# Illinois Statewide Transition Plan to Comply with the Department of Health and Human Services Centers for Medicare and Medicaid Home and Community-Based Services Settings Rules

## Overview

On January 16, 2014, the Centers for Medicare and Medicaid Services (CMS) published final regulations that pertain to Home and Community-Based Services (HCBS) programs, including programs run under the authority of subsections 1915(c), 1915(i), and 1915(k) of the Social Security Act. The new regulations are located at 42 CFR 441.301(c) and 441.710(a) (1) (2). The regulations, which were finalized on March 17, 2014, require that any setting that provides Medicaid services under subsections 1915(c), 1915(i), or 1915(k) demonstrate the characteristics of a community-based, rather than an institutional setting, and the regulations provide guidance to distinguish the two. Under the new rule, states that provide Medicaid services through any of those three subsections of section 1915 of the Social Security Act must ensure that their HCBS provider settings comply with the new regulations by March 17, 2019, the effective date of the rule. This transition plan outlines Illinois' assessment of its nine current 1915(c) HCBS Waiver programs in relation to the new regulations, and describes the state's strategies to comply with the new rules. This plan and many supporting materials are also available at:

http://www.illinois.gov/hfs/MedicalClients/HCBS/Transition/Pages/default.aspx.

## Background and Summary of New HCBS Rule

The HCBS rule, which CMS finalized after five years of deliberation and public input, are by CMS's description designed to enhance the quality of home- and community-based services, provide additional protections to HCBS program participants, and ensure that individuals receiving services through HCBS programs have full access to the benefits of community living. Under the rule, all HCBS providers must, by the rule's March 17, 2019, effective date, comply with various requirements CMS has concluded characterize an integrated home or community setting. If a setting is unable to meet those requirements by the rule's effective date, it would be barred by federal law from participating in an HCBS Medicaid waiver program. The rule's requirements include mandates that settings be integrated in, and support full access to, the community; be selected by participants from among setting options; ensure individual rights of privacy, dignity, respect, and freedom from coercion and restraint; optimize autonomy and independence in making life choices; and facilitate choices regarding services and who provides them. The rule adds additional requirements for provider-owned facilities. It also excludes institutional settings from HCBS settings, and lists types of settings that must be presumed to be institutional. For sites that must be presumed to be institutional, the State may present evidence to CMS of their community character, and CMS will apply a heightened scrutiny process to determine whether the setting may continue to operate as a Medicaid HCBS site.

## Overview of Illinois Settings Affected by the Rule

Although Illinois currently does not operate any programs under sections 1915(i) and 1915(k) of the Social Security Act, it does manage nine 1915(c) HCBS Waiver Programs. With the administrative oversight of the Illinois Department of Healthcare and Family Services (HFS), the state's Medicaid agency, the nine waiver programs are operated either by HFS or by the University of Illinois at Chicago Division of Specialized Care for Children (DSCC), the Illinois Department on Aging (IDoA), or the Illinois Department of Human Services (DHS) Division of Developmental Disabilities (DDD) or Division of Rehabilitation Services (DRS). The waiver programs and their operating agencies are

1. HCBS Waiver for Adults with Developmental Disabilities (Operated by DDD)

2. Residential Services for Children and Young Adults with Developmental Disabilities (DDD)
3. Support Waiver for Children and Young Adults with Developmental Disabilities (DDD)
4. HCBS Waiver for Children Who Are Medically-Fragile, Technology-Dependent (DSCC)
5. HCBS Waiver for Persons who are Elderly (IDoA)
6. HCBS Waiver for Persons with HIV or AIDS (DRS)
7. HCBS Waiver for Persons with Brain Injury (DRS)
8. Persons with Disabilities (DRS)
9. Illinois Supportive Living Program (HFS)

Illinois provides services under these nine waivers in participants' homes, in non-residential settings outside their homes, and in residential settings. Most HCBS waiver services are provided to waiver participants in their homes, which are presumed to be integrated settings. HCBS non-residential services include Developmental Training Programs provided under the Adult DDD Waiver, Adult Day Services provided under the Waiver for Persons who are Elderly, and services provided under the three DRS waivers. HCBS residential services are provided under the Adult DDD Waiver, the DDD Children's Residential Waiver, and the Supportive Living Program Waiver.

Public Comments and the Development of the Illinois Statewide Transition Plan

In the spring of 2014, HFS convened an LTSS interagency workgroup comprising representatives of HFS, DDD, DRS, IDoA, DSCC, and two additional entities that do not operate an Illinois Medicaid waiver program, the DHS Division of Alcoholism and Substance Abuse (DASA) and the DHS Division of Mental Health (DMH). The workgroup met 24 times over a 20-month period. Beginning January 15, 2015, in accordance with guidance from federal CMS, Illinois provided a 32-day public notice and comment period with two statements of public notice and several methods to inform and engage the public in providing the State with feedback on the draft Statewide Transition Plan. In addition, Illinois informed and sought feedback from its representative of the Tribal Authority or First Nation.

Also before it submitted an initial plan to CMS, Illinois hosted six public listening forums, which were attended by 175 stakeholders who signed attendance sheets. The forums, which were announced on the HFS website and by notice to advocacy groups, provider associations, and consumer groups, were held in accessible locations throughout the State. In addition to these in-person listening forums, HFS hosted an HCBS regulations webinar on February 09, 2015. A total of 265 individuals participated on the webinar. Participants were able to provide feedback on the draft Statewide Transition Plan via the webinar chat box.

At the same time, the State posted the draft Statewide Transition Plan on the HFS website. The website let stakeholders provide feedback on the draft Plan through a web portal. Additionally, stakeholders were provided with a telephone number to request a written copy of the proposed Transition Plan and to provide verbal feedback. All verbal feedback, including oral testimony obtained at the listening forums, was transcribed verbatim and incorporated into the written feedback obtained from the listening forums, webinar, mail, and website portal. A total of 184 individuals provided feedback using these various methods. After reviewing and incorporating this feedback, Illinois submitted its first draft transition plan to CMS on March 16, 2015.

