Illinois Division of Developmental Disabilities Home-Based Services

Presented by:
Derek Hedges,
Medicaid Waiver Manager
IDHS/Division of Developmental Disabilities
Medicaid Waivers

- Medicaid Waivers are state-run programs that use federal and state funds to pay for health care/long term services for people with certain health conditions who would otherwise be institutionalized.
- Waivers give the state option for flexibility of types of services for specific groups of people.
- Waivers are not an entitlement.
- The Division of Developmental Disabilities is the Operating Agency for 3 of 9 Waivers operated in Illinois.
Medicaid Waivers (continued)

- Waiver recipients participate in a person-centered planning process where they get to determine their services.
- Services must comply with the Home and Community Based Services (HCBS) Settings Rule, focused on independence, autonomy, choice and community integration.
- Funding for Home Based Services is based on a budget.
- Services are licensed/certified by Department of Human Services (DHS) Bureau of Accreditation Licensure and Certification (BALC).
- Abuse and Neglect allegations investigated by DHS Office of the Inspector General (OIG) or Department on Aging’s Adult Protective Services (APS).
Division of Developmental Disabilities (DDD) Waivers
Division of Developmental Disabilities (DDD) Waivers

Adult Waiver
- Residential and home based services
- Up to 25,859 adults
- 18+ years old

Children’s Support Waiver
- Home Based Services
- Up to 1,440 youth and young adults
- 3 up to 22nd birthday

Children’s Residential Waiver
- Residential services
- Child Group Homes
- Up to 295 youth and young adults
- 3 up to 22nd birthday
• Expect to send approximately 1300 letters each of the next few years

• Sent out 1342 letters in August
  • This selected individuals down to 51 months of time waiting

• All individuals (selected already or not) should remain in regular contact with their ISC agency to understand their current status

• Roughly 80-90% of selectees are choosing HBS
  • Believe a key reason for this is because of the lower average age of the selectees and those supporting them (often parents)
  • Because of this age, there is often very little gap between the end of school supports and the initiation of waiver supports
PUNS –
Expected
Children’s
Selection

- Governor / Legislature has appropriated funding for 500 children for CHBS services
  - Based on total time since their first date on PUNS (for those currently in “seeking” services
  - Will include a wide age range for selected individuals
- Hopeful that this lasts for multiple years & will have a significant impact on the time waiting of all individuals on PUNS
- 930 Early Notice letters went out at the end of July
- We plan to send selection letters in September
  - Wanted to give some time between adult selection & this children’s selection
  - Families will then be able to work with ISCs to initiate CHBS services
Adult Waiver

Services:
• Adaptive Equipment
• Adult Day Service
• Assistive Technology
• Behavior Intervention and Treatment
• Behavioral Services (Counseling/Psychotherapy)
• Community Day Services
• Emergency Home Response Services
• Home Modifications
• Non-Medical Transportation
• Occupational Therapy
• Personal Support
• Physical Therapy
• Self-Direction Assistance
• Skilled Nursing
• Speech Therapy
• Supported Employment – Individual
• Supported Employment – Group
• Temporary Assistance
• Training and Counseling for Unpaid Caregivers
• Vehicle Modification
Adult Waiver

Budget:
Age 18 to 22 still in the Special Education System
• Monthly budget
• 2x SSI (Currently $1,828)
• Does not roll over

Over Age 18 not in the Special Education System
• Monthly budget
• 3x SSI (Currently $2,742)
• Does not roll over
• If under Age 22, you will be required to provide documentation stating no longer in the Special Education System.
Children’s Support Waiver

Services:

• Adaptive Equipment
• Assistive Technology
• Behavior Intervention and Treatment
• Home Modifications
• Personal Support
• Self-Direction Assistance
• Temporary Assistance
• Training and Counseling for Unpaid Caregivers
• Vehicle Modification
Children’s Support Waiver

Budget:

- Based on calendar year
- Annual budget based on 2x SSI per month (Currently $21,936)
- Flexible Spending (Up to 4x SSI in a month)
This is a lot!

