**Champaign County Developmental Disabilities Board (CCDDB) AGENDA**

**Wednesday, December 18, 2013**

Brookens Administrative Building

Lyle Shields Room

1776 E. Washington St., Urbana, IL 61802

**8:00AM**

1. Call to Order – Ms. Elaine Palencia, President
2. Roll Call – Stephanie Howard-Gallo
3. Additions to Agenda
4. Citizen Input
5. CCMHB Input
6. Approval of CCDDB Minutes
   A. 11/20/13 Board Meeting*
      *Minutes are included in the packet. Board action is requested.*
7. President's Comments – Ms. Elaine Palencia
8. Executive Director's Comments – Peter Tracy
9. Staff Report – Lynn Canfield
   *Included in the Board packet.*
10. Agency Information
11. Financial Report
    A. Approval of Claims*
       *Included in the Board packet. Action is requested.*
12. New Business
    A. Notification of FY2015 Funding Availability
       *Appearing in the Public Notice section of The News Gazette on Sunday, December 15, 2013, the NOFA is included in the Board packet for information only.*
    B. Reception for Ernie Gullerud
       *An invitation to this afternoon's event honoring Dr. Gullerud's service to the Champaign County Mental Health Board appears in the packet, for information only.*
13. Old Business
    A. CCDDB Retreat January 25, 2014
    B. CCDDB FY15 Allocation Criteria*
       *A Decision Memo is included in the packet. Action is requested.*
    C. 1115 Waiver Concept Paper Comments

*Included are comments from each of: The ARC of Illinois; The Association of Community Mental Health Authorities of Illinois (ACMHAI); The Illinois Association of Rehabilitation Facilities (IARF); and The Institute on Public Policy for People with Disabilities. These are for information, as the Draft Waiver is anticipated 12/19/2013, and a Stakeholder Engagement webinar will be held 12/20/2013 at 11:45am.*

14. Board Announcements
15. Adjournment

**Board action requested*

# *CHAMPAIGN COUNTY BOARD FOR CARE AND TREATMENT OF PERSONS WITH A DEVELOPMENTAL DISABILITY (CCDDB) BOARD MEETING*

***Minutes –November 20, 2013***

***Brookens Administrative Center***
***Lyle Shields Room***
***1776 E. Washington St.***
***Urbana, IL***

***8:00 a.m.***

| | |
|---|---|
| **MEMBERS PRESENT:** | Joyce Dill, Phil Krein, Elaine Palencia, Mike Smith, Sue Suter |
| **STAFF PRESENT:** | Peter Tracy, Lynn Canfield, Nancy Crawford, Mark Driscoll, Stephanie Howard-Gallo |
| **OTHERS PRESENT:** | Patty Walters, Danielle Matthews, Dale Morrissey, Developmental Services Center (DSC); Linda Tortorelli, Vicki Niswander, Community Choices (CC); Sue Wittman, Community Elements (CE); Glenna Tharp, PACE; Tracy Parsons, ACCESS Initiative (AI); Dennis Carpenter, Charleston Transition Facility (CTF); Sally Mustered, C-U Autism Network (CUAN); Barb and Jeff Jewett, Parents; Sheila Krein, The Autism Project (TAP); Cynthia and Frank Creighton, Parents |

**CALL TO ORDER:**

Ms. Elaine Palencia called the meeting to order at 8:00 a.m.

**ROLL CALL:**

Roll call was taken and a quorum was present.

**ADDITIONS TO AGENDA:**

None.

## CITIZEN INPUT:

Cynthia and Frank Creighton spoke regarding the lack of services in this community for their son.

Ms. Barb Jewett encouraged Board members to have new visions for the future in the developmental disability community.

## CHAMPAIGN COUNTY MENTAL HEALTH BOARD (CCMHB) INPUT:

The CCMHB will meet later today.

## APPROVAL OF MINUTES:

Minutes from the October 23, 2013 Board meeting were included in the packet.

**MOTION: Ms. Suter moved to approve the minutes from the October 23, 2013 Board meeting. Ms. Dill seconded and the motion passed unanimously.**

## PRESIDENT'S COMMENTS:

Ms. Palencia spoke regarding her history with closed institutions.

## EXECUTIVE DIRECTOR'S REPORT:

Mr. Tracy announced a Ligas meeting with Tony Records will be held this evening at 7 p.m. at Christopher Hall.

## STAFF REPORT:

Ms. Canfield's staff report was included in the Board packet. She reported she recently met with self-advocates and reported to the Board their concerns and desires.

## AGENCY INFORMATION:

None.

## FINANCIAL INFORMATION:

### Approval of Claims:

A copy of the claims report was included in the Board packet for action.

**MOTION: Mr. Smith moved to accept the claims report as presented. Ms. Dill seconded the motion. The motion passed unanimously.**

**NEW BUSINESS:**

**Concept Paper for 1115 Waiver for Illinois Medicaid:**
The Concept Paper for the 1115 Waiver for Illinois Medicaid was included in the packet for review. Ms. Dill spoke regarding her skepticism over the proposed Waiver and is looking forward to obtaining more information. Ms. Suter reported the Waiver is a strong medical model and that makes it a concern. Mr. Tracy reported the Association of Community Mental Health Authorities of Illinois (ACMHAI) has not responded or taken a position on the Waiver and is waiting for further information. Ms. Suter expressed she would like the CCDDB to take a position on the proposed Waiver after more information is received.

**OLD BUSINESS:**

**CCDDB Retreat January 25, 2014:**
Planning is underway for a CCDDB retreat schedule for Saturday, January 25, 2014.

**Draft Three Year Plan 2013-2015 with FY 2014 Objectives:**
A copy of the draft Plan was included in the packet, with suggestions incorporated. A Decision Memorandum was included in the packet and Board action was requested.

**MOTION: Ms. Suter moved to accept the Draft Three-Year Plan 2013-2015 with 2014 Objectives. Mr. Smith seconded the motion and the motion passed.**

**CCDDB FY15 Allocation Criteria:**
A Decision Memorandum was included in the Board packet for review and comment. Discussion ensued regarding priorities identified in the document as well as what changes had been made to the document from prior years.

**MOTION: Ms. Suter moved to approve the FY15 Allocation Decision Support Criteria as described in the Decision Memorandum identified as agenda item 13.C., subject to rewriting the eighth priority for clarification—Individualized Residential Service Options.**

**CCMHB FY15 Allocation Criteria:**
The CCMHB FY15 Allocation Criteria was included in the packet for information only.

**Disability Resource Expo:**
A report from Ms. Bressner was included in the Board packet.

**Ligas Update:**
The First Annual Report of the Monitor, Ed McManus' November 3rd newsletter and Mr. Peter Tracy's March 20th letter to Mr. Records was included in the packet for information only.

**BOARD ANNOUNCEMENTS:**

Tony Records will be speaking at Christopher Hall this evening at 7 p.m. at Christopher Hall in Urbana regarding The Ligas Consent Decree Update.

**ADJOURNMENT:**

The meeting adjourned at 9:16 a.m.

Respectfully Submitted by: Stephanie Howard-Gallo

**Minutes are in draft form and are subject to CCDDB approval.*

# Lynn Canfield, Associate Director for Developmental Disabilities
# Staff Report – December 18, 2013

**FY2015 Funding Priorities:** A final draft of the CCDDB FY2015 Allocation Priorities and Decision Support Criteria Decision Memo is included in the packet. In this version, the Residential priority incorporates new language from Dr. Krein, with a slight modification. At last month's meeting, I failed to deliver a message from one of the self-advocates I had met with in the days just before: he had asked that I let the Board know that the services he participates in are not his life.

**FY2014 Quarterly Reports:** First Quarter data from all ID/DD related programs have been entered, with some clarifications and adjustments requested and received. New this year are reports of persons served, for which I created and then modified new data tables in order to sort by name, across agencies and programs. Although these data may require further refinement, it appears that: of 449 individuals reported in funded program services other than Family Development Center and Head Start/Early Head Start, 56 are involved with more than one funded organization, many in advocacy groups; and, of the 449, 174 participate in more than one funded program through a single agency (Developmental Services Center - 151, Community Choices - 22, and Charleston Transitional Facility - 1). I have requested additional information in cases where some state funding appears to be present.

**Online Application and Reporting System:** Mark Driscoll and I continue to work on changes to application forms and quarterly reports and system enhancements to improve fee-for-service reporting and tracking. Mr. Driscoll paid a visit to Proviso Township's mental health board office to examine their reimbursement tracking system as an option, and one of their staff is meeting with us for continued discussion. I converted and uploaded all revised and new documents to various sections of the site and will continue to make changes as problems are identified and updated information becomes available. CCDDB staff collaborated on the instructions for FY2015 applications, and we continue to provide technical support to agency users as needed and to consider modifications based on their experiences with the site. A technical assistance session will be held on Tuesday, January 28, 2014, from 10AM to Noon for current and newly registered users. Our consultant to the website developer will be present at this meeting, and Mark is preparing training materials.

**Anti-Stigma Alliance**: After several conversations with anti-stigma artists and some steering committee members, I began investigating new spaces for an art show and scheduled a meeting with the coordinator of Roger Ebert's Film Festival to consider what is possible for 2014. The festival will be held April 23-27, with the Illinois Marathon intersecting it on Saturday, April 26.

**ACMHAI**: I participated in a conference call with the consultants drafting the 1115 Waiver submission; one of the authors has experience in both finance and ID/DD and assured the group that the concept paper focused on higher level controversial aspects because these hold the potential for increased revenue; he also noted that the new waiver would ensure compliance with existing consent decrees and,

while the rates can be changed right now (independent of the waiver submission), the waiver can develop incentives in priority areas and for providers achieving desired outcomes; the draft is expected on December 19 with more detail on specific waivers on January 5; across all systems, providers are encouraged to become Medicaid providers in order to accommodate those individuals who will become eligible in 2014. I also attended the ACMHAI quarterly membership meeting, which focused on ID/DD with presentations by Ed McManus and Vickie Niswander and a conversation with Illinois DHS DDD Director Kevin Casey.

