



CHAMPAIGN COUNTY MENTAL HEALTH BOARD

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

Champaign County Developmental Disabilities Board (CCDDDB) AGENDA

Wednesday, February 19, 2014

Brookens Administrative Building

Meeting Room 1

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 CCDDDB Minutes
 - A. 12/18/13 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. Champaign County Regional Planning Commission's Pre-Admission Screening/
Independent Service Coordination Unit
Presentation on the role of PAS Agents/ISSAs in Champaign County's ID/DD System.
 - B. PY15 Funding Applications
A list of applicants and amounts requested will be distributed at the meeting.
 - C. Person Centered Planning Contract Language
A Briefing Memorandum and sample Contract Amendment with PCP special provisions are included for information only.
 - D. Statement from the "Champaign 11" regarding Capacity
A brief statement prepared by the family members of individuals who have IDHS CILA

awards and are seeking services in Champaign County is included for information.

E. Champaign County Anti-Stigma Alliance

An oral report on this year's Ebertfest activities will be given.

13. Old Business

A. Disability Resource Expo

An oral report will be given.

B. 1115 Draft Waiver

A copy of Equip for Equality's response to the Draft 1115 Medicaid Waiver Proposal is included in the Board packet for information only.

C. CCDDDB Retreat

Copies of Overarching Principles and Powerpoint Presentation prepared for the January 25, 2014 board retreat are included in the packet for information only.

14. Board Announcements

15. Adjournment

**Board action requested*

L.A.

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

Minutes –December 18, 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, Sue Suter

MEMBERS EXCUSED: Mike Smith

STAFF PRESENT: Peter Tracy, Lynn Canfield, Nancy Crawford, Mark Driscoll,
Stephanie Howard-Gallo

OTHERS PRESENT: Patty Walters, Danielle Matthews, Felicia Gooler, Dale Morrissey,
Developmental Services Center (DSC) Vicki Niswander,
Community Choices (CC); Tracy Parsons, ACCESS Initiative
(AI); Dennis Carpenter, Charleston Transition Facility (CTF); Barb
Jewett, Parent; Sheila Krein, The Autism Project (TAP); Cynthia
and Frank Creighton, Parents; Jennifer Knapp, Kathy Kessler,
Community Elements (CE)

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:

Ms. Barb Jewett spoke regarding the need for choices and innovative ways to implement Ligas in the DD/IM community.

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

CHAMPAIGN COUNTY MENTAL HEALTH BOARD (CCMHB) INPUT:

None.

APPROVAL OF MINUTES:

Minutes from the November 20, 2013 Board meeting were included in the packet.

MOTION: Mr. Krein moved to approve the minutes from the November 20, 2013 Board meeting. Ms. Dill seconded and the motion passed unanimously.

PRESIDENT'S COMMENTS:

Ms. Palencia reported she and Ms. Sue Suter attended the Association of Community Mental Health Authorities of Illinois (ACMHAI) quarterly meeting in Bloomington, IL.

EXECUTIVE DIRECTOR'S REPORT:

Mr. Tracy stated he recognized the need for CILA's in our community.

STAFF REPORT:

Ms. Canfield's staff report was included in the Board packet.

AGENCY INFORMATION:

Ms. Jennifer Knapp from Community Choices announced the agency has started the accreditation process. She recently attended conference and learned of potential funding opportunities.

Mr. Dale Morrissey from Developmental Services Center (DSC) spoke regarding advocating for increased rates and salaries for direct services.

FINANCIAL INFORMATION:

Approval of Claims:

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

MOTION: Ms. Suter moved to accept the claims report as presented. Dr. Krein seconded the motion. The motion passed unanimously.

NEW BUSINESS:

Notification of FY15 Funding Availability:

The Notice of Funding Availability (NOFA) appeared in the Sunday, December 15, 2013 Public Notice Section of *The News Gazette*.

Reception for Ernie Gullerud:

An invitation to an event honoring Dr. Gullerud's service to the Champaign County Mental Health Board was included in the packet for information only.

OLD BUSINESS:

CCDDB Retreat January 25, 2014:

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

CCDDB FY15 Allocation Criteria:

A Decision Memorandum was included in the Board packet.

MOTION: Ms. Dill moved to approve the FY15 Allocation Decision Support Criteria. Dr. Krein seconded the motion. A voice vote was taken and the motion passed unanimously.

1115 Waiver Concept Paper Comments:

Comments from 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 was included in the Board packet.

BOARD ANNOUNCEMENTS:

None.

ADJOURNMENT:

The meeting adjourned at 9:00 a.m.

Respectfully Submitted by: Stephanie Howard-Gallo

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

Lynn Canfield, Associate Director for Developmental Disabilities Staff Report – February 19, 2014

Two key documents distributed at the **CCDDB Retreat** Saturday, January 25 are included in the packet, and notes from consultants, Elizabeth Perrachione and Ryan Thomson, will be distributed when finalized. “Parking lot” issues which resonated with those raised by the board during the retreat included: advocating for positive change at the state level (better rates, flexible service categories, e.g.); understanding clearly who is being served and whether they have what they want and need; collaborating to address known system gaps (e.g., for those with autism but higher IQ). Also in the “parking lot” were ideas/concerns outside the scope of the meeting, some relating to ongoing efforts of the board and stakeholders, and others new: eligibility based on service needs rather than IQ; person-centered planning and decision making processes which document and incorporate input from family and other members of an individual’s personal network; assurance of high quality services regardless of funding source, diagnosis, family support, or financial means; improved support for those with behavior and/or medical needs; establishing an advisory board for continued discussion of principles and their application; supporting the development of relationships between those receiving services and members of their communities beyond family and staff; transforming traditional day program services (individualized and integrated); and suggestions on what might constitute a desirable person centered approach.

FY2015 Applications: Applications for FY15 funding from the CCDDB and CCMHB were due by 4:30PM on Friday, February 14. A list of successful applications will be distributed at the board meeting. Board members may access the online system using their unique login/password combinations; for technical support, contact me at lynn@ccmhb.org.

FY2014 Contracts and Quarterly Reports: Contract amendments have been initiated for Charleston Transitional Facility’s name change to “CTF Illinois,” for Community Choices’ new permanent address, and for revised contract maximums for Developmental Services Center’s Augmented Developmental Training and Augmented Employment Services contracts (budget neutral, as the former is increased by the amount the latter is reduced.) I completed a program monitoring visit of DSC’s Apartment Services Program and have scheduled two other site visits for late February.

Second Quarter data from all ID/DD related programs have been submitted. The aggregate report of persons served is a work in progress, as I add individuals served during the second quarter and incorporate corrections of first quarter reports. The persons served data does not include early childhood programs (469 in Family Development Center, 114 in Head Start plus 659 screenings) and the parent networks, as these high numbers with a different level of service intensity. All other CCMHB and CCDDB-funded ID/DD programs served an total of 468 unduplicated individuals in the first quarter. Of these, 36 people participated in CCDDB/CCMHB funded services at more than one agency: 24 at Community Choices and DSC, 5 at CTF and DSC, 2 at DSC and Community Elements, 1 at CTF and

CE, 1 at DSC and PACE, 1 at CE and PACE, 1 at CE and CC, and 1 at CC and DSC and PACE. 161 people received more than one CCDDDB funded service at DSC, and 22 received more than one through Community Choices. In order to understand the program service categories and any risk of supplementation, we requested and received information on certain types of state funding; 255 individuals have funding for Respite, Developmental Training, DRS Home Services, Intermittent CILA, Home Based Support, ICF-DD, or CILA, so it was important to understand how these do not duplicate CCDDDB funded services. At the same time, we continue to seek information about services funded by the state, Medicaid rules, and changes to each.

Online Application and Reporting System: Mark Driscoll led a technical assistance session directly after the January MHAC meeting, for all registered users. Our website consultant was unable to join us due to severe winter weather, but the meeting was well-attended and covered all system enhancements. Since then, we have had many questions regarding the revised financial forms, as well as registration process, where a problem we could not resolve suggests a further enhancement so that agencies can more easily apply to both boards for funding. Discussion with Proviso Township's mental health board office regarding their reimbursement tracking system continues, with a proposed timeline for implementation of new reporting, hopefully better suited to the changing services.

Anti-Stigma Alliance: Conversations and emails continue with anti-stigma artists, Ebertfest coordinator, Park District staff, consultant Barb Bressner, volunteers, and steering committee members. We have identified one space for a "pop-up" art show and are working on a second; these would occur simultaneously (Art Walk style) on the afternoon/evening of Friday, April 25 in downtown Champaign so that festival patrons might visit between films; this is also the peak business time for the confirmed venue and the night before the Illinois Marathon. The pop-up show is similar to our previous events, which many artists preferred. For those ready to be part of a more traditional show, an installation is planned for the festival VIPs' dining area at Springer Cultural Center. Other efforts, including the development of promotional materials, planning a panel discussion, and possible school screening(s), depend on final selection of a sponsored film.