Who’s here to help me?
Independent Service Coordination (ISC) Functions

1. Conduct a comprehensive care assessment of need and eligibility initially and at least annually or as needed based on changes in the individual's financial, support or functional needs.
2. Outline available services and choices and provide the individual with information to allow the individual or guardian, if applicable, to make informed choices regarding services and providers.
3. Develop and update at least annually a person-centered plan (PCP) with the individual which best meets the individual's desires and needs, with available services through the waiver or other funding sources. Provide the opportunity to the individual or guardian, if applicable, to lead the person centered planning process.
4. Monitor service implementation.
5. Maintain individual records.
6. Link individuals to services and providers of their choice.
7. Enroll individuals on the PUNS database for DD Medicaid services. Update enrollment information at least annually.
8. Advocate for individual's rights. Collaborate with service providers to ensure individual's health, safety, welfare, well-being, and satisfaction with services.
9. Assist individuals who will be entering services to apply for Medicaid benefits and to maintain Medicaid benefits through the Medical Renewal process.
ACES$ functions

Financial Management Services (FMS) Agency
Fiscal/Employer Agent (F/EA)

1. Enrolling individually hired Personal Support Workers (PSWs) in IMPACT, the Medicaid provider enrollment system.
2. Conducting background checks.
3. Processing timesheets.
4. Withholding, depositing, and filing taxes.
5. Processing payroll for individually hired PSWs.
Self-Direction Assistance (SDA)

• Can’t duplicate the services provided by Independent Service Coordination (ISC) Agency.
• Assist with arranging for, directing and managing services.
• Assist with skills training to independently direct and manage services.
• Services must be requested by the individual/family.
# Allowable Self Direction Assistance (SDA) Functions

<table>
<thead>
<tr>
<th></th>
<th>Are SDAs allowed to provide and bill this service?</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Meeting with ISC for Discovery and/or Personal Plan</td>
</tr>
<tr>
<td>2</td>
<td>Assisting with the Medicaid Spenddown forms (HFS-2653) and submitting to the DHS Family Community Resource Center</td>
</tr>
<tr>
<td>3</td>
<td>Documenting notes to support billing on the SDA services provided</td>
</tr>
<tr>
<td>4</td>
<td>Assisting Employer of Record to complete their Implementation Strategy form.</td>
</tr>
<tr>
<td>5</td>
<td>Providing information on and assistance in recruiting, hiring, managing PSWs; PSW qualifications, passing background checks, definition of Personal Support, role of fiscal/employer agent (ACES$) when the individual/family is considering hiring PSWs directly</td>
</tr>
<tr>
<td>6</td>
<td>Assisting or training on billing for the PSWs each month</td>
</tr>
<tr>
<td>7</td>
<td>Providing training and assistance to individuals and families regarding timekeeping and other employer related tasks for PSWs hired directly by the individual/family</td>
</tr>
<tr>
<td>8</td>
<td>Assisting with completing Service Agreements for all waiver services</td>
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<tr>
<td>9</td>
<td>Updating Service Agreements when changes occur</td>
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<tr>
<td>10</td>
<td>Assisting with managing the monthly budget</td>
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<tr>
<td>11</td>
<td>Sending Service Authorizations and PSW timesheets to ACES$</td>
</tr>
<tr>
<td>12</td>
<td>Working with providers and ACES$ as necessary to adjust bills that are incorrect</td>
</tr>
<tr>
<td>13</td>
<td>Assisting with communication and problem-solving strategies for PSWs hired directly by the individual/family</td>
</tr>
<tr>
<td>14</td>
<td>Providing training to individual, family, or PSW to increase individual's skill-acquisition</td>
</tr>
<tr>
<td>15</td>
<td>Assisting with prior approval request (i.e. Adaptive Equipment, Assistive Technology, Home and Vehicle Modifications, Temporary Assistance, Therapies)</td>
</tr>
<tr>
<td>16</td>
<td>Acting as the Representative Payee for Social Security Benefits. Assisting the individual/family to maintain financial accounts, statements and records; pay all bills and monitor for extraneous charges that should not be paid by client; Representative Payee reports; assist the individual/family, as desired, with finances (bill paying, monthly budget, credit, savings and spending, etc.); ensure adequate savings for needs and emergencies; assist with prioritizing &quot;wants&quot; vs. &quot;needs&quot;, payroll assistance e.g. cashing checks, tax filing</td>
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<tr>
<td>17</td>
<td>Advocating (professional level staff), communicating and facilitating effectively; maintain positive working relationships with collaborating service providers, medical providers, housing providers, bank staff, pharmacies, attorneys, etc.</td>
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<tr>
<td>18</td>
<td>Providing medical advocacy - consistent staff who knows medical history to help schedule, attend, and advocate at appointments and during medical emergencies</td>
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<tr>
<td><strong>19</strong> Being available or responding to after hours or emergency situations, medical or otherwise</td>
</tr>
<tr>
<td><strong>20</strong> Assisting with refilling medication and/or linkage to pharmacy services</td>
</tr>
<tr>
<td><strong>21</strong> Assisting individual/family in acquiring needed medical supplies through insurance or other measures</td>
</tr>
<tr>
<td><strong>22</strong> Assisting with housing/landlord, advocacy - applications, furniture acquisition, eviction appeals, packing/moving assistance, pest control (including assistance with bed bug infestation control and treatment measures), apartment clean-out when moving to different level of care</td>
</tr>
<tr>
<td><strong>23</strong> Assisting with utilities, phone, cell phone, cable, internet acquisition and use, troubleshooting</td>
</tr>
<tr>
<td><strong>24</strong> Assisting with benefit and charity applications, energy assistance, childcare subsidy applications, Lifeline, Christmas programs, Meals on Wheels - type programs</td>
</tr>
<tr>
<td><strong>25</strong> Assisting with employment/educational supports, Division of Rehabilitation Services appointments, acquiring uniforms, non-skid shoes, etc.; school applications, scheduling, consultation with teachers and counselors as needed, Financial Aid applications</td>
</tr>
<tr>
<td><strong>26</strong> Assisting with interaction with law enforcement and courts</td>
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<tr>
<td><strong>27</strong> Acquiring food, clothing and household needs when finances are low or absent</td>
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### Non-Allowable Self Direction Assistance (SDA) Functions