On July 30, 2015, CMS sent Illinois its feedback on Illinois' first draft plan. From July through December 2015, the operating agencies and the members of the Transition Plan Workgroup met an additional seven times to address received public comments and to update the STP. The State then revised its draft plan to respond to CMS's input. On December 4, 2015, the State released its revised draft plan for public comment by publishing official notice in the Illinois Register and posting the plan to its website. The State solicited public

comments by mail, email, or phone, and it also made the plan available in paper form. In addition, the State issued an informational notice to its HCBS providers inviting their comment, encouraging them to inform their clients of the opportunity, and stating that HFS would accept public comments up to 15 days beyond the 30-day public comment period deadline of January 3, 2016. To supplement these efforts, HFS led an HCBS Plan informational session with representatives from provider and advocacy groups on December 10, 2015, and HFS attended another provider group meeting on January 14, 2016, to answer questions and hear feedback on the plan. As a result of these efforts, HFS received 72 public comments. All of the public comments HFS has received, in response to its initial plan and its revised plan, contributed to the revised version of the plan submitted to CMS on February 29, 2016.

Between February and November 2016, HFS presented information on this Transition Plan at two stakeholder forums. The operating agencies and members of the Transition Plan Workgroup also met an additional 24 times, to discuss revisions to the STP, review site assessments, and discuss systemic remediation. On November 5, the State released its newly revised version of the STP for public comment, by posting the plan to its website. The State solicited public comments by mail, email, or phone, and it made the plan available in paper form. Just as with its previous public comment period, the State issued an informational notice to its HCBS providers inviting input.

After seeing the value of this public involvement, and receiving public comments extolling further public involvement in the implementation of this plan, the State has determined that it will convene regular meetings, likely every six months, for stakeholders and advocates to express their concerns and share their ideas for implementation of this plan.

Descriptions of Revisions to Draft

In its review of public comments to the initial draft of the plan, HFS categorized public input into fourteen themes. Those themes, and the State's response to each of them, are listed in Appendix H. As the appendix shows, the State supported a majority of the comments and used them to improve the plan. This document also notes in several locations where public comment has precipitated a change in the Statewide Transition Plan.

During the second public comment period, for the first revised draft of the plan, the State received 72 comments. The State categorized these comments into the same 14 themes it had drawn from the previous public input, and it also provided specific responses to each comment. A complete listing of the public comment summaries and the State's responses appears at Appendix H-2. Based on those comments, as well as the July 30, 2015, CMS feedback and a September 9, 2015, technical assistance call with CMS, HFS made several updates to the plan, all described in the previous version of the plan still available on the STP website.

The State thanks all the individuals and groups that took the time to review the draft Plan and to provide input.

Assessment of Current Level of Provider Compliance

*Initial Setting Self-Assessment Surveys*

To assess its providers' current compliance with the new HCBS rules, the State began by creating two provider self-assessment surveys—one for residential and one for non-residential settings—in collaboration with the University of Illinois at Springfield (UIS) Survey Research Office. To ensure the appropriateness and

effectiveness of the survey questions, each State agency reviewed them, and staff from several community-based HCBS waiver residential settings tested them.

The surveys began by asking settings to describe their location characteristics, so that the settings identified whether they are connected to, adjacent to, or share grounds with an institutional setting; are an institutional setting themselves; or are part of a farmstead, gated community, or multiple-setting campus. The surveys then asked a series of questions designed to track the new federal HCBS setting requirements. The question topics included matters relating to setting characteristics, levels of client access to the setting, access to community and community activities, transportation, meals, personal autonomy, and choice of care. Generally, the questions fell into two broad categories: those relating to level of client autonomy, and those relating to frequency of independent behaviors.

Between September and November 2014, the State sent surveys to all of the 252 community-based social service agencies that the State's interagency group had identified as operating residential HCBS waiver settings, and to all of the 218 community-based agencies operating non-residential HCBS waiver settings. The State asked the social service agencies to distribute the surveys to the settings they operated. The State followed up with a reminder and a second set of surveys, and it also called nonresponsive settings to obtain answers via telephone. In addition to these efforts, to ensure that it had identified all HCBS providers subject to the new federal rule, the State consulted published provider lists, internal agency provider lists, licensing reports, provider billing submissions, and provider websites. As of February 2016, 1831 of the 1833 residential settings Illinois identified (99.89%) had completed surveys, and 425 of 433 non-residential settings (98.15%) had completed surveys. In all, the State obtained responses from 2256 of 2266 (99.56%) of settings it identified in the first stage of the on-site assessment process. Settings that did not return a survey were categorized as being out of compliance with the rule, and slated for an on-site assessment visit as outlined later in this document.

Copies of the letters of introduction, the residential and non-residential survey forms, the Executive Summaries, and the analysis of the responses to the surveys can be found at the HFS website, at http://www.illinois.gov/hfs/MedicalClients/HCBS/Transition/Pages/default.aspx. An analysis of the results of the residential and non-residential surveys received as of the first draft of this transition plan is provided in Appendices B and C.

*Scoring and Validation of Survey Results*

Using the setting self-assessments described above, and also relying on a preliminary review of licensing and other data, the State divided its settings into the following four categories, all aligned with CMS guidance:

1. Settings that fully align with the federal requirements;
2. Settings that do not comply with the federal requirements but may comply with modifications;
3. Settings that are unable to meet the federal requirements and require removal from the HCBS program and relocation of individuals; and
4. Settings that are presumably not home and community-based (i.e., are presumed to be institutional), but for which the State may provide justification/evidence through the federal heightened scrutiny process to show that the settings do not have the characteristics of an institution and do have the qualities of home and community-based settings.

The State classified into Category 4 any sites that identified themselves as (or whose readily available licensing or other data revealed them as) hospitals, nursing facilities, intermediate care facilities, or institutions; as being physically connected or adjacent to one of those facilities; as sharing grounds with one

of those facilities; or as otherwise situated in a manner that tends to have an isolating effect (e.g., as part of a gated community, part of a farmstead, or part of a campus). These sites are presumed to be institutional under federal guidance and rules, and they must be approved through the federal heightened scrutiny process in order to continue to participate in Illinois Medicaid's HCBS programs. As the State began its on-site assessments, it refined its list of Category 4 sites by (1) collaborating with operating agencies to remove duplicate or misidentified sites from the list; (2) using on-site assessor observations to remove sites that had improperly self-identified into Category 4; (3) using operating agency familiarity with sites to remove sites falsely categorized as presumably institutional or sites that should have been so categorized; and (4) adding sites that had not returned surveys and whose site visits revealed them to belong in Category 4. Following these refinements, the State now identifies 88 settings that must be presumed to be institutional.

