

APPENDIX K: Emergency Preparedness and Response and COVID-19 Addendum

Background:

This standalone appendix may be utilized by the state during emergency situations to request amendments to its approved waiver, to multiple approved waivers in the state, and/or to all approved waivers in the state. It includes actions that states can take under the existing Section 1915(c) home and community-based waiver authority in order to respond to an emergency. Other activities may require the use of various other authorities such as the Section 1115 demonstrations or the Section 1135 authorities.¹ This appendix may be applied retroactively as needed by the state. Public notice requirements normally applicable under 1915(c) do not apply to information contained in this Appendix.

Appendix K-1: General Information

General Information:

A. State: ILLINOIS

B. Waiver Title(s):

- Persons who are Elderly
- Persons with Disabilities
- Persons with HIV/AIDS
- Persons with Brain Injury
- Persons who are Medically Fragile, Technology Dependent
- Supportive Living Program
- Adults with Developmental Disabilities
- Support Waiver for Children and Young Adults with Developmental Disabilities (CSW)
- Residential Waiver for Children and Young Adults with Developmental Disabilities (CRW)

C. Control Number(s):

- IL.0143.R06.05
- IL.0142.R06.05
- IL.0202.R06.03
- IL.0329.R04.04
- IL.0278.R05.03
- IL.0326.R04.04
- IL.0350.R04.05
- IL.0464.R02.06
- IL.0473.R02.06

D. Type of Emergency (The state may check more than one box):

<input checked="" type="radio"/>	Pandemic or Epidemic
<input type="radio"/>	Natural Disaster
<input type="radio"/>	National Security Emergency
<input type="radio"/>	Environmental
<input type="radio"/>	Other (specify):

E. Brief Description of Emergency. *In no more than one paragraph each*, briefly describe the: 1) nature of emergency; 2) number of individuals affected and the state’s mechanism to identify individuals at risk; 3) roles of state, local and other entities involved in approved waiver operations; and 4) expected changes needed to service delivery methods, if applicable. The state should provide this information for each emergency checked if those emergencies affect different geographic areas and require different changes to the waiver.

COVID-19 pandemic. This amendment will apply waiver-wide for each waiver included in this Appendix, to all individuals impacted by the virus or the response to the virus (e.g. closure of day programs, etc.)

F. Proposed Effective Date: Start Date: January 27, 2020 **Anticipated End Date:** January 26, 2021

G. Description of Transition Plan.

All activities will take place in response to the impact of COVID-19 as efficiently and effectively as possible based upon the complexity of the change.

H. Geographic Areas Affected:

These actions will apply across the waiver to all individuals impacted by the COVID-19 virus

I. Description of State Disaster Plan (if available) Reference to external documents is acceptable:

N/A

Appendix K-2: Temporary or Emergency-Specific Amendment to Approved Waiver

Temporary or Emergency-Specific Amendment to Approved Waiver:

These are changes that, while directly related to the state’s response to an emergency situation, require amendment to the approved waiver document. These changes are time limited and tied

specifically to individuals impacted by the emergency. Permanent or long-ranging changes will need to be incorporated into the main appendices of the waiver, via an amendment request in the waiver management system (WMS) upon advice from CMS.

a. **Access and Eligibility:**

i. X **Temporarily increase the cost limits for entry into the waiver.**

[Provide explanation of changes and specify the temporary cost limit.]

Adults with Developmental Disabilities (0350), CSW (0464):

For new applicants and participants currently enrolled in the waivers

Appendix B-2:

- The specific annual dollar amount may increase beyond the currently specified amount of \$17,592 but we're unable to determine a new ceiling because the duration of the emergency is unknown. Therefore, we will set the cost limit for services to a monthly cost limit of 300% of the monthly SSI benefit.

ii. **Temporarily modify additional targeting criteria.**

[Explanation of changes]

b. X **Services**

i. X **Temporarily modify service scope or coverage.**

[Complete Section A- Services to be Added/Modified During an Emergency.]

- **Persons who are Elderly (0143), Persons with Disabilities (0142), Persons with HIV/AIDS (0202), Persons with Brain Injury (0329):**

Effective 3/16/2020, temporarily suspend Adult Day Services (ADS). Care coordinators will increase the hours of in-home supports for those participants impacted by the closure of ADS.

- **Adults with Developmental Disabilities (0350):**

Modify Community Day Program Services:

Temporarily suspend Community Day Services.

Temporarily modify access to any other day program services in the event the health and safety of individuals is at risk.

- **Persons with Brain Injury (0329):**

Temporarily suspend Day Habilitation, Prevocational Services, and Cognitive Behavioral Therapies.

ii. X **Temporarily exceed service limitations (including limits on sets of services as described in Appendix C-4) or requirements for amount, duration, and prior authorization to address health and welfare issues presented by the emergency.**

[Explanation of changes]

Persons with Disabilities (0142), Persons with HIV/AIDS (0202), Persons with Brain Injury (0329):

- The maximum number of hours of respite per calendar year is 240. The State will allow up to 480 hours per year, authorizing an amount dependent upon participant specific needs.

Persons who are Medically Fragile, Technology Dependent (0278):

- The current maximum number of respite hours per calendar year is 336. The State will allow up to 672 hours per year, authorizing an amount dependent upon participant specific needs.

Adults with Developmental Disabilities (0350), CRW (0473):

- Service definition limitations on the number of people served in each licensed home may be exceeded.
- Up to an additional 25 hours per week of billable staff hours will be authorized for individuals authorized for intermittent and family/intermittent CILA. These additional billable hours will be available for individuals to use as needed to help assure the health, safety and wellbeing of people with intermittent supports who will not be attending a CDS.
- Additional Staff - Residential can be provided, without requesting prior approval, during the provision of licensed residential habilitation to address the increased needs of individuals affected by the epidemic/pandemic or increased number of individuals served in a service location. Additional Staff - Residential may be used to supplement staffing in the residential home itself or support a participant while the participant stays in the home of friends or family.

iii. **X** **Temporarily add services to the waiver to address the emergency situation (for example, emergency counseling; heightened case management to address emergency needs; emergency medical supplies and equipment; individually directed goods and services; ancillary services to establish temporary residences for dislocated waiver enrollees; necessary technology; emergency evacuation transportation outside of the scope of non-emergency transportation or transportation already provided through the waiver).**

[Complete Section A-Services to be Added/Modified During an Emergency]

Section A has been completed for:

- **Developmental Disabilities (0350)**—adding respite
- **Adults with Developmental Disabilities (0350), CSW (0464), Persons with Disabilities (0142), Persons with HIV/AIDS (0202), Persons with Brain Injury (0329)** –adding Communication, intensive personal care, and/or behavioral stabilization

iv. **X** **Temporarily expand setting(s) where services may be provided (e.g. hotels, shelters, schools, churches). Note for respite services only, the state should indicate any facility-based settings and indicate whether room and board is included:**

[Explanation of modification, and advisement if room and board is included in the respite rate]:

Supportive Living Program (0326)

- Temporarily allow settings to be expanded in the event it is determined by local public health authorities that SLP participants need to be transferred to another setting for their health and safety; either to prevent contraction of COVID-19 or to be treated separately from the healthy population. The same waiver services would be required for transferred participants. The State will notify CMS if such changes will occur. The State will ensure participants effected will continue to receive the necessary services as authorized in their person centered plan of care and that services provided are in the best interest of the individual.