ACMHAI: Participated in an ACMHAI conference call regarding the proposed 1115 Waiver, which I had read and dog-eared; a number of specific concerns were identified, and one of the group's strategies was to review Equip for Equality's position (included in the board packet) for points of agreement. Illinois' health care reform website has the final 1115 Waiver Request, all 123 pages of it, at: <http://www2.illinois.gov/gov/healthcarereform/Documents/Health%20Benefits%20Exchange/14%2020%2010%20waiver%20for%20posting.pdf>

Employment First: In the US Department of Justice letter, United States' Title II ADA Investigation of Employment, Vocational, and Day services for Persons with Intellectual and Developmental Disabilities in Rhode Island, findings included: lack of opportunity for staff "training, professional development, or introduction to best practices in supported employment or integrated day services;" inadequate state

rates; lack of communication between the state and provider and stakeholder groups; no incentives for transition from sheltered work and facility-based day programming to more integrated day/employment services; no vocational assessments in integrated settings; no discovery or career planning services for those seeking to leave facility-based programs; too few case managers and insufficient training for them; ORS not serving those already in workshops/facility-based day programs; problems with the state's reimbursement model making it "difficult for providers to expand and convert their service structure;" failure to present alternatives to transition-aged youth (assessment in segregated settings appeared to lead to segregated placement); and ORS and state services for transition not starting at age 14 but rather one year or less from graduation. In addition to these findings, which would be easy to imagine in a Civil Rights Division investigation of Illinois, were serious issues with the administration of limited individual budgets: assessors using the Supports Intensity Scale, itself preferred over the ICAP instrument in use here, had limited training and experience with ID/DD; families were often unable to participate due to assessors working only during business hours; and conflict of interest in that SIS assessors work for the same agency setting the individual budgets.

Other Activity: I participated in a conference call with Peter Tracy, Sue Suter, and Kim Zoeller of Ray Graham regarding her transformation of the agency's programs and her work with the Council on Quality and Leadership. Two CCDDDB funded agencies, Developmental Services Center and Community Choices, are seeking CQL accreditation, and I have since learned more about the process from Vickie Tolf, Director of Program Assurance/DSC. Ms. Zoeller will do a study session during the March 19 CCMHB meeting. The Metropolitan Intergovernmental Council will meet on February 18 for updates and discussion focused on economic development. I attended the January 15 meeting of Champaign County Crisis Intervention Team Steering Committee which focused primarily on how and when to offer CIT officers a training on the new policy; later the dates were set as March 11 and 18. At the January 28th meeting of Mental Health Agencies Council, there were agency announcements, recap of Cultural & Linguistic Competence Plan progress report and a tip (<http://thinkculturalhealth.hhs.gov>), and an ACCESS update including the pilot "Choices" program focusing on 25 youth and families, the need to start crossing over services, and a positive evaluation data meeting. I also attended the CCDDDB and CCMHB Executive Committee meeting in early February.

Ligas, PUNS, and Unmet Need: Data sorted for Champaign County, from the DHS website's January 9 update, is added below. A large statewide draw (700) is anticipated in March, with a target of 500 awards by June 2015. Peter Tracy and I have had several helpful conversations with PAS/ISC staff and manager this year as we attempt to improve our understanding of PUNS data, supplementation, proposed expansion of the ISC role, progress in Ligas implementation, and recent changes made by the state regarding PAS requirements (a physical within one year is now accepted, e.g.) Darlene Kloeppe and PAS staff will present details to the CCDDDB during this month's board meeting.

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 with emergency need; of 392 in crisis, 164 recent or coming grads.
1/9/14: 247 emergency; 393 in crisis, with 165 exiting school in the past 10 or the next 3 years.

Persons served through CCDDB and CCMHB funded programs may also be enrolled in PUNS, especially if they are likely to qualify as Ligas class members and receive a state award for Home and Community Based Services. This is a good thing, even though it further obscures the meaning of these numbers as they change.

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, Out-of-home residential services with 24-hour supports, Other Transportation Service, Physical Therapy, Out-of-home residential services with less than 24-hour supports, Assistive Technology, and Respite.



PUNS Data By County and Selection Detail

January 09, 2014

County: Champaign

Reason for PUNS or PUNS Update

New	157
Annual Update	94
Change of category (Emergency, Planning, or Critical)	15
Change of service needs (more or less) - unchanged category (Emergency, Planning, or Critical)	19
Person is fully served or is not requesting any supports within the next five (5) years	133
Moved to another state, close PUNS	5
Person withdraws, close PUNS	16
Deceased	3
Other, supports still needed	1
Other, close PUNS	84

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.	5
3. Person has been committed 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 place 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.	29
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.	43
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.	165
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 Disabilities, nursing home or state hospital).	1
13. Person is losing eligibility 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



PUNS Data By County and Selection Detail

January 09, 2014

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:	30

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.	73
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 dissatisfied 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.	73
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	210
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 Disabilities, 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

TRANSPORTATION

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



PUNS Data By County and Selection Detail

January 09, 2014

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)	246
Respite Supports (24 hours or greater)	82
Behavioral Supports (includes behavioral intervention, therapy and counseling)	142
Physical Therapy	97
Occupational Therapy	168
Speech Therapy	152
Assistive Technology	84
Adaptations to Home or Vehicle	32
Nursing Services in the Home, Provided Intermittently	6
Other Individual Supports	48
TRANSPORTATION NEEDED	
Transportation (include trip/mileage reimbursement)	255
Other Transportation Service	118
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	167
Support to engage in work/activities in a disability setting	177
RESIDENTIAL SUPPORTS NEEDED	
Out-of-home residential services with less than 24-hour supports	95
Out-of-home residential services with 24-hour supports	119

CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

2/07/14

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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 DEVLMTNL DISABILITY BOARD												
16011	CHARLESTON TRANSITIONAL FACILITY											
		1/28/14	01	VR 108-	16		500399	1/29/14	108-050-533.92-00	CONTRIBUTIONS & GRANTS	DEC RESIDENTIAL	3,042.00
											VENDOR TOTAL	3,042.00 *
										DEVLMTNL DISABILITY BOARD	DEPARTMENT TOTAL	3,042.00 *
										DEVLPMNTL DISABILITY FUND	FUND TOTAL	3,042.00 *

11.A.

CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

1/13/14

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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 DEVL MNTL DISABILITY BOARD													
90	CHAMPAIGN COUNTY TREASURER								MENT HLTH BD FND 090				
		12/10/13	01	VR	108-		7	498074	12/12/13	108-050-533.07-00	PROFESSIONAL SERVICES	ADMIN FEE DEC	25,971.00
		1/08/14	04	VR	108-		15	499341	1/13/14	108-050-533.07-00	PROFESSIONAL SERVICES	ADMIN FEE JAN	25,964.00
											VENDOR TOTAL	51,935.00 *	
5352	AUTISM SOCIETY OF ILLINOIS								GRANTS				
		12/10/13	01	VR	108-		1	498094	12/12/13	108-050-533.92-00	CONTRIBUTIONS & GRANTS	AUTISM DEC	1,000.00
		1/08/14	04	VR	108-		9	499370	1/13/14	108-050-533.92-00	CONTRIBUTIONS & GRANTS	AUTISM JAN	1,000.00
											VENDOR TOTAL	2,000.00 *	
18203	COMMUNITY CHOICE, INC												
		12/10/13	01	VR	108-		3	498118	12/12/13	108-050-533.92-00	CONTRIBUTIONS & GRANTS	CUSTOM EMPLOY DEC	4,167.00
		12/10/13	01	VR	108-		3	498118	12/12/13	108-050-533.92-00	CONTRIBUTIONS & GRANTS	COMMUNITY LIVING DE	4,583.00
		1/08/14	04	VR	108-		11	499396	1/13/14	108-050-533.92-00	CONTRIBUTIONS & GRANTS	CUSTOM EMPLOY JAN	4,167.00
		1/08/14	04	VR	108-		11	499396	1/13/14	108-050-533.92-00	CONTRIBUTIONS & GRANTS	COMMUNITY LIVING JA	4,583.00
											VENDOR TOTAL	17,500.00 *	
18209	COMMUNITY ELEMENTS												
		12/10/13	01	VR	108-		4	498119	12/12/13	108-050-533.92-00	CONTRIBUTIONS & GRANTS	COORD OF SRVCS DEC	2,922.00
		1/08/14	04	VR	108-		12	499397	1/13/14	108-050-533.92-00	CONTRIBUTIONS & GRANTS	COORD OF SVCS JAN	2,922.00
											VENDOR TOTAL	5,844.00 *	
22300	DEVELOPMENTAL SERVICES CENTER OF								CHAMPAIGN COUNTY INC				
		12/10/13	01	VR	108-		5	498128	12/12/13	108-050-533.92-00	CONTRIBUTIONS & GRANTS	APARTMENT SRVCS DEC	34,371.00
		12/10/13	01	VR	108-		5	498128	12/12/13	108-050-533.92-00	CONTRIBUTIONS & GRANTS	CARE MGMT DEC	33,109.00
		12/10/13	01	VR	108-		5	498128	12/12/13	108-050-533.92-00	CONTRIBUTIONS & GRANTS	CLINICAL SVCS DEC	13,621.00
		12/10/13	01	VR	108-		5	498128	12/12/13	108-050-533.92-00	CONTRIBUTIONS & GRANTS	CONNECT TRANS DEC	7,083.00
		12/10/13	01	VR	108-		5	498128	12/12/13	108-050-533.92-00	CONTRIBUTIONS & GRANTS	INDIV/FAM SUP DEC	29,500.00
		12/10/13	01	VR	108-		5	498128	12/12/13	108-050-533.92-00	CONTRIBUTIONS & GRANTS	NON-MEDICAID DT DEC	73,415.00
		12/10/13	01	VR	108-		5	498128	12/12/13	108-050-533.92-00	CONTRIBUTIONS & GRANTS	NON-MEDICAID EMP DE	9,846.00

CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

1/13/14

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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												
		1/08/14	04	VR	108-	13	499408	1/13/14	108-050-533.92-00	CONTRIBUTIONS & GRANTS	APARTMENT SVCS JAN	34,371.00
		1/08/14	04	VR	108-	13	499408	1/13/14	108-050-533.92-00	CONTRIBUTIONS & GRANTS	CARE MNGMT JAN	33,109.00
		1/08/14	04	VR	108-	13	499408	1/13/14	108-050-533.92-00	CONTRIBUTIONS & GRANTS	CLINICAL SVCS JAN	13,621.00
		1/08/14	04	VR	108-	13	499408	1/13/14	108-050-533.92-00	CONTRIBUTIONS & GRANTS	CONNECTN TRANS JAN	7,083.00
		1/08/14	04	VR	108-	13	499408	1/13/14	108-050-533.92-00	CONTRIBUTIONS & GRANTS	IND/FAM SUPPRT JAN	29,500.00
		1/08/14	04	VR	108-	13	499408	1/13/14	108-050-533.92-00	CONTRIBUTIONS & GRANTS	NON-MED DT JAN	73,415.00
		1/08/14	04	VR	108-	13	499408	1/13/14	108-050-533.92-00	CONTRIBUTIONS & GRANTS	NON-MED EMPLOY JAN	9,846.00
											VENDOR TOTAL	401,890.00 *
22816	DOWN SYNDROME NETWORK									C/O WENDY BARKER		
		12/10/13	01	VR	108-	2	498134	12/12/13	108-050-533.92-00	CONTRIBUTIONS & GRANTS	DOWN SYNDROME DEC	1,250.00
		1/08/14	04	VR	108-	10	499414	1/13/14	108-050-533.92-00	CONTRIBUTIONS & GRANTS	DOWN SYNDROME JAN	1,250.00
											VENDOR TOTAL	2,500.00 *
54930	PERSONS ASSUMING CONTROL OF THEIR									ENVIROMENT, INC		
		12/10/13	01	VR	108-	6	498183	12/12/13	108-050-533.92-00	CONTRIBUTIONS & GRANTS	OP FOR INDEPEND DEC	4,885.00
		1/08/14	04	VR	108-	14	499475	1/13/14	108-050-533.92-00	CONTRIBUTIONS & GRANTS	OP FOR INDEPEND JAN	4,885.00
											VENDOR TOTAL	9,770.00 *
										DEVLPMNTL DISABILITY BOARD	DEPARTMENT TOTAL	491,439.00 *
										DEVLPMNTL DISABILITY FUND	FUND TOTAL	491,439.00 *



CHAMPAIGN COUNTY MENTAL HEALTH BOARD

12.C

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

BRIEFING MEMORANDUM

DATE: February 19, 2014
TO: CCDDDB Members
FROM: Lynn Canfield, Associate Director
SUBJECT: Person Centered Planning Contract Language

The attached DRAFT contract amendment would introduce specific language about the Person Centered Planning process into all contracts for Intellectual and Developmental Disabilities services. Because this is a direction we could take, please take a look at the major points listed.



CHAMPAIGN COUNTY MENTAL HEALTH BOARD

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

CHAMPAIGN COUNTY DEVELOPMENTAL DISABILITIES BOARD

DRAFT Contract Amendment

Contract Number DD14-xxx

Amendment Number #1

This **CONTRACT AMENDMENT** is by and between the **Champaign County Developmental Disabilities Board** and **Xxxx**

Provider Address: **Xxxx**

Program Name: **Xxxx**

Reason For Contract to be Amended:

- Increase Obligation Decrease Obligation Cancel Obligation Address Change
- Change in Contract Termination Date Add or Change Rate (POS) Budget Change
- Program Plan Change Change in FEIN/SS Name Change Other
- Revised Agency Plan (includes Program Plan/Budget Forms/Personnel Matrix/Budget Narrative)

Description of Contract Changes:

The following section is incorporated as a Special Provision:

“The provider shall develop, as an addendum to the program plan, a description of its Person Centered Planning (PCP) process. This description shall include the following items:

- Process by which the person selects people, including staff, who will participate in PCP meetings and activities;
- Process by which the person selects the time, date, and location of the PCP meetings and activities, as well as any assistance needed/desired to participate in and understand the meetings and activities;
- Structure and organization of the PCP meetings and activities, including asking the person to describe his/her hopes, dreams, goals, and desired outcomes;
- Acknowledgement that the person was central in deciding what supports, services, and treatments will lead to accomplishment of the goals and outcomes;
- Acknowledgement that the person has the right to ask, at any time, for a new PCP meeting to change the supports/service plan;
- Acknowledgement that the person has been informed of the right to “independent facilitation” of the PCP process. This means the person may choose someone other than provider staff to conduct the PCP meetings and activities.”

Rationale for Change in Contract: Person Centered Planning is critical to an effective system of care.

Agreed to and made part of the above identified contract on this **XX** day of **Xx**, 2014.

For the Champaign County Developmental Disabilities Board

Provider Signature

CCDDB Executive Director

Agency Executive Director
(original signature only)

CCDDB President or Secretary

Agency Board President
(original signature only)

12.D

Need for Additional Capacity – Champaign County

Who we are

- An informal group of 11 families representing 12 individuals with disabilities who are in need of services in Champaign County
- Most of our children are living outside Champaign County because we cannot get the services they need here
- The majority have CILA funding
- Ages of our children range from 19 to 35

What we want for our children

- Individual bedrooms
- Homes of 4 or less people in safe neighborhoods
- CILA provider willing to meet individual needs for behavior supports and specialized medical needs/concerns
- Flexible day options – the ability to create a meaningful day through program choices not currently available in Champaign County

How the Champaign County Developmental Disabilities Board can be of assistance

- Commit to expanding capacity and strengthening services for DD and ID services in Champaign County by:
 - Allocating funds for service (capacity) expansion in the county for CILAs
 - Allocating funds for service (capacity) expansion in the county for day programs with a priority given to person-centered day programs

Why this matters

Like every other individual in the adult service system, our children are unique. By expanding capacity for CILA and day program in the county the Board will be supporting contemporary best practices in DD and ID service delivery in addition to service delivery methods currently employed, thus improving outcomes and quality of life for everyone in the county with a DD/ID.

**Equip for Equality Comments
Draft of Illinois' Medicaid 1115 Waiver**

Equip for Equality, the independent, not-for-profit organization designated by the Governor in 1985 to administer the federally mandated Protection and Advocacy system for people with disabilities in Illinois, appreciates the opportunity to submit comments to the draft application for the Illinois Medicaid 1115 Waiver. As we expressed in our comments to the Concept Paper, we support the vision of an Illinois Medicaid system that provides better outcomes for individuals with disabilities and gives more individuals the opportunity to access home and community based services. We continue to be concerned about certain aspects of the proposed waiver and comment on particular aspects of the draft application below.

General Comments

We understand that the state plans to defer decisions on many of the details of the waiver until the implementation phase, but we are still concerned about the astonishing lack of detail in the draft waiver application. Many of the most important elements of how the waiver will operate, including who will administer it, are simply not discussed in the waiver application. Even those elements that are discussed, such as budget neutrality, are presented in a much broader way than we would have anticipated or advised given the magnitude of transformation of the Medicaid program. We reiterate that it is crucial that stakeholders, including Medicaid recipients, be given an opportunity to review and comment on these details prior to implementation in order to ensure success of the program.

Home and Community Based Infrastructure, Coordination and Choice

We strongly disagree with the request that certain services delivered in “Specialized Mental Health Rehabilitation Facilities” (SMHRFs) be treated as costs not otherwise matchable to allow for crisis and acute inpatient reimbursement. Contrary to the representation made in the

More generally, although it has been stated that the 1115 waiver application does not include a restructuring or eliminating of services, including long-term services, that are offered to current waiver recipients, we remain concerned whether those who are currently receiving services to enable them to live successfully in the community will continue to receive those services. We understand that further details are to be worked out in the implementation process, but it is important to assure waiver recipients now that they can continue to control the services they receive and that this process will not result in an arbitrary change to their services.

The waiver application makes several references to individuals with disabilities receiving services in the most “appropriate” setting. We would urge the state to instead refer to the “most integrated” setting. Underlying this concept is the basic premise of the *Olmstead* decision: that an individual with a disability has the right to receive services in the place that is the most integrated setting capable of meeting their needs. The language used in the waiver should be changed to reflect this premise.

