th</sup> meeting will remain on the schedule as the final wrap up of the Task Force.

### **Adjournment**

- Robert Peterson motioned to adjourn the meeting and John Porter 2<sup>nd</sup> the motion. All approved.



Bruce Rauner, Governor

Illinois Department of Human Services

James T. Dimas, Secretary

Developmental Disabilities  
600 East Ash • Building 400 • Springfield, IL 62703

**Intellectual and Developmental Disability Home and  
Community-Based Services Task Force**

Tuesday, June 26, 2018

11:00 a.m. – 2:00 p.m.

Harris Building  
100 South Grand Ave., East, Springfield, IL

Clinton Building  
401 S. Clinton St., Chicago, IL  
Call In Number: 888-494-4032, Passcode 449-141-8910#

**Members Present**

**Members Absent**

IP	Cota, Kit O'Brien, Chairperson	A	Gable, Robyn
P	Baker, Mike	A	Hammond, Norine
P	Beck, Krescence	A	Kichline, Missy
V	Carmody, Kathy	A	Peterson, Robert
P	Cooch, Meg	A	Porter, John
IP	Cunningham, Kelly (Dan Holden)		
P	DiBartolomeo, Frank		
V	Fallon, John		
P	Kean, Vickie		
P	Kennedy, Deborah		
P	Lehman, Merlin		
V	Myerscough-Mueller, Sarah		
P	Thurston, Anne		

**Type of Attendance Key**

In Person= IP

By Phone= P

By Video= V

Absent= A

## MEETING MINUTES FOR JUNE 26, 2018

### Agenda Item: Announcements

There were no announcements.

### Agenda Item: Approval of Minutes from 6/12/18

Vickie Kean made a motion to approve the June 12, 2018 meeting minutes. Mike Baker seconded the motion. June 12, 2018 minutes approved.

### Agenda Item: Finalize Committee Recommendations

**System Innovation Committee:** There was discussion about the recommendations as identified. One of the recommendations related to developing a tiered system for CILA rates. One person indicated that Iowa recently established a tiered payment system that is a problem. Agencies are losing money due to the structure. The committee agreed that this recommendation should be withdrawn. There was also further discussion about the other recommendations. Revisions will be made in the final document.

**PUNS Committee:** There was discussion about the final recommendations presented at the last meeting, 6/12/18. These recommendations will be in the final document.

**Fiscal Committee:** There was discussion about the recommendations presented at the 6/12/18 meeting. Recommendation #2 was edited.

### Agenda Item: Discussion Report Findings Due June 30, 2018

According to the Legislation, this Task Force is to report its findings to the Governor and General Assembly by July 1<sup>st</sup>. The interpretation of this is that the full report is not due July 1<sup>st</sup>. The plan is to submit a letter with the recommendations July 1<sup>st</sup>. Then, at a date in the near future, the full report with findings, rationales and action steps will be submitted. There was also discussion about what attachments will be included in the report.

### Agenda Item: Action Steps Wrap-up

Kit will contact several task force members as needed to complete the final report. Kit will send the final report to the task force members when complete.

### Adjournment

Meeting was adjourned at 11:30 a.m.

## **CMS Waiver Recommendations to System Innovation Committee**

### **Existing IL HCBS Federal Waivers:**

1. 1915 (c) –
  - a. Create more flexibility within state procedures and administrative rules for people to freely choose from among all the waiver support options as their support needs and person-centered plan objectives change.
  - b. Create more flexibility for people to move along the continuum rather than having to go back on the waiting list if moving between Home-Based and CILA.
  - c. Develop/fund more slots for waiver
  - d. Increase rates to allow for people to utilize all services in waiver options
    - Supported employment
    - ABA Therapy
    - Respite Care
    - Day Programming
    - Personal Support Workers
    - Family Support

### **New CMS Federal Waiver Options - Explore:**

1. Pilot program for 1915(i) and 1915(k) – Although with 1915 (i) and 1915(k), Illinois could not cap the program, we could propose a very narrowly crafted waiver so as to slowly roll out the two new waivers.
  - a. 1915(i) –
    - i. Targets Services Based on Population – States can identify a specific population and craft a specific benefit package for them. For example, a state could target HCBS to people with multiple chronic conditions and create a benefits package that addresses their specific needs.
    - ii. Eliminates Waiting Lists -- After eligible population is determined, States cannot set a cap on the individuals enrolled or create waiting lists.
    - iii. Creates Flexible Service Packages –States can design one or multiple service packages for eligible individuals.
    - iv. Serves Entire State - States cannot limit eligibility based on geographical area.
    - v. Expands Eligibility - States can make people up to 150% FPL eligible, without regard to whether the person needs an institutional level of care. A person can also be eligible based on the level of care they require. In addition, a separate eligible population allows states to serve those with incomes up to 300% of the Supplemental Security Income (SSI) federal benefit rate. Special rules apply to this group.
    - vi. Provides Wide Variety of Optional Services – Case management, personal care, adult day health, habilitation, respite care services, day treatment, other partial hospitalization services, psychosocial rehabilitation services, clinic services and other services the state decides are appropriate (excluding room and board) are all allowed.

- b. 1915(k) -
  - i. The "Community First Choice Option" allows States to provide home and community-based attendant services and supports to eligible Medicaid enrollees under their State Plan.
  
- 2. Cost analysis for what it would take to take up:
  - a. 1915(i) - HCBS state plan
  - b. 1915(k) - Community First Choice
  
- 3. Cost, state agency and legislative analysis for what it would take to take up
  - a. 1115 Waiver
    - i. Housing and Supports
    - ii. Employment-Supported
    - iii. State IT-System Upgrades
    - iv. Respite Care/DSP Wages
    - v. Transition/Job Training Programs.

**Reference: Comparing 1915 C/ I and K Waivers-Alaska**

[http://dhss.alaska.gov/dsds/Documents/MRICC/Medicaid\\_Comparison\\_Table.pdf](http://dhss.alaska.gov/dsds/Documents/MRICC/Medicaid_Comparison_Table.pdf)

## **SB 84 Task Force --- Links to Supporting Information**

### **Respite**

Federal Funding and Support Opportunities for Respite – Building Block for Lifespan Respite System, November 2015

[https://lifespanrespite.wildapricot.org/resources/Documents/Federal\\_Funding\\_Guide\\_2016/Federal\\_Funding\\_and\\_Support\\_for\\_Respite\\_%20FINAL.pdf](https://lifespanrespite.wildapricot.org/resources/Documents/Federal_Funding_Guide_2016/Federal_Funding_and_Support_for_Respite_%20FINAL.pdf)

Federal Grants Wire – Lifespan Respite Care Program

<https://www.federalgrantswire.com/lifespan-respite-care-program.html#.WzJ1UdJKiUk>

Administration for Community Living - <https://www.acl.gov/>

### **Waiver Options**

Proposed Plan for Implementing Community First Choice in Alaska

<http://dhss.alaska.gov/dsds/documents/docs/ak-proposed-cfc-plan7-5-12.pdf>

### **PUNS**

DHS/DDD PUNS Form Completion Manual – Reporting of Prioritization of Urgency of Need for Services (PUNS) for Persons with Developmental Disabilities – Revised February 11, 2016

<http://www.dhs.state.il.us/OneNetLibrary/27897/documents/DD/PUNSMANUAL021116.pdf>

***[This PUNS Manual is currently being revised by DHS/DDD, August 2018]***

## Comparison of Medicaid 1915(c) Waiver, 1915(i), and 1915(k) State Plan Amendments

Adapted from: Comparative Analysis of Medicaid HCBS (1915 & 1115) Waivers and State Plan Amendments.  
Prepared by Cooper, Flanagan, Crisp. January 2014.

Features	§1915(c) Home and Community- Based Services Waiver	§1915(i) SPA State Plan Home and Community Based Services	§1915(k) SPA Community First Choice Option
<b>Authority Type</b>	<p>Waiver - Information found at:</p> <p><a href="http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Home-and-Community-Based-1915-c-Waivers.html">http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Home-and-Community-Based-1915-c-Waivers.html</a></p>	<p>State plan option - Information found at:</p> <p><a href="http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Long-Term-Services-and-Support/Home-and-Community-Based-Services/Home-and-Community-Based-Services-1915-i.html">http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Long-Term-Services-and-Support/Home-and-Community-Based-Services/Home-and-Community-Based-Services-1915-i.html</a></p>	<p>State plan option - Information found at:</p> <p><a href="http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Long-Term-Services-and-Support/Home-and-Community-Based-Services/Community-First-Choice-1915-k.html">http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Long-Term-Services-and-Support/Home-and-Community-Based-Services/Community-First-Choice-1915-k.html</a></p>
<b>Effective Date</b>	1981	<p>Original: January 1, 2007 Revised: October 1, 2010 NPRM issued: May 3, 2012</p>	<p>Original: October 1, 2011 Final Rule: May 7, 2012</p>
<b>Purpose</b>	<p>Provides Home and Community-Based (HCBS) Services to individuals meeting income, resource, and medical (and associated) criteria who otherwise would be eligible to reside in an institution.</p>	<p>Provides HCBS to individuals who require less than institutional level of care and who would therefore not be eligible for HCBS under 1915(c). May also provide services to individuals who meet the institutional level of care.</p>	<p>Provides a new State plan option to provide consumer controlled home and community-based attendant services and supports.</p> <p>Provides a 6% FMAP increase for this option.</p>
<b>Requirements That May Be Waived</b>	<ul style="list-style-type: none"> <li>• Statewideness.</li> <li>• Comparability.</li> <li>• Community income rules for medically needy population.</li> </ul>	<ul style="list-style-type: none"> <li>• Comparability.</li> <li>• Community income rules for medically needy population.</li> </ul>	<p>Community income rules for medically needy population.</p>
<b>Application Process</b>	<p>Application submitted electronically via §1915(c) HCBS waiver application.</p> <p>Application and instructions found at: <a href="http://www.hcbswaivers.net">www.hcbswaivers.net</a></p>	<p>State plan amendment submitted on pre-print.</p> <p>Draft preprint can be obtained from CMS Regional Offices.</p>	<p>State plan amendment submitted on pre-print.</p> <p>Preprint can be obtained from CMS Regional Offices.</p>



Features	§1915(c) Home and Community- Based Services Waiver	§1915(i) SPA State Plan Home and Community Based Services	§1915(k) SPA Community First Choice Option
<b>Approval Duration</b>	Initial application: 3 years. Renewal: 5 years.	One-time approval.  Changes must be submitted to CMS and approved.  If using targeting option, renewal every 5 years.	One-time approval.  Changes must be submitted to CMS and approved.
<b>Reporting</b>	Annual reports.	Annual reports.	Annual reports on expenditures and utilization and quality measures.
<b>Administration &amp; Operation</b>	Administered by the Single State Medicaid Agency (SSMA).  May be operated by another state agency under an interagency agreement or memorandum of understanding.	Administered by the Single State Medicaid Agency (SSMA).  May be operated by another state agency under an interagency agreement or memorandum of understanding.	Administered by the Single State Medicaid Agency (SSMA).
<b>Provider Agreements</b>	Required between providers and the SSMA.  Delegation allowed to a provider agency under the Organized Health Care Delivery System or Provider of Financial Management Services. Requires written specification of delegated activity.	Required between providers and the SSMA.  Delegation allowed to a provider agency under the Organized Health Care Delivery System or Provider of Financial Management Services. Requires written specification of delegated activity.	Required between providers and the SSMA.
<b>Medicaid Eligibility</b>	May use institutional income and resource rules for the medically needy (institutional deeming).  May include the special income group of individuals with income up to 300% of SSI.	All individuals eligible for Medicaid under the State plan up to 150% of Federal Poverty Level.  May include special income group of individuals with income up to 300% SSI. Individuals must be eligible for HCBS under a §1915(c), (d), or (e) waiver or §1115 demonstration program.	Individuals eligible for Medicaid under the State plan up to 150% of Federal Poverty Level.  Individuals with income greater than 150% of the FPL may use the institutional deeming rules.