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<tr>
<th></th>
<th>Are SDAs allowed to provide and bill this service?</th>
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<tbody>
<tr>
<td>1</td>
<td>Developing the Personal Plan and updating it at least annually</td>
</tr>
<tr>
<td>2</td>
<td>Providing case management type services (i.e. locating other Waiver providers)</td>
</tr>
<tr>
<td>3</td>
<td>Conducting monitoring visits to ensure implementation of the Personal Plan; to ensure the health, welfare and safety of participant</td>
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<tr>
<td>4</td>
<td>Notifying individual/family of their Waiver rights and right to appeal on forms 1201 and 1202</td>
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<tr>
<td>5</td>
<td>Developing the SDA provider's Implementation Strategy</td>
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<tr>
<td>6</td>
<td>Reviewing Personal Support Workers (hired directly by individual/family) notes to complete a monthly implementation strategy</td>
</tr>
<tr>
<td>7</td>
<td>Act as the Employer of Record</td>
</tr>
<tr>
<td>8</td>
<td>Providing training and assistance to individuals/families regarding timekeeping and other employer related tasks for agency based PSWs</td>
</tr>
<tr>
<td>9</td>
<td>Reviewing agency based PSW notes in response to the implementation strategy</td>
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Non-Allowable Self Direction Assistance (SDA) Functions

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<th>Are SDAs allowed to provide and bill this service?</th>
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<tr>
<td>10</td>
<td>Assisting with communication and problem-solving strategies for agency based PSWs</td>
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<tr>
<td>11</td>
<td>Providing training to individual, family, or PSW on individual's behavior reduction</td>
</tr>
<tr>
<td>12</td>
<td>Reviewing behavior strategies</td>
</tr>
<tr>
<td>13</td>
<td>Planning and transporting to recreational activities, group or individual (e.g. baseball games, Theater productions, holiday parties, consumer meetings, special shopping trips, movies, zoo, science center, etc.)</td>
</tr>
<tr>
<td>14</td>
<td>Assisting with self-advocacy and training - annual trips to Speak Up/Speak Out Summit, other statewide and local self-advocacy activities</td>
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<tr>
<td>15</td>
<td>Providing emotional support and companionship</td>
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<tr>
<td>16</td>
<td>Assisting with acquiring pets, pet care training and vet appointments</td>
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<tr>
<td>17</td>
<td>Providing relationship support - assist with developing relationships with others through social activities, planning dates, transportation, sex education, assistance with acquiring birth control.</td>
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<tr>
<td>18</td>
<td>Providing parenting skills training and assistance</td>
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<tr>
<td>Are SDAs allowed to provide and bill this service?</td>
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<tr>
<td>--------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>19 Providing Non-medical transportation - many people live outside of bus routes and rely on staff for transportation.</td>
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</tbody>
</table>
Home Based Services (HBS)
What are your responsibilities?