In its February 29, 2016, version of this plan, the State placed 10 sites—all of the sites that failed to return a self-assessment survey—into Category 3. Through continued efforts and record examination, the State identified an additional 22 sites that had not been surveyed, for a total of 32. All of those sites received an on-site assessment and were subsequently removed from Category 3.

For the remaining sites, the State aggregated its survey results based on the two broad question categories contained in the survey: those relating to level of client autonomy, and those related to frequency of independent client behaviors. Level of autonomy questions invited responses on a five-point Lickert scale, with two positive responses (strongly agree and somewhat agree), a neutral response, and two negative responses (somewhat disagree and strongly disagree). Frequency of independent behaviors questions were assessed on a four-point scale, with two positive and two negative responses. Settings with an aggregate score above two—that is, an aggregate score that indicates a non-negative response—in both areas were deemed compliant and placed in Category 1. Any sites whose responses included an aggregate negative response for either or both of the two broad survey areas were placed into Category 2 and deemed non-compliant but capable of complying with modifications. For sites that received an in-person visit, sites were classified into Category 2 if they were not compliant with the rule. Category 1 and 2 sites that received a site visit were recategorized based on the results of their site visit; those with seven or fewer areas of noncompliance on the 54-item tool were classified into Category 1, while those with more were classified into Category 2. As of this writing, the State has identified 2131 sites that fall within categories 1 and 2.

a. Description of Survey Result Validation Process

As suggested in CMS feedback and in public comments, the State used methods beyond the survey results to assess its settings' compliance with the federal HCBS rules. In addition to information it will continue to gather from the ongoing monitoring and compliance activities described below, the State conducted a survey validation process that comprised four layers. This survey validation process involved the State's HCBS provider oversight agencies (HFS, DHS, DMH, and Aging), stakeholders, the public, advocacy groups, providers, and individual clients.

First, the State invited feedback on its preliminary categorization of its HCBS settings by publishing a list of the sites it had placed in Category 3 and Category 4, and asking for public comment both on the listed sites and on any sites that should be included. The State published this notice on April 1, 2016. It did not receive any responses.

Second, the State conducted on-site visits to all settings that it assessed at Category 3 or Category 4. These on-site visits were conducted by the agency with normal oversight of the setting to be visited. That is, for example, HFS conducted the on-site visits for the Supportive Living Program, and DHS conducted the on-site

visits for Community Integrated Living Arrangements. The precise procedures for these on-site visits, such as whether the visits were pre-announced or the timing of feedback to settings, varied minimally among the agencies, so that the on-site visit process aligned as much as possible with existing and ongoing monitoring efforts. In the State's view, this alignment approach minimized the burden on clients, providers, and the State alike, and it facilitated future ongoing monitoring efforts. However, even with minor procedural differences, the core features of the on-site visits remained uniform: the visits included interaction with individual clients, record reviews, meetings with key setting staff, and reviews of individual plans, all by the agencies and personnel most qualified to conduct the reviews for the setting in question. Most importantly, all on-site reviews were conducted based on an assessment tool the State devised based on published CMS guidance and adjusted based on stakeholder input. A copy of the tool appears in Appendix I.

Third, the State conducted on-site visits to a statistically valid sample of settings assessed in Categories 1 and 2. These visits were conducted in the same manner as the visits to the Category 3 and Category 4 visits. In all, the State conducted visits to 446 of its 2219 total sites. It visited all 101 sites that it initially placed in Category 3 or Category 4 as of the time of the site visits.[1] It also visited 281 sites that comprised a sample (using a 95% confidence interval) of Category 1 and Category 2 sites (as sites were initially categorized). The overall breakdown of the State's site visits is depicted below, broken down by current site categorization.

**Breakdown of Site Visits by Current Categorization**

| | DRS | Aging | SLP | DD | Total |
|---|---|---|---|---|---|
| Category 1 | 6 | 12 | 17 | 244 | 279 |
| Category 2 | 0 | 0 | 3 | 76 | 79 |
| Category 3 | 0 | 0 | 0 | 0 | 0 |
| Category 4 | 4 | 6 | 31 | 47 | 88 |
| Total | 10 | 18 | 51 | 367 | 446 |

Fourth, the State conducted a desk review of a sample of all of the on-site visit results, and all of the Category 4 visit results. This desk review was performed by a panel of participants from each of the HCBS operating agencies. This multi-agency team examined the assessment results in light of their knowledge of each site and other State records for the site, and they adjusted the final assessments of any sites whose results created inconsistencies. In addition to using this desk review to improve its setting assessment results, the group used this process to help determine which of the Category 4 sites should be submitted to CMS for heightened scrutiny, and through this process the State discovered common issues that warranted systemic remediation.

b. Results of Process

The on-site visits began on April 25, 2016, and they ended on September 30, 2016. The State used information gleaned from the initial self-assessment survey, on-site visits, and agency desk review, to reach the following updated breakdown of its HCBS sites' current compliance with the HCBS Rule.

[1] In February 2015, the State identified 165 Category 3 and 4 sites, but further work and investigation refined this number to 101 by the time site visits began. As described above in this document, information gathered from site visits and otherwise caused the State to remove several of these sites from Categories 3 and 4, so that the updated total of Category 3 and 4 sites is now 88. As also described above, the majority of the difference between the 165 figure and the 88 figure is attributable to the movement of Category 3 sites to lower categories.

**Overall Site Categorization**

| | DRS | Aging | SLP | DD | Total |
|---|---|---|---|---|---|
| Category 1 | 26 | 61 | 88 | 1587 | 1762 |
| Category 2 | 5 | 16 | 22 | 326 | 369 |
| Category 3 | 0 | 0 | 0 | 0 | 0 |
| Category 4 | 4 | 6 | 31 | 47 | 88 |
| Total | 42 | 85 | 146 | 2023 | 2219 |

Comparison of the self-assessment survey results and the results of the site visits proves the surveys to have been quite accurate. The following table tracks the categorization of the 446 sites that received visits, before and after their visits.