Features	§1915(c) Home and Community- Based Services Waiver	§1915(i) SPA State Plan Home and Community Based Services	§1915(k) SPA Community First Choice Option
<b>Other Eligibility Criteria</b>	Must meet institutional level of care.	For the 300% of SSI income group, must be eligible for HCBS under a §1915(c), (d), or (e) waiver or §1115 demonstration program.	Individuals must meet institutional level of care.  May include the special income group and receiving at least one §1915(c) HCBS waiver service per month.
<b>Public Input</b>	CMS encourages States to obtain public input into the development of the waiver. While States are not required to obtain public input other than through the state Medicaid Advisory Committee, soliciting the views of affected parties is a positive practice.	Proposed regulation is silent.	Must create a Development and Implementation Council that includes a majority of members with disabilities, elderly individuals, and their representatives. State must consult and collaborate with the Council when developing and implementing a State Plan amendment to provide HCBS attendant services.
<b>Target Groups</b>	<ul style="list-style-type: none"> <li>• Aged or disabled.</li> <li>• Intellectually disabled or developmentally disabled.</li> <li>• Mentally ill (ages 22-64).</li> <li>• Any subgroup of the above.</li> </ul>	May define and limit the target group(s) served.	No targeting. Services must be provided on a statewide basis, in a manner that provides such services and supports in the most integrated setting appropriate to the individual's needs, and without regard to the individual's age, type or nature of disability, severity of disability, or the form of home and community-based attendant services and supports that the individual requires in order to lead an independent life.

Features	§1915(c) Home and Community- Based Services Waiver	§1915(i) SPA State Plan Home and Community Based Services	§1915(k) SPA Community First Choice Option
<b>Other Unique Requirements</b>	<p>None.</p> <p><b>Cannot cover:</b> Room &amp; board costs except for allowable transition services.</p> <p>Special education and related services provided under IDEA that are education related only &amp; vocational services provided under Rehab Act of 1973.</p>	<p>Multiple State plan amendments covering different target groups permitted.</p> <p><b>Cannot cover:</b> Room &amp; board costs except for allowable transition services.</p> <p>Special education and related services provided under IDEA that are education related only &amp; vocational services provided under Rehab Act of 1973.</p>	<p>MOE requirement for 1<sup>st</sup> fiscal year for services provided under §1115, §1905(a), and §1915, of the Act.</p> <p>Must establish &amp; consult with a Development &amp; Implementation Council with majority representation from consumers.</p> <p><b>Cannot cover:</b> Certain assistive devices &amp; assistive technology services; medical supplies &amp; equipment, home modifications.</p> <p>Room &amp; board costs except for allowable transition services.</p> <p>Special education and related services provided under IDEA that are education related only &amp; vocational services provided under Rehab Act of 1973.</p> <p><b>Increased FMAP</b> §1915(k)(2) of the Act provides that States offering this option to eligible individuals during a fiscal year quarter occurring on or after October 1, 2011 will be eligible for a 6 percentage point increase in the Federal medical assistance percentage (FMAP).</p>

Features	§1915(c) Home and Community- Based Services Waiver	§1915(i) SPA State Plan Home and Community Based Services	§1915(k) SPA Community First Choice Option
<b>Limits on Numbers Served</b>	Allowed.	Not allowed.	Not allowed.
<b>Waiting Lists</b>	Allowed.	Not allowed.	Not allowed.
<b>Combining Service Populations</b>	Combining service populations is limited to: 1) Aged/Disabled. 2) Intellectually Disabled or Developmentally Disabled. 3) Mentally Ill. 4) Any subgroup of the above.	States may combine service populations.	States may combine service populations.
<b>Caps on Individual Resource Allocations or Budgets</b>	Allowed.	May determine process for setting individual budgets for participant-directed services.	May determine process for setting individual budgets for participant-directed services.
<b>Allowable Services</b>	<p>Statutory Services:</p> <ul style="list-style-type: none"> <li>• Case management services.</li> <li>• Homemaker/home health aide services &amp; personal care services.</li> <li>• Adult day health services.</li> <li>• Habilitation services.</li> <li>• Respite care.</li> <li>• “Other services requested by State as Secretary may approve.”</li> <li>• Day treatment or other partial hospitalization services.</li> <li>• Psychosocial rehabilitation services.</li> <li>• Clinic services.</li> <li>• For individuals with</li> </ul>	<p>See §1915(c) services.</p> <p>Includes both §1915(c) statutory services and “other” category of services.</p> <p>Settings where individuals live must comport with community character guidance.</p>	<p><b>MUST COVER:</b></p> <ul style="list-style-type: none"> <li>• Assistance w/ ADLs, IADLs, &amp; health related tasks.</li> <li>• Acquisition, maintenance &amp; enhancement of skills necessary for individual to accomplish ADLs, IADLs, &amp; health-related tasks.</li> <li>• Back-up systems or mechanisms to ensure continuity of services &amp; supports.</li> <li>• Voluntary training on how to select, manage and dismiss staff.</li> </ul> <p><b>MAY COVER</b></p> <ul style="list-style-type: none"> <li>• Fiscal Management Services</li> <li>• Transition costs such as rent and utility</li> </ul>

Features	§1915(c) Home and Community- Based Services Waiver	§1915(i) SPA State Plan Home and Community Based Services	§1915(k) SPA Community First Choice Option
<b>Allowable Services (cont'd)</b>	<p>chronic mental illness.</p> <p>Settings where individuals live must comport with community character guidance.</p>		<p>deposits, 1st month's rental and utilities, bedding, basic, kitchen supplies, and other necessities linked to an assessed need for an individual to transition from a NF, institution for mental diseases, or ICF-ID to a home &amp; community-based setting where individual resides.</p> <ul style="list-style-type: none"> <li>Expenditures relating to a need identified in an individual's person-centered plan that increases his/her independence or substitutes for human assistance to the extent the expenditures would otherwise be made for the human assistance.</li> </ul> <p>Settings where individuals live must comport with community character guidance.</p>
<b>Provider Qualifications</b>	Determined by state, subject to CMS approval.	Determined by state, subject to CMS approval.	Determined by state, subject to CMS approval.
<b>Participant-directed Services</b>	Allowed.	Allowed.	Required.
<b>Hiring of Legally Responsible Individuals</b>	Allowed at the State's discretion.	Allowed at the State's discretion.	Allowed at the State's discretion.
<b>Cash Payments to Participants</b>	Direct cash payments not permitted.	Direct cash payment not permitted.	Direct cash payments are permitted.

Features	§1915(c) Home and Community- Based Services Waiver	§1915(i) SPA State Plan Home and Community Based Services	§1915(k) SPA Community First Choice Option
<b>Financial Management Services</b>	Required if participant direction is offered. May be a waiver service, an administrative function, or performed directly by the SSMA.	Required if participant direction is offered. May be covered as a service, an administrative function, or performed directly by the SSMA.	Required depending on model of participant direction. May be covered as a service, an administrative function, or performed directly by the SSMA.
<b>Employer Status for Participant Direction</b>	Participant may be the employer of record under a Fiscal/Employer Agent model or the entity may be the employer of record under an Agency with Choice model.	Participant may be the employer of record under a Fiscal/Employer Agent model or the entity may be the employer of record under an Agency with Choice model.  Financial management supports are required to function as employer of record when the individual elects to exercise supervisory responsibility without employment responsibility.	Agency Provider Model: Services & supports provided by entities under contract or provider agreement. Participant has a significant role in the selection and dismissal of providers. Entity may provide services directly through their employees or arrange for the provision of services under the direction of the individual receiving services.  Self-Directed Model with Service Budget: Service plan and budget directed by the individual and based on functional needs assessment. FMS must be available (SSMA may perform). Direct cash or vouchers may also be used.  Other Service Delivery Model: States may propose other models
<b>Goods and Services</b>	Permitted as a waiver service.	Permitted as a service.	Permitted as a service.
<b>Direct Payment of Providers</b>	Required (state has options to meet this requirement).	Required.	Required.

Features	§1915(c) Home and Community- Based Services Waiver	§1915(i) SPA State Plan Home and Community Based Services	§1915(k) SPA Community First Choice Option
<b>Provider Payments</b>	Payment item must be listed in the service plan (plan of care), provided by an enrolled provider, and provided prior to reimbursement.	Payment item must be listed in the service plan (plan of care), provided by an enrolled provider, and provided prior to reimbursement.	Payment item must be listed in the service plan (plan of care), provided by an enrolled provider, and provided prior to reimbursement.
<b>Cost Requirements</b>	Must be cost-effective.  Average annual cost per person served under §1915(c) cannot exceed average annual cost of institutional care for each target group served.	None. Benefit limits may apply.	None. Benefit limits may apply.  For the first full fiscal year in which the State Plan amendment is implemented, a State must maintain, or exceed, the level of expenditures for services provided under §1115, §1905(a), and §1915, of the Act, or otherwise to individuals with disabilities or elderly individuals attributable to the preceding fiscal year.
<b>Quality Management</b>	Extensive quality management and quality improvement activities required per the HCBS Waiver Application, including how state will comply with all multiple waiver assurances and how state will conduct quality oversight, monitoring and discovery, remediation and improvement of issues relating to quality.	Pre-print requires a quality assurance and improvement plan including how state conducts discovery, remediation and quality improvement.	Requires a quality assurance and improvement plan including how state conducts discovery, remediation and quality improvement.  State must provide system of performance measures, outcome measures, and satisfaction measures that will be monitored and evaluated.

Features	§1915(c) Home and Community- Based Services Waiver	§1915(i) SPA State Plan Home and Community Based Services	§1915(k) SPA Community First Choice Option
<b>Interaction with State Plan Services, Waivers, &amp; Amendments</b>	<p>Participants have access to and must utilize state plan services before using identical extended state plan services under the waiver.</p> <p>Waiver services may not duplicate state plan services.</p> <p>Individuals may be eligible for and receive State plan, §1915(c), §1915(i) and §1915(j) services simultaneously.</p> <p>May be combined with other waivers such as §1915(a) or (b).</p>	<p>Individuals may be eligible for and receive State plan services, §1915(c), §1915(i) and §1915(j) services simultaneously, so long as the service plan (plan of care) ensures duplication of services is not occurring.</p> <p>May be combined with other waivers such as §1915(a) or (b).</p>	<p>Individuals may be eligible for and receive State plan, §1915(c), §1915(i) and §1915(j) services simultaneously.</p> <p>May be combined with other waivers such as §1915(a) or (b).</p>



# Where is the federal money for DD services from Illinois taxpayers that was not “matched” by state funding?

Merlin Lehman - 11/18/2016

Parent of a son involved in IDD services

SB84 Task Force Member

It troubles me greatly that a significant portion of the federal taxes paid by the citizens of Illinois are being diverted for use by other states. If my supposition is correct, this can be a great source for desperately needed additional funding for persons with DD in Illinois.