**Other Activity**: At last month's Birth to Six Council meeting, I worked with the Provider Recruitment and Retention Subcommittee responding to the scarcity of Speech, Occupational, and Physical Therapy providers in the region. Updates and status reports at the most recent quarterly Metropolitan Intergovernmental Council meeting included the Champaign County Economic Development Corporation Strategic Plan, UC2B Marketing, and data on the high cost of health care in Central Illinois. I remain involved with the Champaign County Crisis Intervention Team Steering Committee through email and informal updates because their regular meeting time often overlaps with CCDDB meetings; I will be able to attend in January and have given feedback on the draft document, "CIT Response General Order." I attended the November 26 meeting of Mental Health Agencies Council, with discussion of the Gifford recovery, ACCESS and board business, and MHAC schedule. Mark Driscoll and I attended an initial Rx Access Stakeholder Meeting, coordinated by Champaign County Health Care Consumers, for an overview of problems with the current prescription access situation, the role of ACA, opportunities for improvement, and next steps.

**Ligas, PUNS, and Unmet Need**: During the November 20 Ligas Update, Tony Records offered important clarifications and observations. While the September PUNS selection resulted in 85% of individuals choosing Home Based Support, the large draw anticipated in April is to consist of 500 individuals, all requesting CILA; this makes the development of provider capacity, in Champaign County and across the state, even more urgent. The transition plan developed for each individual receiving an award should answer the key questions "Where do you want to live and with whom?" and "What do you want to do during the day?" and should include discussion of employment, at a minimum "a path to employment." Mr. Records also talked about the need for more flexibility in CILA, enhancing the waiver with Supported Employment, separating housing from services, the calculation of residents' housing costs (portion on earned income, specifically) as a disincentive to work, and Illinois' unique PAS system (in many other states, service coordination is through providers, and there is a choice among them.)

Data sorted for Champaign County, from the DHS website's November 8 update, is added below.

| | |
|---|---|
| 2/1/11: | **194** with emergency need; of **269** in crisis, **116** recent or coming grads. |
| 4/5/11: | **198** with emergency need; of **274** in crisis, **120** recent or coming grads. |
| 5/12/11: | **195** with emergency need; of **272** in crisis, **121** recent or coming grads. |
| 6/9/11: | **194** with emergency need; of **268** in crisis, **120** recent or coming grads |
| 10/4/11: | **201** with emergency need; of **278** in crisis, **123** recent or coming grads. |

12/5/11: **196** with emergency need; of **274** in crisis, **122** recent or coming grads.
5/7/12: **222** with emergency need; of **289** in crisis, **127** recent or coming grads.
9/10/12: **224** with emergency need; of **288** in crisis, **131** recent or coming grads.
10/10/12: **224** with emergency need; of **299** in crisis, **134** recent or coming grads.
1/7/13: **225** with emergency need; of **304** in crisis, **140** recent or coming grads.
2/11/13: **226** with emergency need; of **308** in crisis, **141** recent or coming grads.
6/10/13: **238** with emergency need; of **345** in crisis, **156** recent or coming grads.
10/15/13: **244**with emergency need; of **378** in crisis, **160** recent or coming grads.
11/8/13: **246** emergency; **392** in crisis, with **164** exiting school in the past 10 or the next 3 years.

The majority of existing supports are in Education, Speech and Occupational Therapy, Transportation, and Behavioral Supports. The most frequently identified desired supports are Transportation, Personal Support, Support to engage in work/activities in a disability setting, Support to work in the community, Occupational Therapy, Speech Therapy, Behavioral Supports, Other Transportation Service, Out-of-home residential services with 24-hour supports, Physical Therapy, Out-of-home residential services with less than 24-hour supports, Assistive Technology, and Respite.

Illinois Department of Human Services

# Division of Developmental Disabilities

## PUNS Data By County and Selection Detail

November 08, 2013

### County: Champaign

| Reason for PUNS or PUNS Update | |
|---|---|
| New | 161 |
| Annual Update | 93 |
| Change of category (Emergency, Planning, or Critical) | 14 |
| Change of service needs (more or less) - unchanged category (Emergency, Planning, or Critical) | 18 |
| Person is fully served or is not requesting any supports within the next five (5) years | 132 |
| Moved to another state, close PUNS | 5 |
| Person withdraws, close PUNS | 16 |
| Deceased | 3 |
| Other, supports still needed | 1 |
| Other, close PUNS | 83 |

| EMERGENCY NEED(Person needs in-home or day supports immediately) | |
|---|---|
| 1. Individual needs immediate support to stay in their own home/family home (short term - 90 days or less); e.g., hospitalization of care giver or temporary illness of an individual living in their own home. | 8 |
| 2. Individual needs immediate support to stay in their own home/family home or maintain their employment situation (long term); e.g., due to the person's serious health or behavioral issues. | 28 |
| 3. Care giver needs immediate support to keep their family member at home (short term - 90 days or less); e.g., family member recuperating from illness and needs short term enhanced supports. | 6 |
| 4. Care giver needs immediate support to keep their family member at home (long term); e.g., care giver is permanently disabled or is terminally ill and needs long term enhanced supports immediately to keep their family member at home. | 15 |

| EMERGENCY NEED(Person needs out-of-home supports immediately) | |
|---|---|
| 1. Care giver is unable or unwilling to continue providing care (e.g., person has been abandoned). | 32 |
| 2. Death of the care giver with no other supports available. | 4 |
| 3. Person has been commited by the court or is at risk of incarceration. | 2 |
| 4. Person is living in a setting where there is suspicion of abuse or neglect. | 5 |
| 5. Person is in an exceedingly expensive or inappropriate placement and immediately needs a new plaec to live (for example, an acute care hospital, a mental health placement, a homeless shelter, etc.). | 10 |
| 6. Other crisis, Specify: | 136 |

| CRITICAL NEED(Person needs supports within one year) | |
|---|---|
| 1. Individual or care giver will need support within the next year in order for the individual to continue living in their current situation. | 40 |
| 2. Person has a care giver (age 60+) and will need supports within the next year. | 28 |
| 3. Person has an ill care giver who will be unable to continue providing care within the next year. | 6 |
| 4. Person has behavior(s) that warrant additional supports to live in their own home or family home. | 42 |
| 5. Individual personal care needs cannot be met by current care givers or the person's health has deteriorated. | 7 |
| 6. There has been a death or other family crisis, requiring additional supports. | 3 |
| 7. Person has a care giver who would be unable to work if services are not provided. | 28 |
| 8. Person or care giver needs an alternative living arrangement. | 14 |
| 9. Person has graduated or left school in the past 10 years, or will be graduating in the next 3 years. | 164 |
| 10. Person is living in an inappropriate place, awaiting a proper place (can manage for the short term; e.g., persons aging out of children's residential services). | 2 |
| 11. Person moved from another state where they were receiving residential, day and/or in-home supports. | 8 |
| 12. The state has plans to assist the person in moving within the next year (from a state-operated or private Intermediate Care Facility for People with Developmental Disabilites, nursing home or state hospital). | 1 |
| 13. Person is losing eligibilty for Department of Children and Family Services supports in the next year. | 5 |
| 14. Person is losing eligibility for Early Periodic Screening, Diagnosis and Treatment supports in the next year. | 3 |
| 15. Person is losing eligibility for Intermediate Care Facility for People with Developmental Disabilities supports in the next year. | 1 |
| 16. Person is losing eligibility for Medically Fragile/Technology Dependant Children's Waiver supports in the next year. | 1 |
| 17. Person is residing in an out-of-home residential setting and is losing funding from the public school system. | 2 |

| | |
|---|---|
| 20. Person wants to leave current setting within the next year. | 6 |
| 21. Person needs services within the next year for some other reason, specify: | 31 |

**PLANNING FOR NEED(Person's needs for service is more than a year away but less than 5 years away, or the care giver is older than 60 years)**

| | |
|---|---|
| 1. Person is not currently in need of services, but will need service if something happens to the care giver. | 74 |
| 2. Person lives in a large setting, and person/family has expressed a desire to move (or the state plans to move the person). | 1 |
| 3. Person is disatisfied with current residential services and wishes to move to a different residential setting. | 1 |
| 4. Person wishes to move to a different geographic location in Illinois. | 2 |
| 5. Person currently lives in out-of-home residential setting and wishes to live in own home. | 1 |
| 6. Person currently lives in out-of-home residential setting and wishes to return to parents' home and parents concur. | 2 |
| 8. Person or care giver needs increased supports. | 71 |
| 9. Person is losing eligibility for Department of Children and Family Services supports within 1-5 years. | 1 |
| 14. Other, Explain: | 12 |

**EXISTING SUPPORTS AND SERVICES**

| | |
|---|---|
| Respite Supports (24 Hour) | 18 |
| Respite Supports (<24 hour) | 29 |
| Behavioral Supports (includes behavioral intervention, therapy and counseling) | 101 |
| Physical Therapy | 75 |
| Occupational Therapy | 132 |
| Speech Therapy | 158 |
| Education | 209 |
| Assistive Technology | 42 |
| Homemaker/Chore Services | 4 |
| Adaptions to Home or Vehicle | 6 |
| Personal Support under a Home-Based Program, Which Could Be Funded By Developmental Disabilites, Division of Rehabilitation Services or Department on Aging (can include habilitation, personal care, respite, retirement supports, budgeting, etc.) | 8 |
| Medical Equipment/Supplies | 14 |
| Nursing Services in the Home, Provided Intermittently | 4 |
| Other Individual Supports | 22 |

**TRANPORTATION**

| | |
|---|---|
| Transportation (include trip/mileage reimbursement) | 127 |
| Other Transportation Service | 65 |
| Senior Adult Day Services | 2 |
| Developmental Training | 81 |
| "Regular Work"/Sheltered Employment | 78 |
| Supported Employment | 40 |
| Vocational and Educational Programs Funded By the Division of Rehabilitation Services | 14 |
| Other Day Supports (e.g. volunteering, community experience) | 13 |