**Number of Sites in Each Category Before and After Site Visits**

| | **Aging** | | **SLP** | |
|---|---|---|---|---|
| | Self Assessment | After Visit | Self Assessment | After Visit |
| Cat. 1 | 11 | 12 | 11 | 17 |
| Cat. 2 | 1 | 0 | 5 | 3 |
| Cat. 3 | 0 | 0 | 9 | 0 |
| Cat. 4 | 6 | 6 | 26 | 31 |
| | **DRS** | | **DDD** | |
| | Self Assessment | After Visit | Self Assessment | After Visit |
| Cat. 1 | 6 | 6 | 276 | 244 |
| Cat. 2 | 0 | 0 | 35 | 76 |
| Cat. 3 | 0 | 0 | 23 | 0 |
| Cat. 4 | 4 | 4 | 33 | 47 |

Much of the movement in the above chart is attributable to the clearing of Category 3 sites, which migrated both downwards and upwards in very roughly equal numbers. With that migration set aside, the above chart shows that the self-assessment survey results were largely unchanged by the survey validation visits.

At the end of this four-layered, multi-agency validation process, the State believes that it has formed very reliable assessments. Those assessments, however, will be further checked and reinforced by the remediation and ongoing monitoring processes that will follow.

Remediation and Compliance

*Provider Remediation and Compliance*

Now that it has concluded the survey validation process, the State has several sources of information regarding its HCBS settings' compliance with the new federal rule, chief among them the self-assessment surveys and the results of the on-site visits and multiagency desk audits. The State began its remediation process by publishing a provider informational notice listing all of the measures its HCBS settings are expected to meet. For sites deemed out of compliance with the HCBS rule, the State, through the agency that operates the provider's waiver program, informed the setting of the State's findings and advised the settings of the State's expectations for remediation. Although the wording and mode of conveyance of the message varied slightly among the operating agencies delivering it or based on the nature of the provider, the messages as a rule apprised the setting of the rule requirements, of areas it needs to change, and of the expectations for compliance. Sites that required very minimal remediation were not asked to affirmatively submit evidence of remediation, but they were informed that full compliance must be demonstrated at their

next regular monitoring visit, which will occur before the effective date of the HCBS Rule. Other sites were asked to submit evidence of remediation to the State or were given a timetable for compliance. Each agency also communicated with Category 4 settings to describe the heightened scrutiny process and ensure that the State had all evidence the site could provide. As discussed below, for some Category 4 settings, the State determined that submission for heightened scrutiny is not appropriate at this time, and the State instead implemented a 6-month remediation plan with the intent to re-evaluate at the end of the six months. The agency that operates each program will monitor remediation efforts of settings in its own program and communicate progress to the Medicaid agency.

All sites will be required to be fully compliant by the effective date of the federal rule. If the State anticipates that a site cannot or will not become compliant by that date, it will begin work on transitioning the site's waiver participants as appropriate. Once the federal rule has become fully effective, any area of non-compliance, substantial or not, will require the setting to provide an action plan and undertake immediate remediation.

To supplement this site-specific remediation procedure, the State will also pursue systemic remediation as described below.

*Systemic Remediation and Compliance*

Much of the above focuses on the State's efforts to assess and obtain providers' compliance with the HCBS regulation. The State has also undertaken several steps to detect and fix compliance issues that are sufficiently prevalent, or sufficiently reliant on statewide policy, to require systemic remediation.

The State's systemic remediation process began with a review of its statutes, rules, and policies for HCBS settings. To conduct this review, in calendar year 2016, the State convened four meetings among the legal and program staff of each of the state agencies involved in this plan to devise and track a work plan that the State followed throughout the year. From that group's work, the State has created a matrix, duplicated in Appendix A, that identifies relevant state rules and policies that either already conform to the federal rule or must be revised. That appendix, which is revised from previous versions of this plan, shows the results of the State's review of its statutes and rules, and its timelines for updating them. The State has undertaken redrafting of its rules as needed, and it plans to submit them to the rulemaking process during the 2017 calendar year.

The State has also reviewed its provider agreements, including its managed care contracts, to maximize alignment between State policies and the HCBS rule. The State has drafted language to can add to its Medicaid provider contracts to require compliance with the HCBS rule, and it plans to make those additions in the 2017 calendar year. It has also drafted language to require that managed care entities, which now enroll approximately 65% of the State's Medicaid clients, both require and confirm that the HCBS rule's mandates are followed in their service planning and delivery systems. That new managed care language will be included in the next regular amendment to the State's managed care contracts, by March 2017.

Relatedly, to ensure that rates remain appropriate for the services provided through its HCBS programs, the State will continue to evaluate, rebase, or negotiate its provider rates as required by commitments made in its HCBS waiver agreements with CMS.

In concert with its planned rule and policy changes, the State is undertaking training and information efforts to support the systemic protections described in new federal rule. For example, to support the new rule's prohibition on client coercion, the Supportive Living Program is not only updating its administrative rules

but also adding new language to its program brochures to describe coercion and include descriptions of resident rights to be free from coercion. DDD is considering similar updates to the "Rights of Individuals" document it gives to waiver clients, and DRS is creating online presentations to be used as guides to emphasize the federal requirement. For conflict free case management, SLP is updating its rules and policies to separate service provision from client assessment, and, in conjunction with pending waiver renewals, DDD has submitted a corrective action plan to CMS to detail the system changes that will shift service plan development to one of 17 independent service coordination agencies. The State is also preparing provider trainings regarding person-centered planning, and exploring policies to encourage uniformity in planning processes and to ensure that providers are aware of their responsibilities in the planning process.

The State used the results of its on-site assessments of individual settings to further inform its systemic remediation efforts. As the on-site visits progressed, the State noticed recurring issues, and it used its interagency desk reviews as a forum for identifying and addressing those issues, which included further development of person-centered planning policies, additional study of lease documentation and language, and a focus on inclusion of anti-coercion language in provider policies.

Heightened Scrutiny

As noted above, the federal rule requires that settings with certain attributes be presumed to be institutional. Under the federal rule, a state may only include such a setting in its Medicaid HCBS programs if (1) the State believes that the setting is truly home- or community-based, despite the presumption created by the rule; (2) the State presents evidence to CMS to support its position; and (3) CMS determines through its heightened scrutiny process the state has demonstrated that the setting qualifies as HCBS under the new rule.

The State followed the federal rule and presumed to be institutional all sites that were placed in Category 4 following the assessment process. Consistent with the federal process for these settings, the State has included with this document an appendix detailing the 62 sites it intends to recommend for heightened scrutiny, and the evidence the State has collected regarding those sites. The State collected the evidence for each site through its own record searches, through results of on-site visits, and by soliciting evidence submissions from the sites themselves. The State invites public comment on those sites' true character. Based on any public comments, the State will determine whether to challenge the presumption by submitting the site to the federal government for heightened scrutiny. The list of settings, along with the evidence associated with each setting, appears in Appendix J.