My premise is simple, when viewed from the perspective of the average Illinois taxpayer. Illinois taxpayers pay for about half of the cost of the eligible services its citizens with DD need to live successfully in a community through federal taxes. Taxpayers pay the other half of the cost of those services through state taxes (Initially, the state pays 100% of the cost and is then reimbursed by the federal government at 50%).

However, from the average tax payers perspective it appears that they are paying the same amount of federal taxes that other states pay, but are only receiving reimbursement from the federal government for the amount the state pays, which for Illinois is much lower than the countrywide average. The latest data from the “State of the States in Developmental Disability” shows that for “Total Fiscal Effort” Illinois paid \$2.70 per \$1,000 of personal income compared to New York at \$10.11 and neighboring Iowa at \$6.44 and Wisconsin at \$5.75. The countrywide figure is \$4.40.

Illinois can only “claim” those federal funds its citizens have paid, by “matching” them with state funds. Because Illinois only matches about 60% of those funds, Illinois is leaving a significant amount of money on the federal table.

Consider this simple illustration: For each \$100 million Illinois and Iowa spend on eligible DD services, they may claim \$50 million from the federal government. The net cost to the state is \$50 million, but the citizens of each state pay the full \$100 million and receive \$100 million of services. If, however, Illinois only pays \$60 million ( $\$2.70/\$4.40 = .614$ ), Illinois will receive only \$30 million from the federal government. The net cost to the state of Illinois is \$30 million, but the citizens pay \$80 million and receive \$60 million of services. On the other hand, if Iowa pays \$140 million ( $\$6.44/\$4.40 = 1.46$ ), Iowa will receive \$70 million from the federal government. The net cost to the state is \$70 million, but the citizens pay \$120 million and receive \$140 million of services. From the Illinois tax payer’s perspective, Iowa receives \$20 million of Illinois’ money.

These are not just \$20 million of services that Illinois decided not to “purchase” for its citizens with DD. These are \$20 million of funds Illinois citizens paid to the federal government for DD services that our citizens with DD desperately need, but those funds were given to Iowa, or New York, or Wisconsin, etc. What must Illinois do to get its \$20 million back? It must pay the full \$100 million for eligible DD services, so it can receive the full \$50 million its citizens have already paid to the federal government.

The bottom line is this: States like Iowa, Wisconsin and New York are eating our DD services lunch and it needs to stop. I am optimistic that once the Illinois administration and legislature clearly understand how this funding system works, they will recognize their responsibility to Illinois citizens who are paying for DD services they are not receiving.

# Services for Individuals with Developmental Disabilities Should be Viewed as Insurance Protection

5-1-2017

In our rush to cut funding for services provided by Medicaid, we must be careful not to cut funding for long-term care for citizens with intellectual or developmental disabilities (I/DD). Funding for these important services is neither charity nor income redistribution. Rather, it operates like insurance, which we all need.

In exchange for a portion of the state and federal taxes we all pay, we transfer to the government a substantial portion of the financial cost we will incur if we have a child with a severe I/DD. These costs are enormous and the insurance deductibles and co-pays are huge.

Never the less, we pay the “premiums” and transfer the financial risk, because the likelihood of this happening is the same for all families, regardless of income, education, or political affiliations. Only the wealthiest families can afford this cost without help. Hence, it is in everyone’s self-interest to be sure these programs are adequately funded.

Unfortunately, Illinois has a long history of underfunding I/DD services. Because the federal government reimburses Illinois for 50% of what Illinois actually spends, Illinois does not recover all of the funds our citizens send to Washington for I/DD services.

Illinois must begin to adequately fund long-term care for our citizens with I/DD, first, because it is the right thing to do, second, it could have been me rather than you who needs services now, and, third, in the future it could be someone you care about who needs this help.

# Who's Paying for That?

Merlin Lehman - 11/18/2016

Parent of a son involved in IDD services

SB84 Committee Member

This is a question we occasionally hear from our friends and relatives when they first learn about or see the services provided so that people with severe intellectual or developmental disabilities (IDD) can live in a community setting. They don't ask it about similar services provided in more restricted settings because they seldom see or hear about them and never feel envious of those services for either themselves or anyone they know.

Regardless of why the question is asked, it is a fair question and one we are too often unprepared to answer in a thoughtful and helpful manner. The answer is, of course, that we all pay for these services through our local, state and federal taxes. However, this is not an adequate answer. Too often this answer is interpreted to mean it's another government plot to redistribute my income to others or it's just forced charity. This is an incorrect impression and we must be prepared to provide a more complete response.

One appropriate answer is that it works very much like insurance or other contingent government services. The important principle is that we are paying for protection we hope we never need and will never receive, because if we do need it, something unfortunate has happened to someone close to us.

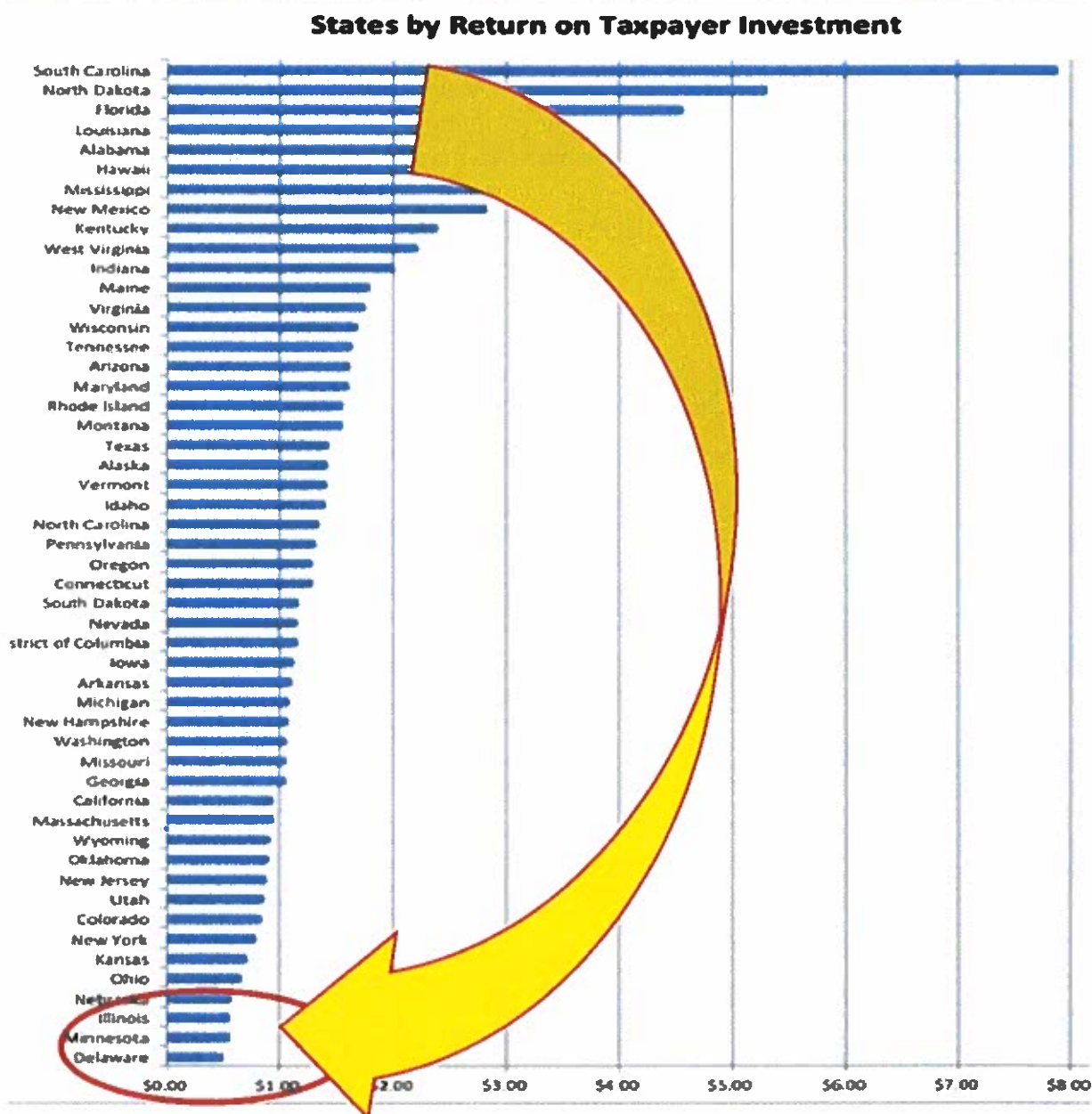
All of us pay for fire department protection through local taxes and homeowners insurance through a local agent, hoping we will never need either of them, but knowing that if specific unfortunate events occur, we will receive immediate help. That help is both direct assistance putting out the fire and saving lives and indirect assistance dealing with the financial consequences of the loss. None of us ever consider that type of help as income redistribution or charity, because we are all exposed to a potential loss, we all receive help if it is needed, and we all pay to provide this protection to ourselves.

In the same way, no one ever expects to have a child with a severe IDD any more than we expect to have a severe fire in our home. However, we know that we all have a nearly equal chance of that happening to us and we know that if it happens to us, we will need services that only the government can provide. Hence, governments, who are charged with providing for the common good, not only provide fire protection services to those who need it, they provide community resources for those who encounter a severe IDD and need it. It is the same principle. We all pay for it and we all receive the same protection from the consequences of an unfortunate event that none of us expects, or wants, or could handle on our own.

## Senate Bill 84 Task Force - Fiscal Committee

- Illinois should start paying providers higher rates for their federally funded medical care, so they can begin to get their fair share of Illinois taxpayer's Federal Income Tax contributions.** Low Medicaid reimbursement rates are a part of the reason the State of Illinois subsidizes the rest of the country for their health care. The payments for both community mental health care and developmental disability wages are amongst the lowest in the country. Illinois will receive 50 cents on the dollar for every penny they increase in the reimbursement in salaries. Illinois needs to understand that they pay into a Federal insurance program and voluntarily choose through low reimbursement rates to not take full advantage of the benefits of that federal program. Increasing wages and providing more services will be reimbursed by the Federal Government at a rate of 50 cents for every dollar spent. **That is a huge value for beleaguered Illinois taxpayers and is our federal money that we are not using otherwise.**

Illinois residents "receive \$0.45 back for every dollar they pay in federal income tax, which is the third lowest mark in America. Only 26.41% of state revenue is comprised of federal funds, which is the eighth lowest mark in the country." <http://www.businessinsider.com/the-states-the-most-and-least-dependent-on-the-federal-government-2015-7>



2. **Illinois needs to modernize its current CILA payment models.** The current rate methodologies are not based on an individual's need for support services or the cost of actually delivering services.
- Instead, the largest variable in the Illinois Medicaid rates provided for support services to a provider is based on the number of residents in the **individual setting**. Under HCBS, the setting costs should not be relevant. Costs should be based on the individual's individual support needs.
  - While room and board is supposed to be excluded from the Medicaid service reimbursement, the setting location's cost of room and board is only variable for the geographic variation in the cost of living. This places limitations and choices on the ability for high cost areas of the state to provide smaller settings. As a result, many providers are both unwilling and unable to financially support a person in an individual home of their own. Financially, the provider needs to be able to own and deliver services in a larger residence to cover the costs of delivering the support services under the Illinois rate model.
  - The Illinois model for licensed group support rewards these larger settings with per person higher administration costs, higher transportation allowances, higher program costs, higher nursing costs, higher rent allowances, and in some cases higher per person overall Board costs as allowances. In return, **the amount of individualized support services dollars given per person decreases dramatically and is diluted between each individual resident.**
  - All costs related to the room and board should be excluded from the request for Medicaid reimbursement. If this is occurring, the State of Illinois is getting very little reimbursement for the services in the intermittent CILA model because more than 50% of the allowance in the model is room and board/

See the sample below using the Divisions's 2014 CILA calculator for reimbursement comparing the annual contract dollars under the 24 hour shift staff model versus an intermittent CILA model for a person with an ICAP score of 40 living in Cook County. The admin dollars will remain constant for CILA intermittent regardless of the number of service hours and fring given. This intermittent calculation is for the normal number of hours granted of 15 hours per week.