- Educate yourself. (HBS Consumer Handbook)
- Maintain your Medicaid eligibility.
- Manage your services within your budget and service limit(s).
- Keep your ISC and service providers updated with your situation.
- Report occurrences of Abuse, Neglect or Exploitation.
  - Illinois Department of Children and Family services: 800-252-2873
  - DHS OIG: 800-368-1463 or 866-324-5553 TTY
  - Adult Protective Services: 866-800-1409 or 888-206-1327 TTY
Agency Based

Individually Hired

- Purchase services through ACES$
- Employer of Record (EOR)
- Personal Support Worker
  - Must be different than EOR
  - Can’t be Legally Responsible Individual
    - Parent of minor child
    - Guardian of minor child
    - Spouse
Personal Support

- Timesheets or Electronic Visit Verification (EVV) visits must be submitted/approved within 3 months of the date of service.
- No more than 2 consecutive weeks of services outside the State of Illinois.
- Make sure timesheets are accurate and signed by the employer.
• Involuntary Termination of your right to Self-Direct your Home-Based Services may happen if:
  o You or your family/guardian/Employer of Record are found to have committed fraud regarding the use of funds.
  o You are found to be living with a family member or other individual(s) who has been determined by Adult Protective Services or another authorized law enforcement entity to have abused or neglected you or other individuals.
  o The ISC and Fiscal Employer Agency have determined and documented that you or your family/guardian/Employer of Record are not able to satisfactorily direct your own services, either with or without the help of an SDA. This includes your inability to purchase your services within the monthly or annual budget.
  o Family/guardian has been found to be acting in his/her own interest rather than in your best interests and no other guardian or representative is willing to take on this responsibility.
What is Electronic Visit Verification (EVV)?

A technological solution used to electronically verify that personal care providers have delivered services as they were billed.

In Layman’s Terms:
It’s a method in which any visits carried out are recorded and all relevant information is captured.
Why do we have to do it?

The purpose of Electronic Visit Verification (EVV) is to electronically verify the time of a visit by a health care service provider, where it occurred, and who performed the service. EVV systems can also document visit notes and ensure care plan compliance.

The 21st Century Cures Act requires EVV for all Medicaid funded Personal Care Services (PCS) and Home Health Care Services (HHCS) that require an face-to-face visit by a provider.
Section 12006 of the 21st Century Cures Act requires states to implement an Electronic Visit Verification (EVV) system for Medicaid-funded Personal Care Services and Home Health Care Services (HHCS).

The six data elements Required to be collected to meet the CURES Act EVV Requirement:

- Type of Service Performed
- Individual Receiving the Service
- Date of the Service
- Location of the Service Delivery
- Individual Providing the Service
- Time the Service Begins and Ends
Privacy and Hacking

“Data theft continues to grow as technology advances in the industry. We understand the importance that the State is putting on security. In order to safeguard sensitive PHI, HHAeXchange has obtained HIPAA, HITECH, SOC2 Type II, SOC1 Type II, and HITRUST certifications. Within these certifications and attestations, HHAeXchange is audited against industry best practices, federal and state requirements, as well as additional security specific situations to ensure our system is secure and compliant.”

PHI = Protected Health Information
HIPAA = Health Insurance Portability and Accountability Act
HITECH = Health Information Technology for Economic and Clinical Health
SOC = System and Organization Controls
HITRUST = this is a company name
Live-In Caregiver Definitions:

Internal Revenue Service (IRS) Definition:

- A PSW is an individual care provider receiving payments under a qualifying state Medicaid program as defined in IRS notice 2014-7 for care the PSW provides to a customer living in the PSW's home.
Live-In Caregiver Definitions:

Department of Labor (DOL) Definitions:

- A PSW resides on the customer's premises **permanently** when the PSW lives, works, and sleeps on the customer's premises seven days per week and therefore has no home of their own.