We are fully supportive of the concept and look forward to working with the state to develop flexible and creative options in order to be able to offer housing under the Medicaid program. We do want to emphasize that any housing option offered should be housing that is **integrated** into the community and allows individuals to fully experience the benefits of community living.

One of the components of the program that does not appear to be contemplated in the draft waiver application is the option for the state to de-link eligibility for home and community based services and nursing home services. The draft waiver application talks broadly about reducing institutional bias and increasing access to home and community-based services. De-linking the eligibility requirements for home services would allow individuals who need some

waiver is to “move the system away from facility-based sheltered work programs by promoting and fostering greater community-integrated, competitive employment opportunities.”

Encouraging the training and employment of people with disabilities to be a part of the healthcare workforce in various capacities and offering incentives for employing people with disabilities will further that goal.

Consistency with Federal Consent Decrees and Use of Consumer-Based Principles

Equip for Equality serves as co-counsel for people with disabilities in three federal community integration class actions – *Ligas v. Hamos*, *Williams v. Quinn* and *Colbert v. Quinn*. In all three cases, the state has entered into Consent Decrees that set forth the state’s obligations and adopted Implementation Plans that provide for how the state will meet its obligations. It is imperative that the waiver application explicitly state that, for class members in the *Ligas*, *Williams*, and *Colbert* cases, the 1115 waiver will be implemented consistently with the Consent Decrees in those cases. We also believe the waiver needs to reference consumer-based principles that will maximize the participation and support of the individual in developing and implementing a person-centered plan that addresses the individual’s needs and preferences.

In conclusion, we hope that you will consider our comments and we look forward to working with you as the process of transformation of the Illinois Medicaid system moves forward. If you have any questions or would like further information, please contact Melissa Picciola at 312-895-7328, melissa@equipforequality.org or Cheryl Jansen, cherylj2@equipforequality.org at 217-544-0464.

DRAFT

Champaign County Developmental Disabilities Board (CCDDB)

Materials for January 25, 2014 Board Retreat

Drafted: 1/14/14

Overarching Principles

Human and Civil Rights:

Individuals with ID/DD have the rights to autonomy, dignity, family, justice, life, liberty, equality, self-determination, community participation, property, health, well-being, access to voting, and equality of opportunity. Further, those with ID/DD have the right to supports to exercise and ensure their human and civil rights. These rights are central to all advocacy on behalf of those with ID/DD.

Advocacy:

To become effective self-advocates and to obtain the services they need and prefer, individuals with ID/DD should understand and assert their rights. Support should be available for self-advocates to practice self-determination, develop self-advocacy skills, practice self-protection, obtain needed and preferred services, and participate in their communities. System advocacy is also necessary to enhance public awareness of rights and to influence policy to improve supports, services, and quality of life for all individuals. Protection and advocacy systems should respond to issues raised at any time during an individual's life, be independent of conflicts of interest and undue influence, be adequately funded and staffed, advocate even when a formal complaint isn't filed, have oversight of quality, use multiple advocacy strategies, and provide an appeal process.

Protection:

Individuals with ID/DD should be free from abuse, neglect, and any maltreatment. They should have access to training on the nature of mistreatment and their right to be free from it, and how to avoid, report, and give proof of mistreatment. Persons removed from family homes to protect them from mistreatment should not be placed in institutions, but rather in small home settings, integrated in the community. To protect their children, families need: access to support systems, services, groups that provide I&R and direct services, and advocacy, law enforcement, and judicial systems that ensure effective investigation and prosecution. Adults should have support from family, community, friends, and when necessary, adult protective agencies or advocacy groups.

Inclusion:

Children with ID/DD should have the opportunity to live in a family home, access supports, have nurturing relationships with adults inside and outside the home, have typical childhood friendships, learn in their neighborhood school in general education classroom with age-peers, participate in activities and community recreation with

children without disabilities, and be able to participate fully in their family's religious practices. Adults should have opportunities to have relationships of their choice with individuals in the community, to live where and with whom they choose, to access supports, to enjoy recreation and leisure available to others, and to participate fully in religious practices of their choice.

Quality of Life:

Individuals with ID/DD have the right to live as they choose and have a good quality of life with the same rights, dignity, and privacy enjoyed by those without disabilities. They have the right to direct their supports, build relationships with family and friends, have opportunities for intimate relationships based on informed consent, engage in life-long learning, have meaningful work, and healthy and safe environments. To achieve this, they may need support and encouragement to explore how they want to live and who they want in their lives. They also need to be able to choose services and supports and receive them anywhere in the country without a long wait. After being fully informed about options, individuals with ID/DD should be allowed to take risks.

Self Determination:

Individuals with ID/DD should have opportunities to advocate for themselves and know they will be heard and respected, to acquire skills toward greater personal control, to participate in decision making which affects their lives, to vote and become active in governance in their communities, to lead policy for the self-determination movement, to direct their own care and allocate resources, and to hire and train (and fire) their own personal support workers. Families and other substitute decision makers should understand self-determination and the limits on their own power; disability organizations should prioritize self-determination; governments should review and revise policy to promote it with involvement from those affected.

Service Areas

Support Coordination:

Individual service/support coordination should be available as needed (typically ongoing) and should be responsive, reliable, and culturally appropriate. Service/support coordinators should be free of conflict of interest and should support self-determination, use person centered planning, enable exploration of many options, identify and access supports, develop informal supports as well as formal, advocate for the individual's preferences and wishes, assist individuals (and families) in coordinating their own supports and hiring someone they choose. Independent service/support coordinators should share information about desired supports and services and gaps with funders so that systems can respond. To achieve this, support coordinators need ongoing training, adequate pay, and current, unbiased knowledge of community resources.

Housing:

Individuals with ID/DD live in their own homes, in the community. Children and youth live with their families, in an atmosphere of love, security, and safety. Adults have control over where and with whom they live, including renting or purchasing their own

homes. Adults have choice regarding their daily routines and activities, privacy within their own homes with flexible supports driven by their preferences, freedom to come and go as they choose, housing that reflects their preferences and style, and the opportunity to interact with people who do not have disabilities. Protection of safety and health needs to be balanced with the right to take risks and exercise control. Individuals with ID/DD should have access to information (about benefits of living in the community, including visiting others with disabilities who do) and supports to transition out of a family home when they choose. Housing should be coordinated with transportation and other public resources and should include small, typical living situations and innovative models which promote independence, scattered within typical neighborhoods, and reflecting the natural proportion of people with disabilities in the general population. Housing should also be affordable and accessible, and individuals with ID/DD should be able to live with freedom from discrimination. To help achieve this, there must be adequate and stable funding for community living services.

Employment:

Individuals with ID/DD should be able to enjoy employment in the community, earning competitive wages, alongside those without disabilities. Toward this end, they should have opportunities for: post-secondary education (college and vocational training), promotion of career development, fair wages/benefits, self-employment and business ownership (with the opportunity to hire people without disabilities), new career directions, retirement, and increased income and assets without loss of public benefits (if needed).

Family Support:

Families of individuals with ID/DD should have access to assistance for strengthening their ability to offer support at home and in the community. Help in developing the desired in-home support plans and transition plans should enable all to make their own decisions and leave the family intact. Families should also be able to support adult children with ID/DD as long as mutually desired. Comprehensive and universally accessible family support can include: cash assistance, information, specialized therapies, support coordination, respite, personal care, home and vehicle modifications, specialized equipment, emotional support, and recreation. Family support is best provided in family's natural environment, should be available from many sources, based on family wisdom and professional expertise, and should be culturally responsive.

Individual Supports:

Individuals with ID/DD need access to assistive technology and personal assistance to support the functions of daily life (communication, social interaction, mobility, environmental control, self-determination, and more). Supports should be based on needs, individually planned, person-centered, and monitored.

Early Intervention:

All young children at risk for and/or with an identified delay/disability should have access to high-quality services and supports in natural environments. These should build on strengths, address needs, be culturally responsive, and be delivered through evidence-

based practices and in natural settings. Earlier is better. Family, which is a constant in the child's life, should function as advocate and partner.

Direct Support Professionals:

Those who provide direct support to individuals with ID/DD living in the community need to be adequately compensated and provided with high quality training on ethical principles, best practices, effective support, and philosophy of community integration. They should be provided opportunities for personal and professional development. To ensure this, agencies need access to information, technical assistance, and training to recruit and retain this valuable workforce. Further, monitoring of vacancy rates, as well as ease of hire and retention, need to be reviewed to help improve the system. Individuals providing support need recognition of positive performance and assistance with poor performance. They should also have no documented history of abuse, neglect, or a criminal record.