**RESIDENTIAL SUPPORTS**

| | |
|---|---|
| Community Integrated Living Arrangement (CILA)/Family | 5 |
| Community Integrated Living Arrangement (CILA)/Intermittent | 5 |
| Community Integrated Living Arrangement (CILA)/Host Family | 1 |
| Community Integrated Living Arrangement (CILA)/24 Hour | 33 |
| Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 16 or Fewer People | 9 |
| Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 17 or More People | 1 |
| Skilled Nursing Facility/Pediatrics (SNF/PED) | 4 |
| Supported Living Arrangement | 3 |
| Shelter Care/Board Home | 1 |
| Children's Residential Services | 6 |

| | |
|---|---|
| Child Care Institutions (Including Residential Schools) | 6 |
| Other Residential Support (including homeless shelters) | 8 |
| **SUPPORTS NEEDED** | |
| Personal Support (includes habilitation, personal care and intermittent respite services) | 247 |
| Respite Supports (24 hours or greater) | 82 |
| Behavioral Supports (includes behavioral intervention, therapy and counseling) | 143 |
| Physical Therapy | 96 |
| Occupational Therapy | 169 |
| Speech Therapy | 152 |
| Assistive Technology | 85 |
| Adaptations to Home or Vehicle | 32 |
| Nursing Services in the Home, Provided Intermittently | 6 |
| Other Individual Supports | 49 |
| **TRANSPORTATION NEEDED** | |
| Transportation (include trip/mileage reimbursement) | 255 |
| Other Transportation Service | 119 |
| **VOCATIONAL OR OTHER STRUCTURED ACTIVITIES** | |
| Support to work at home (e.g., self employment or earning at home) | 6 |
| Support to work in the community | 169 |
| Support to engage in work/activities in a disability setting | 178 |
| **RESIDENTIAL SUPPORTS NEEDED** | |
| Out-of-home residential services with less than 24-hour supports | 96 |
| Out-of-home residential services with 24-hour supports | 118 |

| VENDOR NO | VENDOR NAME | TRN DTE | B N | TR CD | TRANS NO | PO NO | CHECK NUMBER | CHECK DATE | ACCOUNT NUMBER | ACCOUNT DESCRIPTION | ITEM DESCRIPTION | EXPENDITURE AMOUNT |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| *** FUND NO. 108 DEVLPMNTL DISABILITY FUND | | | | | | | | | | | | |
| *** DEPT NO. 050 DEVLMNTL DISABILITY BOARD | | | | | | | | | | | | |
| 90 | CHAMPAIGN COUNTY TREASURER MENT HLTH BD FND 090 | | | | | | | | | | | |
| | | 11/13/13 | 02 | VR 108- | 97 | | 496552 | 11/15/13 | 108-050-533.07-00 | PROFESSIONAL SERVICES | ADMIN FEE NOV | 26,457.00 |
| | | | | | | | | | | | VENDOR TOTAL | 26,457.00 * |
| 5352 | AUTISM SOCIETY OF ILLINOIS GRANTS | | | | | | | | | | | |
| | | 11/13/13 | 02 | VR 108- | 90 | | 496572 | 11/15/13 | 108-050-533.92-00 | CONTRIBUTIONS & GRANTS | AUTISM NOV | 1,000.00 |
| | | | | | | | | | | | VENDOR TOTAL | 1,000.00 * |
| 16011 | CHARLESTON TRANSITIONAL FACILITY | | | | | | | | | | | |
| | | 11/13/13 | 02 | VR 108- | 92 | | 496591 | 11/15/13 | 108-050-533.92-00 | CONTRIBUTIONS & GRANTS | NURSING NOV | 1,430.00 |
| | | 11/13/13 | 02 | VR 108- | 92 | | 496591 | 11/15/13 | 108-050-533.92-00 | CONTRIBUTIONS & GRANTS | RESIDENTIAL NOV | 3,042.00 |
| | | | | | | | | | | | VENDOR TOTAL | 4,472.00 * |
| 18203 | COMMUNITY CHOICE, INC | | | | | | | | | | | |
| | | 11/13/13 | 02 | VR 108- | 93 | | 496598 | 11/15/13 | 108-050-533.92-00 | CONTRIBUTIONS & GRANTS | CUSTOM EMPLOY NOV | 4,167.00 |
| | | 11/13/13 | 02 | VR 108- | 93 | | 496598 | 11/15/13 | 108-050-533.92-00 | CONTRIBUTIONS & GRANTS | COMM LIVING NOV | 4,583.00 |
| | | | | | | | | | | | VENDOR TOTAL | 8,750.00 * |
| 18209 | COMMUNITY ELEMENTS | | | | | | | | | | | |
| | | 11/13/13 | 02 | VR 108- | 94 | | 496599 | 11/15/13 | 108-050-533.92-00 | CONTRIBUTIONS & GRANTS | COORD OF SVCS NOV | 2,922.00 |
| | | | | | | | | | | | VENDOR TOTAL | 2,922.00 * |
| 22300 | DEVELOPMENTAL SERVICES CENTER OF CHAMPAIGN COUNTY INC | | | | | | | | | | | |
| | | 11/13/13 | 02 | VR 108- | 95 | | 496607 | 11/15/13 | 108-050-533.92-00 | CONTRIBUTIONS & GRANTS | APT SVCS NOV | 34,371.00 |
| | | 11/13/13 | 02 | VR 108- | 95 | | 496607 | 11/15/13 | 108-050-533.92-00 | CONTRIBUTIONS & GRANTS | AUGMENT DEV NOV | 14,850.00 |
| | | 11/13/13 | 02 | VR 108- | 95 | | 496607 | 11/15/13 | 108-050-533.92-00 | CONTRIBUTIONS & GRANTS | CARE MANAGE NOV | 33,109.00 |
| | | 11/13/13 | 02 | VR 108- | 95 | | 496607 | 11/15/13 | 108-050-533.92-00 | CONTRIBUTIONS & GRANTS | CLINICAL SVCS NOV | 13,621.00 |
| | | 11/13/13 | 02 | VR 108- | 95 | | 496607 | 11/15/13 | 108-050-533.92-00 | CONTRIBUTIONS & GRANTS | CONNECT TRANS NOV | 7,083.00 |
| | | 11/13/13 | 02 | VR 108- | 95 | | 496607 | 11/15/13 | 108-050-533.92-00 | CONTRIBUTIONS & GRANTS | IND & FAM SUPPT NOV | 29,500.00 |
| | | 11/13/13 | 02 | VR 108- | 95 | | 496607 | 11/15/13 | 108-050-533.92-00 | CONTRIBUTIONS & GRANTS | NON-MEDI DT NOV | 73,415.00 |

| VENDOR NO | VENDOR NAME | TRN DTE | B N | TR CD | TRANS NO | PO NO | CHECK NUMBER | CHECK DATE | ACCOUNT NUMBER | ACCOUNT DESCRIPTION | ITEM DESCRIPTION | EXPENDITURE AMOUNT |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| *** FUND NO. 108 DEVLPMNTL DISABILITY FUND | | | | | | | | | | | | |
| | | 11/13/13 | 02 | VR | 108- 95 | | 496607 | 11/15/13 | 108-050-533.92-00 | CONTRIBUTIONS & GRANTS | NON-MEDI EMPLOY NOV | 9,846.00 |
| | | | | | | | | | | | VENDOR TOTAL | 215,795.00 * |
| 22816 | DOWN SYNDROME NETWORK | | | | | | C/O WENDY BARKER | | | | | |
| | | 11/13/13 | 02 | VR | 108- 91 | | 496610 | 11/15/13 | 108-050-533.92-00 | CONTRIBUTIONS & GRANTS | DOWN SYNDROME NOV | 1,250.00 |
| | | | | | | | | | | | VENDOR TOTAL | 1,250.00 * |
| 54930 | PERSONS ASSUMING CONTROL OF THEIR | | | | | | ENVIROMENT, INC | | | | | |
| | | 11/13/13 | 02 | VR | 108- 96 | | 496659 | 11/15/13 | 108-050-533.92-00 | CONTRIBUTIONS & GRANTS | OPP FOR INDEP NOV | 4,885.00 |
| | | | | | | | | | | | VENDOR TOTAL | 4,885.00 * |
| | | | | | | | | | | DEVLMNTL DISABILITY BOARD | DEPARTMENT TOTAL | 265,531.00 * |
| | | | | | | | | | | DEVLPMNTL DISABILITY FUND | FUND TOTAL | 265,531.00 * |

***To be run in the Public Notice section of The News Gazette on***

***December 15, 2013 — one day only.***

**Notification of Funding Availability – Champaign County Mental Health Board (CCMHB)/ Champaign County Board for Care and Treatment of Persons with a Developmental Disability (CCDDB)/ Quarter Cent for Public Safety – Juvenile Justice Post Detention (Quarter Cent Fund)**

The three separate funding sources listed above are utilizing a web-based registration and application system for submission of funding requests for the contract year beginning July 1, 2014 and ending June 30, 2015. The web-based system will be accessible to applicants beginning January 8, 2014. All applicants shall register (if not previously registered) and log-in to access the application forms, allocation decision support criteria, and instructions. Deadline for applications is February 14, 2014 at 4:30 p.m. Final allocation decisions shall be made no later than June 30, 2014.

A technical assistance session on use of the online application system will be held on January 28, 2014 from 10:00 a.m. to noon in the Lyle Shields Room at Brookens Administrative Center, 1776 East Washington Street, Urbana, Illinois.

For more information or for technical assistance regarding the web-based application system contact:
Ms. Stephanie Howard-Gallo, CCMHB/CCDDB
217/367-5703 stephanie@ccmhb.org

***The***
***Champaign County Mental Health Board***

*Request the Privilege of your Attendance To Honor:*

# *Ernie Gullerud*

*For his commitment & dedication, as his service to the Board comes to an end.*

***Wednesday, December 18, 2013***
***4:30 to 6:30 p.m.***

*Piato's*
*Lincoln Square Mall*
*Urbana, IL*

*A cash bar will be available.*

**CHAMPAIGN COUNTY MENTAL HEALTH BOARD**

**CHAMPAIGN COUNTY BOARD FOR CARE AND TREATMENT OF PERSONS WITH A DEVELOPMENTAL DISABILITY**

# DECISION MEMORANDUM

**DATE:** December 18, 2013

**TO:** Members, Champaign County Developmental Disabilities Board

**FROM:** Peter Tracy, Executive Director

**SUBJECT:** FY15 Allocation Priorities and Decision Support Criteria

## Overview:

In Illinois, we are currently in the midst of major changes in the delivery of supports and services for people with intellectual disabilities and developmental disabilities. The changes are being brought about by the State's rebalancing efforts (i.e., state operated facility closures), lawsuits and consent decrees, national trends and paradigm shifts, new statutes (e.g., Employment First), implementation of the Affordable Care Act, Medicaid expansion, and various managed care pilot projects being implemented by the Illinois Department of Healthcare and Family Services. Community based providers are faced with the challenge of positioning to adapt to change in the continued climate of fiscal austerity, payment delays, and antiquated state policy.