The State has determined that the remaining 26 Category 4 sites are not appropriate candidates for heightened scrutiny at this time. Starting in January 2017, the State will guide those sites through a 6-month remediation process, which for each site will include (1) a written plan agreed to by both the setting and the operating agency; (2) continuous, but at least monthly calls between the Operating Agency and the provider; (3) continuous documentation of changes and progress, maintained by the State; and (4) at the conclusion of the process, a new on-site assessment. At the end of this remediation process, the State will re-evaluate the 26 Category 4 sites to determine whether they have become candidates for heightened scrutiny review. For the sites able to demonstrate compliance, the State will invite and consider public comment, and then submit those sites to CMS.

Ongoing Monitoring

As part of its current waiver oversight process, the State already schedules regular visits to gauge provider compliance with performance and other quality requirements contained in the State's HCBS waivers or in State policy. To monitor HCBS rule compliance on an ongoing basis, the State will incorporate the rule into

these regular compliance reviews. In response to several public comments, the State will also ensure that these provider visits include interaction with individual waiver participants. Regularly-scheduled on-site audits will also incorporate reviews of all revised materials, including the participant-centered plans that note the options offered and the choices made by the participant or his or her guardian.

Just as for settings that fail to comply with other waiver requirements, settings found during these regular reviews to be out of compliance with the new regulations will be required to submit a corrective action plan. Failure to complete that plan will jeopardize the setting's participation in the waiver program. Progress on the corrective action plan will be monitored at each site visit, as well as by the State through a requirement that settings submit appropriate documentation as evidence of their progress toward compliance. Corrective action plans created during the transition period leading up to the effective date of the federal rule may span significant periods of time so long as the plan would conclude before the effective date. Corrective plans required after the effective date of the rule, however, would require immediate remediation.

Relocating HCBS Waiver Participants

The State intends to work with HCBS waiver providers to bring their settings into compliance with the new regulations. Compliance will create the least disruption for clients, providers, and the social service system as a whole. The State recognizes, however, that remediation actions may fail, and that some settings that are presumed to be institutional will either forgo or fail heightened scrutiny review. For those settings, the State must relocate any participants who wish to continue to receive HCBS waiver services, and it must do so before March 17, 2019. The State's relocation procedure will follow several steps. First, the State must identify which sites cannot or will not comply with the new federal requirements. As 2018 approaches, the State will prioritize this task, in order to leave as much time as possible to coordinate a successful transition. Second, and relatedly, the State will notify affected participants, and their families, guardians, and representatives as soon as possible of the need to relocate. Third, the State will work within existing structures to afford participants an informed choice of available options. Consistent with client choice, the State will make every effort to relocate affected clients to the most integrated setting appropriate to their needs and close to family and friends. Because the State's waiver programs already include mechanisms for transitioning clients out of waivers or for finding them appropriate waiver providers, these efforts will be led by the state agency that operates the waiver program in which affected clients participate. However, depending on the number of displaced waiver participants, the State may also convene an interagency workgroup, as it has for multiple *Olmstead*-related projects and other rebalancing efforts, to assure that displaced participants are relocated safely and timely.

Action Steps and Timetable to Bring Illinois into Compliance

The work plan illustrating Illinois' identified action steps and timeline for all deliverables to bring the State into compliance with the federal rules may be found in Appendix G of this Plan. This document, along with the implementation of the Statewide Transition Plan, is viewed as a fluid process. As the State continues its assessment and remediation strategies, it may discover additional policies, procedures and forms that will require modification, and it may alter its timelines to fit the realities it encounters during implementation.

Conclusion

As the above makes clear, the federal HCBS rule requires a great deal of effort, planning, and change. But through those, the rules present an opportunity for states to ensure that their Medicaid participants have

truly meaningful choices for home- and community-based long-term services and supports. With this plan, the State of Illinois believes it can seize the opportunity the new rule presents.

# Appendix A: System Remediation Grid
# Department on Aging HCBS Waiver Programs

**The system grid describes the impact of the federal regulation on applicable State statues, administrative rules, administrative and operational policies.**

***The proposed timelines are contingent upon approval of the plan by the Centers for Medicare and Medicaid (CMS)**

| Regulation | Areas of Compliance | Remediation Required | Action Steps | Timeline* |
|---|---|---|---|---|
| **Person Centered Planning Process (42 CFR 441.301(c)(1)-(3))** | | 89 IAC 240.260 Case Management Service (update with person-centered plan language)<br><br>89 IAC 240.330 Freedom of Choice (add language about client choice)<br><br>89 IAC 240.550 – New Rule (new rule to outline person-centered planning requirements per federal guidelines)<br><br>240.730 Plan of Care (update to reflect federal guidelines)<br><br>89 IAC 240.1420 Case Coordination Responsibilities (update to reflect federal person-centered planning requirements)<br><br>Forms and policies: Marketing Policy, Service Guidelines & References, CCP Forms & | **Rule Process**: Utilize rule development and filing processes which includes individuals, advocates, and providers. Rule revision drafting is already in progress.<br>_____<br>**Training**: Modify Provider and case management operational manuals and applicable forms as needed.<br><br>Issue guidance to impacted providers and case management entities.<br><br>Review and update provider agreements as needed. | File rules by Dec. 2017<br><br>_____<br><br>August 2017 – November 2017 |

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|---|---|---|---|---|
| | | Instructions, Annual QA Survey, CCP Verification of Services | | |

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| **HCBS Setting Quality 1: (42 CFR 441.301(c)(4)(i))**<br><br>**Setting is integrated in and supports full access of individual receiving Medicaid HCBS to the greater community, includes opportunities to seek employment and work in competitive integrated settings, opportunities to engage in community life, and to control personal resources to the same degree of access as individuals not receiving Medicaid HCBS.** | | 89 IAC 240.1550 Standard Requirements for Adult Day Service Providers<br>(update to include this requirement) | **Rule Process**: Utilize rule development and filing processes which includes individuals, advocates, and providers. Rule revision drafting is already in progress within the agency.<br>_____<br>**Training**: Modify Provider and case management operational manuals and applicable forms as needed.<br><br>Issue guidance to impacted providers and case management entities.<br><br>Review and update provider agreements as needed.<br><br>_____<br>**Ongoing Compliance**: On site provider reviews incorporate monitoring of HCBS rule compliance. | March 2018<br><br>_____<br><br>November 2017 – February 2018<br><br>_____<br>November 2017 – February 2018 |