Adults with Developmental Disabilities (0350)

- Temporarily allow CILA group homes to be fully reimbursed for services rendered during an emergency evacuation to an unlicensed site (as deemed appropriate by the Department) where the evacuating service provider continues to render services. The State will notify CMS when such changes will occur. The State will ensure participants effected will continue to receive the necessary services as authorized in their person centered plan of care and that services provided are in the best interest of the individual.
 - Unlicensed sites include approved Day Habilitation Sites and unlicensed CILAs that have not finished the CILA licensure process. All these settings meet the Settings Rule. All unlicensed sites that are utilized as a CILA site will also be approved through the Bureau of Accreditation, Licensure, and Certification (BALC).

CRW (0473)

- Temporarily allow Child Group Homes (CGH) to be fully reimbursed for services rendered during an emergency evacuation to an unlicensed site where the evacuating service provider continues to render services. The State will notify CMS if such changes will occur. The State will ensure participants effected will continue to receive the necessary services as authorized in their person centered plan of care and that services provided are in the best interest of the individual.
 - Unlicensed sites include approved Day Habilitation Sites and unlicensed CILAs that have not finished the CILA licensure process. All these settings meet the Settings Rule. All unlicensed sites that are utilized as a CILA site will also be approved through BALC.

v. X Temporarily provide services in out of state settings (if not already permitted in the state's approved waiver). [Explanation of changes]

Adults with Developmental Disabilities (0350), CSW (0464):

- During this emergency period, DDD may permit receipt of services in another state. This would apply to clients receiving support from Personal Support Workers and would be approved through DDD protocol.

c. ___ Temporarily permit payment for services rendered by family caregivers or legally responsible individuals if not already permitted under the waiver. Indicate the services to which this will apply and the safeguards to ensure that individuals receive necessary services as authorized in the plan of care, and the procedures that are used to ensure that payments are made for services rendered.

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d. ___ Temporarily modify provider qualifications (for example, expand provider pool, temporarily modify or suspend licensure and certification requirements).

i. X Temporarily modify provider qualifications.

[Provide explanation of changes, list each service affected, list the provider type, and the changes in provider qualifications.]

Elderly (0143)

- Temporarily suspend the requirements in 89 Ill Admin Code 240, that require homecare aides (HCA) to have a high school or general education diploma, or one year employment in a comparable human services field, or demonstration of continued progress towards meeting the requirements of a general education diploma.
- Temporarily allow delays with the collection of fingerprints for criminal background checks (CBC) for all unlicensed and licensed persons not already included on the Health Care Worker Registry. Many contracted vendors that collect fingerprints have closed their business due to the COVID-19 outbreak. Vendors must check the Health Care Worker Registry (which includes information from the Adult Protective Services Registry) for all new hires. Agencies will not be allowed to hire staff who show as ineligible on the Health Care Worker Registry. Agencies hiring staff pending fingerprint collection would need to document attempts to be compliant with fingerprint collection. Suspending the qualifications, 24-hour pre-service requirements, and delay in the CBCs must be thoroughly documented in the homecare aide employee file. Fingerprint collection would resume immediately when operations return to normal. Agencies must ensure arrangements for qualifications, proper training, fingerprint background checks of HCAs resume upon notice from the Operating Agency when the suspension is no longer in effect.
- Temporary flexibility is provided on the following requirements of the Emergency Home Response Service (EHRS) and Automated Medication Dispenser(AMD) providers:
 1. Temporarily waive the requirement that providers install and provide training to the participant during a face-to-face visit.
 2. Allow for providers to deliver equipment to the participant in accordance with recommended CDC social distancing guideline. For example, leaving the equipment on participant's doorstep.
 3. Allow for providers to provide installation instructions and training to participant over the phone or allow for home care aide and/or family member to assist participant with installation of equipment telephonically with provider.
 4. Temporarily waive background checks for providers when they are hiring new technicians and installers.

Persons who are Medically Fragile, Technology Dependent (0278)

- Home Health Nursing Agency Providers provide the majority of services to waiver participants. During this interim time, nurses whose CPR certification expire, will continue to provide services. Once the current crisis has been lifted the certification will be obtained. Illinois nurse licenses are set to expire in May 2020. The Illinois Department of Financial and Professional Regulation has extended this to September.
- Home Medical Providers will suspend all in-person visits. The State will also suspend in-person supervisory visits that currently occur every 60 days. Exceptions will be considered when there are health and safety concerns.
- Temporarily allow delays with the collection of fingerprints for criminal background checks for all unlicensed and licensed persons not already included on the Health Care Worker Registry. The Health Care Worker Background Check Act requires fingerprints be collected within 10 days of signing an authorization form or the employee is suspended. If fingerprints are not collected within 30 days, the employee is terminated. Many contracted vendors that collect fingerprints have closed their business due to the COVID 19 outbreak. All new hires will still need to be checked on the Registry to determine if they have a disqualifying conviction. Providers hiring staff pending fingerprint collection would need to document attempts to be compliant with the Act. Fingerprint collection would resume immediately when operations return to normal.

Supportive Living Program (0326)

- Temporarily allow delays with the collection of fingerprints for criminal background checks for all unlicensed and licensed persons not already included on the Health Care Worker Registry. The Health Care Worker Background Check Act requires fingerprints be collected within 10 days of signing an authorization form or the employee is suspended. If fingerprints are not collected within 30 days, the employee is terminated. Many contracted vendors that collect fingerprints have closed their business due to the COVID-19 outbreak. All new hires will still need to be checked on the Registry to determine if they have a disqualifying conviction. SLP providers hiring staff pending fingerprint collection would need to document attempts to be compliant with the Act. Fingerprint collection would resume immediately when operations return to normal.

Adults with Developmental Disabilities (0350), CRW (0473), CSW (0464), CRW (0473)

- To allow redeployment of direct support and clinical staff to needed service settings during the emergency, staff qualified under any service definition in the waivers or any other DHS Medicaid waiver program may be used for provision of any non-professional service under another service definition in C-1/C-3.

Adults with Developmental Disabilities (0350), CRW (0473)

- Temporarily allow delays with the collection of fingerprints for criminal background checks for all unlicensed persons not already included on the Health Care Worker Registry. The Health Care Worker Background Check Act requires fingerprints be collected within 10 days of signing an authorization form or the employee is suspended. If fingerprints are not collected within 30 days, the employee is terminated. Many contracted vendors who collect fingerprints have closed their business due to the COVID-19 outbreak. All new hires will still need to be checked on the Registry to determine if they have a disqualifying conviction. DDD providers hiring staff pending fingerprint collection would need to document attempts to be compliant with the Act. Fingerprint collection would resume immediately when operations return to normal. DSPs may undergo an abridged training curriculum as approved by the OA.
- For the duration of this emergency period, training procedures and requirements for DSPs to pass medications may be modified as seen appropriate by the OA. For the duration of this emergency period, the OA may modify requirements for Qualified Intellectual Disability Professional.
- For the duration of this emergency period, hiring credentials for Personal Support Workers (PSW) may be modified and these PSWs may undergo an abridged training curriculum approved by the Department for Agency-Based providers.
- The Department may temporarily waive the requirement that physicians and other healthcare professionals including nurses be licensed in the State where they are providing services so long as they have equivalent licensing in good standing in another state.
- PSWs may be allowed to begin work prior to the completion of the background check. In the event the background check reveals a disqualifying offense, the staff would be immediately terminated.

CSW (0464):

- Temporarily allow delays with the collection of fingerprints for criminal background checks for all unlicensed and licensed persons not already included on the Health Care Worker Registry. Many contracted vendors who collect fingerprints have closed their business due to the COVID-19 outbreak. All new hires will still need to be checked on the Registry to determine if they have a disqualifying conviction. DDD providers hiring staff pending fingerprint collection would need to document attempts to be compliant with the Act. Fingerprint collection would resume immediately when operations return to normal.