Of concern to community mental health authorities (708 Boards) and county developmental disabilities boards (377 Boards) is how the myriad of changes will affect established and traditional funding patterns and exactly where we fit in this new fiscal and policy environment. The State's shift away from General Revenue Funding (GRF) to Federal Financial Participation (FFP) will continue to redefine our funding parameters and will create additional stress on an already stressed system because of the inadequacy of Medicaid rates.

On the positive side (for 708 and 377 Boards), the changes cited above will actually open up tremendous opportunities for rethinking how we prioritize local dollars. Specifically, we can anticipate the State will control costs by making adjustments in clinical and service eligibility requirements. It is reasonable to predict that a significant cohort of people will be in need of services and supports but will not meet the intellectual disability or developmental disability threshold necessary to receive an award. We have seen this pattern play out with the Early Intervention program.

Lastly, even though we know radical changes are coming, we still don't know the details of how the State systems (e.g., Department of Human Services, Department of Healthcare and Family Services, and the Department of Children and Family Services) will be organized and how services and supports will be operationalized. As they say, "the devil's in the details." So to the extent possible we will try to influence change, but I anticipate we will mostly be watching and positioning ourselves to respond to change in a way which best meets the needs of the people of Champaign County.

While the structural changes, system uncertainty, and resource challenges described above might suggest a strategy of attempting to do 'more-of-the-same with less', these conditions might also be seen as presenting a unique opportunity to utilize discretionary funds selectively and systematically to identify and support creative approaches that are effective in:

- engaging, mobilizing, and leveraging partnerships with generic community resources (civic and cultural associations, workplaces, learning places, etc.)
- developing and mobilizing citizen-based personal support networks
- moving from sheltered, custodial, and 'activity-based' programming to a systematic focus on connection, companionship, and contribution.

## Statutory Authority

Funding policies of the Champaign County Developmental Disabilities Board (CCDDB) are predicated on the requirements of the County Care for Persons with Developmental Disabilities Act (55 ILCS 105/ Section 0.01 et. seq.). All funds shall be allocated within the intent of the controlling act as codified in the laws of the State of Illinois. The purpose of this memorandum is to recommend and confirm service and program priorities for the FY15 (July 1, 2014 through June 30, 2015) funding cycle. CCDDB Funding Guidelines require annual review and update of decision support criteria and priorities in advance of the funding cycle application process.

Upon approval by the Board, this memorandum shall become an addendum to the CCDDB funding guidelines incorporated in standard operating procedures.

## Expectations for Minimal Responsiveness

Applications that do not meet these thresholds are "non-responsive" and will be returned to the applicant. All agencies must be registered using the on-line system. The application(s) must be completed using the on-line system.

1. Eligible applicant – based on the Organization Eligibility Questionnaire.
2. Compliance with the application deadline. Late applications will not be accepted.
3. Application must relate directly to intellectual disabilities and developmental disabilities programs, services, and supports.
4. Application must be appropriate to this funding source and shall provide evidence that other funding sources are not available to support this program/service.

## FY15 Priorities and Decision Support Criteria

Upon approval by the CCDDB, the items included in this section will be heavily weighted in the decision of which applications should receive funding during the FY15 contract year (July 1, 2014 through June 30, 2015). These items are closely aligned with CCDDB planning and needs assessment processes, State and federal statute changes, intergovernmental agreements, memoranda of understanding, recommendations of consultants hired by the Board, the Board's stated goals and objectives, and the operating principles and public policy positions taken by the Board. The weighting of innovation grants will include the following principles:

- Individuals with disabilities should have the opportunity to live like those without disabilities. They should have control over their day and over where and how they live.
- Supports for individuals with disabilities should focus on building connection, companionship, and contribution in the broader community, and on supporting presence and participation in community settings where their individual contributions will be recognized and valued.
- Supports for individuals with disabilities should focus on developing and strengthening personal support networks that include friends, family members, and community partners.
- Supports for individuals with disabilities should systematically identify and mobilize individual gifts and capacities and create access to community associations, workplaces, and learning spaces in which network members have influence and standing.

The FY15 allocation process is intended to respond to a wide range of stakeholder/resident input, including that learned through the September 18, 2013 Public Hearing on Intellectual Disabilities and Developmental Disabilities and concerns brought to our attention throughout the cycle.

Person Centered Planning (PCP)

Applications shall provide detailed information about the PCP process used by the applicant to develop a cogent service and support plan predicated on and specific to CCDDB funding and which identifies and mobilizes community partnerships and resources that exist beyond the service system. To the extent possible, CCDDB dollars will follow individuals rather than programs and will focus on PCP-driven services and supports tied to the individual. In addition, the PCP process shall promote self-directed and culturally appropriate individualized service plans which include measurable desired outcomes that strike a balance between what is 'important-to' and what is 'important-for' the individual.

PCP processes must include the presence and participation of the person with a disability, including whatever supports the person needs to express his or her intentions and wishes. These supports may include participation and representation by one or more family members, friends, or community partners in whom the person with a disability has indicated trust, especially in cases where the individual may have significant difficulty expressing their intentions and wishes.

Individuals should have the opportunity to make informed choices, based on access to complete information about services and financial supports available in integrated settings, exposure to integrated settings and individuals who work and live in them, and exploration of any concerns they may have about integrated settings.

Employment Services and Supports

Applications which focus on vocational services and supports which are predicated on efficacious PCP processes and which incorporate Employment First Act principles shall be prioritized, with an emphasis on full or part time work in integrated, community settings, consistent with industry standards, based on a person's interests and abilities, and, when indicated and chosen, supported by individually designed services. Further, all employment/vocational related applications must warrant that CCDDB funding shall not supplement services funded by Medicaid. The following are examples of ES services and supports:

- assessment, exploration, and enhancement of vocational interests and abilities;
- support for the acquisition of job tasks and problem-solving skills;
- assistance in establishing a vocational direction/objective consistent with preferences;
- engagement of friends, family members, and community partners in identifying and creating access to workplaces in which those members have influence and standing;
- access to supported and/or customized employment opportunities;
- promotion of competitive employment outcomes;
- blended and/or transitional programs incorporating increased community integration.

Comprehensive Services and Supports for Young Children

Applications with a focus on services and supports for young children with developmental delays not covered by the State's Early Intervention program(s) or under the School Code shall be prioritized. Examples of services and supports include:

- an array of Early Intervention services addressing all areas of development;
- coordinated, home-based, and taking into consideration the needs of the entire family;
- early identification of developmental delays through consultation with child care providers, pre-school educators, and medical professionals;
- supports (including education, coaching, and facilitation) that focus on developing and strengthening personal and family support networks that include friends, family members, and community partners;
- supports that systematically identify and mobilize individual gifts and capacities and create access to community associations, workplaces, and learning spaces in which network members have influence and standing.

Flexible Family Support

Applications which focus on flexible, PCP-driven, family support for people with ID/DD and their families, which are designed to enhance stability and their ability to live together, shall be prioritized. Examples of flexible family support include:

- family respite, recreational activities, mutual support options, transportation assistance;
- assistive technology, home modification/accessibility supports, information, and education;
- other diverse supports which allow individuals and their families to determine care and treatment;
- assistance to the family to develop and maintain active, engaged personal support networks for themselves and their son or daughter.

Adult Day Programming and Social and Community Integration

Applications for PCP-driven adult day programming for people with ID/DD who may also have behavioral support needs and/or significant physical limitations shall be prioritized. Examples of services include:

- speech therapy, occupational therapy, fitness training, personal care support;
- support for the development of independent living skills, social skills, communication skills, and functional academics skills;
- community integration and vocational training, per consumer preferences
- facilitation of social, friendship, and volunteering opportunities;

- access to community education programs, fitness and health promotion activities, mentoring opportunities, and by other creative means.

Self Advocacy and Family Support Organizations
Applications highlighting an improved understanding of ID/DD through support of sustainable self-advocacy and family support organizations, especially those comprising persons who have ID/DD, their parents, and others in their networks of support, shall be prioritized.

Inclusion and Anti-Stigma Programs and Supports
Applications that support efforts to reduce stigma associated with ID/DD may describe creative approaches which share the goals of increasing community awareness and challenging negative attitudes and discriminatory practices.

Individualized Residential Service Options
Applications which focus on residential development, service, and support options predicated on efficacious PCP processes, especially those that facilitate group and community funded options, shall be prioritized. Involvement by parental and advocacy organizations is especially encouraged. Since CCDDB funding for residential (and other) services and supports can potentially disqualify people from Medicaid and other state funding options, the emphasis is on facilitating the development of expanded residential capacity.

## Overarching Decision Support Considerations

The FY15 CCDDB allocation process will require all applications to address the overarching criteria listed below. Assessment of all FY15 applications will focus on alignment with these overarching criteria.

1. Underserved Populations - Programs and services that promote access for underserved populations identified in the Surgeon General's Report on Mental Health: Culture, Race, and Ethnicity and the consultation with Carl Bell, M.D.
2. Countywide Access - Programs and services that promote county-wide access for all people in Champaign County. Zip code data is mandated.
3. Medicaid Anti-Supplementation - Programs and services eligible for Medicaid reimbursement for eligible people with intellectual disabilities and developmental disabilities shall not receive CCDDB funding.
4. Budget and Program Connectedness - Applications must clearly explain the relationship between budgeted costs and program components and must demonstrate how individuals and their preferences are driving the services. "What is the Board buying and for whom?" is the salient question to be answered in the proposal, and clarity is required.

## Secondary Decision Support and Priority Criteria

The process items included in this section will be used as important discriminating factors which influence final allocation decision recommendations.