24 Hour Housing		Cook		Base Nursing	Other Program Costs	Transport-	Admin	Total \$\$
Annual Room & Board	Cook County Rent	Services for a 40 ICAP Score	\$\$ - HCL Needs - high to Low	At 40 ICAP	Ambulatory - Total			
1	\$5,275	\$12,283	\$115,048	\$1,479	\$4,496	\$8,571	\$3,373	\$150,525
2	\$4,874	\$6,898	\$67,101	\$894	\$4,496	\$4,286	\$3,373	\$91,921
3	\$4,741	\$3,621	\$50,884	\$722	\$4,496	\$2,857	\$3,373	\$72,694
4	\$4,741	\$4,763	\$44,192	\$653	\$4,496	\$2,143	\$3,373	\$64,361
5	\$4,486	\$3,779	\$38,482	\$516	\$4,496	\$1,714	\$3,373	\$56,846
6	\$4,361	\$3,560	\$36,179	\$344	\$4,496	\$1,429	\$3,373	\$53,741
7	\$4,187	\$3,052	\$36,775	\$344	\$4,496	\$1,224	\$3,373	\$53,451
8	\$4,056	\$2,670	\$36,441	\$344	\$4,496	\$1,071	3373	\$52,451

Intermittent Housing		Standard 15 Hours		Base	Other Program Costs	50 miles per	Admin	Total \$\$
Capacity	Annual Room & Board	Cook County Rent	DSP Individualized	Nurse \$\$	At 40 ICAP	week mileage		
1	\$4,445	\$7,371	\$10,444	\$229	\$493	\$980	\$1,687	\$25,649
2	\$4,445	\$5,750	\$10,444	\$229	\$493	\$980	\$1,687	\$24,028
3	\$4,445	\$4,898	\$10,444	\$229	\$493	\$980	\$1,687	\$23,176
4	\$4,445	\$4,108	\$10,444	\$229	\$493	\$980	\$1,687	\$22,386
5	\$4,257	\$3,779	\$10,444	\$229	\$493	\$980	\$1,687	\$21,869
6	\$4,132	\$3,560	\$10,444	\$229	\$493	\$980	\$1,687	\$21,525
7	\$3,958	\$3,052	\$10,444	\$229	\$493	\$980	\$1,687	\$20,843
8	\$3,827	\$2,670	\$10,444	\$229	\$493	\$980	\$1,687	\$20,330

3. **Illinois may need to experiment with Fee for service models for the IDD reimbursement system to establish an accurate cost of service delivery.** The current rate system has not created and adequately tested the model of cost for a provider to deliver individualized services and supports to a single individual in a normal community setting.
  - a. **These costs should include travel costs at a federal rate of reimbursement.** Currently the system uses \$.38 cents a mile for reimbursement of individual provider while dramatically subsidizing group residences. The distance of travel for a provider to deliver services should be reimbursed at a higher off-site rate to reflect the higher cost of this service delivery method and service supervision by the agency.
  - b. Those costs for those providers are often further subsidized by public transportation and community Medicaid Medicaid.
  - c. While provider owned homes are often exempted for real estate taxes and some other utility costs, a resident with a disability renting or owning their own home pays those taxes as a part of their rent or mortgage. This cost differential is not reflected in the rates. The reimbursement of property taxes to people with disabilities used to be a part of the Illinois tax code.
  - d. Illinois should experiment with team based support used extensively and successfully by the mental health community. This will prove especially valuable in working with persons on the spectrum who may need more variable levels of support across time.
  - e. Illinois has a large number of IDD providers who also bill mental health and are familiar with fee for service documentation systems. These agencies may assist the Division in documenting and measuring true service costs of service delivery for specialized models of service delivery. The mental health system has been using a fee for service system for more than 20 years and has need to become adept at measuring its costs. Service billing can be a valuable tool that can be allowed to pilot new service models.
  
4. The DD system should look to allow providers to voluntarily experiment with new models of service delivery. The DD system may want look at the current calculator as **a model for support service costs and not as the model for the service delivery. Providers could work within the current cost constraints of the calculator but be freed to pay for different types of individualized support systems within this model.**
  - a. **Providers could have the freedom to pay staff higher hourly wages with more sophisticated models of supervision, case planning, and more individualized support using localized community resources.**
  - b. **The current licensed model of group care uses too many resources for administrative overhead and time and money transitioning between separate centralized group day programs, residential programs, job programs, and recreational programs. Much of this redundancy and overhead costs could be eliminated with more targeted individual support and individual coaching in the community by a better trained and better compensated community case worker.**
  - c. Rather than allowing for a federal mandate, the State should **consider a more gradual voluntary transition of funding to more flexible community programs with earlier intervention.**
  - d. Licensed group homes are no longer a common form of service delivery in other sectors of the disability world. While the DD system and provider community has a great of money invested in the system of group homes, ICF-DDs, and State developmental centers, **the Division should encourage and incentivize innovation within its provider community.** The current rate methodology and system does not encourage that innovation.
  - e. Experimenting with new models of support will require greater oversight by the Division and its independent service agencies (ISC) to contract using new models while still controlling costs. The Division must create an easier method of allowing new support models and allowing providers to hire and train staff prior to a transition. The Division must have a new method of reviewing and approving contracts in a quicker way that also allows the Division a chance to more thoroughly review the plans ahead of implementation. **There must be ways to pre-approve support plans** to allow service agencies time to hire and train new staff and anticipate and plan for a resident's future support needs.

- f. Nursing support and licensing requirements for group homes can remain in place for shared group settings within a single unit. For smaller sites and for individually controlled apartments where a resident has selected their own individual apartment, an ISC agency should not assume a level of care that is not identified as an individual issue for support. Medication monitoring should not be presumed. Physical accessibility or a hypervigilance for safety mechanisms should not always be conferred upon persons with a disability and require additional safety inspections outside of the community norms. Safety controls should be added only upon an individual's support needs. This level of paternalism is not consistent with any other disability system. A resident with a disability should be allowed an opportunity to manage their own responsibilities in the community with support whenever possible. The current system requires an individual to prove competence to prove that they should be allowed a chance to try and learn something on their own. Adding unnecessary requirements adds to the system's expense and limits the ability of individuals to live in housing of their choice.
5. Providers, individuals, and families involved in utilizing new models of support and funding should be allowed to try service models with the security of knowing they can still return to their earlier provider and support system if this does not work out. **Pioneers of new models of support and funding should be protected in writing as partners in systems change.**
- a. Providers should be encouraged to look at voluntarily partnering with managed care with a fall back to traditional CILA options if needed. Experimenting with managed care and outcomes billing will prepare the Division for an inevitable transition at some time. It can create an expectation of favorable outcomes and a voluntary pilot can help the Division to work out kinks.
  - b. Providers should be allowed to look at assistive technology and video conference support to residents as a way to deliver on-site support and guidance without a constant on-site presence. This will allow more flexible methods of delivering support in local communities and homes and become a method to increase staff satisfaction, decrease staff turnover, increase wages, and create more innovation with the Illinois DD support system.
  - c. Providers should be allowed to simplify and clarify medication procedures and documentation with new plans under the supervision of the agency nurse.
    - i. Improved use of pharmacy staff for medication packaging should be utilized.
    - ii. Increased use of medication forms with simpler documentation, plain english language, colored pictures of tablets, and new medication reminders and containers focused on individual medication training and self administration. Documentation and techniques used by the aging, mental health, and children's system can be implemented.
    - iii. The State should review the current Nurse training program using input from other community health sectors in improving medication management.

# **A New Approach to Effective Planning for Setting Transitions-**

## **Pre-Approving the Transition Contract**

Submitted by CSH

Questions or Clarifications:

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**Problem:** Individuals, families, and providers face barriers to effective and efficient transition planning and preparation when an individual decides they want to transition from a group home, host family CILA, or family CILA into a more independent and non-residential setting like supportive housing. Due to current barriers in access to supportive housing and limited affordable housing resources, individuals must navigate multiple waiting lists for housing and can remain on waiting lists for months and years. Once a unit is available, the housing provider needs to have an understanding of supports needed, and the supports need to be available with few delays in order to ensure the individual is able to transition and occupy their unit. The housing system cannot accommodate significant delays in getting units occupied. Individuals getting services through the Division of Developmental Disability face unique administrative barriers and delays in getting the appropriate individualized services approved by the division and in place. The challenges are exacerbated by the service Contracts/Rates being driven by the ICAP score, ambulatory status, and the Health Care Level rather than the Person Centered Plan.

**Solution:** This paper suggests the Division support future planning in a new way that allows agencies to get a contract pre-approved that is ready to implement once the individual transitions and has a housing unit available. This pre-approved contract gives the provider a clear contract for needed services and supports, which increases efficiencies when planning for an individual's transition to the community.

A **Pre-Approved Contract** allows the Division a chance to formally examine and approve future support costs that are revenue neutral and better meet the needs identified in an individual's person-centered plan for Employment, Day Activities, and Home Support within their community of choice. Having an approved long-term plan allows the Division customer to better plan towards that goal and to prepare to use those supports. Having a clear contract would allow for completing more activities in advance such as locating support staff to hire, finding an apartment for a person (and their spouse), or finding a roommate they want to live with. Support agency staff can also better plan knowing what future support plan will be acceptable to the Division.

While the State of Illinois must lessen the administrative burden of agencies and encourage Self-Directed Service Options experimentation, there are also significant restrictions imposed upon it by the financial constraints of the State budget. Within the current environment, there is a need for:

1. Strong fiscal oversight by the Division.
2. A limited number of Division staff to oversee changes.
3. Time to evaluate and implement service changes in an environment where the Division must compete with other Disability systems for limited housing and other external resources.
4. Increasingly flexible support services for individuals where the old models are not meeting their needs and goals.

5. The existing service system to have the flexibility to adapt to changing needs while preserving the current structure during this transition.
6. Improved planning for future supports for individuals served within their current housing and service plans that could function in less restrictive environments if they could plan for a transition and know that an alternate service support plan was approved as a goal.