- Personal Support Workers (PSWs) may undergo an abridged training curriculum approved by the Department for Agency-Based providers.
- Parents/legal guardians may forgo receiving a background check/fingerprints if they live in the same house as their child. They would still have to complete the IMPACT screening and CANTS checks. This would only be during the crisis period.

ii. ___ Temporarily modify provider types.

[Provide explanation of changes, list each service affected, and the changes in the provider type for each service].

iii. X Temporarily modify licensure or other requirements for settings where waiver services are furnished.

[Provide explanation of changes, description of facilities to be utilized and list each service provided in each facility utilized.]

The State is delaying revalidation of Medicaid providers until after the public health emergency is lifted.

Supportive Living Program (0326)
Residential Habilitation

- Maximum number of individuals served in a service location may be exceeded to address staffing shortages or accommodating use of other sites as quarantine sites.
- Minimum staffing ratios may not be met as required by licensure, service definition and personal plan due to staffing shortages.
- Residents may share apartments certified for single occupancy if ill residents need to be cohorted following CDC guidelines.

Adults with Developmental Disabilities (0350), CRW (0473)

- Maximum number of individuals served in a service location may be exceeded to address staffing shortages or accommodating use of other sites as quarantine sites.
- Staffing ratios may not be met as required by licensure, service definition and personal plan due to staffing shortages.
- Temporarily extend all associated deadlines with certification licensure, life safety code, quality assessment, audits, fiscal reporting requirements, etc. for service providers during the pendency of the emergency period.

e. ___ Temporarily modify processes for level of care evaluations or re-evaluations (within regulatory requirements). [Describe]

f. X Temporarily increase payment rates.

[Provide an explanation for the increase. List the provider types, rates by service, and specify whether this change is based on a rate development method that is different from the current approved waiver (and if different, specify and explain the rate development method). If the rate varies by provider, list the rate by service and by provider.]

Supportive Living Program (0326)

- The rate for Assisted Living services may be increased to account for the temporary provision of 24 hour skilled nursing care for services and monitoring of ill residents and for the required ongoing assessment of all residents and staff per CDC guidelines.
- Dependent upon the need for additional staffing to meet participants' service needs, the flat daily rate may be increased to cover costs. The methodology would be a flat rate, possibly tiered based on preventative infection control processes only vs. caring for participants who have tested positive for COVID 19. The temporary rate increase will not exceed 25% of the current rate.

Persons who are Medically Fragile, Technology Dependent (0278)

- Temporarily increase the rate paid for respite to the current hourly shift nursing rate for RN and LPN.
 - Usual respite hourly rate is \$34.00.
 - Temporarily increased to the current hourly rates: \$45.00 RN, \$37.50 LPN.
- The participants caregiver is an employee in a field deemed "essential" and has an increased workload in response to the COVID-19 pandemic. Nursing agencies are working to supply additional coverage to accommodate increased caregiver work schedules.
- The participant was receiving nursing services through the school district prior to school closures, and now requires increased nursing in the home setting as a result of school being closed.
- The RN and LPN rates may also be increased to account for excess overtime to cover staffing needs. Overtime will be allowed only by exception request with justifying circumstances.
 - Usual RN hourly rate \$45.00, LPN \$37.50.
 - Overtime hourly rate: RN \$67.53, LPN \$56.28

Parameters for increased respite and over-time may include, but not be limited to:

- caregiver in the home becomes ill and is unable to assist in caring for the participant.
- As a result, increased nursing in the home will be required to ensure proper care to the participant and provide relief to other caregivers.
- If all caregivers are unable to provide care due to illness, the participant may require hospitalization. If respite is increased, the participant will have the option of receiving care in a respite facility such as Almost Home Kids, rather than being transferred to a hospital which could potentially put the participant at an increased risk of exposure to illness.

Parameters for overtime include:

- Minimize amount of staff in the home to limit exposure risk
- Stretch the amount of staffing over less total nurses during a time of increased demand for nurses when we had a pre-existing nursing shortage
- Prevent nurses needing additional hours from picking up additional hours with other cases/at a hospital, which adds exposure risk to the participant.

Adults with Developmental Disabilities (0350)

- The rate for Residential Habilitation will be changed to account for time in residential service locations by people who will not be attending a community day services program. Rates may also be increased to account for excess overtime of direct support professionals to cover staffing needs. Resulting temporary rate increases are not expected to exceed 40%.

- The rate setting methodology will change by adding additional Prime and Non-Prime staff up to 7 hours of direct care staff per weekday to the CILA Rate for people authorized for 24-hour shift staff and Host Family/Foster Care levels of CILA supports. The current rate methodology deducts up to 7 hours of staff coverage per weekday because the expectation is the individual would be at a community day program. Resulting temporary rate increases are not expected to exceed 40%.
- The Community Living Facility (16 beds or under) will receive the same increase as the CILA providers not to exceed 40%.

CRW (0473)

- The rate for Children's Group Home will be changed to account for time in residential service locations by people who will not be attending school-based services. The CGH rates are currently determined by expenses submitted through Consolidated Financial Reports. Because of the immediate need to increase funding to meet the current obligation, the residential habilitation rates in CGH will be increased by 20 percent to cover the additional staff time children will be home and not participating in a school program. These increased rates will be in effect until the OA deems sufficient resolution of crisis to allow reinstatement of actual rates.

g. X Temporarily modify person-centered service plan development process and individual(s) responsible for person-centered service plan development, including qualifications.

[Describe any modifications including qualifications of individuals responsible for service plan development, and address Participant Safeguards. Also include strategies to ensure that services are received as authorized.]

Persons who are Elderly (0143), Persons with Disabilities (0142), Persons with HIV/AIDS (0202), Persons with Brain Injury (0329), Supportive Living Program (0326), Persons who are Medically Fragile, Technology Dependent (0278), Adults with Developmental Disabilities (0350), CSW (0464), CRW (0473)

- All communication with waiver participants and their representatives, whether in person or remotely, will be HIPAA compliant.

Supportive Living Program (0326)

Participant Rights:

- Suspend requirements for allowing visitors (providers may prohibit/restrict visitation in-line with CMS recommendations for long term care facilities). The modification of this right is not required to be justified in the personal plan as it is reflective of the life experience of the general population at this time.
- Suspend requirements for right to choose with whom to share an apartment. The modification of this right is not required to be justified in the personal plan.
- Telephonic and video options will be used to join the participant and their representative with the team to develop/revise the person plan.

Social and health promotion activities :

- Temporarily suspend required weekly social activities both in and out of the SLP provider setting.
- Temporarily suspend required three times weekly group health promotion activities.
- Temporarily suspend ancillary services to include shopping trips and activities in the community.
- Temporarily suspend congregate dining services. Meal delivery to residents' apartments will be provided.

Adults with Developmental Disabilities (0350)

Participant Rights:

- Suspend requirements for allowing visitors (providers may prohibit/restrict visitation in-line with CMS recommendations for long term care facilities). The modification of this right is not required to be justified in the personal plan as it is the experience of the general population at this time.
- Suspend requirements for right to choose who to share a bedroom with. The modification of this right is not required to be justified in the personal plan.
- Telephonic and video options will be used to join the participant and their representative with the team to develop/revise the person plan.