1. Approach/Methods/Innovation: Applications proposing evidence-based or research-based approaches and addressing fidelity to the model cited. Applications demonstrating creative and/or innovative approaches to meet defined community need.

2. Evidence of Collaboration: Applications identifying collaborative efforts with other organizations serving or directed by individuals with ID/DD and members of their support networks, toward a more efficient, effective, inclusive system of care.
3. Staff Credentials: Applications highlighting staff credentials and specialized training.
4. Records Systems Reflecting CCDB Values and Priorities: Applications proposing to develop and utilize records systems for individual supports, programs, and projects that clearly reflect CCDB values and priorities. Such records systems can be used to provide rapid feedback to CCDB on the impact and efficacy of innovative projects and provide project managers and direct support staff with direction and feedback that can be utilized in day-to-day management, supervision, and mentoring / coaching.

**Process Considerations**

The criteria described in this memorandum are to be used as guidance by the Board in assessing applications for CCDDB funding. However, they are not the sole consideration taken into account in finalizing funding decisions. Other considerations would include the judgment of the Board and its staff, opinion about the provider's ability to implement the program and services proposed, the soundness of the proposed methodology, and the administrative and fiscal capacity of the agency. Further, to be eligible to receive CCDDB funds, applications must reflect the Board's stated goals and objectives as well as the operating principles and public policy positions taken by the Board. The final funding decisions rest with the CCDDB and their judgment concerning the most appropriate and efficacious use of available dollars based on assessment of community needs, equitable distribution across disability areas, and decision-support match up.

The CCDDB allocation of funding is a complex task predicated on multiple variables. It is important to remember that this allocation process is not a request for proposals (RFP). Applicants for funding are not responding to a common set of specifications but rather are seeking funding to address a wide variety of developmental disability service and support needs in our community. In many respects our job is significantly more difficult than simply conducting an RFP. Based on past experience, we can anticipate that the nature and scope of applications will vary significantly and will include treatment, early intervention, and prevention models. For these reasons, a numerical rating/selection methodology is not applicable or relevant to our particular circumstances. Our focus is on what constitutes a best value to our community, based on a combination of cost and non-cost factors, and will reflect an integrated assessment of the relative merits of applications using criteria and priorities approved by the CCDDB.

Caveats and Application Process Requirements:

- Submission of an application does not commit the CCDDB to award a contract or to pay any costs incurred in the preparation of an application or to pay for any other costs incurred prior to the execution of a formal contract.
- Technical assistance available to applicants will be limited to process questions concerning the use of the online registration and application system, application forms, budget forms, application instructions, and CCDDB Funding Guidelines.
- Applications which include excessive information beyond the scope of the application format will not be reviewed and, at the discretion of staff, may be disqualified from

consideration. Letters of support for applications are discouraged and, if submitted, will not be considered as part of the allocation and selection process.

- The CCDDB retains the right to accept or reject any or all applications and reserves the right to refrain from making an award when that is deemed to be in the best interest of the county.
- The CCDDB reserves the right to vary the provisions set forth herein at any time prior to the execution of a contract where the CCDDB deems such variances to be in the best interest of Champaign County.
- Applications and submissions become the property of the CCDDB and, as such, are public documents that may be copied and made available upon request after allocation decisions have been made. Materials submitted will not be returned or deleted from the online system.
- The CCDDB reserves the right, but is under no obligation, to negotiate an extension of any contract funded under this allocation process for up to a period not to exceed two years with or without additional procurement.
- If selected for contract negotiations, the applicant may be required to prepare and submit additional information prior to final contract execution, in order to reach terms for the provision of services that are agreeable to both parties. Failure to submit required information may result in cancellation of the award of a contract.
- The execution of financial contracts resultant of this application process is dependent upon the availability of adequate funds and the needs of Champaign County.
- The CCDDB reserves the right to further define and add application components as needed. Applicants selected as responsive to the intent of this online application process will be given equal opportunity to update proposals for the newly identified components.
- All proposals considered must be received on time and must be responsive to the application instructions. The CCDDB is not responsible for lateness or non-delivery of mail or messenger. Late applications shall be rejected.
- The contents of a successful application will be developed into a formal contract, if selected for funding. Failure of the applicant to accept these obligations can result in cancellation of the award for contract. The CCDDB reserves the right to withdraw or reduce the amount of an award if there is misrepresentation of the applicant's ability to perform as stated in the application.
- The CCDDB reserves the right to negotiate the final terms (i.e., best and final offer) of any or all contracts with the applicant selected, and any such terms negotiated as a result of this application process may be renegotiated and/or amended in order to meet the needs of Champaign County. The CCDDB also reserves the right to require the submission of any revision to the application which results from negotiations conducted.
- The CCDDB reserves the right to contact any individual, agency, or employee listed in the application or to contact others who may have experience and/or knowledge of the applicant's relevant performance and/or qualifications.

Final Decision Authority – The CCDDB will make the final decision concerning all applications for funding, taking into consideration staff recommendations, defined decision support criteria, best value, and availability of funds.

**Decision Section:**

Motion to approve the FY15 Allocation Decision Support Criteria as described in this memorandum.

_____ Approved

_____ Denied

_____ Modified

_____ Additional Information Needed

# Comments on the Illinois 1115 Waiver Concept Paper

*From:*

The Association of Community Mental Health Authorities of Illinois (ACMHAI)

The ARC of Illinois

The Institute on Public Policy for People with Disabilities

The Illinois Association of Rehabilitation Facilities, Inc.

Association of Community Behavioral Health Authorities of Illinois (ACMHAI)

# Comments on the 1115 Waiver Concept Paper Draft

11/25/13

*For additional information, contact Phyllis Russell at phyllis@acmhai.org or 217-369-5168.*

ACMHAI is the association representing the network of county, township and municipality behavioral health authorities across Illinois. Mental Health Authorities are statutorily charged with assessing, planning for and directing resources to support systems of care for residents of all ages needing mental health services, substance use disorder services and those with developmental or intellectual disabilities and Authorities for the Care and Treatment of Persons with a Disability have the specific focus on the needs of those with a developmental or intellectual disability. As funders, the behavioral health authorities distribute more than $60 million into community-based service systems in Illinois annually.

ACMHAI recognizes that the Concept Paper addresses a number of major issues, and is not intended to go deeply into specifics of implementation. Therefore our comments remain general, flagging a handful of issues that we believe are appropriately raised at this point. Overall, while we agree with the movement to consider individuals and their needs that we see throughout the Concept Paper rather than fitting people into categories of need, we have the following concerns:

1. Mental illness is underrepresented in the overall concept paper at this point, with proportionally less incorporated as a component in almost every aspect of the Pathways, particularly when consideration is given to the disproportionate cost of care for those with a serious mental illness and the dually-diagnosed with a chronic physical condition as well.

(Take a look at wellness effort targets using the public health model. None are mental health issues.)

2. The Illinois 1115 waiver concept paper fails to mention the words "intellectual disability(ies)" anywhere in the document. In addition, "developmental disabilities" specifically are mentioned once on page 6, and this reference is for the purpose of describing the existing (i.e., pre-1115) Home and Community Based Services waiver. We would like to see the populations of need identified specifically throughout the Concept Paper to assure that, at every step, behavioral health needs, services and system design considerations are incorporated as being of equal importance with physical health care.
3. Specific components that address early intervention (universal and uniform screening, functional assessment and person-based service plan rather than diagnosis driven plan) are included, but the concept of early intervention as a vitally important system component is lacking. These are critical services in the community-based system of care for children, youth, adults and their families dealing with behavioral health and chronic health issues. Early identification, intervention and connection with community supports make a difference, and the state should be looking to explicitly incorporate options that will enable the strengthening and sustainability of community-based system of care throughout the waiver.
4. Workforce is a critical issue, and the Concept Paper recognizes the importance of doing more to attract, prepare and retain primary care physicians, psychiatrists, psychologists, nurse practitioners, etc. But a community-based system of care with wraparound services relies on having a paraprofessional workforce to provide hands-on, in-community services and supports. Use the waiver to support attracting, training and retaining a community-

based, paraprofessional mental health, substance use, developmental disability and intellectual disability paraprofessional workforce.

5. Currently most Behavioral Health Authorities fund predominantly through program grants and fee-for-service variations. As the state moves to capitation and risk-based funding with a service planning and approval role, as well as money-follows the person and expanded state funding for community services through BIP and Medicaid, consider a request 1) to waive supplementation rules for a period to allow community-based funders including 708s to have more options in funding front-end costs to build capacity as the essential benefits, parity and integration with primary care inclusion of mental health work their way through community systems and managed care provider contract and financing practices and 2) to include other waiver components that will bring funding and resources to assist community-based providers in building capacity to make this transition.
6. The proposed 1115 waiver is budget neutral. This means that all the different groups will now be competing for dollars from the same funding pool. Based on the emphasis of the Concept Paper, it appears hospitals and nursing facilities will be in a strong position under the new waiver, and this will place ID/DD, BH, and SUD funding in jeopardy. We do not want to see community-based provider networks and those working collaboratively to support a system of services for those with behavioral health needs in a funding competition with the entire public healthcare system.
7. It is also of concern that the 1115 waiver concept paper addresses the financial issues faced by hospitals and nursing facilities. Incentive based pools and debt relief is mentioned. Is it the intent for the waiver to also allow incentive based pools to help ID/DD providers develop 4-bed and under

CILAs as required by Ligas? What about assistance for downsizing ICF-DDs? If so, the language needs to be clarified and strengthened.

Thank you for the opportunity to submit written comments. We look forward to further opportunities to engage in discussion related to this important issue.

*For additional information, contact Phyllis Russell at phyllis@acmhai.org or 217-369-5168.*

# Arc Comments on the 1115 Waiver

Written on November 26, 2013 by Tony Paulauski in Issues of the Day

Thank you for the opportunity for The Arc to present recommendations on the goals and strategies of the Illinois Medicaid 1115 Waiver. The Arc represents individuals with intellectual and other developmental disabilities (I/DD) and their families.

At this time, neither the concept paper nor other materials shared with The Arc clearly state how this Medicaid Transformation 1115 Waiver will change the way services will be provided, especially to persons with I/DD, and how it will impact our community services capacity and quality.