#### **Principles of this Pre-Approval Process:**

1. Maintain Cost Neutrality to the Division: ISC Agencies could work with customers, their guardians, and service providers to develop person centered plans as goals and pre-approve that services contract when other resources such as subsidized housing or a paid employment placement becomes available and a change is necessary. This pre-approved plan must be revenue neutral.
2. Use the Current Division Contract Sheet to Calculate Initial Service Cost: As a basis for Pre-Approval costs, the ISC Agency, the Customer, and Guardians should begin with the existing approved support service contract less room and board costs per the current Division Rate Calculator. For the Division, as a longer-term transition, we recommend changing the entire contracting process so there is a clearer connection between the person-centered plan and the existing contracts. As an interim step, pre-approved contracts can serve as a mechanism to maintain cost neutrality when possible for existing customers, as the ISC agencies work with customers to create a support plan for a new setting or job that more clearly reflects that customer's person-centered plan and desires. While the ICAP scores, ambulatory status, and the Health Care Levels assess current habilitation needs, they are less useful in focusing and choosing which rehabilitation needs should be approved and chosen to meet a future goal. A Pre-Approved Contract becomes the future Person-Centered goal and something for the support team to focus on as the transition plan progresses. Getting to implementation of the Pre-Approved Contract can then help to focus any request for rehabilitation services (goal directed services rather than maintenance habilitation services) in future requests during a transition. This will focus rehabilitation service requests for services intent on gaining new skills for the transition, strategies to access new assistive technologies for support, and to increasing new independent living skills to prepare obtain that future goal and to be able to access and use the Pre-Approved Support Plan in any new setting when it becomes available.
3. Maximize Opportunities to Access Affordable Housing: In order to support individuals who want to move to supportive housing or other community setting, planning to create new pre-approved contracts maximizes opportunities to take advantage of affordable apartments when they become available. There is high demand and competition for affordable housing in communities around the state. Person center

planning along with pre-approved contracts for service changes after the transition will make accessing these units easier and more efficient.

4. Maximizing Customer Safety and Dignity: In compliance with the ADA, the system must not require additional requirements for people with disabilities that are not required of non-disabled populations unless there is an individualized medical justification for that additional requirement. All program sites and settings must be annually inspected to meet Federal HUD HQS standards by a third party process at a minimum. Additional requirements must be justified using individualized risk assessments.
5. Focus on Natural Supports and Community Resources: A pre-approved contract is encouraged to focus on a customer's long term goal and will inform short term goal directed programming and the use of fee for service rehabilitative services. Integrated community living must include a focus on increasing natural supports and community resources.

#### **Quick Steps to Creating a Pre-Approved Plan:**

1. **Establish a Base Cost for Services.** Based on the Current Approved Support Plan. Utilize current Division support contract and subtract room and board.
2. **Create the contract for post-transition services to submit for pre-approval: *Using the base dollar figure as a basis of a long-term support services budget*,** the ISC agency, the provider, the consumer, and their personally identified support team create the contract for post-transition services to submit for pre-approval. The contract that is created will need to be cost neutral but may also include a focus on rehabilitation goals instead of just support and supervision in the way the service hours are used and delivered.
3. **Submit Contract to the Division for Approval or Revision-** Contract is returned as approved or requires corrections and modifications.
4. **The Division approves a contract for future implementation** with service hours and any approval for higher skilled staff with additional hourly increases for specific skills or requirements that may be required for this service plan. The contract is required to be revenue neutral but may include changes in the type of staff funded. These salaries are pegged to the base salary hours throughout the state and would fluctuate across time on that basis by the same percentage of increase.
5. **An agency would request 53R hours to assist the individual to move towards their long term self-directed goal** identified in their Pre-Approved Contract.

### **Benefits of this Proposed Initiative –**

1. Better use of ISC Expertise in developing manageable creative person-centered plans.
2. Better utilizes support agencies as a change agent while allowing the agencies to participate in changing the support system.
3. Better allows people to move into their local community before an aging parent dies by putting the focus on predictable future plans and predictable costs for support.
4. Allows the Division to budget while still allowing the individuals freedom within this budget.
5. Allows customers to more effectively select their provider and the services they need.
6. Helps the Division to better utilize community solutions rather than licensed facilities.
7. Better conforms with home and community behavioral support rules.

### **Terms: Recommended Medicaid Support Terms & Proposed Program Numbering to track hours and monitor program effectiveness**

**Maintain Current Level of Functioning – Long Term Service and Support – (60D or 53D)?**- Maintaining a person at the current level of functioning requires a lower level of documentation. It is a constant level of support needed to maintain the current level of functioning in the community. (Maintenance medication, eyeglasses, supervision at night, and Meals on Wheels are all examples of habilitation support.).

**60R or 53R = Growth Towards an Identified Goal – Habilitation or Rehabilitation – 53R or 53R** – This requires a much higher level of documentation in 15-minute increments that ties back to a specific prescribed goal in a customer's service plan that is reviewed quarterly. This is a fee for service (billed only as is needed) Medicaid service that is allotted by the Division 750 hours at a time and is requested by support staff.

Long Term Support Hours = Maintenance (Needs a daily note)

Goal Directed Habilitation or Rehabilitation = Growth

(Needs a note to document clinical intervention and growth – in mental health & medical world, this means notes documented in 15-minute increments and at higher hourly rates using more specialized staff within a setting)

1. Requires a treatment plan with a prescription of specific services
2. Can be delivered in any setting

**Understanding the Illinois CILA Rate Calculator in  
2014  
For 24-Hour Shift Staff and Intermittent CILA  
Including Admin Costs**

**By John Fallon**

**Obtained by downloading the Illinois CILA Calculator with a right click and  
downloading this tool.**

# CILA Rate Calculations

**Introduction:** This draft document is intended to explain the methodology of how the Illinois Division of Intellectual and Developmental Disabilities (Illinois Division of DD) calculates its CILA rates in 24 Hour CILA Sites as well as intermittent sites.

The Current Illinois Rate Methodology is partially based on the support needs of the individual. That is only one factor.

1. The rates are also based on the setting in which the person lives.
2. The Federal Medicaid Program is not supposed to pay for Room and Board Costs and yet room costs (rent) and the number of residents in a building is a major factor in determining the rate for services that a provider will receive.
3. The amount of support a person receives is also based on the number of people in that setting.
4. The rate varies upon the medical needs of the persons but only if they are in a group setting.
5. There are certain administrative costs, nursing costs, and transportation costs that are reimbursed by the State of Illinois Medicaid Waiver Program in larger settings that are not reimbursed for an individual living alone in the community.

While the current tables have not been recently published or readily available to the public, the Illinois Division of DD used to publish these tables periodically. The spreadsheet was obtained by downloading the unprotected spreadsheet from the Illinois Division website and examining the tables.

CSH has been contracted by the Illinois Council on Intellectual and Developmental Disabilities to develop the model of supportive housing as it has been implemented.

CSH publishes this draft document with actual tables and is eager to accept any corrections from the Division of DD.

In creating new housing models, CSH has been involved in examining the rate methodology from its first year and making suggestions.

After some time, the State began to suggest the use of Intermittent CILA as an equivalent method of support to an individual apartment.

As CSH examines the CILA rate calculator and considers a permanent supportive housing model as an alternative, providers have been unable to support individuals using intermittent CILA because the rate does not include:

1. Sufficient travel monies to deliver services for a single apartment.
2. Even though a single apartment in a building is a discrete and separate unit to support, the Division includes any other residents at an address in assessing the rate that will be available to that resident. Under this rate methodology, a resident's support services within their apartment are impacted by the needs of neighbors in the building.
3. A rate methodology that limits support dollars by the needs of your neighbors impacts the ability for an individual to choose a different support provider.
4. A rate methodology that limits support dollars by the needs of your neighbors impacts the ability individualize your own support services.
5. There are variations in the method of calculation of intermittent CILA that impact people with higher medical needs; there are differences in the fringe benefits of staff, and there are lower costs for administration for these rates.

### **Examining the Rate Methodology:**

In examining this tool, there are certain advantages built into the calculator for traditional CILA Shift Staff Group Homes with a bias towards larger homes for service providers. While the State claims to want to develop smaller homes and individual supportive housing options, the current calculator for rates does not support those rates. The rates also do not encourage changes towards these models with incentives built into the funding.

**When creating funding, it is recommended that the State of Illinois set rates that encourage the future Housing they want instead of only supporting the housing they have. The system needs to incentivize a change in the housing the system is currently creating.**

There are also inconsistencies within regions in the tables with different house sizes and with the ICAP support chart. The hourly rate is not consistent with the hours listed. The ICAP DSP hours chart also has inconsistencies in it. It would be important to have the origin of those numbers explained.

Those consistencies are difficult to spot but involve different hourly salaries when one divides the number of hours per the calculator and the corresponding hourly rate. The lack of transparency of the calculator currently make it very difficult for partners to understand the rate methodology.

The charts used to be a matter of a printed record.

It is the goal of Permanent Supportive Housing to separate the costs of Housing and Services for purposes of Medicaid reimbursement, service delivery, and allowing the system to maximize person centered planning.

In this document, selected ICAP scores, including both high medium and low support dollars are shown

Foster Care, Host Family and Family CILA are not explained in this document to make the explanations clearer. The underlying tables for those programs are included in this document but they are not reflected in the headings.

Those additions to rates in the charts that apply to all types of CILA are in yellow. Those applying only to shift staff 24-hour CILA programs are marked in green. Those marked in blue apply to intermittent CILA.

## **An Example**

### **Comparing Rates for 24-Hour CILA vs Intermittent CILA Sites**

On the next page are comparisons and portions of a table using a person with an **ICAP score of 40** who is living in **Cook County with standard Admin Costs for the housing type.**

1. The individuals with this high to low medical needs (High at a 1-person house till Low at the 6,7, and 8-person house).
2. This uses the default of 15-hours of support for Intermittent CILA.
3. Transportation costs are for standard costs for 24-hour CILA.
4. Transportation costs for intermittent CILA involves 50 miles per week,
5. This table shows how much variance is created by the number of people included in an individual CCILA site.

<b>24 Hour Housing</b>		<b>Cook</b>		<b>Base Nursing</b>		<b>Other Program Costs</b>		<b>Transport-</b>	
	<b>Annual Room &amp; Board</b>	<b>Cook County Rent</b>	<b>Services for a 40 ICAP Score</b>	<b>\$\$ - HCL Needs - high to Low</b>	<b>At 40 ICAP</b>	<b>Ambulatory - Total</b>	<b>Admin</b>	<b>Total \$\$</b>	
1	\$5,275	\$12,283	\$115,048	\$1,479	\$4,496	\$8,571	\$3,373	\$150,525	
2	\$4,874	\$6,898	\$67,101	\$894	\$4,496	\$4,286	\$3,373	\$91,921	
3	\$4,741	\$5,621	\$50,884	\$722	\$4,496	\$2,857	\$3,373	\$72,694	
4	\$4,741	\$4,763	\$44,192	\$653	\$4,496	\$2,143	\$3,373	\$64,361	
5	\$4,486	\$3,779	\$38,482	\$516	\$4,496	\$1,714	\$3,373	\$56,846	
6	\$4,361	\$3,560	\$36,179	\$344	\$4,496	\$1,429	\$3,373	\$53,741	
7	\$4,187	\$3,052	\$36,775	\$344	\$4,496	\$1,224	\$3,373	\$53,451	
8	\$4,056	\$2,670	\$36,441	\$344	\$4,496	\$1,071	3373	\$52,451	