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| **HCBS Setting Quality 2: (42 CFR 441.301(c)(4)(ii))**<br><br>**The setting is selected by the individual from among setting options including non-disability-specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.** | | 89 IAC 240.550 New Rule (new rule to outline federal person-centered planning requirements)<br><br>89 IAC 240.730 Plan of Care (plan must summarize options and vendors available to the client) | **Rule Process**: Utilize rule development and filing processes which includes individuals, advocates, and providers. Rule revision drafting is already in progress within the agency.<br>_____<br>**Training**: Modify Provider and case management operational manuals and applicable forms as needed.<br><br>Issue guidance to impacted providers and case management entities.<br><br>Review and update provider agreements as needed.<br><br>_____<br>**Ongoing Compliance**: On site provider reviews incorporate monitoring of HCBS rule compliance. | March 2018<br><br>_____<br><br>November 2017 – February 2018<br><br>_____<br><br>November 2017 – February 2018 |
| **HCBS Setting Quality 3: (42 CFR 441.301(c)(4)(iii))**<br><br>**Ensures an individual's personal rights of privacy, dignity, respect, and freedom from coercion and restraint.** | | 89 IAC 240.340 Confidentiality/Safeguarding of Case Information (clarify that health/safety and fraud/abuse information in case file may be accessed)<br><br>89 IAC 240.1550 Standard Requirements for Adult Day Service Providers (update to include this requirement) | **Rule Process**: Utilize rule development and filing processes which includes individuals, advocates, and providers. Rule revision drafting is already in progress within the agency.<br>_____<br>**Training**: Modify Provider and case management operational manuals and applicable forms as needed.<br><br>Issue guidance to impacted providers and case management entities. | March 2018<br><br>_____<br><br>November 2017 – February 2018 |

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| | | | Review and update provider agreements as needed.<br><br>_____<br>**Ongoing Compliance**: On site provider reviews incorporate monitoring of HCBS rule compliance.<br><br>Review and update provider agreements as needed. | _____<br><br>November 2017 – February 2018 and ongoing |
| **HCBS Setting Quality 4: (42 CFR 441.301(c)(4)(iv))**<br><br>**Optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but is not limited to daily activities, physical environment, and with whom to interact.** | | 89 IAC 240.1550 Standard Requirements for Adult Day Service Providers (update to include this requirement) | **Rule Process**: Utilize rule development and filing processes which includes individuals, advocates, and providers. Rule revision drafting is already in progress within the agency.<br>_____<br>**Training**: Modify Provider and case management operational manuals and applicable forms as needed.<br><br>Issue guidance to impacted providers and case management entities.<br><br>Review and update provider agreements as needed.<br><br>_____<br>**Ongoing Compliance**: On site provider reviews incorporate monitoring of HCBS rule compliance. | March 2018<br><br>_____<br><br>November 2017 – February 2018<br><br>_____<br><br>March 2018 and ongoing |

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| **HCBS Setting Quality 5: (42 CFR 441.301(c)(4)(v))**<br><br>**Facilitates individual choice regarding services and supports, and who provides them.** | 89 IAC 240.330 Freedom of Choice (clients may decline services) | 89 IAC 240.330 Freedom of Choice<br>(add client right to be informed of all services/providers)<br><br>89 IAC 240.1550 Standard Requirements for Adult Day Service Providers<br>(update to include this requirement) | **Rule Process**: Utilize rule development and filing processes which includes individuals, advocates, and providers. Rule revision drafting is already in progress within the agency.<br>_____<br>**Training**: Modify Provider and case management operational manuals and applicable forms as needed.<br><br>Issue guidance to impacted providers and case management entities.<br><br>Review and update provider agreements as needed.<br><br>_____<br>**Ongoing Compliance**: On site provider reviews incorporate monitoring of HCBS rule compliance. | March 2018<br><br>_____<br><br>November 2017 – February 2018<br><br>_____<br><br>March 2018 and ongoing |
| **Provider Owned or Controlled Residential Setting Quality 1: (42 CFR 441.301(c)(vi)(A)**<br><br>**The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a** | NA | | | |

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| **minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity. For settings in which landlord tenant laws do not apply, the State must ensure that a lease, residency agreement or other form of written agreement will be in place for each HCBS participant, and that that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law.** | | | | |
| **Provider Owned or Controlled Residential Setting Quality 2: (42 CFR 441.301(c)(vi)(B)(1))**<br><br>**Privacy: Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors.** | NA | | | |

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| **Provider Owned or Controlled Residential Setting Quality 3: (42 CFR 441.301(c)(vi)(B)(2))**<br><br>**Privacy: Individuals sharing units have a choice of roommates in that setting.** | NA | | | |
| **Provider Owned or Controlled Residential Setting Quality 4: (42 CFR 441.301(c)(vi)(B)(3))**<br><br>**Privacy: Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.** | NA | | | |

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| **Provider Owned or Controlled Residential Setting Quality 5: (42 CFR 441.301(c)(vi)(C)**<br><br>**Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.** | NA | | | |
| **Provider Owned or Controlled Residential Setting Quality 6: (42 CFR 441.301(c)(vi)(D)**<br><br>**Individuals are able to have visitors of their choosing at any time.** | NA | | | |
| **Provider Owned or Controlled Residential Setting Quality 7: (42 CFR 441.301(c)(vi)(E)**<br><br>**The setting is physically accessible to the individual.** | NA | | | |

Links to the relevant information are below:

Illinois Administrative Code Title 89: http://www.ilga.gov/commission/jcar/admincode/089/089parts.html

Additionally, there are other specific documents pertaining to the Illinois Department on Aging at: www.illinois.gov/hfs/MedicalClients/HCBS/Transition/Pages/default.aspx

# Appendix A: System Remediation Grid
# Division of Specialized Care for Children HCBS Waiver Programs – MFTD Waiver

**The system grid describes the impact of the federal regulation on applicable State statues, administrative rules, administrative and operational policies.**