Champaign County Developmental Disabilities Board (CCDDDB) AGENDA

Wednesday, February 19, 2014

Brookens Administrative Building

Meeting Room 1

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 CCDDDB Minutes
 - A. 12/xx/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. Regional Planning Commission's PAS/ISC Unit

Presentation on the role of PAS Agents/ISSAs in Champaign County's ID/DD System
 - B. PY15 Funding Applications

A list of applicants and amounts requested will be distributed at the meeting.
 - C. Champaign County Anti-Stigma Alliance

An oral report on this year's Ebertfest activities will be given.
13. Old Business
 - A. Disability Resource Expo

Save-the-Date flyer is included in the packet. An oral report will be given.
14. Board Announcements

15. Adjournment

**Board action requested*

**INTELLECTUAL AND DEVELOPMENTAL
DISABILITIES SYSTEM EVOLUTION**

CCDDB RETREAT

PETER TRACY

EXECUTIVE DIRECTOR

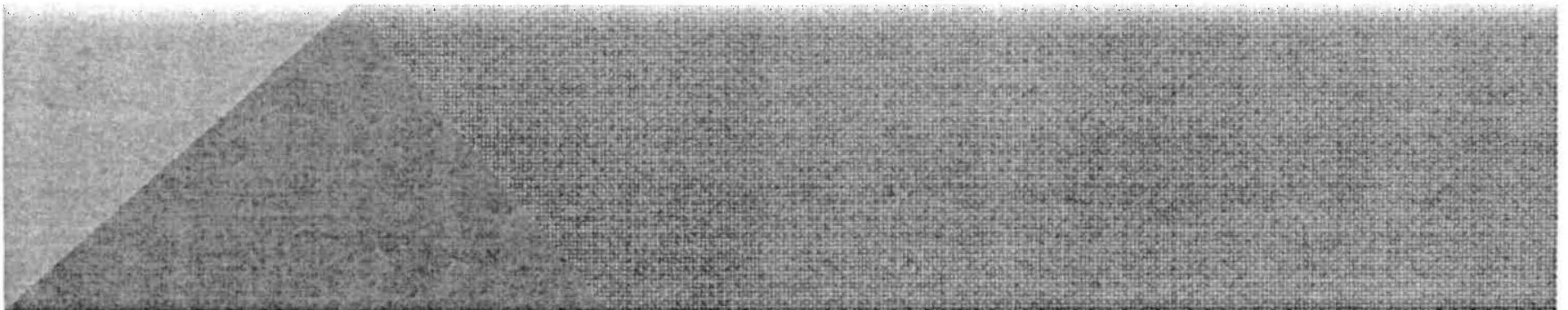
**CHAMPAIGN COUNTY DEVELOPMENTAL
DISABILITIES BOARD**

JANUARY 25, 2014

CHANGES ARE UNDERWAY:

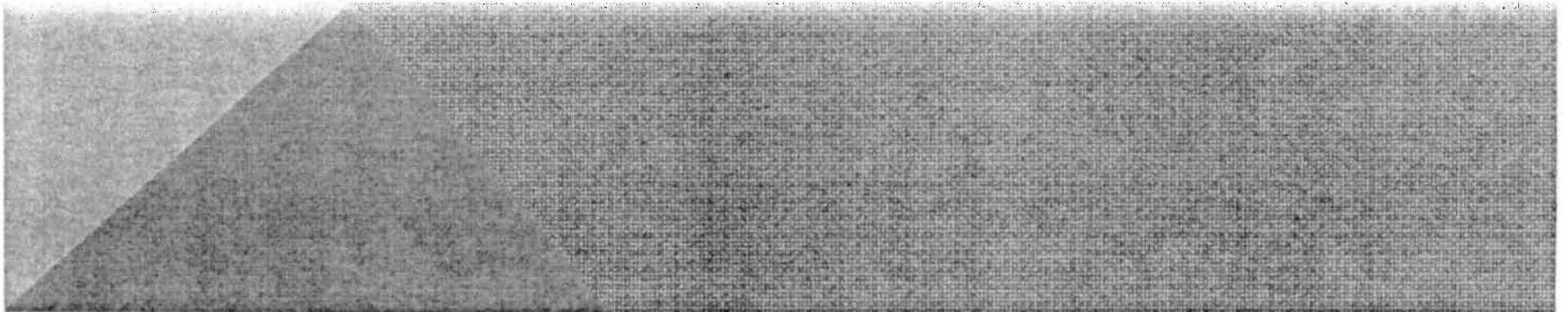
RESIDENTIAL & EMPLOYMENT

- * **Olmstead v L.C. – addresses discrimination based on disability**
- * **Ligas Consent Decree – ID/DD CILA**
- * **Williams Consent Decree – MI- CILA**
- * **Employment First Act – focus on competitive and community integration**
- * **New HCBS Waiver Rule – reflects legal decisions in Medicaid rule & regulation**



CHANGES: FUNDING

- * Illinois shift from GRF to FFP (T-XIX)**
- * EPSDT – lawsuits which could improve access for children with disabilities**
- * Affordable Care Act – Medicaid Expansion**
- * Medicaid Managed Care**
- * Illinois 1115 Waiver**

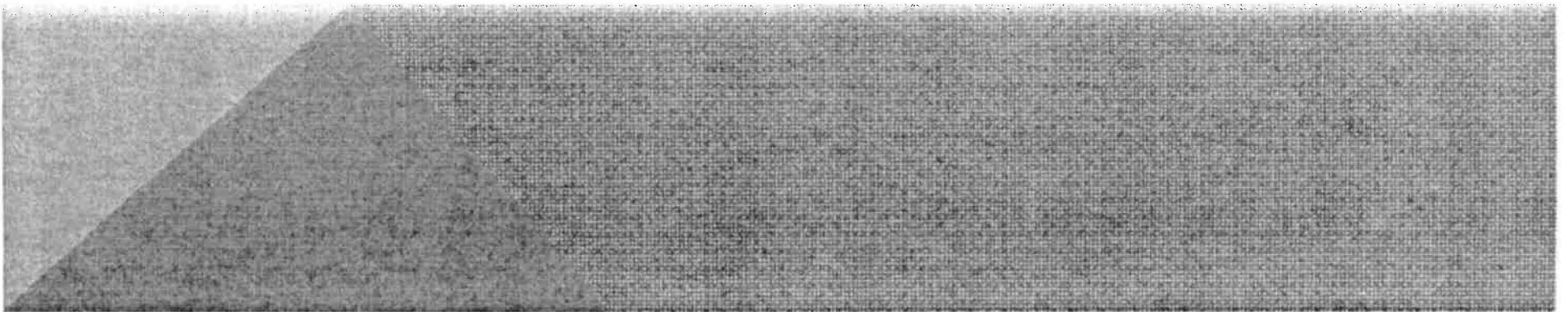


MEDICAID IMPLICATIONS FOR 377 & 708

- The changes in the funding landscape are extensive
- In the past 10 years, Illinois DHS has replaced GRF with T-XIX
- Co-funded contracts with GRF allowed for “supplementation” to address inadequate rates
- Many co-funded contracts were classified as “revenue enhancement”
- With T-XIX “supplementation” is not allowed – even though rates are acknowledged to be inadequate

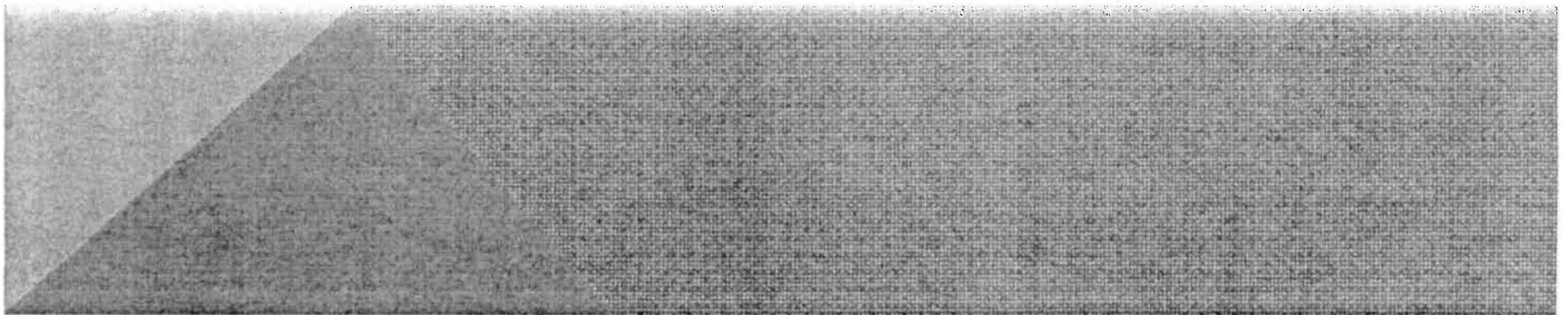
To better understand why and what we can do about it, it might be helpful to

provide a brief overview of **MEDICAID**

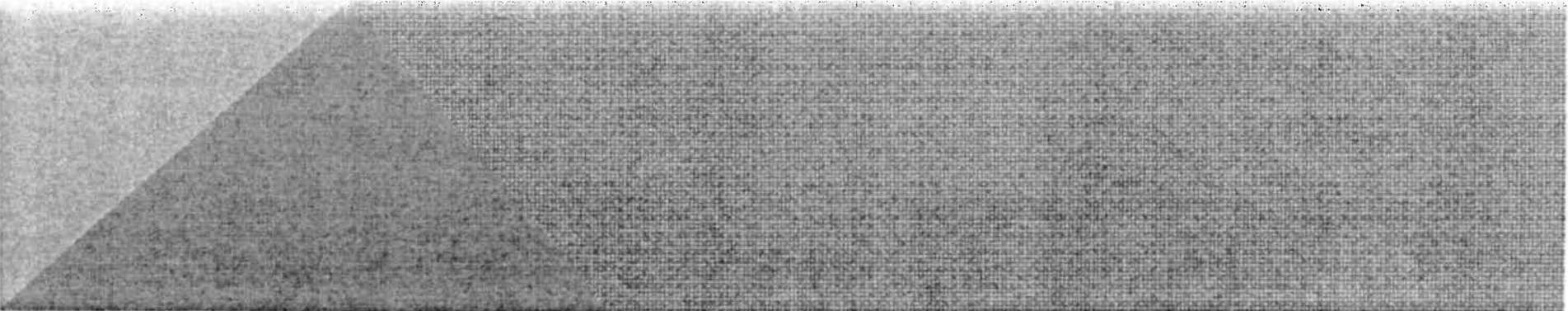


FROM A JUDICIAL OPINION

“The Medicaid Act is actually a morass of interconnecting legislation. It contains provisions which are circuitous and, at best, difficult to harmonize. The Medicaid Act has been characterized as one of the ‘most completely impenetrable texts within human experience’ and ‘dense reading of the most tortuous kind.’”