CSW (0464), CRW (0473)

- Suspend requirements for allowing visitors (providers may prohibit/restrict visitation in-line with CMS recommendations for long term care facilities). The modification of this right is not required to be justified in the personal plan as it is reflective of the life experience of the general population at this time.
- Suspend requirements for right to choose who to share a bedroom with. The modification of this right is not required to be justified in the personal plan.
- Telephonic and video options will be used to join the participant and their representative with the team to develop/revise the person plan.

h. X Temporarily modify incident reporting requirements, medication management or other participant safeguards to ensure individual health and welfare, and to account for emergency circumstances. [Explanation of changes]

Persons who are Elderly (0143), Persons with Disabilities (0142), Persons with HIV/AIDS (0202), Persons with Brain Injury (0329), Supportive Living Program (0326), Persons who are Medically Fragile, Technology Dependent (0278), Adults with Developmental Disabilities (0350), CSW (0464), CRW (0473)

- The Department requests flexibility with respect to deadlines and timetables for performance of required activities conducted by the Department, providers, and contracted entities. These reports and activities include, but are not limited to, quarterly and annual quality reports, CMS 372 reports, and Evidentiary reports. The Department proposes to extend the deadline for submission of evidence based reports for 90 days past the original due date.

Supportive Living Program (0326)

Incident Management Changes:

- Critical Incidents will be reported as described in the approved waiver. The requirement for the State Medicaid Agency (SMA) to respond and perform the appropriate follow up may be completed remotely, unless an onsite visit is deemed necessary by the SMA.
- Complaint investigations will be prioritized by the SMA. The review will be completed remotely if deemed appropriate. However, if SMA determines there are immediate residential health and safety issues, and onsite review will be initiated.

Adults with Developmental Disabilities (0350), CRW (0473)

- Critical Incidents will be reported as outlined in the Critical Incident Reporting and Analysis System (CIRAS) Manual. The requirement of the ISC to respond and perform the appropriate follow up may be completed remotely unless an onsite visit is deemed necessary by the Division.
- The 8 hour medication training class required for DSPs to be authorized to pass medications will be transferrable from other agencies.
- The Division will be able to modify the current CBTA guidelines to allow additional ADSPs to be trained on new clients.
- There are various nursing assessments and medication checks that are required on a weekly, monthly and quarterly basis. Each of these activities will be evaluated on an individual basis to determine if continuation puts client health and safety at risk (for example, annual medication reauthorizations, quarterly medication checks, annual nursing assessments) and Department-approved electronic or modified assessments and checks may be used during this emergency period after the completion of appropriate training. Any delay in an assessment will not negatively impact the individual.

CSW (0464)

Incident Management Changes:

- Critical Incidents will be reported as outlined in the Critical Incident Reporting and Analysis System (CIRAS) Manual. The requirement of the ISC to respond and perform the appropriate follow up may be completed remotely unless an onsite visit is deemed necessary by the OA.

Elderly (0143), Persons with Disabilities (0142), Persons with HIV/AIDS (0202), Persons with Brain Injury (0329), Adults with Developmental Disabilities (0350):

- Adult Protective Services plans to modify the investigative process for abuse/neglect/exploitation to include telephonic contact with the alleged victim. The timeframes for outreach to the alleged victim will remain the same. For all Priority 1 calls, local law enforcement will be notified to conduct a wellbeing check with the alleged victim. Final substantiation decisions concerning abuse, neglect, or exploitation will not be made

without a face to face contact with the alleged victim. APS agencies have 30 days to conduct an investigation. Two 15 day extensions can be requested, if needed. If the investigator is not able to conduct a face to face contact with the alleged victim following the two 15 day extensions, the investigator will continue to monitor the case and follow up with the alleged victim until such time it can be conducted.

i. X Temporarily allow for payment for services for the purpose of supporting waiver participants in an acute care hospital or short-term institutional stay when necessary supports (including communication and intensive personal care) are not available in that setting, or when the individual requires those services for communication and behavioral stabilization, and such services are not covered in such settings.

[Specify the services.]

Persons with Disabilities (0142), Persons with HIV/AIDS (0202), Persons with Brain Injury (0329):

- Currently, Individual Provider (IP) services may be provided in hospital settings if the participant has a Determination of Need (DON) score of 75 or higher. During the public health emergency, IP services will be provided to all participants who are hospitalized. These services will be provided to meet needs of the individual that are not met through the provision of hospital services and/or are not a substitute for services that the hospital is obligated to provide through its conditions of participation or under Federal or State law, or under another applicable requirement.
- Supports may be provided to a participant in a hospital setting by the Personal Assistant/Independent Provider (PA/IP) to foster communication, provide intensive personal care, and/or promote behavioral stabilization. Services in the plan of care that cannot be provided by facility staff will be provided by the provider types identified for this service and must be for the purpose of smooth transitions or preserve functional abilities. These services will be provided to meet needs of the individual that are not met through the provision of hospital services and/or are not a substitute for services that the hospital is obligated to provide through its conditions of participation or under Federal or State law, or under another applicable requirement.

Adults with Developmental Disabilities (0350)

Participants that require hospitalization due to COVID19 may receive the following services in a hospital setting:

- Supports may be provided to a participant in a hospital setting by the Personal Support Worker while hospitalized to foster communication, provide intensive personal care, and/or promote behavioral stabilization. Services in the plan of care that cannot be provided by facility staff and are not a substitute for services the hospital is obligated to provide through its conditions of participation or under Federal or State law, or under another applicable requirement will be provided by the provider types identified for this service and must be for the purpose of smooth transitions or preserve functional abilities. Services in the plan of care that cannot be provided by facility staff will be provided by the provider types below.
 - Personal Support Worker
 - Additional staff – residential

CSW (0464)

Participants that require hospitalization due to COVID19 may receive the following services in a hospital setting:

- Personal care may be provided in a hospital setting by the Personal Support Worker while hospitalized to foster communication, provide intensive personal care, and/or promote behavioral stabilization. Services in the plan of care that cannot be provided by facility staff and are not a substitute for services the hospital is obligated to provide through its conditions of participation or under Federal or State law, or under another applicable requirement will be provided by the provider types identified for this service and must be for the purpose of smooth transitions or preserve functional abilities. Services in the plan of care that cannot be provided by facility staff will be provided by the provider types below.
 - Personal Support Worker

j. X Temporarily include retainer payments to address emergency related issues.

[Describe the circumstances under which such payments are authorized and applicable limits on their duration. Retainer payments are available for habilitation and personal care only.]

For all the waivers listed below, retainer payments will only be applied for providers of services that have a personal care component.

Retainer payments will only be applied when the participant is unavailable for services.

Adults with Developmental Disabilities (0350)

- Agencies who provide day habilitation services (facility based day habilitation, community based day habilitation, adult day care, regular work/sheltered employment, job development, pre-vocational training and supported employment) will be eligible to receive retainer payments. Retainer payment can only be billed for members who are not receiving planned services and only for the amount authorized.
- Retainer payments will not exceed 30 consecutive days, which is the State’s behold maximum.
- Retainer payments will only be paid when the participant is unavailable for services. If services are provided, no retainer payment will be made.

MFTD (0278)

- There are approximately 65 nursing agencies that provide nursing and personal care services to waiver participants. There are many participants who may be receiving reduced services due to COVID-19.
- Retainer payments will not exceed 30 consecutive days, which is the State’s behold maximum.
- Retainer payments will only be paid when the participant is unavailable for services. If services are provided, no retainer payment will be made.

Persons with Brain Injury (0329):

- Agencies who provide Brain Injury Habilitation and Brain Injury Prevocational training will be eligible to receive retainer payments. Retainer payment can only be billed for members who are not receiving planned services and only for the amount authorized.
- Retainer payments will not exceed 30 consecutive days, which is the State’s behold maximum.
- Retainer payments will only be paid when the participant is unavailable for services. If services are provided, no retainer payment will be made.

k. ___ Temporarily institute or expand opportunities for self-direction.

