

Crisis and Waiver Service Transition Information Bulletin

Illinois Department of Human Services

Division of Developmental Disabilities

Information Bulletin

DD.21.005 FINAL

Purpose

The purpose of this Information Bulletin is to:

- Clarify the process for individuals who are in crisis and need services in order to relieve their crisis situation.
- Update the process for individuals who are requesting a Waiver Service Transition, which is the transfer from one waiver service to another (i.e. moving from Adult HBS to CILA).

Crisis Process

Ensuring safety and providing services to individuals who are in crisis are the highest priorities for the Division. Individuals, guardians, or families who believe an individual is in a crisis should contact their local ISC for assistance. Referrals are also be made from other entities such as the Office of Inspector General, Adult Protective Services and/or the judicial system.

1. In all cases, the ISC will review the individual's current circumstance based on the descriptions below.
 - **Homeless** - includes individuals who do not have a permanent residence or are staying at a shelter; individual/caregiver has received an official eviction notice. Situation where the authorities, such as the Office of the Inspector General (OIG), Adult Protective Services (APS), the Department of Children and Family Services (DCFS) or Illinois Department of Public Health (IDPH) is

currently involved due to abandonment and/or lock out. The individual lost his/her home due to the primary caregiver's death or admission into long term care facility (i.e. hospice, nursing facility, assisted living, senior living, etc.). The ISC will also consider who is supporting or caring for the individual now and what caused the homeless situation described above.

- **Abuse** - includes harm done to the individual with a developmental disability as well as the maladaptive/aggressive behaviors the individual is displaying that result in the crisis. The ISC will inquire as to the frequency, intensity, duration and severity of the aggressive behavior(s). The ISC will also consider the circumstances surrounding the abuse, the relationship of the alleged abuser to the individual, whether the abuse has been reported to or investigated by the appropriate authorities such as local police, OIG, IDPH, APS, etc.
- Other considerations include recent changes in the individual's life that may have increased or caused the abusive behaviors, hospitalizations, ER visits, involvement by medical care, mental health, and/or behavior therapy professionals as related to the current crisis situation. And finally, the ISC must assess whether the proposed service will resolve the current crisis situation.
- **Neglect** - in determining neglectful situations, the ISC will consider what the individual cannot do for himself/herself that is causing the crisis situation and/or how is the family/caregiver unable to meet the individual's needs (i.e. ADLs, medical, physical, psychiatric, adequate food, water, heat, electricity, functional bathrooms and adequate sleep arrangements in the home, etc.). They will also look at the adverse outcomes of these unmet needs and recent changes in the individual/family household that is prompting the crisis.
- Additional factors to be considered in determining neglect is the availability of others who can meet the identified needs of the individual, services the individual is currently receiving, if the individual has a legal guardian, the type of guardianship and what the guardian is unable to do for the individual. It is also important to determine if the neglect has been reported to the appropriate investigative authorities such as local police, OIG, IDPH, APS, etc. and the outcome of the investigation, if one has occurred.
- NOTE: As a mandated reporter, any/all suspected abuse and/or neglect must be reported to the proper investigative authority

2. After careful consideration of an individual's situation, if the ISC determines the individual meets the crisis criteria, the ISC will check to ensure the individual is both financially eligible (Medicaid benefits for medical, cash and SNAP) and clinically eligible (as determined through a Pre-Admission Screen).
 - o Note: The Division reserves the right to overturn clinical eligibility or crisis determinations made by an ISC agency.
3. Individuals who:
 - a. Are in a crisis and found eligible for DD services must be offered the choice of DD Waiver services or Intermediate Care Facility for Individuals with Developmental Disabilities (ICF/DD). The ISC will assist with making referrals to DD Waiver agencies and/or ICF/DD agencies. Approved services must have the potential to alleviate the presenting crisis.
 - i. For individuals who are in crisis and choose DD Waiver services, the ISC must submit the [Crisis Transition Plan and Funding Request \[IL462-0140\]](#) form and upload it to Birdseye or complete the Crisis Request form contained within the Birdseye. Either format must include a safety plan.
 - ii. The ISC must ensure a safety plan is in place to keep the individual safe from the crisis situation until services begin.
 - iii. If an individual is in need of more immediate services, the Division may issue a Pre-Award Letter to allow the individual to enter into services that day.
 - iv. Note: If the individual is awarded waiver funded services, they must begin services within 72 hours of the Division producing a funding award notice. After the individual enters DD Waiver services, the ISC agency in the geographic area where the individual will reside will then provide case management or Individual Service and Support Advocacy (ISSA) to the individual. This includes, facilitation of the Person-Centered Plan process, monitoring visits, assistance with rights and conflict resolution.
 - b. Do not meet crisis but are financially and clinically eligible can choose ICF/DD services or choose to be placed on the PUNS list. Individuals can enter an ICF/DD and be on PUNS (to be selected for DD Waiver services). Individuals who are determined to not meet crisis have the right to appeal these determinations as outlined in the [Notice of Individual's Right to Appeal Medicaid Waiver Determinations form \[IL462-1202\]](#).