TITLE XIX OF THE SOCIAL SECURITY ACT

- * Title XIX (Medicaid) enacted in 1965**
 - * Joint venture between states and federal gov**
 - * Administered by CMS (formerly HCFA)**
 - * States must extend basic coverage for basic or mandatory services**
 - * In addition, states can include coverage for optional services**
 - * States must designate a “Medicaid Single State Agency”**
- 

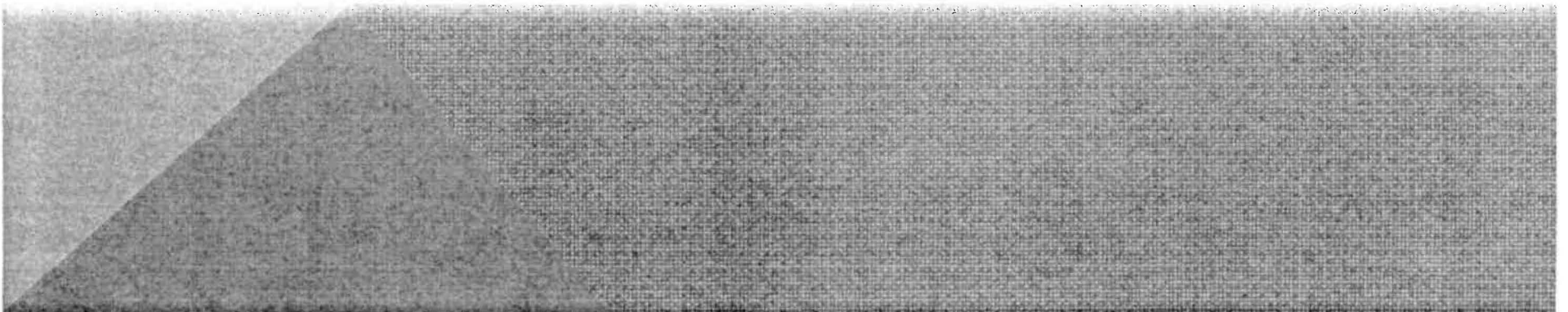
ILLINOIS TITLE XIX

In Illinois, the single state Medicaid agency is the Department of Health Care and Family Services (HFS)

The Medicaid agency may delegate responsibilities to other state agencies

Example – Medicaid Rehabilitation Option is delegated to DHS and DCFS.

States must develop a “State Medicaid Plan.”



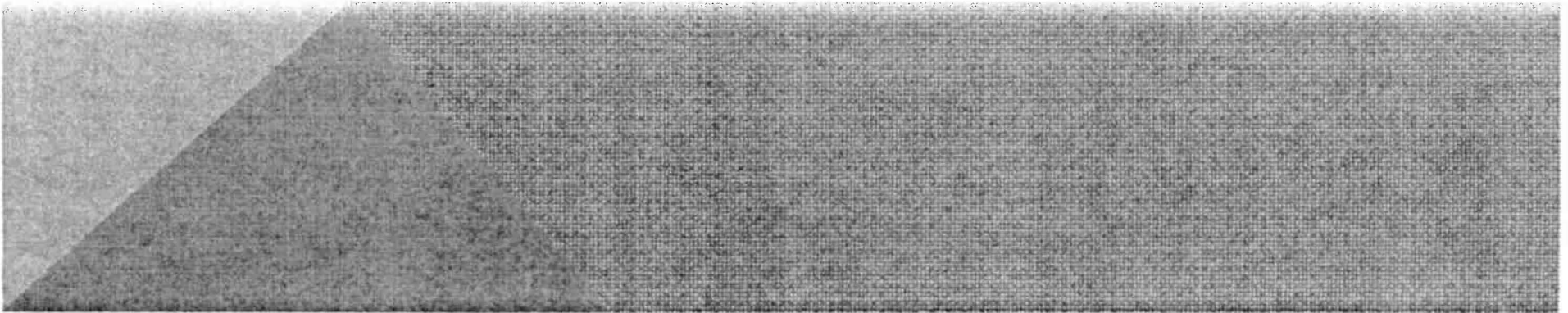
ILLINOIS TITLE XIX

All communication with CMS goes through the single state agency (HFS)

HFS is totally responsible for “claims” submitted to CMS

This means all claims for reimbursement and expenditures are certified by HFS

HFS is part of the executive branch and reports directly to the governor



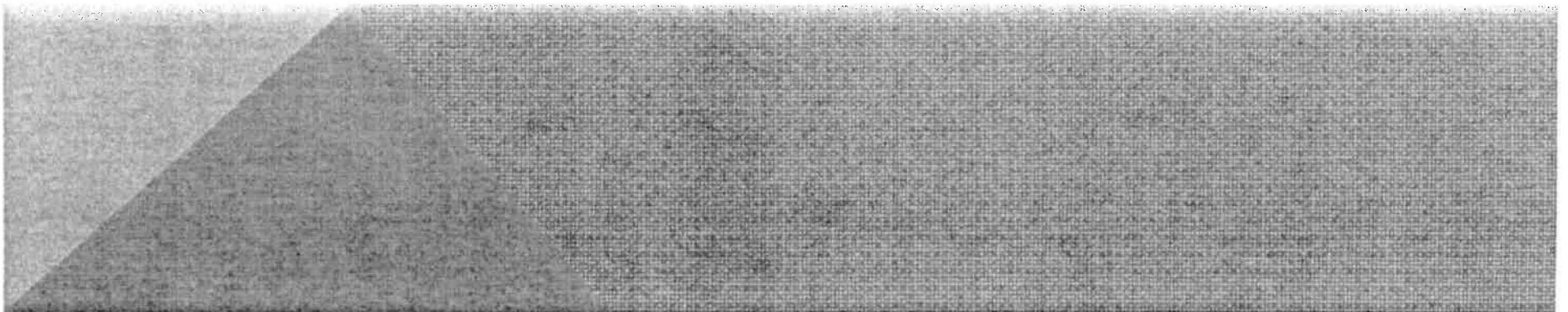
GENERAL TITLE XIX REQUIREMENTS

Comparability – T-XIX services must be of the same quality as private services

Statewideness – T-XIX must be available to the entire state

Freedom of Choice – T-XIX recipients should be able to choose their provider

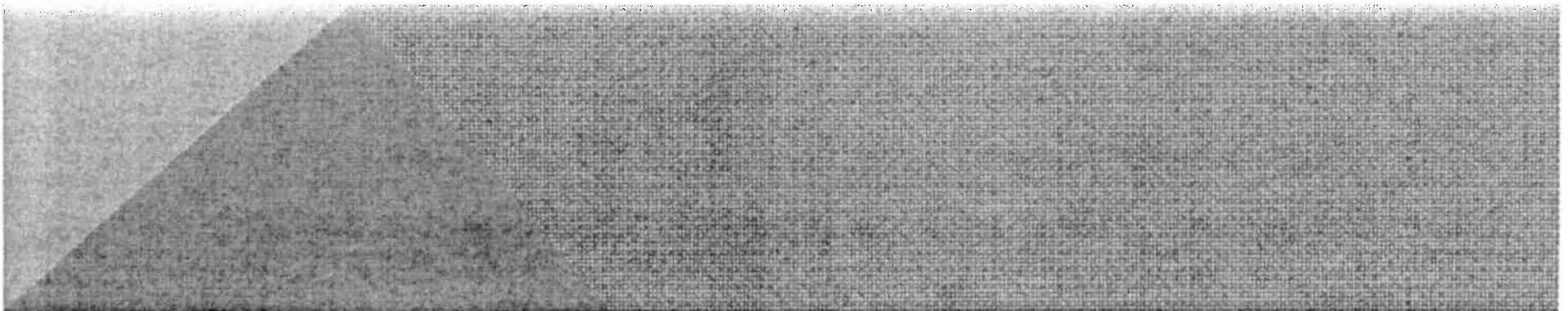
Supplementation – the T-XIX rate must be all inclusive and cannot be supplemented from other pay sources