## Intermittent Housing

<b>Capacity</b>	<b>Annual Room &amp; Board</b>	<b>Cook County Rent</b>	<b>Standard 15 Hours DSP Individualized</b>	<b>Other Program Costs</b>		<b>50 miles per week mileage</b>	<b>Admin</b>	<b>Total \$\$</b>
				<b>Base</b>	<b>At 40 ICAP</b>			
1	\$4,445	\$7,371	\$10,444	\$229	\$493	\$980	\$1,687	\$25,649
2	\$4,445	\$5,750	\$10,444	\$229	\$493	\$980	\$1,687	\$24,028
3	\$4,445	\$4,898	\$10,444	\$229	\$493	\$980	\$1,687	\$23,176
4	\$4,445	\$4,108	\$10,444	\$229	\$493	\$980	\$1,687	\$22,386
5	\$4,257	\$3,779	\$10,444	\$229	\$493	\$980	\$1,687	\$21,869
6	\$4,132	\$3,560	\$10,444	\$229	\$493	\$980	\$1,687	\$21,525
7	\$3,958	\$3,052	\$10,444	\$229	\$493	\$980	\$1,687	\$20,843
8	\$3,827	\$2,670	\$10,444	\$229	\$493	\$980	\$1,687	\$20,330



## Housing Costs- Add Room & Board (Table 1A) + Rent (Table 1B)

TABLE 1A					TABLE 1A				
Annual ROOM & BOARD (Excluding Housing)					Monthly ROOM & BOARD (Excluding Housing)				
ALL CILA Types and Capacity					ALL CILA Types and Capacity				
	24 Hour	Foster Care	Intermittent	Family		24 Hour	Foster Care	Intermittent	Family
Capacity	CILA	CILA	CILA	CILA	Capacity	CILA	CILA	CILA	CILA
1	\$5,275	\$4,674	\$4,445	\$0	1	\$439	\$389	\$370	\$0.00
2	\$4,874	\$4,674	\$4,445	\$0	2	\$406	\$389	\$370	\$0.00
3	\$4,741	\$4,674	\$4,445	\$0	3	\$395	\$389	\$370	\$0.00
4	\$4,741	\$4,674	\$4,445	\$0	4	\$395	\$389	\$370	\$0.00
5	\$4,486	\$4,486	\$4,257	\$0	5	\$374	\$374	\$355	\$0.00
6	\$4,361	\$4,361	\$4,132	\$0	6	\$363	\$363	\$344	\$0.00
7	\$4,187	\$4,187	\$3,958	\$0	7	\$349	\$349	\$330	\$0.00
8	\$4,056	\$4,056	\$3,827	\$0	8	\$338	\$338	\$319	\$0.00

Table 1B- Sample of Annualized Rent by Geography per person								
Annualized HOUSING - ADD TO ROOM & BOARD for 24 Hour CILA								
	24 Hour CILA 1 - 4 Capacity ONLY				Foster Care / Intermittent / 24 Hr. 5-8 Cap. CILA			
County	1 PERSON	2 PERSON	3 PERSON	4 PERSON	5 PERSON	6 PERSON	7 PERSON	8 PERSON
Cook	\$12,283	\$6,898	\$5,621	\$4,763	\$3,779	\$3,560	\$3,052	\$2,670
DuPage	\$12,283	\$6,898	\$5,621	\$4,763	\$3,779	\$3,560	\$3,052	\$2,670
Kane	\$12,283	\$6,898	\$5,621	\$4,763	\$3,779	\$3,560	\$3,052	\$2,670
Lake	\$12,283	\$6,898	\$5,621	\$4,763	\$3,779	\$3,560	\$3,052	\$2,670
McHenry	\$12,283	\$6,898	\$5,621	\$4,763	\$3,779	\$3,560	\$3,052	\$2,670
Will	\$12,283	\$6,898	\$5,621	\$4,763	\$3,779	\$3,560	\$3,052	\$2,670
Kendall	\$11,808	\$7,092	\$6,648	\$5,400	\$3,622	\$3,412	\$2,924	\$2,559
Champaign	\$9,821	\$5,774	\$4,834	\$4,979	\$3,548	\$3,343	\$2,865	\$2,507
Ford	\$9,821	\$5,774	\$4,834	\$4,979	\$2,313	\$2,179	\$1,868	\$1,634
Piatt	\$9,821	\$5,774	\$4,834	\$4,979	\$2,100	\$1,979	\$1,696	\$1,484
Grundy	\$9,677	\$6,343	\$5,323	\$5,375	\$2,940	\$2,769	\$2,374	\$2,077
Madison	\$9,187	\$5,702	\$4,896	\$3,845	\$2,643	\$2,490	\$2,134	\$1,867
Monroe	\$9,187	\$5,702	\$4,896	\$3,845	\$2,643	\$2,490	\$2,134	\$1,867
St. Clair	\$9,187	\$5,702	\$4,896	\$3,845	\$2,643	\$2,490	\$2,134	\$1,867
Clark	\$8,482	\$4,694	\$4,555	\$3,524	\$2,020	\$1,903	\$1,631	\$1,427
Edgar	\$6,394	\$4,205	\$3,528	\$2,725	\$2,020	\$1,903	\$1,631	\$1,427
Knox	\$6,394	\$4,205	\$3,725	\$2,876	\$2,086	\$1,965	\$1,684	\$1,474
Lawrence	\$6,394	\$4,205	\$3,730	\$2,884	\$2,020	\$1,903	\$1,631	\$1,427
Randolph	\$6,379	\$4,205	\$4,771	\$3,416	\$2,020	\$1,903	\$1,631	\$1,427

**Table 1B- Sample of Monthly Rent by Geography per person****MONTHLY HOUSING - ADD TO ROOM & BOARD for 24 Hour CILA**

County	24 Hour CILA 1 - 4 Capacity ONLY				Foster Care / Intermittent / 24 Hr. 5-8 Cap. CILA			
	1 PERSON	2 PERSON	3 PERSON	4 PERSON	5 PERSON	6 PERSON	7 PERSON	8 PERSON
Cook	\$1,024	\$575	\$468	\$397	\$315	\$297	\$254	\$223
DuPage	\$1,024	\$575	\$468	\$397	\$315	\$297	\$254	\$223
Kane	\$1,024	\$575	\$468	\$397	\$315	\$297	\$254	\$223
Lake	\$1,024	\$575	\$468	\$397	\$315	\$297	\$254	\$223
McHenry	\$1,024	\$575	\$468	\$397	\$315	\$297	\$254	\$223
Will	\$1,024	\$575	\$468	\$397	\$315	\$297	\$254	\$223
Kendall	\$984	\$591	\$554	\$450	\$302	\$284	\$244	\$213
Champaign	\$818	\$481	\$403	\$415	\$296	\$279	\$239	\$209
Ford	\$818	\$481	\$403	\$415	\$193	\$182	\$156	\$136
Piatt	\$818	\$481	\$403	\$415	\$175	\$165	\$141	\$124
Grundy	\$806	\$529	\$444	\$448	\$245	\$231	\$198	\$173
Edgar	\$533	\$350	\$294	\$227	\$168	\$159	\$136	\$119
Knox	\$533	\$350	\$310	\$240	\$174	\$164	\$140	\$123
Lawrence	\$533	\$350	\$311	\$240	\$168	\$159	\$136	\$119
Randolph	\$532	\$350	\$398	\$285	\$168	\$159	\$136	\$119

**TABLE 1B – Monthly Allowance for the Agency rent by house size****Agency Monthly HOUSING REIMBURSEMENT - ADD TO ROOM & BOARD for 24 Hour CILA**

County	24 Hour CILA 1 - 4 Capacity ONLY				Foster Care / Intermittent / 24 Hr. 5-8 Cap. CILA			
	1PERSON	2PERSON	3PERSON	4PERSON	5PERSON	6PERSON	7PERSON	8PERSON
Cook	\$1,024	\$1,150	\$1,405	\$1,588	\$1,575	\$1,780	\$1,780	\$1,780
DuPage	\$1,024	\$1,150	\$1,405	\$1,588	\$1,575	\$1,780	\$1,780	\$1,780
Kane	\$1,024	\$1,150	\$1,405	\$1,588	\$1,575	\$1,780	\$1,780	\$1,780
Lake	\$1,024	\$1,150	\$1,405	\$1,588	\$1,575	\$1,780	\$1,780	\$1,780
McHenry	\$1,024	\$1,150	\$1,405	\$1,588	\$1,575	\$1,780	\$1,780	\$1,780
Will	\$1,024	\$1,150	\$1,405	\$1,588	\$1,575	\$1,780	\$1,780	\$1,780
Kendall	\$984	\$1,182	\$1,662	\$1,800	\$1,509	\$1,706	\$1,706	\$1,706
Champaign	\$818	\$962	\$1,208	\$1,660	\$1,478	\$1,671	\$1,671	\$1,671
Ford	\$818	\$962	\$1,208	\$1,660	\$964	\$1,089	\$1,089	\$1,089
Piatt	\$818	\$962	\$1,208	\$1,660	\$875	\$989	\$989	\$989
Grundy	\$806	\$1,057	\$1,331	\$1,792	\$1,225	\$1,385	\$1,385	\$1,385
Edgar	\$533	\$701	\$882	\$908	\$842	\$951	\$951	\$951
Knox	\$533	\$701	\$931	\$959	\$869	\$982	\$982	\$982
Lawrence	\$533	\$701	\$932	\$961	\$842	\$951	\$951	\$951
Randolph	\$532	\$701	\$1,193	\$1,139	\$842	\$951	\$951	\$951

# DSP Staff Dollars and DSO Staff Hours (Includes Sub Hours)

– Rate per hour Varies by House Size

TABLE 2A								
ICAP	24 HOUR CILA DSP Wages (Includes Substitute Wages )							
	1PERSON	2PERSON	3PERSON	4PERSON	5PERSON	6PERSON	7PERSON	8PERSON
1	\$91,295	\$63,099	\$46,835	\$42,277	\$36,218	\$34,660	\$35,694	\$38,132
20	\$91,295	\$58,317	\$43,628	\$38,683	\$33,187	\$31,486	\$32,244	\$33,336
30	\$91,295	\$55,767	\$41,913	\$36,764	\$31,609	\$29,836	\$30,453	\$30,858
40	\$91,295	\$52,937	\$39,964	\$34,610	\$30,044	\$28,201	\$28,679	\$28,411
50	\$91,295	\$50,132	\$38,033	\$32,481	\$28,492	\$26,581	\$26,921	\$25,996
60	\$91,295	\$48,544	\$36,344	\$30,047	\$26,316	\$24,353	\$24,346	\$23,118
70	\$91,295	\$46,782	\$32,671	\$25,439	\$21,480	\$19,463	\$18,543	\$17,395
80	\$91,295	\$45,796	\$30,611	\$23,025	\$17,963	\$15,858	\$14,317	\$13,280
90	\$91,295	\$45,841	\$30,611	\$23,025	\$14,968	\$12,698	\$10,921	\$10,090
100	\$91,295	\$45,887	\$30,611	\$23,025	\$12,055	\$9,631	\$7,643	\$7,012