[Provide an overview and any expansion of self-direction opportunities including a list of services that may be self-directed and an overview of participant safeguards.]

l. ___ Increase Factor C.

[Explain the reason for the increase and list the current approved Factor C as well as the proposed revised Factor C]

m. X Other Changes Necessary [For example, any changes to billing processes, use of contracted entities or any other changes needed by the State to address imminent needs of

individuals in the waiver program]. [Explanation of changes]

Persons with Disabilities (0142), Persons with HIV/AIDS (0202), Persons with Brain Injury (0329): The OA, the Division of Rehabilitation Services (DRS) utilizes Electronic Visit Verification in conjunction with a paper timesheet to determine reimbursement for Individual Provider (personal assistance, skilled nursing care) services provided to participants. DRS will move to automatic approval of Individual Provider payments utilizing the EVV system until which time the paper time sheets are available for reconciliation.

Appendix K Addendum: COVID-19 Pandemic Response

1. HCBS Regulations

- a. Not comply with the HCBS settings requirement at 42 CFR 441.301(c)(4)(vi)(D) that individuals are able to have visitors of their choosing at any time, for settings added after March 17, 2014, to minimize the spread of infection during the COVID-19 pandemic.

2. Services

- a. Add an electronic method of service delivery (e.g., telephonic) allowing services to continue to be provided remotely in the home setting for:
 - i. Case management
 - ii. Personal care services that only require verbal cueing
 - iii. In-home habilitation
 - iv. Monthly monitoring (i.e., in order to meet the reasonable indication of need for services requirement in 1915(c) waivers).
 - v. Other *[Describe]*:

- b. Add home-delivered meals
- c. Add medical supplies, equipment and appliances (over and above that which is in the state plan)
- d. Add Assistive Technology

3. Conflict of Interest: The state is responding to the COVID-19 pandemic personnel crisis by authorizing case management entities to provide direct services. Therefore, the case management entity qualifies under 42 CFR 441.301(c)(1)(vi) as the only willing and qualified entity.

- a. Current safeguards authorized in the approved waiver will apply to these entities.
- b. Additional safeguards listed below will apply to these entities.

4. Provider Qualifications

- a. Allow spouses and parents of minor children to provide personal care services
- b. Allow a family member to be paid to render services to an individual.
- c. Allow other practitioners in lieu of approved providers within the waiver. *[Indicate the providers and their qualifications]*

- d. Modify service providers for home-delivered meals to allow for additional providers, including non-traditional providers.

5. Processes

- a. Allow an extension for reassessments and reevaluations for up to one year past the due date.
- b. Allow the option to conduct evaluations, assessments, and person-centered service planning meetings virtually/remotely in lieu of face-to-face meetings.
- c. Adjust prior approval/authorization elements approved in waiver.
- d. Adjust assessment requirements
- e. Add an electronic method of signing off on required documents such as the person-centered service plan.

Contact Person(s)

A. The Medicaid agency representative with whom CMS should communicate regarding the request:

First Name: Pamela
Last Name Winsel
Title: Senior Public Service Administrator
Agency: Department of Healthcare and Family Services
Address 1: 201 S. Grand Ave.
Address 2: 2nd floor
City Springfield
State IL
Zip Code 62763
Telephone: 217-782-6359
E-mail Pamela.Winsel@ILLINOIS.gov
Fax Number 217-557-2780

B. If applicable, the State operating agency representative with whom CMS should communicate regarding the waiver is:

First Name: Persons who are Elderly 0173
Last Name Lora McCurdy
Title: Deputy Director
Agency: Illinois Department on Aging
Address 1: 100 Natural Resources Way
Address 2: Click or tap here to enter text.
City Springfield
State IL
Zip Code 62702
Telephone: 217-558-3925
E-mail Lora.McCurdy@ILLINOIS.gov
Fax Number Click or tap here to enter text.

First Name: Disabilities 0142, HIV/AIDS 0202, Brain Injury 0329
Last Name Lyle VanDeventer
Title: Waiver Manager, Home Services Program
Agency: Department of Human Services, Division of Rehabilitation Services
Address 1: 100 S. Grand Ave
Address 2: PO Box 19429
City Springfield
State IL
Zip Code 62794-9429
Telephone: 217-557-1875
E-mail Lyle.VanDeventer@ILLINOIS.gov
Fax Number 217-558-0083

First Name: MFTD 0278
Last Name Mary Cole
Title: Assistant Director of Operations
Agency: UIC Division of Specialized Care for Children
Address 1: 3135 Old Jacksonville Rd
Address 2: Click or tap here to enter text.
City Springfield
State IL
Zip Code 62704
Telephone: 217-558-2350
E-mail Mmilbu2@exchange.dscc.uic.edu
Fax Number 217-782-9444

First Name: SLP 0326
Last Name Mark McCurdy
Title: Chief, Bureau of Long Term Care
Agency: Department of Healthcare and Family Services
Address 1: 201 S. Grand
Address 2: Click or tap here to enter text.
City Springfield
State IL
Zip Code 62763
Telephone: 217-782-0545
E-mail Mark.McCurdy@ILLINOIS.gov
Fax Number 217-557-5061

First Name: Adult DD 0350, Children Support 0464, Children Residential 0473
Last Name Derek Hedges
Title: Public Service Administrator
Agency: Department of Human Services, Division of Developmental Disabilities
Address 1: 600 E. Ash St.,
Address 2: Building 400
City Springfield
State IL
Zip Code 62703
Telephone: 2178-782-5919
E-mail Derek.Hedges@ILLINOIS.gov
Fax Number 217-782-9444

Section A---Services to be Added/Modified During an Emergency

Complete for each service added during a time of emergency. For services in the approved waiver that the state is temporarily modifying, enter the entire service definition and highlight the change. State laws, regulations and policies referenced in the specification should be readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Specification

Service Title:	Persons who are Elderly (0143), Persons with Disabilities (0142), Persons with HIV/AIDS (0202), Persons with Brain Injury (0329) Adult day service
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Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:

Service Definition (Scope):

Adult day service is the direct care and supervision of adults aged 60 and over in a community-based setting for the purpose of providing personal attention and promoting social, physical and emotional well-being in a structured setting.

Required service components include person-centered plan of care for each participant, a balance of purposeful activities to meet the participant's interrelated needs and interests (social, intellectual, cultural, economic, emotional, physical and spiritual) designed to improve or maintain the optimal functioning of the participant, assistance with or supervision of activities of daily living, provision of health-related services appropriate to the participant's needs as identified in the provider's assessment and/or physician's orders, provision of a daily meal that meets the Dietary Guidelines, agency provision or arrangement for transportation, provision of emergency care as appropriate, identifying and reporting critical events.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

This definition is valid during the COVID-19 crisis.

During the temporary closure Adult day service (ADS) due to the COVID-19 pandemic, the ADS Program continues to provide direct care and supervision of adults aged 60 and over by offering outreach services for the purpose of providing personal attention and promoting social, physical and emotional well-being while participants are mandated to remain in their home. Adult Day Service providers continue to ensure that the person-centered plan of care for each participant are updated and meets the needs of participant during the closure.

Required service components include contacting ADS participants by utilizing phone or alternative technology devices, including FaceTime to contact ADS participants on daily, bi-weekly or weekly basis to ensure participant's needs and interests are maintained. ADS nursing personnel continue to ensure participants health-related needs are met by retrieving medication from pharmacy, prepare weekly pill planners and deliver medication to participants and arranging appropriate referrals when necessary. Meals are being prepared and delivered to participants due to dietary restrictions, purchased and delivered from subcontracted meal providers, and ADS staff assist home delivered meal providers with delivery due to staff shortage at home delivered meal provider sites or grocery items are purchased and/or delivered to participant's home. Transportation to previously scheduled doctor's appointment and/or lab testing is being provided. Ancillary service components include preparing and providing activity/care packages for participants. All remote services will be HIPAA compliant.