TITLE XIX WAIVERS

A waiver is a voluntary exception to the Title XIX rules approved by CMS

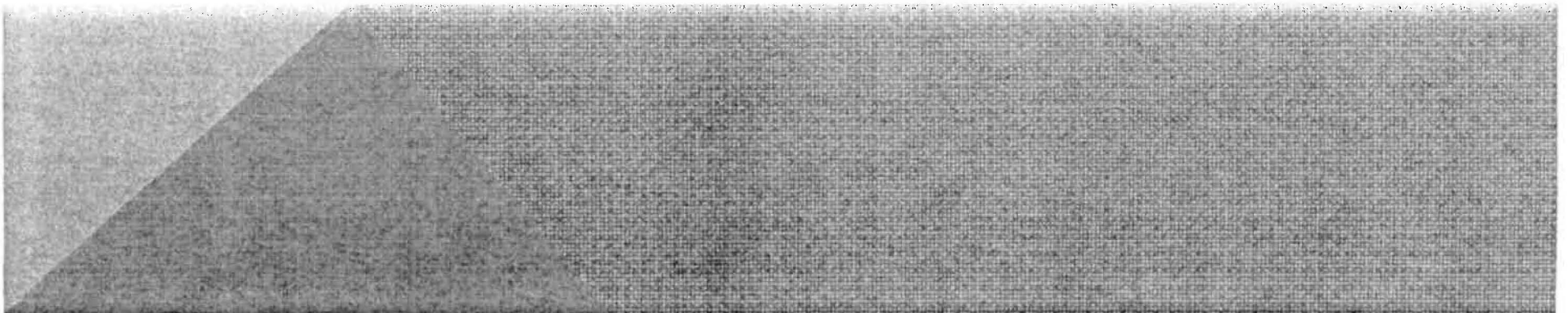
- * States and CMS can negotiate waivers from basic requirement**
- * For example, some states have prepaid health plans and waive freedom of choice (1915 (b) of the SSA)**
- * Research or demonstration projects can be used to waive statewideness (1115 waiver)**



ILLINOIS WAIVER HISTORY FOR BEHAVIORAL HEALTH

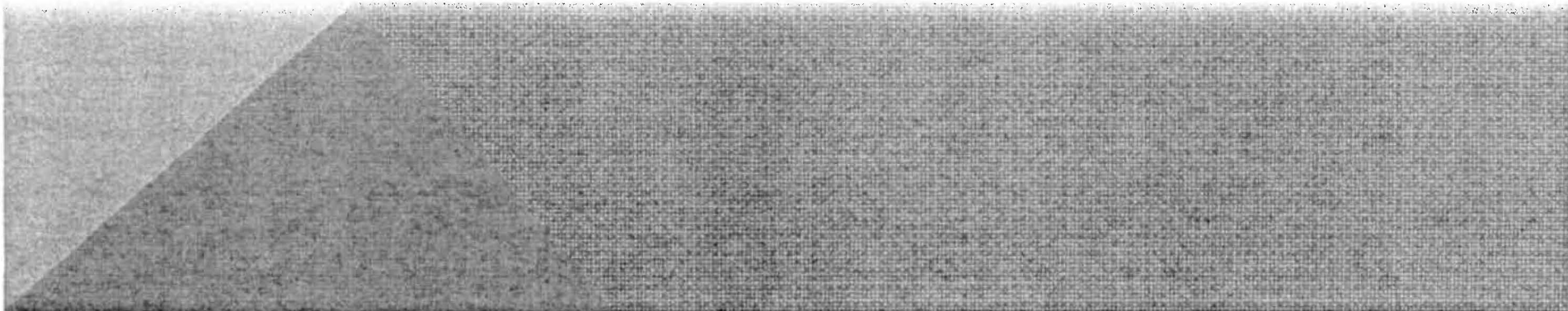
**Illinois has been conservative with T-XIX waivers
and optional services**

- * Conservative leadership**
- * Concerns/fears about fiscal exposure (general revenue funding – GRF)**
- * Concerns about “opening” the state plan**
- * CMS regional variations**



FEDERAL FINANCIAL PARTICIPATION (FFP)

Basic requirements:

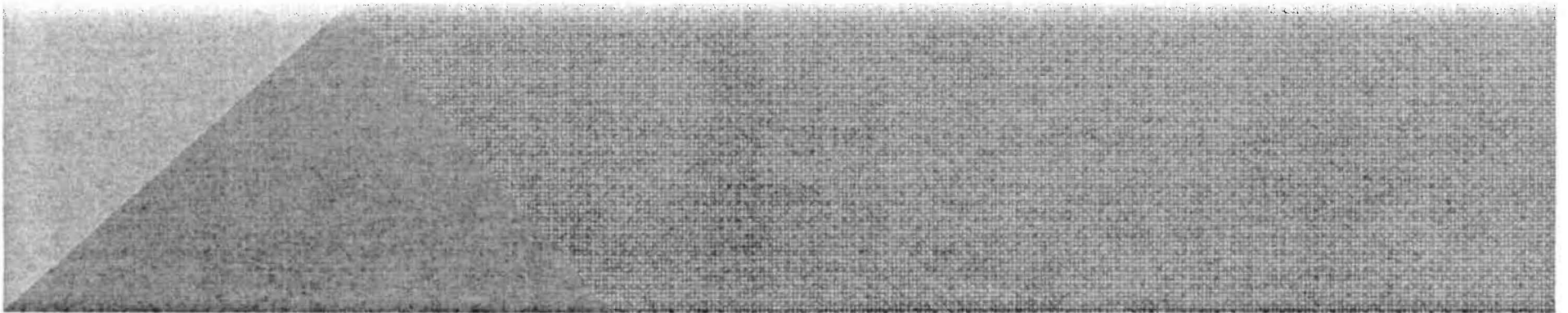
- * Reimbursement (FFP) after the fact**
 - * T-XIX services must be paid by the state before claim can be sent to CMS**
 - * State payments for T-XIX services must come from public funds**
 - * Services must be in the state plan**
 - * Economic and efficient**
- 

CATEGORIES OF T-XIX REIMBURSEMENT

Reimbursement is based on FMAP (Federal Medicaid Assistance Percentages)

MEDICAL SERVICES (physical and behavioral health) \$11B 2004 for Illinois

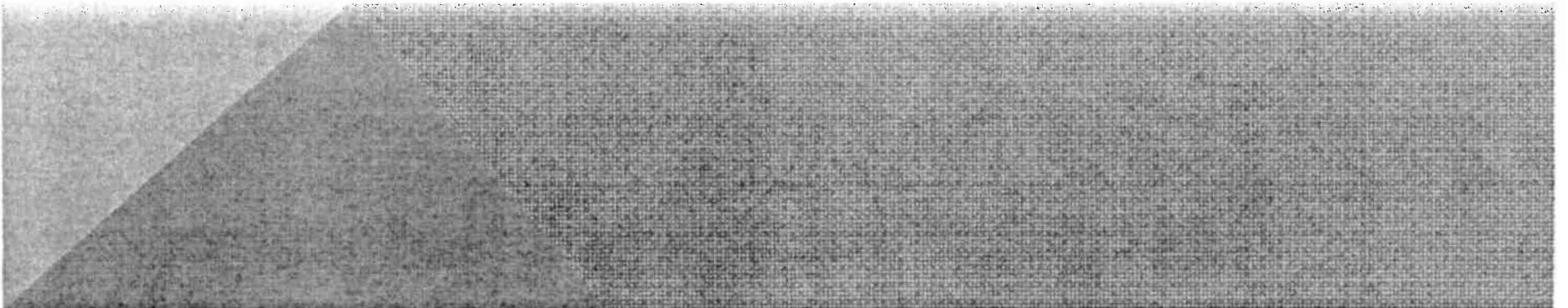
ADMINISTRATIVE COSTS - \$600M in 2004 for Illinois



EXCEPTIONS TO T-XIX CLAIMING

Inmates of a public institution (e.g., county jails) – this is changing

Inpatients of an institution for mental diseases (IMD)