- c. Do not meet the crisis criteria and/or who are not clinically eligible also have the right to appeal these determinations as outlined in the [Notice of Individual's Right to Appeal Medicaid Waiver Determinations form \[IL462-1202\]](#) .

Waiver Service Transition

Individuals receiving waiver-funded services have an array of options available to them. For example, an individual may be receiving Home Based Support Services (HBS) and receiving Personal Support Worker services and develop a new need for Behavior Services. Sometimes, however, individuals need an entirely new category of services.

In this case, the individual is requesting a Waiver Service Transition. Waiver Service Transitions are for individuals who are receiving one set of Waiver services and are seeking another set of Waiver services. For example, an individual receiving Adult HBS has a desire to move to CILA based on a change in their needs or preferences or based on the outcomes laid out in their Personal Plan.

Note: Some of the individuals who previously requested a Waiver Service Transition were placed on the PUNS list in the "seeking services" category. Additionally, some individuals were placed on the PUNS list after they started receiving waiver services so that they would later be able to change services. It will no longer be necessary for individuals in a DD Waiver service to be enrolled in, or selected from, the PUNS list in order to participate in a Waiver Service Transition. Ongoing, individuals receiving waiver-funded services will not be placed on the PUNS list but will, instead, follow the process outlined in this Information Bulletin.

Waiver Service Transition Process

The Waiver Service Transition process requires an individual to demonstrate the Waiver Service Transition is necessary in order to meet their needs, preferences, or outcomes laid out in their Personal Plan, and that all options within the individual's current waiver services have been exhausted. Exhausting all options ensures that a person has accessed or attempted to access

supports already available, which could include natural supports, state plan services or supports available through their current authorized waiver service. Waiver Service Transitions, including updates to the Plan, can occur any time the individuals' desires or needs change; this is not limited to the annual update of the Plan. Individuals, families, guardians or providers who are aware of the need or desire to request an alternative service should notify the individual's ISC.

Waiver Service Transition requests are:

- Community Day Services to Adult Home-Based Services
- Community Day Services to Community Integrated Living Arrangement (any model)
- Adult Home-Based Services to Community Integrated Living Arrangement (any model)
- Family or Intermittent CILA to 24-Hour or Host Family CILA

Note: Waiver service transitions pertain to the DD Adult Waiver only. Individuals currently in the Children's Support Waiver and want or need Children's Residential Waiver must meet the crisis criteria.

In order to request the service change, the ISC agency submits a service request packet for a Waiver Service Transition to the assigned Community Services Region Representative within DDD. The request must:

- Clearly state the current and proposed DD Waiver Service.
- Include a narrative explaining why the individual is requesting the change in service, the needs/desires that are not currently being met and how the person is being affected.
- Describe how the current services have been changed and/or exhausted to meet the individual's needs or preferences as well as how the new services will help the individual meet the outcomes in their Personal Plan.
- Contain a copy of the current Personal Plan with the appropriate signatures. The proposed service type must be indicated on the first page of the Plan and supported by the contents of the Plan.

- Identify a proposed provider agency, except in the case of Home-Based Services.
- Include the required applications and supporting documents for each type of service. Clearly state the current and proposed DD Waiver Service.

The Division will review each request and determine that:

- a. According to what is included in the Personal Plan, the request for a Waiver Service Transition is appropriate, at which point the packet is processed for an award letter based on appropriation authority.
 - In the event the DDD does not have appropriation authority to process the award letter, the DDD will communicate a timeline for approval.
- b. A decision on a Waiver Service Transition cannot be made due to insufficient information. The request will be returned to the ISC agency with questions or a request for additional information; or
- c. The need or preference for a new service has not been established or the new service is not supported in the Personal Plan. The Waiver Service Transition is denied and the packet is returned along with a denial letter to the ISC agency. In this letter, the ISC is informed of the Division's determination and that appeal rights must be given to the individual and guardian. The individual/guardian has the right to appeal a denial of waiver services as outlined in the Notice of Individual's Right to Appeal Medicaid Waiver Determinations [IL462-1202 (R-01-17)].

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