***The proposed timelines are contingent upon approval of the plan by the Centers for Medicare and Medicaid (CMS)**

| Regulation | Areas of Compliance | Remediation Required | Action Steps | Timeline* |
|---|---|---|---|---|
| **Person Centered Planning Process (42 CFR 441.301(c)(1)-(3))** | 89 IAC 120.530 Home and Community Based Services Waivers for Medically Fragile, Technology Dependent Disabled Persons<br>(contains section outlining requirements for written plan of care and involvement of client and family) | 89 IAC 120.530<br>(review to ensure that all planning requirements of the federal rule are met) | **Rule Process**: Utilize rule development and filing processes which includes individuals, advocates, and providers. Rule revision drafting is already in progress.<br>_____<br>**Training**: Modify applicable forms as needed.<br><br>Issue guidance to impacted providers and case management entities. | File rules by Dec. 2017<br><br>_____<br>January 2017 – July 2017 |

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| **HCBS Setting Quality 1: (42 CFR 441.301(c)(4)(i))**<br><br>**Setting is integrated in and supports full access of individual receiving Medicaid HCBS to the greater community, includes opportunities to seek employment and work in competitive integrated settings, opportunities to engage in community life, and to control personal resources to the same degree of access as individuals not receiving Medicaid HCBS.** | **Note: Settings requirements not Applicable – Services Delivered in home** | | | |

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| **HCBS Setting Quality 2: (42 CFR 441.301(c)(4)(ii))**<br><br>**The setting is selected by the individual from among setting options including non-disability-specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.** | | | | |
| **HCBS Setting Quality 3: (42 CFR 441.301(c)(4)(iii))**<br><br>**Ensures an individual's personal rights of privacy, dignity, respect, and freedom from coercion and restraint.** | | | | |
| **HCBS Setting Quality 4: (42 CFR 441.301(c)(4)(iv))**<br><br>**Optimizes, but does not** | | | | |

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| **regiment, individual initiative, autonomy, and independence in making life choices, including but is not limited to daily activities, physical environment, and with whom to interact.** | | | | |
| **HCBS Setting Quality 5: (42 CFR 441.301(c)(4)(v))**<br><br>**Facilitates individual choice regarding services and supports, and who provides them.** | | | | |
| **Provider Owned or Controlled Residential Setting Quality 1: (42 CFR 441.301(c)(vi)(A)**<br><br>**The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated** | | | | |

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| **entity. For settings in which landlord tenant laws do not apply, the State must ensure that a lease, residency agreement or other form of written agreement will be in place for each HCBS participant, and that that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law.** | | | | |
| **Provider Owned or Controlled Residential Setting Quality 2: (42 CFR 441.301(c)(vi)(B)(1))**<br><br>**Privacy: Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors.** | | | | |

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| **Provider Owned or Controlled Residential Setting Quality 3: (42 CFR 441.301(c)(vi)(B)(2))**<br><br>**Privacy: Individuals sharing units have a choice of roommates in that setting.** | | | | |
| **Provider Owned or Controlled Residential Setting Quality 4: (42 CFR 441.301(c)(vi)(B)(3))**<br><br>**Privacy: Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.** | | | | |
| **Provider Owned or Controlled Residential Setting Quality 5: (42 CFR 441.301(c)(vi)(C)**<br><br>**Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.** | | | | |

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| **Provider Owned or Controlled Residential Setting Quality 6: (42 CFR 441.301(c)(vi)(D)**<br><br>**Individuals are able to have visitors of their choosing at any time.** | | | | |
| **Provider Owned or Controlled Residential Setting Quality 7: (42 CFR 441.301(c)(vi)(E)**<br><br>**The setting is physically accessible to the individual.** | | | | |

Links to the relevant information are below:

Illinois Administrative Code Title 89: http://www.ilga.gov/commission/jcar/admincode/089/089parts.html

Additionally, there are other specific documents pertaining to the Division of Specialized Care at: www.illinois.gov/hfs/MedicalClients/HCBS/Transition/Pages/default.aspx

# Appendix A: System Remediation Grid
# Department of Human Services Division of DD HCBS Waiver Programs

**The system grid describes the impact of the federal regulation on applicable State statues, administrative rules, administrative and operational policies.**

***The proposed timelines are contingent upon approval of the plan by the Centers for Medicare and Medicaid (CMS)**

| Regulation | Areas of Compliance | Remediation Required | Action Steps | Timeline* |
|---|---|---|---|---|
| **Person Centered Planning Process (42 CFR 441.301(c)(1)-(3))** | 59 IAC 120.40 Service Descriptions (requires individual plan)<br><br>59 IAC 120.80 Program assurances (individual must be given choice)<br><br>**CILA**<br>59 IAC 115.200 Description (requires services oriented to individual) | 59 IAC 120.10 Definitions (various updates)<br><br>59 IAC 120.40 Service Descriptions (add federal person-centered planning language)<br><br>**Developmental Training**<br>59 IAC 119.200 General requirements (add person-centered planning language)<br><br>59 IAC 119.220 Interdisciplinary team (updates to match person-centered planning requirements)<br><br>59 IAC 119.230 Individual services plan (include new person-centered plan language)<br><br>**CILA**<br>59 IAC 115.120 Definitions (various updates) | **Rule Process**: Utilize rule development and filing processes which includes individuals, advocates, and providers. Rule revision drafting is already in progress.<br>_____<br>**Training**: Modify DDD Waiver Manual.<br><br>Develop standardized service plan format for use by Independent Service Coordination Agencies. The format has been drafted. It is being tested with stakeholders during the first half of calendar year 2017 for statewide implementation by July of 2017. | File rules by Dec. 2017<br><br>_____<br>January 2017 – July 2017 |

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| **HCBS Setting Quality 1: (42 CFR 441.301(c)(4)(i))**<br><br>**Setting is integrated in and supports full access of individual receiving Medicaid HCBS to the greater community, includes opportunities to seek employment and work in competitive integrated settings, opportunities to engage in community life, and to control personal resources to the same degree of access as individuals not receiving Medicaid HCBS.** | **CILA**<br>59 IAC 115.200 Description (community-based)<br><br>59 IAC 115.220 Community support team<br>(team must assist client in making relationships in the community, must assist with employment) | **Developmental Training Programs**<br>59 IAC 119.232 Work activities (add options and community access language) | **Rule Process**: Utilize rule development and filing processes which includes individuals, advocates, and providers. Rule revision drafting is already in progress within the agency.<br>_____<br>**Training**: Modify DDD Waiver Manual.<br><br>Issue guidance to impacted providers and case management entities.<br><br>Review and update provider agreements as needed.<br>_____<br>**Waiver Modification**: Incorporate new service definitions and options into renewal of adult Waiver application to be filed by April 1, 2017.<br>_____<br>**Ongoing Compliance**: On site provider reviews incorporate monitoring of HCBS rule | November 2016-July 2017<br><br>_____<br><br>January 2017-July 2017<br><br>_____<br>April 2017 – July 2017<br><br>_____<br><br>July 2016 and |