The template for rebalancing the Developmental Disability System in Illinois is: **"Illinois at the Tipping Point – Blueprint for System Redesign in Illinois Update", a seven year outline on necessary changes to establish a person-centered community based system.**

Some concerns that we at The Arc have are:

1. This is the next step toward Phase III of Integrated Care? From the concept paper, "The waiver will provide the flexibility needed to deliver appropriate and essential HCBS waiver services, also referred to as "long-term supports and services" (LTSS), in a coordinate fashion through managed care entities and their provider networks."

2. Do we have the money within the system to do this huge transformation? The funding of community services continues to be among the lowest in the nation.

3. The possible elimination of important specialized services for individuals with intellectual and other developmental disabilities.

4. The need for free standing, non-conflictual service coordination in all community and institutional settings.

We need to further understand:

1. Needs Assessment for the 1115 Waiver
2. Eligibility for 1115 Waiver Services
3. Cost Analysis of the 1115 Waiver & Disability Services

4. Service Definitions or Redefinitions in the 1115 Waiver
5. Provider Tax
6. Will the Waiting List End?
7. Employment First & Flexible Day Services

**Based upon the concept paper, we offer the following recommendations for the 1115 Waiver and emphasize the need for flexible supports/services offered in inclusive community settings.**

**HOME AND COMMUNITY BASED INFRASTRUCTURE, COORDINATION AND CHOICE**

1. Maintain the social model of disability, rather than shifting back into a medical model. Viewing disability as a medical condition, for people who rely on Medicaid funded services to achieve a wide variety of personal goals, is extremely limiting.

2. Continue and expand the Governor's Rebalancing Initiative in the new 1115 Waiver. Reward the transition of individuals from institutional settings through development of capitation model that incentivizes payment for Home & Community Services over institutional services. Pay for performance indicators that are tied to successful transition to community services.

3. End the PUNS Waiting List within seven years or sooner.

4. 1115 Waiver services/supports to individuals with I/DD must be flexible and offered in inclusive settings and emphasize employment first.

5. Innovate the menu of community living options to include but not be limited to: CILA, Intermittent CILA, supported living, Home of Your Own, cooperative living arrangements,live-in caregivers, etc...

6. Rates for community services in Illinois remain low, with the majority of people served in eight-person residential settings and attending large, congregate day programs. Illinois rates for developmental disability community services should be increased to the national average of $44,396 from the current $31,002. Pay for performance incentives that are tied to creating smaller, more integrated community living settings and flexible day service options emphasizing employment and

community integration.

7. Wages for direct care staff will increase by $3.00 per hour in the first year of the 1115 Waiver.

8. Maintain and expand the current free standing 18 non-conflictual Independent Service Coordination systems for person-centered planning and advocacy for people with I/DD and their families in all community and institutional settings.

9. Expand and enhance services such as crisis stabilization provided in community settings, in-home supports and services, flexible day services, retirement services for aging adults and employment related services. Development of community based services for people with dual diagnosis and/or involvement in the criminal justice system will support efforts to make community living a reality for all.

10. There needs to be a statewide program for individuals with I/DD to develop leadership skills, address public policy and advocate for a system that meets their individual needs. Currently this is the Alliance.

11. In addition, there needs to be a statewide Partners in Policy Making Program for families and individuals with I/DD: http://mn.gov/mnddc/pipm/

12. The new 1115 Waiver should offer self-directed, personal care or other services to meet the needs of those not on the current I/DD Waiver.

13. The 1115 Waiver should have a strong independent ombudsman to oversee a rigorous appeal process with the necessary infrastructure to advocate for the rights of persons with I/DD in the system.

14. Create a new service eligibility category: "Medically Needy" Children. This category would waive parental income because these families experience extraordinary expenses for ongoing medical needs.

15. The new 1115 Waiver must implement aggressive and culturally competent education and outreach strategies to ensure individuals with I/DD have accessible information. An expected "outcome of this waiver should be a Cultural Competence Plan.

16. Supported Housing is not a model for individuals with I/DD.

DELIVERY SYSTEM TRANSFORMATION

1. The UIC-Division of Specialized Care for Children's Habilitation Clinic should be reopened. This clinic was a state-of-the-art integrated developmental pediatrics multi-specialty clinic for children with I/DD and medical needs. The Clinic was also a key training site for future generations of primary care providers.

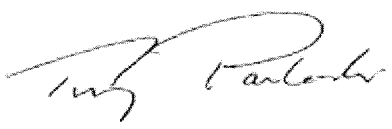
21st CENTURY HEALTH CARE WORKFORCE

1. College of Direct Support, University of Illinois at Chicago, Dept of Disability and Human Development, developed a partnership with the College of Direct Support through a grant from the Illinois Council on Developmental Disabilities. This nationally recognized resource should be utilized here in Illinois for direct care staff who support individuals with I/DD: http://directcourseonline.com/directsupport/

2. Loan repayment and other strategies should also include Qualified Intellectual Disability Professionals (QIDP) who have Bachelor's Degrees or Master's Degrees. The QIDP's are responsible for developing and implementing person-centered plans with persons who have I/DD.

3. We should work with the community colleges in Illinois to establish certificate and Associate Degree training programs for persons currently employed as Direct Support Professionals, as well as those interested in entering the field. Allow them to receive practicum credit while working in the field.

4. Reinstate the regionally based training for respite workers (originally established by old Department of Developmental Disabilities),which included CPR and First Aid training, along with a "DD 101", and expand it to include PAs and Personal Support Workers who are hired by consumers in the self-directed (waiver) mode.



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## 1115 Waiver Recommendations

Although the Institute on Public Policy for People with Disabilities has concerns regarding the timeline for the 1115 waiver, we submit the following recommendations and look forward to working in partnership with the State and HMA to ensure that the implementation enriches the lives of the State's most vulnerable populations.

It is critical to evaluate the structure, design and components of the service delivery system for Individuals with Developmental Disabilities. The current system is inadequate in nearly every objective measure: the number of persons receiving services, the number of individuals on the waiting list, the range of options for residential and day services, reimbursement rates, etc.

**Rate Methodology**: There must be assurances that rates will not be cut for Individuals with DD, as rates are already some of the lowest in the country, between 45-50$^{th}$ depending on what study you look at. The 1115 waiver must be cost neutral, but that neutrality CANNOT fall on the backs of the DD Community. Historically, the ICAP has been used for eligibility determination and for the purposes of "rate setting" even though it was not designed for the latter.

The rate methodology also has not changed materially since the first waiver was approved almost two decades ago in 1989.The rate methodology must be adjusted to focus on the costs of direct labor, clinical supports, medical supports, transportation and other critical costs necessary to provide quality supports. Such rates should include geographical differentials and be based upon existing DOL labor and fringe costs, HUD housing costs and local transportation costs.

**Employment:** The waiver promotes the provision of "employment" services through large-scale congregate developmental training (DT) programs with a modest flat rate of $12,000 a year if you live in an ICFDD or $10,000 a year if you

live in your own home or in a CILA. A flat rate of $10,000 regardless of level of need, which also includes the cost for door-to-door transportation, is antiquated and insufficient to meet individual support needs. This translates into roughly $7.69 an hour for developmental training. To put this in perspective, the state-funded day care rate is currently $14,000 a year and this does not include door-to-door transportation. The waiver must adopt the State's *Employment First* policy and provide incentives for individuals to become employed through the array of employment options: competitive; supported; customized; and, individualized on-site Job supports.

**Crisis:** The current model in Illinois is ineffective and crisis situations usually act as a door back to Institutional settings. The waiver must include a robust crisis support system for providers, including immediate support, crisis homes, and trained teams that are available within 24 hours for individuals that don't require a change in placement. The teams must be independent and qualified.

**Individualized Supports:** The Illinois Home-Based Supports component of the waiver allows for individualized supports (such as a life coach, job coach, community access coach, budget coach and exercise coach), as well as budget authority to direct some or all of their supports (within established cost limits). This provision should be incorporated throughout the entire Waiver application to allow for innovation in meeting the support needs of individuals. The waiver must focus upon the individual and the broad array of necessary supports to increase the person's independence, productivity, integration, interdependence, and inclusion.

**DSP wages:** As the state struggles to close state operated residential facilities and to implement the *Ligas* consent decree, it is imperative that Illinois design a waiver that allows people with disabilities the dignity of choice and the provision of supports to meet their needs. This care must be provided in an environment in which direct support professionals (DSP) (since you use the acronym later, it should be consistent here) are paid a decent and livable wage. Under the current waiver, DSPs working in the Home-Based Supports program can be paid up to $20 an hour without a special review (as this rate has been indexed to annual increases in social security) However, DSPs working in a CILA or DT program, earn much less rates that has not been increased in years.

**Assessments**: To provide truly individualized services and supports, the system must have a better tool than the ICAP to determine level of supports needed. The tool being used to do this in a number of states is the Supports Intensity Scale (SIS). Supplementary scales such as "Assessing Persons with Complex Disabilities – The KMG Fragility Scale" can be used for individuals with complex medical/health care needs. In view of the aging of the population of individuals with DD, the State also should consider using the Health Risk Screening Tool, which can be administered by trained DSP's. This tool is web-based and available for a nominal cost per person per month. These assessments or others like them should be used to assess

individuals with complex behavioral or medical needs, provide a rate based upon individual needs, and allow multiple year rates. We also suggest eliminating the 90-day review process for the add-on for individual support needs, and make that an annual reassessment.

**Temporary Assistance:** We recognize that temporary assistance is necessary to avoid institutionalization for individuals with I/DD in crisis. However, we strongly suggest the cap of 60 consecutive days be amended, or provisions be included so that this 60 day maximum can be waived by in cases where disruption of the temporary assistance would result in institutionalization of the individual. The waiver needs to enhance the capacity of the current crisis and emergency support system to be more effective and responsive.

**Transportation:** Again, the waiver should allow non-medical transportation costs to be billed through the waiver for door-to-door transport to developmental training, as an allowable cost, rather than as part of the $10,000 a year total allowable reimbursement. In Arizona their day program allows 1796 hours annually for developmental training and another 510 hours for transportation to and from home to the program.