- A PSW resides on the customer's premises for an **extended period of time** when the PSW lives, works, and sleeps on the customer's premises for five days per week (120 hours or more). If a PSW spends less than 120 hours per week working and sleeping on the customer's premises but consistently spends five consecutive days or nights residing on the premises, this also constitutes an extended period of time.
Live-In Caregiver Attestation Form

Links to the form:

• English Version
  • https://www.dhs.state.il.us/onenetlibrary/12/documents/Forms/IL462-1450.pdf

• Spanish Version
  • https://www.dhs.state.il.us/onenetlibrary/12/documents/Forms/IL462-1450S.pdf
Requirements to Submit Live-In Caregiver Exemption (LCE) Attestation Form

• Only if you qualify as a LCE and want to be exempt from the Electronic Visit Verification (EVV) requirements.
• Must submit for each LCE requesting the exemption.
• Submit initially and annually – work with your Personal Support Worker (PSW) Agency / ACES$ to determine when to submit annually.
• Submit when there is an address change.
• Submit when the living arrangement changes and the PSW no longer resides with the individual they support.
• The Attestation Form must be submitted, and the exemption approved by the EVV effective date or PSW’s first shift. Otherwise, the PSW will be required to comply with EVV.
ADULT DAY SERVICES PROGRAMS

Day Services programs are generally furnished on a regular basis up to 5 hours per day, one or more days per week. Services are limited to an annual combined maximum of 1,200 service hours of combined day services programs.

Community Day Services

- This is the primary Day Service program.
- Persons with severe medical or behavioral needs may be approved for temporary intensive supports. Temporary intensive supports requires prior approval and is billed using a separate program code.

Supported Employment

- Requires documentation to verify that the person had been assessed for services first through the Vocational Rehabilitation program.
- Prior Authorization is required for persons to utilize this services through the DD waiver.
ADULT DAY SERVICES (CONTINUED)

Adult Day Care

• Adult Day Care providers must meet the Department on Aging program and contracting requirements.

• Prior authorization is required for this service to be funded by the Adult Waiver.
Behavior Intervention and Treatment Services

This service is available in both Waiver Programs and doesn’t require prior approval by the Division.

The services must be based on behavioral assessments documenting the ongoing need for the service and be included in the personal plan.

Behavior intervention and treatment includes a variety of individualized, behaviorally-based treatment models consistent with best practice and research on effectiveness that are directly related to the participant’s therapeutic goals.

Interventions include, but are not limited to:

- Applied Behavior Analysis
- Relationship Development Intervention (RDI)
- Developmental Therapy
Behavior intervention and treatment providers must be one of the following provider types. A Level I provider must be a:

- Licensed clinical psychologist, or
- Nationally certified Behavior Analyst (certified by the Behavior Analyst Certification Board).

A Level II provider must be a:

- Nationally certified Associate Behavior Analyst (certified by the Behavior Analyst Certification Board),
- Professional certified to provide Relationship Development Assessments,
- Early Intervention Specialist with a Developmental Therapy credential, or
- Professional with a Bachelor's Degree and who has completed at least 1,500 hours of training or supervised experience in the application of behaviorally-based therapy models.
Behavior Intervention and Treatment Services

Behavior Intervention and Treatment service providers can bill for non-direct services such as reviewing behavior data, writing the behavior plan, communicating with CILA and CDS staff, etc. without the waiver participant being present.

Service Limits:
Adult Waiver – 104 Hours.
Children’s Support Waiver – No limit, must fit within the budget.
Adaptive Equipment, Assistive Technology, Home and Vehicle Modifications
Overarching Requirements

The modification or equipment must be:

• For the direct benefit of the person.
• Essential to address needs related to the person’s developmental disability.
• Necessary to enable the person receiving services to integrate more fully into the community.
• To ensure the health, welfare and safety of the person receiving DDD Waiver services.
Overarching Requirements (continued)

The needed modification or equipment:

• Must be clearly documented in the individual’s Personal Plan.

• Must increase independence and/or decrease reliance on supports and services.

• Is not something that would be considered a “general utility item.” For a list of excluded general utility items, see Section III. Waiver Services of the Waiver Manual.
Overarching Requirements (continued)

• If the modification or equipment is for something anyone would need in their home, vehicle or life, then it will not qualify for funding consideration.