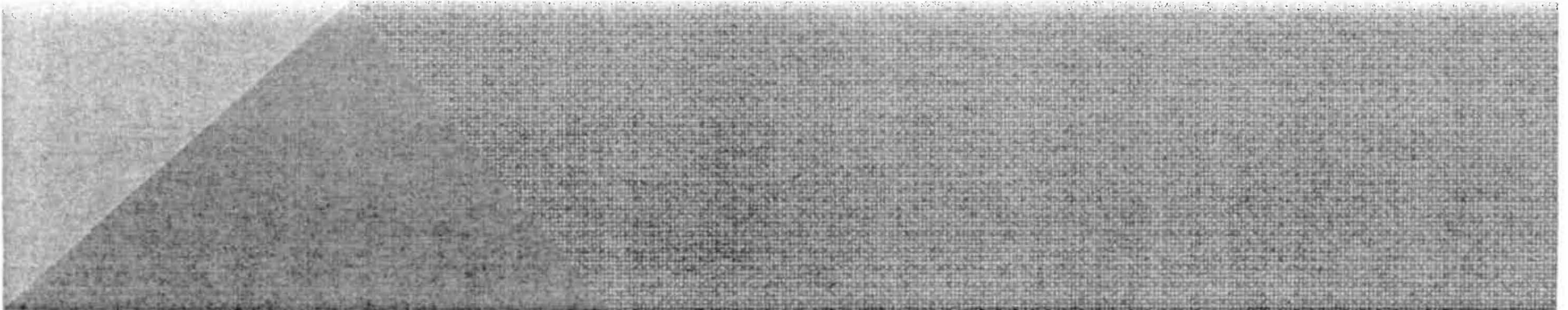
ELEMENTS OF A CLAIMABLE SERVICE

There must be a covered service provided to,

An eligible person, by

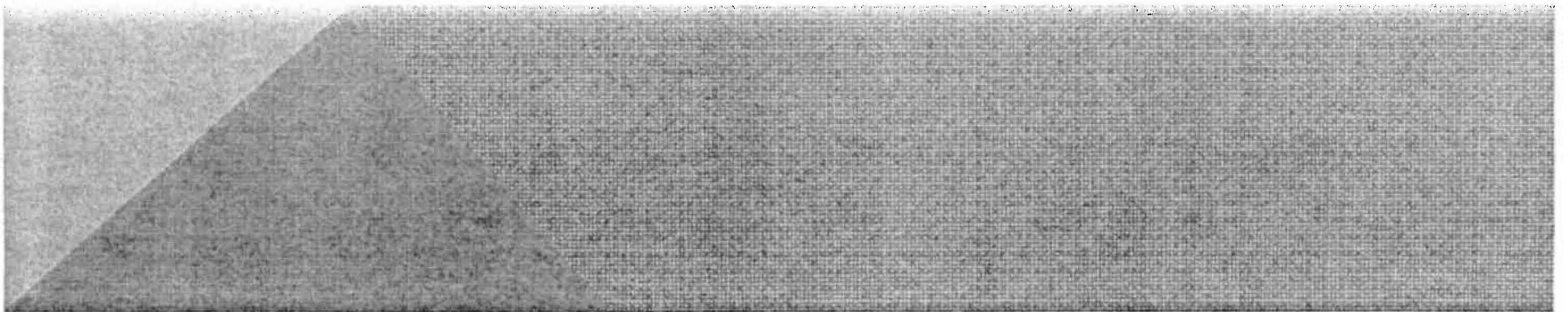
An enrolled provider

All three elements must exist on the date that the service was provided – billing edits confirm this prior to submitting claims



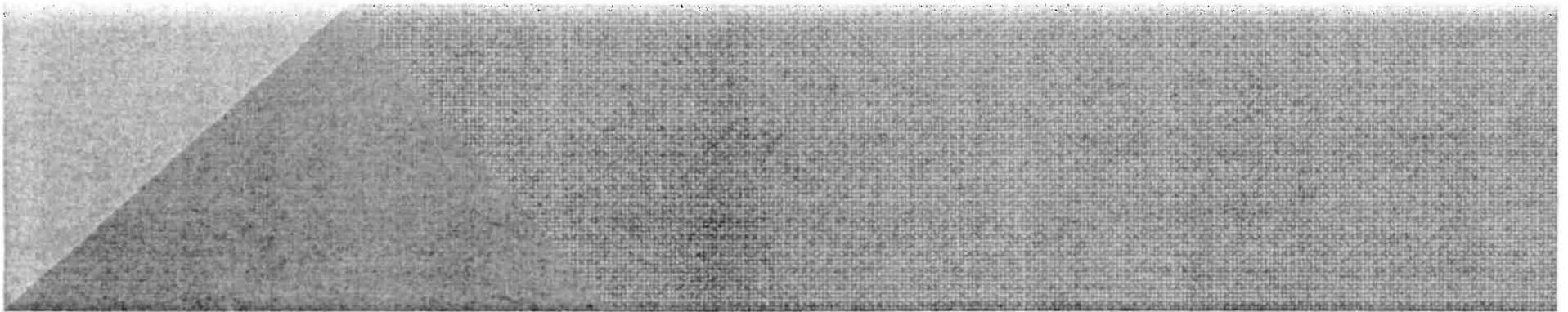
PROVIDER PARTICIPATION REQUIREMENTS

- * Appropriate credentials for individual practitioner**
- * Appropriate institution license/certification**
- * Not on state/federal list of barred providers**
- * Enrolled as a provider with HFS**
- * Meets specific agency rule requirements (Part 132 – Rehabilitation Option)**



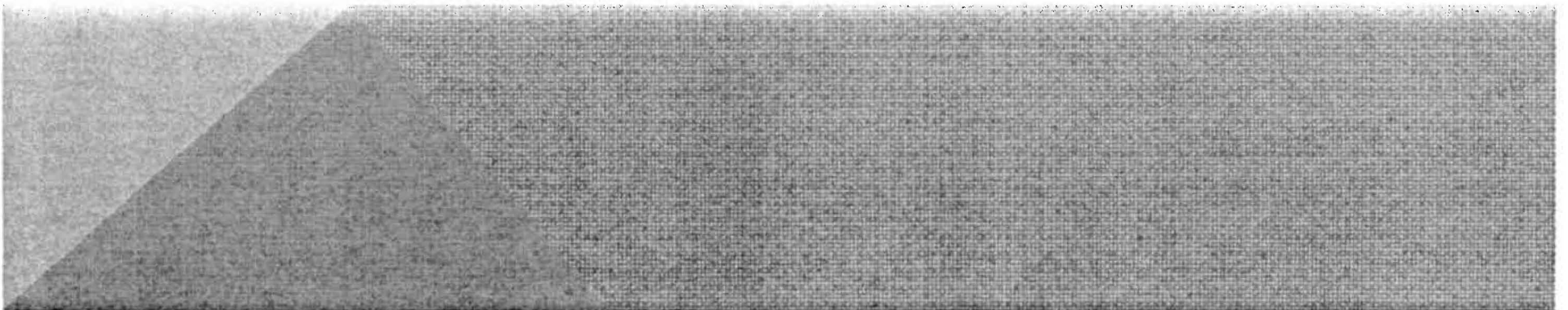
ROLE OF HFS AS THE MEDICAID SINGLE STATE AGENCY

- * Defines and administers the Medicaid State Plan**
- * Submits claims and certifies expenditures**
- * Requests and is responsible for waivers**
- * Monitors all Medicaid programs to assure program and financial compliance**
- * Point of contact with CMS on all issues**
- * Defends claims against CMS disallowances**
- * Legally responsible for all T-XIX programs**



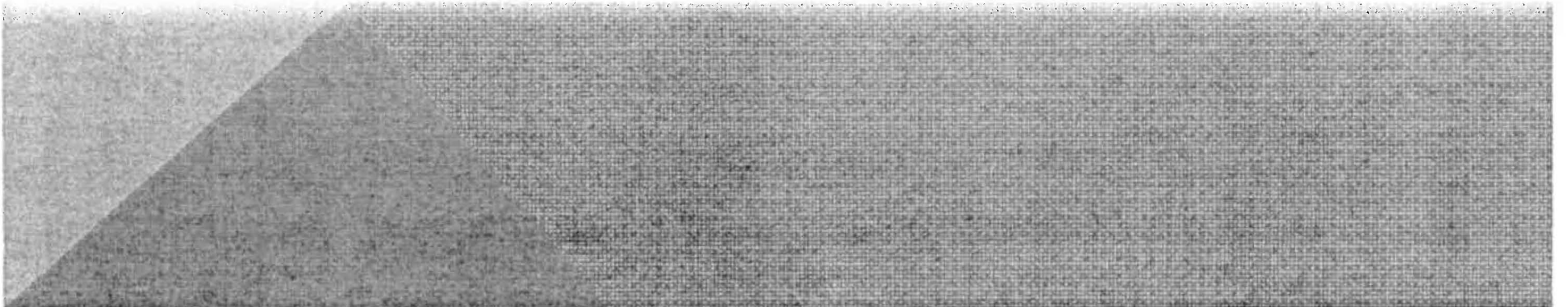
ROLE OF SISTER STATE AGENCIES

- * Day to day operation of certain waiver and other non-waiver T-XIX programs**
- * Programmatic expertise**



SUPPLEMENTATION ISSUES

- * HFS FIRST RAISED ISSUE IN 2009 ABOUT ID/DD FUNDING FROM 708/377**
- * ACMHAI IS WORKING WITH HFS TO SEEK INTERPRETATIVE GUIDELINES**
- * DHS HAS SHIFTED FROM GRF TO FFP**
- * T-XIX RATES ARE ALL INCLUSIVE**
- * INADEQUATE RATES DO NOT JUSTIFY SUPPLEMENTATION FROM A 708 BOARD**



WHAT SHOULD A 377 BOARD DO ABOUT SUPPLEMENTATION?

- * ACMHAI will push for clarification with HFS**
 - * Notify providers about the problem**
 - * Modify contract language**
 - * Target funding to services not included in the T-XIX rate, or which exceed service maximums per FY**
 - * Require providers to address supplementation in their application (seek their rationale)**
 - * Focus funding on individuals rather than program**
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