**Number of Participants:** The waiver must include the over 22, 000 individuals currently on the waiting list. The State has made progress through the Ligas consent decree, but the progress has been slow. The waiver must incorporate benchmarks for lowering the list to 0.

**Money Follows the Person:** In a national evaluation of the Money Follows the Person Demonstration Programs (Mathematica, October 2011), it was stressed that one of the top success indicators of the MFP was the extra HCBS funding beyond what Medicaid programs typically cover. This supplement, it was found, made the difference in success rates for individuals. The Illinois waiver should allow for extra HCBS service funding as people transition from state facilities, nursing homes, and under the *Ligas* implementation plan. MFP also requires 4 or fewer people to live in one unit of housing. In Illinois, this will require changes to the waiver rates. The 75% match should motivate the state to seek new models of support, like an individual support option.

**Choice:** Just as individuals have a choice of CILA provider, DT provider, supported employment provider, and HBS provider, to name a few, individuals should have a choice of ISSA provider.

**Residential Habilitation:** There is no funding in the waiver for building maintenance. While we understand the cost of typical maintenance cannot be covered under the waiver, we are adamant the waiver should allow for repair of property destroyed as the direct result of complex behavioral challenges. If providers are responsible for bearing the entire cost of these repairs, fewer

providers will be willing, or financially able, to support individuals with complex behavioral issues.

Also in this section, it states that nursing supports like provided in an ICFDD are not allowable in the waiver. Yet in Illinois one cannot be discharged from CILA who needs ICFDD level of nursing care.

**Assistive Technology:** The national waiver guidelines talk about effective and cost effective technology. The Illinois waiver should better include cost effective assistive technology. CMS allows the purchase of tablets, cell phones, and GPS systems under certain circumstances. We must think in non-traditional ways about how assistive technologies can be best utilized to support individuals in their homes and communities while avoiding institutionalization.

**Monitoring:** The waiver should allow for the appropriate use of and payment for remote sensors and remote monitoring technology and systems to further increase the individual's control (with individual consent and rights' protections) of their housing environment and reduce the need for DSP on-site resources.

**Licensure and Regulations:** The State should review all of its current licensing standards and regulations to be sure that they are consistent with valued outcome measurement, while offering the necessary protections of health and life safety. Regulations should not be intrusive, nor involve a micromanaging process; rather, they should promote quality outcomes. For example, a regulation for person-centered planning should include the 5-8 key characteristics of a person-centered plan rather than 15-20 prescriptive pages of details on how to conduct a person-centered planning process. The regulations should focus on the "what" and not the "how". The how should be left to the creativity of the person/family and/or provider(s) of supports and services.

There are many corresponding issues with the Standards and Licensure Requirements for Community-Integrated Living Arrangements (CILA) that demand review in conjunction with the HCBS Waiver review.

**Quality:** There must be a move from a focus on process indicators to outcome measures for individuals with DD. The Bureau of Quality Management should work with providers and provide training and support. Pennsylvania's model has been recognized as a best practice by CMS and it should be considered. There should be continued transparency.

**Medical Services:** The CILA rate methodology discriminates against individuals with complex medical needs. If you live in a children's group home, your nursing needs are reimbursed. However, once you become an adult, the rate drops dramatically for the same individual. Current funding under CILA does not allow medical staff to be on call on a 24 hour basis, [Illinois Administrative Code115.240 (k)], yet it is required. The 6-month medication review is unfunded.

A person is only funded for one wellness visit per year. To satisfy this requirement [Administrative Code 115.240 (e)], staff must "create" an excuse for an additional doctor visit. Nurse delegation prohibitions should not be a barrier to residing in the community. Colorado, Iowa, Missouri, Nebraska, and Oregon allow 16 health maintenance tasks to be delegated, yet Illinois permits fewer than 4 tasks to be delegated, thereby increasing cost of care.

**Termination of Services:** Please review closely Administrative Code 115.215 (a), criteria for termination of services. The language as written does not reflect practice.

**Interdisciplinary Process:** The Institute supports the use of an interdisciplinary team in the development of a plan for each individual. The Administrative Code references this in section 115.230. However, discipline trained staff are not funded under the CILA program. The Individual should also be a part of the planning process and when possible individual-led ISP meetings should be the standard.

***More Specific Recommendations from Members:***

**DHS/DRS work together to ensure continuity of supports**

Some individuals require ongoing job coaching, regardless of their status with DRS. Under the current system, when DRS close an individual to their services, all employment supports provided by a community provider is not reimbursed. For individuals receiving HCBS services under the waiver, a provider agency can apply for "Alternative Day Program" funding (i.e. 39U).

- "Jane" has 2 community jobs, was closed to DRS in June 2011 and receives HCBS services. We applied for 39U funding in March of 2013 and it took until June of 2013 for us to receive the funding. During the 3 months between the time we applied for funding and the time we received the funding, we provided 115 hours of job coaching support for which we were not reimbursed
- We currently support "John" who has been closed to DRS for well over a year. He lives at home with his family and does not receive HCBS services. A job coach currently conducts twice weekly check-ins at his job site. Additionally, he receives 1:1 support with on line career development courses he takes through his employer. None of those services are reimbursed.

Employment plans and ISPs would be written (and in many cases are) to reflect the need for ongoing, uninterrupted supports.

**Hours of support**

There should not be a cap on the number of reimbursable hours of support someone receives in a day program. If an individual requires support to keep a job and works

more than 1100 hours in a year, the supporting agency should be reimbursed for the support it provides

**Incentives for employment**

- Base reimbursement on the salary and benefits paid to the individual. We currently have individuals working in corporate settings performing a variety of technology tasks who are paid a higher wage than the coaches who support them. In addition to the skills needed to support an individual with an Intellectual or developmental disability, the job coaches for these individuals are required to learn the job tasks in order to effectively support the person. DSP job coaches with the required skill set need to support individuals in these settings can be difficult to hire and retain at the current low rate of pay. We would recommend a rate that supports staff wages and benefits 40% over what the supported individual is paid in a community job.

**Case management services**

Reimbursement for tertiary activities not directly related to job coaching or job development, but essential to assisting individuals. Under the current system, most case management activities are not reimbursed. These include:

- completing monthly summaries
- preparing for DRS staffings and ISPs
- contact with families and individuals regarding employment issues
- processing referral packets
- scheduling job coaches for employment sites and job development classes

 Innovative day supports such as supporting micro businesses, self-employment, continuing education (post-secondary) programs such as the HALO program offered at Heartland Community College.

 Person-directed, person-controlled supports with individual budgets so that individuals are allowed to choose from a menu of supports.

 Housing not tied to supports.

 Change medication rules including care of g-tubes, insulin injections. If a person without a disability living in their home had these issues they would not have to comply with nurse practice act or DDD rules.

 Continuation of ISSA role with the focus on reviewing whether or not achievement of personal outcomes is occurring.


November 25, 2013

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**RE: IARF Comments on 1115 Medicaid Waiver Application Concept Paper**

Mr. Elwell:

IARF is a statewide association of community-based providers serving children and adults with intellectual and developmental disabilities, mental illnesses, and substance use disorders. Our members provide services in over 900 locations throughout Illinois, from Galena to Karnak, and from Quincy to Danville. For over 35 years, the Association has been the voice of community-based services and supports to state government.

On behalf of our 85 member agencies, I again extend my thanks for meeting with my staff and I to discuss some initial questions with respect to the concept paper. Furthermore, we welcome the opportunity to share with comments, questions, and recommendations we've received to date regarding the direction outlined in the concept paper.

To provide context to the comments we provide below, it's important to inform you that our member agencies provide services and supports outlined in four 1915(c) waivers (Adults with Developmental Disabilities, Children with Developmental Disabilities - Residential, Children with Developmental Disabilities - Support, and Persons with Brain Injury), ICFDD (ICF/MR) services, the Medicaid Rehabilitation Option (59 Ill Adm Code 132) and grant funded/contractual services (respite, case coordination, supervised, supported, and crisis residential, and permanent supported housing). I am also providing you a copy of our 2014 Public Policy Agenda for your reference.

At this stage of the process - a review of the concept paper but absent the details a draft waiver application would provide - we are unable to provide a position in support or opposition to the Administration's pursuit of an 1115 Medicaid Waiver Application.

**Home and Community-Based Infrastructure, Coordination and Choice**
*"Our existing community infrastructure needs to be strengthened through the addition of community-based services that will enable individuals to remain in their own community post-transition and avoid re-institutionalization."*

- Strengthening the system for individuals currently being served and developing capacity to serve additional individuals in the community requires a commitment of resources from the state to ensure rates and reimbursements cover the actual cost of providing services and supports.
- The Waiver should ensure multi-year increases to rates and reimbursements (including reformulating rates where appropriate) to increase the average hourly wage paid to direct service personnel (including, but not limited to, direct care staff, front-line supervisors, qualified support professionals, nurses and non-administrative support staff) and ensure community-based providers are able to recruit and retain quality staff and reduce gaps in service needs.
- It is unclear how a uniform assessment instrument will identify the needs and wants of the entire Medicaid

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population, including long-term services and supports, as well as how a tool would interface with determining rates and reimbursements. Any such tool must be able to identify the needs and wants of individuals with complex medical and behavioral support needs.

- The waiver should not advocate for or prioritize managed long-term services and supports for children and adults with intellectual and developmental disabilities. Illinois continues to work towards rapid implementation of various care coordination programs and has encountered issues that have often pushed back implementation deadlines. The state is simply not ready to explore this approach.