TABLE 3A								
ICAP	24 HOUR CILA DSP Hours ( Substitute Hours included )							
	1PERSON	2PERSON	3PERSON	4PERSON	5PERSON	6PERSON	7PERSON	8PERSON
1	8,521.4	5,889.6	4,371.6	3,946.1	3,380.5	3,235.1	3,331.6	3,559.2
20	8,521.4	5,443.3	4,072.2	3,610.6	3,097.6	2,938.9	3,009.6	3,111.6
30	8,521.4	5,205.3	3,912.1	3,431.5	2,950.4	2,784.9	2,842.5	2,880.3
40	8,521.4	4,941.1	3,730.2	3,230.5	2,804.3	2,632.3	2,676.8	2,651.9
50	8,521.4	4,679.3	3,549.9	3,031.7	2,659.4	2,481.0	2,512.8	2,426.4
60	8,521.4	4,531.0	3,392.3	2,804.6	2,456.3	2,273.1	2,272.4	2,157.8
70	8,521.4	4,366.6	3,049.5	2,374.5	2,004.9	1,816.6	1,730.8	1,623.6
80	8,521.4	4,274.5	2,857.2	2,149.2	1,676.6	1,480.2	1,336.3	1,239.5
90	8,521.4	4,278.8	2,857.2	2,149.2	1,397.1	1,185.3	1,019.4	941.8
100	8,521.4	4,283.1	2,857.2	2,149.2	1,125.2	898.9	713.3	654.5

TABLE 3A Modified								
ICAP	24 hour CILA Hours per location if all residents at same ICAP score							
	1PERSON	2PERSON	3PERSON	4PERSON	5PERSON	6PERSON	7PERSON	8PERSON
1	8,521.4	11,779.2	13,114.7	15,784.2	16,902.7	19,410.9	23,321.3	28,473.3
20	8,521.4	10,886.5	12,216.7	14,442.5	15,488.0	17,633.3	21,067.5	24,892.5
30	8,521.4	10,410.6	11,736.4	13,726.0	14,751.9	16,709.5	19,897.2	23,042.0
40	8,521.4	9,882.2	11,190.5	12,922.0	14,021.6	15,793.8	18,737.9	21,215.0
50	8,521.4	9,358.6	10,649.8	12,126.8	13,297.0	14,886.1	17,589.6	19,411.5
60	8,521.4	9,062.0	10,177.0	11,218.3	12,281.7	13,638.3	15,906.8	17,262.7
70	8,521.4	8,733.2	9,148.4	9,498.0	10,024.6	10,899.8	12,115.7	12,989.2
80	8,521.4	8,549.0	8,571.5	8,596.6	8,383.1	8,881.2	9,354.2	9,916.3
90	8,521.4	8,557.6	8,571.5	8,596.6	6,985.3	7,111.5	7,135.6	7,534.6
100	8,521.4	8,566.2	8,571.5	8,596.6	5,626.1	5,393.7	4,993.4	5,236.2

# Total DSP Fringe – Rate per hour Varies by House Size (Includes Sub Fringe)

## 2014 Hourly Rate and Fringe:

DSP Hourly	\$ 10.71	
DSP Fringe	\$ 2.26	21.1%

While 21.1% was the hourly rate for individual calculations, fringe costs varied in percentage of DSP dollar & hours.

<b>TABLE 2B</b>								
ICAP	24 HOUR CILA DSP Fringe Benefits (Includes Substitute Fringe )							
	1PERSON	2PERSON	3PERSON	4PERSON	5PERSON	6PERSON	7PERSON	8PERSON
1	\$23,753	\$16,704	\$12,638	\$11,498	\$9,981	\$9,592	\$9,850	\$10,460
20	\$23,753	\$15,509	\$11,836	\$10,600	\$9,223	\$8,798	\$8,988	\$9,261
30	\$23,753	\$14,871	\$11,408	\$10,120	\$8,829	\$8,386	\$8,540	\$8,641
40	\$23,753	\$14,164	\$10,920	\$9,582	\$8,438	\$7,977	\$8,096	\$8,030
50	\$23,753	\$13,462	\$10,438	\$9,049	\$8,050	\$7,572	\$7,657	\$7,426
60	\$23,753	\$13,065	\$10,015	\$8,441	\$7,506	\$7,015	\$7,013	\$6,706
70	\$23,753	\$12,625	\$9,097	\$7,289	\$6,297	\$5,792	\$5,563	\$5,276
80	\$23,753	\$12,378	\$8,582	\$6,686	\$5,417	\$4,891	\$4,506	\$4,247
90	\$23,753	\$12,390	\$8,582	\$6,686	\$4,669	\$4,101	\$3,657	\$3,449
100	\$23,753	\$12,401	\$8,582	\$6,686	\$3,941	\$3,335	\$2,837	\$2,680

<b>TABLE 2C</b>								
ICAP	24 HOUR CILA DSP Wage & Fringe Benefits (Includes Substitute Wage & Fringe )							
	1PERSON	2PERSON	3PERSON	4PERSON	5PERSON	6PERSON	7PERSON	8PERSON
1	26.0%	26.5%	27.0%	27.2%	27.6%	27.7%	27.6%	27.4%
20	26.0%	26.6%	27.1%	27.4%	27.8%	27.9%	27.9%	27.8%
30	26.0%	26.7%	27.2%	27.5%	27.9%	28.1%	28.0%	28.0%
40	26.0%	26.8%	27.3%	27.7%	28.1%	28.3%	28.2%	28.3%
50	26.0%	26.9%	27.4%	27.9%	28.3%	28.5%	28.4%	28.6%
60	26.0%	26.9%	27.6%	28.1%	28.5%	28.8%	28.8%	29.0%
70	26.0%	27.0%	27.8%	28.7%	29.3%	29.8%	30.0%	30.3%
80	26.0%	27.0%	28.0%	29.0%	30.2%	30.8%	31.5%	32.0%
90	26.0%	27.0%	28.0%	29.0%	31.2%	32.3%	33.5%	34.2%
100	26.0%	27.0%	28.0%	29.0%	32.7%	34.6%	37.1%	38.2%

<b>TABLE 2A</b>								
ICAP	24 HOUR CILA DSP Fringe Benefits per hour (Includes Substitute Fringe )							
	1PERSON	2PERSON	3PERSON	4PERSON	5PERSON	6PERSON	7PERSON	8PERSON
1	\$ 2.79	\$ 2.84	\$ 2.89	\$ 2.91	\$ 2.95	\$ 2.96	\$ 2.96	\$ 2.94
20	\$ 2.79	\$ 2.85	\$ 2.91	\$ 2.94	\$ 2.98	\$ 2.99	\$ 2.99	\$ 2.98
30	\$ 2.79	\$ 2.86	\$ 2.92	\$ 2.95	\$ 2.99	\$ 3.01	\$ 3.00	\$ 3.00
40	\$ 2.79	\$ 2.87	\$ 2.93	\$ 2.97	\$ 3.01	\$ 3.03	\$ 3.02	\$ 3.03
50	\$ 2.79	\$ 2.88	\$ 2.94	\$ 2.98	\$ 3.03	\$ 3.05	\$ 3.05	\$ 3.06
60	\$ 2.79	\$ 2.88	\$ 2.95	\$ 3.01	\$ 3.06	\$ 3.09	\$ 3.09	\$ 3.11
70	\$ 2.79	\$ 2.89	\$ 2.98	\$ 3.07	\$ 3.14	\$ 3.19	\$ 3.21	\$ 3.25
80	\$ 2.79	\$ 2.90	\$ 3.00	\$ 3.11	\$ 3.23	\$ 3.30	\$ 3.37	\$ 3.43
90	\$ 2.79	\$ 2.90	\$ 3.00	\$ 3.11	\$ 3.34	\$ 3.46	\$ 3.59	\$ 3.66
100	\$ 2.79	\$ 2.90	\$ 3.00	\$ 3.11	\$ 3.50	\$ 3.71	\$ 3.98	\$ 4.09

## Nursing and Program Hours – 24 HR & Large Intermittent

<b>TABLE 4A</b>			
<b>BASE NURSING</b>			
<b>24 Hour CILA 1 - 4 Capacity ONLY</b>			
HCL	LPN Hrs.	RN Hrs.	Base Nurse \$\$
1	18.0	1.5	\$344
2	27.0	2.3	\$516
3	34.2	2.9	\$653
4	37.8	3.2	\$722
5	46.8	3.9	\$894
6	77.4	6.5	\$1,479

<b>TABLE 4B</b>			
<b>BASE NURSING</b>			
<b>Foster Care / Intermittent / Family / 24 Hr. 5-8 Cap.</b>			
HCL	LPN Hrs.	RN Hrs.	Base Nurse \$\$
1	12	1	\$229
2	12	1	\$229
3	12	1	\$229
4	12	1	\$229
5	12	1	\$229
6	12	1	\$229

### Small Intermittent Sites add hours individually

<b>TABLE 5</b>			
<b>INDIVIDUAL SUPPORT PROGRAM COMPONENTS</b>			
<b>INTERMITTENT &amp; INT. FAMILY CILA</b>			
	Hr. Week	Rate	Annual
DSP - Wage	0	\$10.71	\$0
DSP - Fringe	0	\$2.68	\$0
QIDP	0.00	\$18.89	\$0
Supervisor	0.00	\$16.75	\$0
Mileage	0	\$0.38	\$0

### All Sites Add "Other" Program Costs

<b>TABLE 4C</b>			
<b>OTHER PROGRAM COMPONENTS</b>			
<b>ALL CILA TYPES</b>			
ICAP	24 Hr. CILA	Foster Care CILA	Int. & Family CILA
01 - 39	\$4,619	\$4,619	\$616
40 - 69	\$4,496	\$4,496	\$493
70 - 100	\$4,373	\$4,373	\$370

# Admin Dollars- Only one category for Intermittent CILA

<b>TABLE 6A</b>			
<b>TRANSPORTATION - AMBULATORY</b>			
<b>24 Hour CILA 1 - 4 Capacity ONLY</b>			
Capacity	Vehicle Purchase	Vehicle Operating	Transport Total:
1	\$4,797	\$3,774	\$8,571
2	\$2,399	\$1,887	\$4,286
3	\$1,599	\$1,258	\$2,857
4	\$1,199	\$944	\$2,143
5	\$959	\$755	\$1,714
6	\$800	\$629	\$1,429
7	\$685	\$539	\$1,224
8	\$600	\$472	\$1,071

<b>TABLE 6B</b>			
<b>TRANSPORTATION - NON-AMBULATORY</b>			
<b>24 Hour CILA 1 - 4 Capacity ONLY</b>			
Capacity	Vehicle Purchase	Vehicle Operating	Transport Total:
1	\$7,231	\$3,774	\$11,005
2	\$3,615	\$1,887	\$5,502
3	\$2,410	\$1,258	\$3,668
4	\$1,808	\$944	\$2,751
5	\$1,446	\$755	\$2,201
6	\$1,205	\$629	\$1,834
7	\$1,033	\$539	\$1,572
8	\$904	\$472	\$1,376

<b>TABLE 6C</b>			
<b>TRANSPORTATION - AMBULATORY</b>			
<b>24 Hr. 5-8 Capacity &amp; Foster Care CILA ONLY</b>			
Capacity	Vehicle Purchase	Vehicle Operating	Transport Total:
1	\$1,199	\$944	\$2,143
2	\$1,199	\$944	\$2,143
3	\$1,199	\$944	\$2,143
4	\$1,199	\$944	\$2,143
5	\$959	\$755	\$1,714
6	\$800	\$629	\$1,429
7	\$685	\$539	\$1,224
8	\$600	\$472	\$1,071

<b>TABLE 6D</b>			
<b>TRANSPORTATION - NON-AMBULATORY</b>			
<b>24 Hr. 5-8 Capacity &amp; Foster Care CILA ONLY</b>			
Capacity	Vehicle Purchase	Vehicle Operating	Transport Total:
1	\$1,808	\$944	\$2,751
2	\$1,808	\$944	\$2,751
3	\$1,808	\$944	\$2,751
4	\$1,808	\$944	\$2,751
5	\$1,446	\$755	\$2,201
6	\$1,205	\$629	\$1,834
7	\$1,033	\$539	\$1,572
8	\$904	\$472	\$1,376