• Equipment or modifications requested and approved through this process do not count against a Home-Based Services (HBS) person’s monthly cost limit/individual budget.
Overarching Requirements (continued)

- The Medicaid HCBS waiver can’t fund items that can be attained through the Medicaid State Plan such as a wheelchair, shower chair, communication devices, adaptive eating utensils, etc.

- A list of items available under the State Plan can be found here:
  
  https://www.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/Pages/DME.aspx
Adaptive Equipment

Devices, controls, or appliances which enable a person receiving DDD Waiver services to:

- Increase their ability to perform activities of daily living.
- Perceive, control, access or communicate within the environment in which they live.
- Other durable equipment not available under the State Plan that is necessary to address a person’s functional limitations.
- The cost of adaptive equipment may include training or technical assistance for the person receiving DDD Waiver services.
Medicaid HCBS Waiver Reimbursable Adaptive Equipment includes:

- Weighted blankets or vest
- Noise cancelling headphones
- Sensory swing, sensory items
- Mats, wedges or positioning items
- Wrist Weights
Non-reimbursable Adaptive Equipment (under a Medicaid HCBS Waiver)

- Weighted Utensils
- Suction and/or segmented plates
- Built-up Utensils
- Oral motor chewing devices
Assistive Technology is a device, item, piece of equipment, or product used to increase, maintain, or improve functional capabilities of a person receiving DDD Waiver services.

- The device, item, piece of equipment or product can be acquired commercially, modified, or customized.
- All items shall meet applicable standards of manufacture, design and installation.
- All purchased items shall be the property of the person receiving DDD Waiver services or the person’s family.
Assistive Technology reimbursable under the Medicaid HCBS Waiver:

- Communication software and boards.
- Evaluation of the individual’s need for Assistive Technology.
- Services from a company that directly assists in the selection, purchase, lease, acquisition or use of an assistive technology device.
- Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing or replacing Assistive Technology devices.
Training or technical assistance, in the operation and/or maintenance of the AT device, to:

- The person receiving DDD Waiver services.
- The family members, guardians, advocates, or authorized representatives, as appropriate.
- Professionals or other persons who provide services to, employ, or are otherwise substantially involved in the major life functions of the person receiving services.
Assistive Technology items NOT reimbursable under a HCBS Waiver:

• Medical equipment and supplies furnished under the State Plan.
• Items furnished by a school program.
• Items that are not of direct remedial benefit to the person receiving DDD Waiver services.
Illinois State Board of Education:

“IDEA 2004 specifically addresses school-owned AT use in home settings: On a case-by-case basis, the use of school-purchased assistive technology devices in a child’s home or in other settings is required if the child’s IEP Team determines that the child needs access to those devices in order to receive FAPE. (34 C.F.R. § 300.105(b)). Consequently, school-owned AT should be used in home settings if the IEP team determines such use is required for the student to accomplish IEP goals.”
Home Accessibility Modifications

Physical adaptations to the private residence of the person receiving DDD Waiver services or the person’s family.

• The home modification must be necessary to:
  o Ensure the health, welfare and safety of the person receiving DDD Waiver services.
  o Enable the person receiving DDD Waiver services to function with greater independence in the home.

• All services shall be provided in accordance with applicable Federal, State and local building codes.
Additional approval criteria for Home Accessibility Modifications

• Homes must be the primary residence of the individual and the individual is expected to live in the home for a period of at least one year.

• For rented or leased homes, individuals must have written permission from the landlord to make the modifications.
Home accessibility modifications reimbursable under the Medicaid HCBS Waiver:

• Installation of exterior ramps and grab-bars.
• Widening of doorways.
• Bathroom or kitchen modifications.
• Lifts and landings at the top and bottom of a lift.
• Installation of specialized electric and plumbing systems that are necessary for the welfare of the person receiving DDD Waiver services.
Home accessibility modifications NOT reimbursable under a HCBS Waiver:

• Adaptations/improvements that are not of direct benefit to the person receiving services, such as
  o Sidewalks
  o Driveways
  o Decks.

• Adaptations that add to the total square footage of the home.

• Adaptations/improvements that are of general utility such as:
  o Carpeting, roof repair, central air conditioning.
  o Repair or replacement of damaged or deteriorated parts of a home.

• Seasonal items such as swimming pools and related equipment.
Vehicle Modifications

- Adaptations or alterations to an automobile or van that is the person receiving DDD services primary means of transportation in order to accommodate the special needs of the person.