*1A. Combine and Modernize HCBS Waivers*

- We see value in a conversation about eliminating barriers that may currently exist under Illinois' multiple waiver structures so that true person-centered supports can be achieved for the consumers our members serve and will serve in the future. The waiver should recommend identifying and modifying federal and state regulatory and funding barriers to providing person-centered services and supports. For example:
    - Day Habilitation/Day Training - rate methodology and regulation (59 Ill Adm Code 119)- does not provide sufficient flexibility to develop true, person-centered supports.
    - Residential Habilitation/CILA - rate methodology and regulation (59 Ill Adm Code 115) - does not provide sufficient reimbursement for nursing supports, medical and behavioral staff addition needs, and models of care for serving individuals in crisis (temporary and/or long-term).
    - Employment First - the state has provided no direction for how it will finance implementation.
- Services defined in the existing 1915(c) waivers should form the floor of minimally available services and supports to ensure continuity under the Waiver. Furthermore, we recommend including individual and group respite, and home-based services for families with children under the age of 18 with behavioral challenges as waiver funded programs.
- The Waiver should provide assurances that resources currently being invested to support individuals with intellectual and developmental disabilities and mental illnesses in the community will not be reallocated to other Medicaid populations under a single waiver. Furthermore, knowing delayed payments is a significant issue for providers, the Waiver should identify timely payment for services as a priority.
- We support identifying additional resources to reduce the waiting list and increase access to services, however, it is critically important that the waiver concept not discount the stresses insufficient resources have placed on the system for individuals currently being served.
- Outcome-based reimbursement strategies is another area of concern for the Association that requires further explanation. We caution against identifying too many specific outcome-based reimbursement strategies in an environment where we believe a rising tide would lift all boats.
- A provider assessment on waiver funded services and supports as an approach to drive additional resources into the system is one the Association has investigated in the past, but has not advanced with the Department of Healthcare and Family Services or the General Assembly. With the varied approaches states can take with respect to an assessment, this item requires further discussion before the Association could definitively adopt a position, especially given years of financial neglect of the system.

*1B. - Behavioral Health Expansion and Integration*

- We support utilizing evidence-based recovery models currently funded through capacity grants, such as community crisis supports, step-down and transitional living as a way to guide the system. However, we know that the continued erosion of capacity grant funds (supervised, supported, and crisis residential, psychiatric leadership, psychiatric medications, etc.) will further destabilize the system...the above mentioned programs simply would not exist without these state GRF funds. The Waiver should prioritize resources to increase access to triage, crisis stabilization, and transitional living programs as defined in the Department of Human Services Division of Mental Health's Request for Information on Specialized Mental Health Rehabilitation Facilities Comparable Services.
- We support investments in health information technology for behavioral health programs. However, this is an area that highlights questions of providers with respect to how resources would be identified and whether state systems would integrate with what is currently being utilized by many behavioral health providers.

*1C. - Stable Living Through Supportive Housing*

- We support prioritizing supportive housing and employment programs in the waiver application. In addition, the Waiver should consider other housing models that aid in the long-term recovery of an individual with a serious mental illness, such as scattered site projects.
- The Waiver should ensure a housing continuum of care that incorporates existing services developed by community-based mental health providers to meet specific needs in communities across the state (supervised, supported, and crisis residential as well as supportive housing). The Department of Human Services Division of Mental Health's movement to promulgate regulations around existing residential and housing models has caused concern that capacity grant funds will be diminished and residential and housing capacity will actually diminish as a result.
- We recommend prioritizing resources for outreach and engagement programs. Reimbursing community-based mental health providers to go into the community and help individuals with serious mental illnesses access services and maintain medication and treatment plans will further bend the cost curve by reducing emergency room utilization and admittance into institutional levels of care.
- While we support identifying additional state resources for supportive housing and supported employment programs for individuals with serious mental illnesses, we are interested in how a DSRIP or DSRIP-like program might be developed specifically for community-based mental health centers and how that might be funded. Bonus payments to providers that include bridge payments for housing, reimbursing providers for completing SOAR SSI applications, and/or specifying small pilot/demonstration programs that target regions/specific populations could be considered in the Waiver.

**Delivery System Transformation**

*2A. Implement and Expand Innovative Managed Care Models*

- Any substantial delivery system transformation that involves long-term services and supports should avoid shifting back to exclusively medical models of care delivery. The Waiver must include social benefit indicators (and outcome measures with financial incentives) such as habilitation, preventative health services, skill development, employment, transportation and housing supports.
- The Waiver should prioritize pilot/demonstration programs for community-based providers becoming specialty patient-centered health homes for individuals with intellectual and developmental disabilities and/or serious mental illnesses.

*ID/DD Residential Habilitation Transformation - Not Referenced in the Concept Paper*

- The Waiver should identify reimbursement and regulatory barriers that prevent community-based providers from downsizing facilities (ICFDD and CILA).
- With respect to ICFDD (ICF/MR) debt relief - capital investment and transition rates (or maintenance of rates) are potential ways to incentivize providers to downsize or close these facilities according to the wishes and needs of the residents. While this is an identified priority in the Department of Human Services Division of Developmental Disabilities Seven Year Strategic Plan, it remains unresolved and is a barrier.
- With respect to CILA, the rate methodology is a primary contributor to 75% of CILA packets for 6-8 bed group homes (December, 2012 data). Also, state law and regulations (59 Ill Adm Code 116) are barriers to individuals requiring injectable medications living in CILA group homes. The Waiver should prioritize rate models that incentivize providers to create residential capacity that responds to the needs and wishes of individuals currently receiving services and those who will in the future. Furthermore, the Waiver should speak specifically to regulatory barriers that must be addressed for individuals accessing CILA and those providers who support them.

**Build Capacity of the Health Care System for Population Health Management**

- The Waiver should identify reimbursement and regulatory barriers that cause individuals with intellectual and developmental disabilities, mental illnesses, and substance use disorders to access costlier back-end care in hospital emergency departments and other high cost settings:
    - ICFDD (ICF/MR) regulations may promote the utilization of hospital emergency departments to stabilize an individual with a medical condition or behavioral crisis due to staff support limitations and fear of costly citations from the Department of Public Health survey process.

- CILA rate methodologies are a barrier to providing appropriate levels of nursing in current settings (medication administration issue is identified in the previous section) and certainly in smaller settings that many individuals with higher levels of need would choose.
- The Institutions for Mental Disease (IMD) exclusion restricts access to residential treatment for individuals seeking substance abuse treatment.

- The Waiver should explore proposals for greater use of peer mentors/recovery coaches as well as potential paths to credentialing.

*3A. Wellness Strategies*

- We agree it is important to identify prevention and wellness strategies to help individuals enrolled in Medicaid, where appropriate, to better manage their health. However, we caution against strategies that don't take into consideration the complex medical and behavioral support needs of individuals with intellectual and developmental disabilities and/or mental illnesses. We caution, again, the mindset of a medical model versus a developmental model for persons with intellectual/developmental disabilities. This would be considered regressive policy for supporting individuals with disabilities.
- The Waiver should prioritize increased resources for addiction prevention, including investment in Community Intervention and Early Intervention addiction prevention programs.

**21st Century Health Care Workforce**

*4A. Graduate Medical Education*

- With respect to a Medicaid GME program, the Waiver should prioritize strategies to increase the number of psychiatrists, other mental health professionals, as well as primary and specialty care physicians that are trained to care for persons with intellectual and developmental disabilities.
  - Evaluation of Phase I of the Integrated Care Pilot Program has shown no improvement over traditional Fee-for-Service in terms of access to primary care and specialty care doctors for individuals with intellectual and developmental disabilities.
  - Access to psychiatry for adults is a major issue in many regions of the state, even more so for children and adolescents.

*4B. Loan Repayment*

- The Waiver should prioritize a broad range of loan repayment programs for a broad range of professionals working in community-based settings, including Qualified Mental Health Professionals (QMHPs), Qualified Intellectual Disability Professionals (QIDP), psychiatrists, psychologists, and nurses.

*4C. Other Workforce Training*

- Consistent with previous comments, the Waiver should prioritize a multi-year commitment to increase the average hourly wage paid to direct service personnel (including, but not limited to, direct care staff, front-line supervisors, qualified support professionals, nurses and non-administrative support staff) and ensure community-based providers are able to recruit and retain quality staff and reduce gaps in service needs.

**General Comments:**

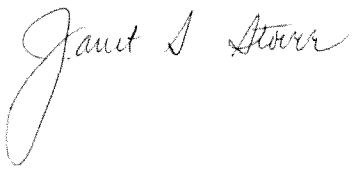
- The Waiver Concept Paper has given self-advocates, community-based providers, and other stakeholders the strong impression the state intends to pursue a medical model of care for the entire Medicaid population, even though it is expected to include long-term services and supports. Prior to or with publication of the draft waiver application, we recommend the state provide a concept paper that similarly outlines how Medicaid long-term services and supports fits within the *Path to Transformation*.
- The Waiver should provide assurances that the medical and long-term service and support needs of individuals with intellectual and developmental disabilities, mental illnesses, and/or substance use disorders are being prioritized and that mechanisms for further rationing care are not introduced.
- A consistent and significant theme in our comments involves reimbursements. Since 2009, state appropriations for community-based services were significantly reduced, leading to long payment delays to community-based providers and the practical elimination of services to non-Medicaid eligible individuals. Recent investments in the community have come as a result of court ordered consent decrees, which have done little to address the

service needs of individuals currently being served in the community. In addition, several workgroup reports and studies have provided recommendations with respect to updating and reformulating rates and reimbursements. Therefore, to show a commitment to individuals currently being served and the professionals that support them, the Waiver must prioritize a commitment to rates and reimbursements for long-term services and supports that reflect the high quality system of choice both the Administration and the community wish to build.

- The lack of detail within the Concept Paper in areas that involve financing (DSRIP, pools of resources, expansion of services, CNOMs, etc.) has generated more questions than comments/recommendations. The net effect is skepticism that enough savings will be realized in other areas of the Medicaid program to shift resources to clear areas of need to meet the goals of the Waiver.
- Whether in the Waiver, or as a statement from the Administration, it should be clear that the Waiver does not prohibit the state from prioritizing additional GRF investments in community-based services and supports. The resource needs in the community-based system are too great to give advocates, providers, and other stakeholders the impression that the state does not have an obligation to address them.

Again, I appreciate the opportunity to provide comments to you and your staff on this important endeavor. My staff and I stand ready to discuss these comments with you further and look forward to future conversations over the next several weeks on areas where the Waiver application may intersect with community-based services and supports.

Sincerely,



Janet S. Stover,
President & CEO

CC: Carl LaMell, Chairman, IARF Board of Directors
Cristal Thomas, Deputy Governor
Michael Gelder, Senior Advisor on Health Policy, Office of the Governor
Julie Hamos, Director, Department of Healthcare and Family Services
Michelle Saddler, Secretary, Department of Human Services