<b>TABLE 7</b>			
<b>ADMINISTRATION</b>			
<b>ALL CILA TYPES</b>			
24 Hour	Foster Care	Intermittent	Family Int.
\$3,373	\$3,373	\$1,687	\$1,687

## Table List

Table ID	Applies To CILA Type	Table Description	TAB	Table
Table 1A	All CILA	Room & Board - Excludes Housing	RB	1A
Table 1B	24 HR	Housing	RB	1B
Table 1C	FC & INT	Housing	RB	1C
Table 2A	24 HR	DSP & Substitute Staff Wages	Staff	2A
Table 2B	24 HR	DSP & Substitute Fringe Benefits	Staff	2B
Table 2C	24 HR	TOTAL Staff Wages & Fringe	Staff	2C
Table 2D	24 HR	Sub Total: Program	Staff	2D
Table 2E	FC	DSP & Substitute Staff Wages	Staff	2E
Table 2F	FC	DSP & Substitute Fringe Benefits	Staff	2F
Table 2G	FC	TOTAL Staff Wages & Fringe	Staff	2G
Table 2H	FC	Sub Total: Program	Staff	2H
Table 5	INT & Family	Individual Support Calculator -Staff W & F	Prog	5
Table 3A	24 HR	DSP Staff Hours	Staff	3A
Table 3B	24 HR	Substitute Staff Hours	Staff	3B
Table 3C	FC	DSP Staff Hours	Staff	3C
Table 3D	FC	Substitute Staff Hours	Staff	3D
Table 4A	24 HR < 5 Capacity	Base Nursing	Prog	4A
Table 4B	24 HR > 4 Capacity	Base Nursing	Prog	4B
Table 4B	FC / INT / Family	Base Nursing	Prog	4B
Table 4C	All CILA	Other Program Components	Prog	4C
Table 5	INT & Family	Individual Support Calculator - Q & Sup.	Prog	5
Table 6A	24 HR	Ambulatory Transportation - Veh. Pur.	Trans	6A
Table 6A	24 HR	Ambulatory Transportation - Veh. Op	Trans	6A
Table 6B	24 HR	Non-Ambulatory Transportation - Veh. Pur.	Trans	6B
Table 6B	24 HR	Non-Ambulatory Transportation - Veh. Op.	Trans	6B
Table 6C	FC	Ambulatory Transportation - Veh. Pur.	Trans	6C
Table 6C	FC	Ambulatory Transportation - Veh. Op	Trans	6C
Table 6D	FC	Non-Ambulatory Transportation - Veh. Pur.	Trans	6D
Table 6D	FC	Non-Ambulatory Transportation - Veh. Op.	Trans	6D
Table 5	INT & Family	Staff Mileage Calculation	Prog	5
Table 7	All CILA	Administration	Trans	7

**Calculation Table**

To Determine Output Cell	Output Description	Condition #1 Entry Form	Condition #2 Entry Form	Then Use Table #	From Identified Table Use Entry Form or Calculation	Use Table Row For	Use Table Column For	TAB	Table	Range Start	Range End
Entry D43	Other R&B	D9 (Type) = Any	None	1A	D13 (Cap)	Capacity	Type	RB	1A	B18	F25
Entry D44	Housing	D9 (Type) = SS	D13 (Cap) = Any	1B	D11 (County) & D13 (Cap)	County	Capacity	RB	1B	B31	J132
Entry D44	Housing	D9 (Type) = FC or Int	D13 (Cap) = Any	1C	D11 (County) & D13 (Cap)	County	Capacity	RB	1C	L31	T132
Entry D44	Housing	D9 (Type) = FA	D13 (Cap) = Any		Always Zero "0"	0	0	0	0	0	0
Entry D47	DSP Wages	D9 (Type) = SS	D13 (Cap) = Any	2A	D15 (ICAP) & D13 (Cap)	ICAP	Capacity	Staff	2A	B15	J114
Entry D47	DSP Wages	D9 (Type) = FC	D13 (Cap) = Any	2E	D15 (ICAP) & D13 (Cap)	ICAP	Capacity	Staff	2E	B120	J219
Entry D47	DSP Wages	D9 (Type) = INT or FA	None	5	D24 (DSP Hours)	1 - DSP Wage	4	Staff	5	B37	E37
Entry D48	DSP Fringe	D9 (Type) = SS	D13 (Cap) = Any	2B	D15 (ICAP) & D13 (Cap)	ICAP	Capacity	Staff	2B	L15	T114
Entry D48	DSP Fringe	D9 (Type) = FC	D13 (Cap) = Any	2F	D15 (ICAP) & D13 (Cap)	ICAP	Capacity	Staff	2F	L120	T219
Entry D48	DSP Fringe	D9 (Type) = INT or FA	None	5	D24 (DSP Hours)	2 - DSP Fringe	4	Staff	5	B38	E38
Entry D49	Other Prog.	D9 (Type) = Any	None	4C	D15 (ICAP) & D9 (Type)	ICAP	Type	Prog	4C	B28	E30
Entry D49	Other Prog.	D9 (Type) = INT or FA	None	5	D28 (ODP Hours)	3 - ODP	4	Prog	5	B39	E39
Entry D49	Other Prog.	D9 (Type) = INT or FA	None	5	D28 (Supervisor Hours)	4 - Supervisor	4	Prog	5	B40	E40
Entry D50	Base Nursing	D9 (Type) = SS	D13 (Cap) < 5	4A	D19 (HCL)	HCL	3	Prog	4A	B16	E21
Entry D50	Base Nursing	D9 (Type) = SS	D13 (Cap) > 4	4B	D19 (HCL)	HCL	3	Prog	4B	G16	J21
Entry D50	Base Nursing	D9 (Type) = FC / Int / FA	D13 (Cap) = Any	4B	D19 (HCL)	HCL	3	Prog	4B	G16	J21
Entry D53	Veh. Purchase	D9 (Type) = SS	D17 (Amb) = Yes	6A	D13 (Cap)	Capacity	1	Trans	6A	B16	E23
Entry D53	Veh. Purchase	D9 (Type) = SS	D17 (Amb) = No	6B	D13 (Cap)	Capacity	1	Trans	6B	G16	J23
Entry D53	Veh. Purchase	D9 (Type) = FC	D17 (Amb) = Yes	6C	D13 (Cap)	Capacity	1	Trans	6C	B30	E30
Entry D53	Veh. Purchase	D9 (Type) = FC	D17 (Amb) = No	6D	D13 (Cap)	Capacity	1	Trans	6D	G37	J37
Entry D53	Veh. Purchase	D9 (Type) = INT or FA	None		Cell should be BLANK						
Entry B53	Veh. Purchase	D9 (Type) = SS or FC	None		Cell should read "Vehicle Purchase."						
Entry B53	Veh. Purchase	D9 (Type) = INT or FA	None		Cell should be BLANK						
Entry D54	Veh. Operation	D9 (Type) = SS	D17 (Amb) = Yes	6A	D13 (Cap)	Capacity	2	Trans	6A	B16	E23
Entry D54	Veh. Operation	D9 (Type) = SS	D17 (Amb) = No	6B	D13 (Cap)	Capacity	2	Trans	6B	G16	J23
Entry D54	Veh. Operation	D9 (Type) = FC	D17 (Amb) = Yes	6C	D13 (Cap)	Capacity	2	Trans	6C	B30	E30
Entry D54	Veh. Operation	D9 (Type) = FC	D17 (Amb) = No	6D	D13 (Cap)	Capacity	2	Trans	6D	G37	J37
Entry D54	Staff Mileage	D9 (Type) = INT or FA	None	5	D30 (Staff Miles)	5 - Mileage	4	Prog	5	B41	E41
Entry B54	Veh. Operation	D9 (Type) = SS or FC	None		Cell should read "Vehicle Operation."						
Entry B54	Staff Mileage	D9 (Type) = INT or FA	None		Cell should read "Staff Mileage."						
Entry D57	Admin. Allowance	D9 (Type) = Any	None	7	D9 (Type)	N/A	Type	Trans	7	G43	J43
Entry E45	Sub TOT R & B	Calculation			SUM of (D43+D44)						
Entry E51	Sub TOT Prog	Calculation			SUM of (D47+D48+D49+D50)			Staff	2H	AF120	AN219
Entry E55	Sub TOT Trans	Calculation			SUM of (D53+D54)						
Entry E58	Sub TOT Admin	Calculation			SUM of (D57)						
Entry E59	Est. TopLine Rate	Calculation			SUM of (E45+E51+E55+E58)						
Entry E61	Offset - Unearned	If D35 < \$546 then \$546	If D35 > \$546 then Calculate		Calculate (D35 - 50 + 30)	Add Result	Together				
Entry E61	Offset - Earned	If D38 < \$55 then \$0.00	If D38 > \$55 then Calculate		Calculate ((D38 - 55) / 2)	Add Result	Together				
Entry E62	Est. BottomLine Rate	Calculation			SUBTRACT (E58 - E59)						
Entry D65	DSP Staff Hrs.	D9 (Type) = SS	D13 (Cap) = Any	3A	D15 (ICAP) & D13 (Cap)	ICAP	Capacity	Staff	3A	B225	J324
Entry D65	DSP Staff Hrs.	D9 (Type) = FC	D13 (Cap) = Any	3C	D15 (ICAP) & D13 (Cap)	ICAP	Capacity	Staff	3C	V225	AD324
Entry D65	DSP Staff Hrs.	D9 (Type) = INT or FA	None		D24 * 52						
Entry D66	SUB Staff Hrs.	D9 (Type) = SS	D13 (Cap) = Any	3B	D15 (ICAP) & D13 (Cap)	ICAP	Capacity	Staff	3B	L220	T324
Entry D66	SUB Staff Hrs.	D9 (Type) = FC	D13 (Cap) = Any	3D	D15 (ICAP) & D13 (Cap)	ICAP	Capacity	Staff	3D	AF225	AN324
Entry D66	SUB Staff Hrs.	D9 (Type) = INT or FA	None		Always Zero "0"						
Entry D67	TOT DSP + SUB Hrs.	Calculation			SUM of (D65 + D66)						
Entry D68	Base Site Hrs.	D9 (Type) = SS	D13 (Cap) < 5		7,456						
Entry D68	Base Site Hrs.	D9 (Type) = SS	D13 (Cap) > 4		6,916						
Entry D68	Base Site Hrs.	D9 (Type) = FC	None		Cell should read "Foster"						
Entry D68	Base Site Hrs.	D9 (Type) = INT or FA	None		Cell should read "N/A"						
Entry D69	Ind. Part of Base Hrs.	D9 (Type) = SS			Calculate (+D68 / D13)						
Entry D69	Ind. Part of Base Hrs.	D9 (Type) = FC			Cell should read "Care"						
Entry D69	Ind. Part of Base Hrs.	D9 (Type) = INT or FA			Cell should read "N/A"						
Entry D70	DSP for Ind. Needs	D9 (Type) = SS			Calculate (+D65 - D69)						
Entry D70	DSP for Ind. Needs	D9 (Type) = FC			Calculate (+D65 - D69)						
Entry D70	DSP for Ind. Needs	D9 (Type) = INT or FA			Calculate (+D65 - D69)						