Provider Specifications

Provider Category(s) <i>(check one or both):</i>	<input type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
				Adult Day Care

Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian
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Provider Qualifications *(provide the following information for each type of provider):*

Provider Type:	License (<i>specify</i>)	Certificate (<i>specify</i>)	Other Standard (<i>specify</i>)

Verification of Provider Qualifications		
Provider Type:	Entity Responsible for Verification:	Frequency of Verification

Service Delivery Method				
Service Delivery Method <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed
	<input type="checkbox"/>		<input type="checkbox"/>	Adult Day Care
	<input type="checkbox"/>		<input type="checkbox"/>	



Service Specification

Service Title:	Persons with Disabilities (0142), Persons with HIV/AIDS (0202), Persons with Brain Injury (0329) Respite
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Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:

Service Definition (Scope):

Respite services provide relief for unpaid family or primary care givers, who are currently meeting all service needs of the customer. Services are limited to personal assistant, homemaker, nurse, adult day care, and are provided to a consumer to provide assistance with his or her activities of daily living during the periods of time when it is necessary for the family or primary care giver to be absent. FFP will not be claimed for the cost of room and board except when provided as part of respite care furnished in a facility approved by the State that is not a private residence. It may be provided in the following places: individual's home; or in an adult day care setting.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Current waiver language:

By definition, Respite services are provided for no more than 240 hours per year. This can be used for 10, 24-hour days or the hours can be spread out throughout the year. HSP Respite is provided only in the home with the exception of Adult Day Care which can serve as one of the Respite services. Nothing remotely institutional is allowed to be used for Respite Services. The IT payment system has edits on what services may be provided in Respite, tracks the number of Respite hours provided by participant calendar year, and will not allow more than 240 hours to be billed during that time period. Respite services can be provided by a fairly wide range of providers in terms of required credentials and in terms of skills. This reflects the very wide range of needs and services provided for the program's participants. Credential reviews for different provider types are done by different agencies, and the frequency of some credential reviews is dictated by a variety of statutes. The Nurse Practice Act, for example, dictates the frequency and content of credential reviews for LPNs and RNs. Several other laws address the content and frequency of credentialing for therapists and home health aides. There is even a statute which requires homemaker providers to get background checks, and now there is a similar but separate law for personal assistants. These laws are then implemented by the IL Department of Professional Regulation and the IL Department of Public Health.

This definition is valid during the COVID-19 crisis.

During the COVID-19 crisis, Respite services will be increased to a maximum of 480 hours per year. This can be used for 20, 24-hour days or the hours can be spread out throughout the year. HSP Respite is provided only in the home with the exception of Adult Day Care which can serve as one of the Respite services. Nothing remotely institutional is allowed to be used for Respite Services. The IT payment system has edits on what services may be provided in Respite, tracks the number of Respite hours provided by participant calendar year, and will not allow more than 480 hours to be billed during that time period. Respite services can be provided by a fairly wide range of providers in terms of required credentials and in terms of skills. This reflects the very wide range of needs and services provided for the program's participants. Credential reviews for different provider types are done by different agencies, and the frequency of some credential reviews is dictated by a variety of statutes. The Nurse Practice Act, for example, dictates the frequency and content of credential reviews for LPNs and RNs. Several other laws address the content and frequency of credentialing for therapists and home health aides. There is even a statute which requires homemaker providers to get background checks, and now there is a similar but separate law for personal assistants. These laws are then implemented by the IL Department of Professional Regulation and the IL Department of Public Health.

Provider Specifications

Provider Category(s)	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
		RN, Home Health Aide		Adult day Care

(check one or both):	Homemaker, Personal Assistant/Individual Provider (PA/IP)		Home Health Agency	
	LPN			
Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input checked="" type="checkbox"/>	Relative/Legal Guardian
Provider Qualifications (provide the following information for each type of provider):				
Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)	
Verification of Provider Qualifications				
Provider Type:	Entity Responsible for Verification:		Frequency of Verification	
Service Delivery Method				
Service Delivery Method (check each that applies):	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed

Service Specification

Service Title: MFTD 0278
Respite

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:

Service Definition (Scope):

Current waiver language:

Provision of care and supportive services to enable the participant to remain in the community, or home-like environment, while periodically relieving the family of care-giving responsibilities.

These services will be provided in the participant's home or in a Children's Community-Based Health Care Center Model, licensed by the Illinois Department of Public Health. If providing respite in the home, respite services will be provided by appropriately qualified licensed nurses and certified nurse aides, employed by an approved private duty nursing agency. If providing respite in the Children's Community-Based Health Care Center Model, nurses and certified nurse aides will be employed by the Center. The State assures that respite and private duty nursing services will not be provided simultaneously.

FFP will not be claimed for the cost of room and board except when provided as part of respite care furnished in a facility approved by the State that is not a private residence.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

This definition is valid during the COVID-19 crisis.

Provision of care and supportive services to enable the participant to remain in the community, or home-like environment, while periodically relieving the family of care-giving responsibilities.

These services will be provided in the participant's home or in a Children's Community-Based Health Care Center Model, licensed by the Illinois Department of Public Health. If providing respite in the home, respite services will be provided by appropriately qualified licensed nurses and certified nurse aides, employed by an approved private duty nursing agency. If providing respite in the Children's Community-Based Health Care Center Model, nurses and certified nurse aides will be employed by the Center. The State assures that respite and private duty nursing services will not be provided simultaneously.

FFP will not be claimed for the cost of room and board except when provided as part of respite care furnished in a facility approved by the State that is not a private residence.

Currently, the State authorizes up to 14 days or 336 hours per year of respite services. We are increasing the limitation to allow a maximum of 28 days or 672 hours annually. Exceptions may be made on an individual basis based on extraordinary circumstances.

Provider Specifications

Provider Category(s) <i>(check one or both):</i>	<input type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
				Children's Community-Based Health Care Center
				Approved Nursing Agency

Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian
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Provider Qualifications *(provide the following information for each type of provider):*

Provider Type:	License (<i>specify</i>)	Certificate (<i>specify</i>)	Other Standard (<i>specify</i>)
Children's Community Based Health Care Center	77 ILAC 260		DSCC verifies that the Children's Community-Based Health Care Center is licensed and that they meet the DSCC annual renewal requirements. DSCC also conducts annual onsite visits. The Department of Public Health licenses the model.
Approved Nursing Agency			Meet DSCC nursing agency requirements- DSCC Home Care Manual, 53.09

Verification of Provider Qualifications		
Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Children's Community-Based Health Care Center	IDPH and DSCC	Annually
Approved Nursing Agency	IDPH and DSCC	Annually

Service Delivery Method				
Service Delivery Method (<i>check each that applies</i>):	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input type="checkbox"/>	Provider managed
	<input type="checkbox"/>		<input type="checkbox"/>	
	<input type="checkbox"/>		<input type="checkbox"/>	

Service Specification	
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Service Title:	Adults with Developmental Disabilities (0350) Respite
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Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:

Service Definition (Scope):

New Waiver service.