- Adaptations necessary to enable the person receiving services to integrate more fully into the community and to ensure the health, welfare and safety of the person receiving services.
Vehicle Modifications reimbursable under the Medicaid HCBS Waiver:

- Vehicle modifications so that a person can access a vehicle with their wheelchair or other mobility device.
- Wheelchair tie-downs and other safety modifications to secure a person in a wheelchair when in transit.
Vehicle modifications NOT reimbursable under the Medicaid HCBS Waiver:

- Purchase or lease of the vehicle.
- Repair or replacement of parts which any vehicle needs.
- Purchase, installation, repair or replacement of items or parts of a vehicle not related to the accessibility modification.
Service, Equipment and Funding Maximums

For any combination of Adaptive Equipment, Assistive Technology, Home Modifications and Vehicle Modifications:

• There is a $15,000 maximum per person per five-year period.

• Within the five-year maximum, there is also a $5,000 maximum per address for permanent home modifications for rented homes.

• See Appendix C-4 of the Waiver for any additional service maximums.
RECOMMENDATION: If the modification request reaches or exceeds the maximum allowance, we recommend focusing the modification request for the project(s) or modification(s) with the greatest cost rather than more modifications with less cost in order to maximize funding and simplify funding requests.
Request Process

• The process for requesting Adaptive Equipment, Assistive Technology, Home and Vehicle Modifications is outlined in the Informational Bulletin DD.20.001, which is available on the DHS Website.

• All requests require prior approval. This means the request must be submitted and on file in the Bureau of Reimbursement and Program Support (BRPS) before the project is started.
  o DDD will not approve any request which has already had work initiated or completed prior to submission and approval of service.
  o Prior Approval criteria can be located on the DHS website at: http://www.dhs.state.il.us/page.aspx?item=53193
Special Notes:

- The HBS participant/guardian is strongly encouraged to ask for and check a contractor’s or vendor’s references before entering into any agreement or contract.
- The modification is an agreement between the contractor/vendor and the participant/guardian.
- The contractor/vendor and the participant/guardian enter into an agreement to enable the modification to proceed; DHS/DDD is not a party to this agreement.
- Any dispute that arises under the agreement between the participant/guardian and the contractor/vendor, shall be resolved solely between the participant/guardian and the contractor/vendor.
Special Notes:

- The DDD is ONLY a possible source of reimbursement and has no liability for the workmanship by the contractor(s) and vendor(s).
- The CILA provider or HBS recipient/family is strongly encouraged to ask for and obtain a copy of the contractor’s:
  - License(s) to perform work such as contractor, roofing, plumbing, electric, etc.; and
  - Certificate of Liability Insurance; and
  - Proof of Worker’s Compensation Insurance before entering into any agreement or contract.
Special Notes:

The HBS participant/family is responsible for:

• Ensuring any home modification(s) meet all Federal, State and local building and zoning codes.

• Ensure all necessary permits or approvals as required by local applicable authorities have been secured.
Special Notes:

It is strongly recommended the HBS participant/guardian assures the vendor/contractor is enrolled or has submitted the paperwork to become an enrolled vendor PRIOR to signing an agreement, contract or accepting a bid.

• If after-the-fact the vendor/contractor declines to become enrolled after the work is completed or the item(s) are delivered there is NO reimbursement even though an award letter may have been issued.

• See Provider Enrollment Link: http://www.dhs.state.il.us/page.aspx?item=47336
Medicaid Waivers
• https://hfs.illinois.gov/medicalclients/hcbs.html

HBS Consumer Handbook
• https://www.dhs.state.il.us/page.aspx?item=101181

Waiver Manual
• http://www.dhs.state.il.us/page.aspx?item=45227

DDD EVV Webpage
• https://www.dhs.state.il.us/page.aspx?item=150357
Resources

Acronyms
• https://www.dhs.state.il.us/page.aspx?item=68922
• https://www.dhs.state.il.us/page.aspx?item=65839

DDD E-Mail list
• https://www.dhs.state.il.us/page.aspx?module=17&item=110637&surveyid=1458
Contact Information

For more information, please contact:

Derek Hedges at (217) 782-5919 or derek.hedges@Illinois.gov

EVV e-mail: DHS.DDDEVV@illinois.gov
Thank you!