Respite provides short term support on an individual basis for adults with developmental disabilities who resided in a Residential Habilitation 24-Hour CILA setting as they discharged from a hospital setting due to COVID-19 diagnosis or concerns and are unable to return to their Residential Habilitation setting. Respite services for this group of individuals will be provided in an Emergency Host Site. Respite also provides services for adults who resided in a Residential 24-Hour CILA setting who was taken out of the CILA setting due to COVID-19 concerns and are residing in a home-based setting with family or friends. In this situation, Respite is intended to assist with the incapacity or need for relief of the primary caregiver (person responsible for the daily care and supervision of the individual).

For Emergency Host Site settings:

Services provided in this setting are limited to Residential Habilitation. Supports include adaptive skill development, assistance with activities of daily living, transportation, adult educational supports, social and leisure skill development, that assist the participant to reside in the most integrated setting appropriate to his/her needs.

Includes personal care and protective oversight and supervision. Payment is not made for the cost of room and board. Included in the cost not covered are building maintenance, upkeep and improvement (other than such costs for modification or adaptations to a facility required to assure the health and safety of residents, or to meet the requirements of the applicable life safety code).

Includes the reduction of maladaptive behaviors through positive behavioral supports and other methods.

Include necessary nursing assessment, direction and monitoring by a registered professional nurse, and support services and assistance by a registered professional nurse or a licensed practical nurse to ensure the participant's health and welfare. It also includes administration and/or oversight of the administration of medications consistent with the Illinois Nursing and Advanced Practice Nursing Act (225 ILCS 65) and the Mental Health and Developmental Disabilities Administrative Act. Nursing services are considered an integral part of Residential Habilitation services in the Emergency Host Site setting. Meeting the routine nursing needs of participants receiving 24-hour residential services is the responsibility of the residential service provider who must employ or contract with a professional nurse to perform their professional duties including the oversight and training of direct support staff. Nursing supports are part-time and limited; 24-hour nursing supports, similar to those provided in a nursing facility (NF) or Intermediate Care Facility for individuals with Developmental Disabilities (ICF/IID), are not available to participants in the Waiver. These services are in addition to any Medicaid State Plan nursing services for which the participant may qualify.

For Home-Based Setting:

Services provided in this setting are similar to Personal Support. Personal Support services include:

- Teaching adaptive skills to assist the participant to reach personal goals;
- Personal assistance in activities of daily living;
- Services provided on a short-term basis because of the absence, in capacity or need for relief of those persons who normally provide care (typically referred to as respite).

Supports are typically provided in such areas as eating, bathing, dressing, personal hygiene, community integration, meal preparation (excluding the cost of the meals), transportation and other activities of daily living. Supports may be provided to assist the participant to perform such tasks as light housework, laundry, grocery shopping, using the telephone, and medication management, which are essential to the health and welfare of the participant, rather than for the participant's family. Supports may be provided to develop skills in money management or skills necessary to self-advocate, exercise civil rights and exercise control and responsibility

over other support services. Such assistance also may include the supervision of participants as provided in the support plan.

Personal Support may function as an extension of behavioral and therapy services. Extension of services means activities by the Personal Support worker that assist the participant to implement a behavioral, occupational therapy, physical therapy, or speech therapy plan to the extent permitted by state law and as prescribed in the Person-Centered Plan. Implementation activities include assistance with exercise routines, range of motion, reading the therapist's directions, helping the participant remember and follow the steps of the plan or hands-on assistance. It does not include the actual service the professional therapist provides.

Personal Support is not intended to include professional services, home cleaning services, or other community services used by the general public.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

This definition is valid during the COVID-19 crisis. Services provided in a Home-Based and Host Site settings are limited to 360 hours per year.

Provider Specifications

Provider Category(s) (check one or both):	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
		Personal Support Worker		Community Based Agencies and Special Recreation Associations
				Community Based Agencies (CILA)

Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian
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Provider Qualifications (provide the following information for each type of provider):

Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)
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Personal Support Worker			PSW—Aged 18 or older, and is deemed by the participant or guardian, if one has been appointed, to be qualified and competent to meet the participants needs and carry out responsibilities assigned via the person centered plan. Workers hired on or after July 1, 2007, must have passed required background checks including criminal background and Health Care Worker Registry checks prior to employment and annually thereafter.
Community Based Agencies and Special Recreation Associations			CBA and SRA—The provider must have a contract with the Operating Agency (OA). Per contractual requirements, employees must complete Operating Agency-approved direct support personnel training program and pass competency-based training assessments (40 hours of classroom and 80 hours of on-the-job training) and be certified as direct support personnel (DSP). All employees of the provider must pass required background checks including criminal background and Health Care Worker Registry checks prior to employment and annually thereafter.
Community Based Agencies (CILA)	CILA—59 Ill. Adm. Code 115 (Community Integrated Living Arrangements - CILA)		CILA—59 Ill. Adm. Code 50 59 Ill. Adm. Code 120 59 Ill. Adm. Code 116 The Provider must have a current contract with the Operating Agency (OA) and meet all contractual requirements

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
PSW	Financial Management Service (FMS) entities and Waiver Operating Agency (OA).	Financial Management Service (FMS) entity verifies upon enrollment and Waiver Operating Agency conducts annual review of a representative sample.
Community Based Agencies and Special Recreation Associations	Waiver Operating Agency	OA verifies upon enrollment and conducts an annual review of contract continuation.

Service Delivery Method

Service Delivery Method (check each that applies):	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed

Service Specification			
Service Title:	Adults with Developmental Disabilities (0350), CSW (0473), Persons with Disabilities (0142), Persons with HIV/AIDS (0202), Persons with Brain Injury (0329) Communication, intensive personal care, and/or behavioral stabilization		
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>			
Service Definition (Scope):			
New waiver service			
Adults with Developmental Disabilities (0350), CRW (0473): Personal care may be provided in an acute care hospital setting by the Personal Support Worker while hospitalized to foster communication, provide intensive personal care, and/or promote behavioral stabilization. These services are not otherwise provided in this setting. Services in the plan of care that cannot be provided by facility staff will be provided by the provider types identified for this service and must be for the purpose of smooth transitions or preserve functional abilities.			
Persons with Disabilities (0142), Persons with HIV/AIDS (0202), Persons with Brain Injury (0329): Personal care may be provided in an acute care hospital setting by the Personal Assistant/Independent Provider (PA/IP) while hospitalized to foster communication, provide intensive personal care, and/or promote behavioral stabilization. These services are not otherwise provided in this setting. Services in the plan of care that cannot be provided by facility staff will be provided by the provider types identified for this service and must be for the purpose of smooth transitions or preserve functional abilities.			
Specify applicable (if any) limits on the amount, frequency, or duration of this service:			
This definition is valid during the COVID-19 crisis.			
Provider Specifications			
Provider Category(s) (check one or both):	<input checked="" type="checkbox"/>	Individual. List types:	Agency. List the types of agencies:
		Personal Support Worker	
		PA/IP	
Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input checked="" type="checkbox"/> Relative/Legal Guardian
Provider Qualifications (provide the following information for each type of provider):			
Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)
PSW			Aged 18 or older, and is deemed by the participant or guardian, if one has been appointed, to be qualified and competent to meet the participants needs and carry out responsibilities assigned via the person centered plan. Workers hired on or after July 1, 2007, must have passed required background checks including criminal background and Health Care Worker Registry checks prior to employment and annually thereafter.

PA/IP	In order to be employed by a customer as a Personal Assistant (PA), an individual must meet one of the following categories: 1) be 14 or 15 years of age and not employed during school hours, have an employment certificate and meet all other requirements of the Child Labor Law, and will be supervised by an adult 21 years or older; 2) be 16 to 18 years of age and enrolled in school (must not be employed during school hours); 3) be 17 to 18 years of age and not enrolled in school; or 4) be an adult, 18 years of age or older. The individual must have a Social Security number and provide HSP documentation of this number. The individual must have provided the customer with at least two written or verbal recommendations from present or former employers, a recommendation from a Center for Independent Living (CIL), or, if never employed, references from at		89 IL Adm. Code 686.10
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	<p>least two non-relatives. The individual must be able to communicate with the customer and follow directions to the satisfaction of the customer and counselor. The individual must have previous experience and/or training that is adequate and consistent with the specific tasks required for safe and adequate care of the customer and if the customer has a contagious infectious disease, have a physician, health care institution (i.e., hospital, nursing home, home health agency), or CIL certify, in writing, that he/she has the knowledge of precautionary procedures for the control of contagious infectious diseases, if it is anticipated that he/she will come into contact with bodily fluids, or be evaluated by a licensed Registered Nurse to determine that he/she has knowledge of those procedures. The individual must complete all relevant forms required to work as an Individual</p>		
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	<p>Provider under the Home Services Program, some of which also require the customer's signature. The individual shall provide services to the customer in accordance with the Customer's Service Plan and he/she shall comply with the Program's policies and procedures related to the Electronic Visit Verification system and the Home Services Program Overtime Policy. The individual shall submit bi-monthly Time sheets listing actual hours worked each pay period, which is verified by the customer and in accordance with the hours authorized on the Customer's Service Plan.</p>		
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Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
PSW	Financial Management Service (FMS) entities and Waiver Operating Agency (OA).	Financial Management Service (FMS) entity verifies upon enrollment and Waiver Operating Agency conducts annual review of a representative sample.
PA/IP	Customer with assistance from case manager. DRS and HFS also verify during monitoring.	At time of initial employment and during annual evaluations conducted by the customer

Service Delivery Method

Service Delivery Method <i>(check each that applies):</i>	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed
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Service Specification

Service Title:	Elderly (0143) In-Home Service Providers, EHRS, Automated Medication Dispenser
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Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:

Service Definition (Scope):

Change in provider qualifications:

Provider standards are in administrative rule. Providers must meet the standards as specified in Title 89 Section 240 or the Illinois Administrative Code. The web address for the AMD application is available at: <https://www.illinois.gov/aging/PartnersProviders/Procurement/Pages/certificationpacket.aspx>

- 1) **Illinois Administrative Code; Title 89, Chapter II, Section 240.1535(a)(1)(H)**; “making and documenting semi-annual in-home supervisory visits to a participant’s home for each assigned homecare aide.”
 - **Temporary guidance:** in-home supervisors should substitute an in-home visit with a phone call to comply with this requirement.
- 2) **Illinois Administrative Code; Title 89, Chapter II, Section 240.1510(d)(5)(D)**; “documentation of supervisory visits, quarterly conferences and evaluations.”
 - **Temporary Guidance:** On a temporary basis, supervisors should substitute an in-home visit with a phone call to comply with this requirement.
- 3) **Illinois Administrative Code; Title 89, Chapter II, Section 240.1535(b)(3)(C) (i-xxiii)**; “thereafter, a minimum of 12 hours per calendar year of interactive, (face-to-face, audiovisual presentations, computer-based instruction, etc.) in-service training approved by the provider agency shall be mandatory for all homecare aides. Pre-service training shall fulfill the first 3 hours of in-service training required for new employees, except for homecare aides exempted under subsection (b)(3)(B). In-service training for homecare aides shall include at least 9 hours of training selected from among the following topics”
 - **Temporary Guidance:** This is an annual requirement, and the Department advises that any quarterly trainings taking place in this time period should be postponed to later in the year.
- 4) **Illinois Administrative Code: Title 89, Chapter II, Section 240.1535 2)A)i**
“Qualifications of a homecare aide shall include: one of the following types of education or experience – a high school diploma or general education diploma
 - **Temporary guidance:** Suspend the requirements in 89 Ill Admin Code 240.1535 2)A)i) that require homecare aides to have a high school or general education diploma, or one year employment in a comparable human services field, or demonstration of continued progress towards meeting the requirements of a general education diploma.

Illinois Administrative Code: Title 89, Chapter II, Section 240.1520.0)

Providers must conduct a criminal background check, as required by the Illinois healthcare Worker Background Check act; an online check of the Adult protective Services Registry as required by the Adult Protective Services Act; and a check of the HHS exclusion database and the HHS Office of Inspector General database on all agency staff

- **Temporary guidance:** Allow for delays with the collection of fingerprints for criminal background checks (CBC) for all unlicensed persons not already included on the Health Care Worker Registry. Many contracted vendors that collect fingerprints have closed their business due to the COVID-19 outbreak. Vendors must check the Health Care Worker Registry (which includes information from the Adult Protective Services Registry) for all new hires. Agencies will not be allowed to hire staff who show as ineligible on the Health Care Worker Registry. Agencies hiring staff pending fingerprint collection would need to document attempts to be compliant with fingerprint collection. Suspending the qualifications, 24-hour pre-service requirements, and delay in the CBCs must be thoroughly documented in the homecare aide employee file. Fingerprint collection would resume immediately when operations return to normal. Agencies must ensure arrangements for qualifications, proper training, fingerprint background checks of HCAs resume upon notice from the Operating Agency when the suspension is no longer in effect.

Temporary flexibility on the following requirements of the Emergency Home Response Service and Automated Medication Dispenser providers:

1. Temporarily waive the requirement that providers install and provide training to the participant during a face-to-face visit.
2. Allow for providers to deliver equipment to the participant in accordance with recommended CDC social distancing guideline. For example, leaving the equipment on participant’s doorstep.
3. Allow for providers to provide installation instructions and training to participant over the phone or allow for home care aide and/or family member to assist participant with installation of equipment telephonically with provider.
4. Temporarily waive background checks for providers when they are hiring new technicians and installers.

Illinois Department on Aging, Division of Home and Community Services Policy: Family Homecare Aides; Effective Date: October 6, 2009; “Procedures; D. The in-home service provider is responsible for monitoring family HCAs to ensure and verify provision of services. Procedures must, at a minimum, include: 1. Monthly phone monitoring during the scheduled hours of service to ensure the family HCA is present and accurately reporting hours worked; 2. Unannounced home visits must be conducted quarterly by the supervisor to ensure the family HCA is following the care plan and monitoring the participant’s health/status.”

- **Temporary guidance:** supervisors should substitute an unannounced visit with a phone call to comply with this requirement

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

This temporary guidance valid during the COVID-19 crisis is listed above.

Provider Specifications

Provider Category(s) <i>(check one or both):</i>	<input checked="" type="checkbox"/> Individual. List types:	<input checked="" type="checkbox"/> Agency. List the types of agencies:
		Adult Day Care, EHRS

Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/> Legally Responsible Person	<input type="checkbox"/> Relative/Legal Guardian
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Provider Qualifications *(provide the following information for each type of provider):*

Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
In-home Service	As above	As above
EHRS, AMD	As above	As above

Service Delivery Method

Service Delivery Method <i>(check each that applies):</i>	<input type="checkbox"/> Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/> Provider managed
		Adult Day Care, EHRS

ⁱ Numerous changes that the state may want to make may necessitate authority outside of the scope of section 1915(c) authority.

States interested in changes to administrative claiming or changes that require section 1115 or section 1135 authority should engage CMS in a discussion as soon as possible. Some examples may include: (a) changes to administrative activities, such as the establishment of a hotline; or (b) suspension of general Medicaid rules that are not addressed under section 1915(c) such as payment rules or eligibility rules or suspension of provisions of section 1902(a) to which 1915(c) is typically bound.