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| | | | compliance. | ongoing |
| **HCBS Setting Quality 2: (42 CFR 441.301(c)(4)(ii))**<br><br>**The setting is selected by the individual from among setting options including non-disability-specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.** | **CILA**<br>59 IAC 115.200 Description (home chosen among options available to general public)<br><br>59 IAC 115.210 Criteria for participation of individuals (individual signs service plan)<br><br>59 IAC 115.220 Community support team (team, including individual, conducts all planning)<br><br>59 IAC 115.220 Community support team (inform individual of choices)<br><br>59 IAC 115.300 Environmental management of living arrangements (agency shall help individuals select arrangement) | **CILA**<br>115.220 Community support team (include new federal person-centered planning language) | **Rule Process**: Utilize rule development and filing processes which includes individuals, advocates, and providers. Rule revision drafting is already in progress within the agency.<br>_____<br>**Training**: Modify DD Wiaver Manual.<br><br>Issue guidance to impacted providers and case management entities.<br><br>_____<br>**Ongoing Compliance**: On site provider reviews incorporate monitoring of HCBS rule compliance. | November 2016-July 2017<br><br>_____<br><br>January 2017-July 2017<br><br>_____<br><br>July 2016 and ongoing |
| **HCBS Setting Quality 3: (42 CFR** | 59 IAC 120.100 Overview (individuals advised of their rights) | 59 IAC 120.100 Overview (add language to incorporate a | **Rule Process**: Utilize rule development and filing processes | November 2016- |

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| **441.301(c)(4)(iii))**<br><br>**Ensures an individual's personal rights of privacy, dignity, respect, and freedom from coercion and restraint.** | **CILA**<br>59 IAC 115.200 Description<br>(clients to be given rights of other citizens) | statement of individuals' rights and protections)<br><br>**Developmental Training Programs**<br>59 IAC 119.240<br>(add coercion/restraint language)<br><br>**CILA**<br>59 IAC 115.200 Description<br>(add language to expand on individual rights) | which includes individuals, advocates, and providers. Rule revision drafting is already in progress within the agency.<br>_____<br>**Training**: Modify "Rights of Individuals" Form (IL462-1201)<br><br>Issue guidance to impacted providers and case management entities.<br><br>_____<br>**Ongoing Compliance**: On site provider reviews incorporate monitoring of HCBS rule compliance. | July 2017<br><br>_____<br>January 2017-July 2017<br><br>_____<br>July 2016 and ongoing |
| **HCBS Setting Quality 4: (42 CFR 441.301(c)(4)(iv))**<br><br>**Optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but is not limited to daily activities, physical environment, and with whom to interact.** | **CILA**<br>59 IAC 115.200 Description<br>(community-integrated) | 59 IAC 120.70 Service provider requirements<br>(add language to incorporate this section of the federal rule)<br><br>**CILA**<br>Section 115.220 Community support team<br>Modify this section to focus less on the Community Support Team concept and more on participant-driven planning and activities | **Rule Process**: Utilize rule development and filing processes which includes individuals, advocates, and providers. Rule revision drafting is already in progress within the agency.<br>_____<br>**Training**: Modify DD Provider Manual.<br><br>Issue guidance to impacted providers and case management entities. | November 2016-July 2017<br><br>_____<br>January 2017-July 2017 |

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| | | | _____<br>**Ongoing Compliance**: On site provider reviews incorporate monitoring of HCBS rule compliance. | _____<br>July 2016 and ongoing |
| **HCBS Setting Quality 5: (42 CFR 441.301(c)(4)(v))**<br><br>**Facilitates individual choice regarding services and supports, and who provides them.** | **CILA**<br>59 IAC 115.200 Description (services oriented to individual)<br><br>59 IAC 115.220 Community support team (inform individual and include individual on team)<br><br>Choice of Supports and Services Form (IL 462-1238) (informs individuals of right to choose among types of services)<br><br>Rights of Individuals Form (IL462-1201) (informs individuals of right to choose among providers) | 59 IAC 120.80 Program assurances (add language regarding individual choice to this section)<br><br>**Developmental Training Programs**<br>59 IAC 119.205 Criteria for Participation of Individuals (delete this outdated language) | **Rule Process**: Utilize rule development and filing processes which includes individuals, advocates, and providers. Rule revision drafting is already in progress within the agency.<br>_____<br>**Training**:<br>Issue guidance to impacted providers and case management entities.<br><br>_____<br>**Ongoing Compliance**: On site provider reviews incorporate monitoring of HCBS rule compliance. | November 2016-July 2017<br><br>_____<br>January 2017-July 2017<br><br>_____<br>July 2016 and ongoing |
| **Provider Owned or Controlled Residential Setting Quality 1: (42 CFR 441.301(c)(vi)(A)**<br><br>**The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a** | **CILA**<br>59 IAC 115.200 Description (Description of CILAs)<br><br>59 IAC 115.300 Environmental management of living arrangements (listing tenant protections) | 59 IAC 120.70 Service provider requirements (add this language to this section) | **Rule Process**: Utilize rule development and filing processes which includes individuals, advocates, and providers. Rule revision drafting is already in progress within the agency.<br>_____<br>**Training**: Modify DD Waiver Manual.<br><br>Issue guidance to impacted providers and case management entities. | November 2016-July 2017<br><br>_____<br>January 2017-July 2017 |

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| **minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity. For settings in which landlord tenant laws do not apply, the State must ensure that a lease, residency agreement or other form of written agreement will be in place for each HCBS participant, and that that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law.** | | | _____<br>**Ongoing Compliance**: On site provider reviews incorporate monitoring of HCBS rule compliance. | _____<br>July 2016 and ongoing |
| **Provider Owned or Controlled Residential Setting Quality 2: (42 CFR 441.301(c)(vi)(B)(1))**<br><br>**Privacy: Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors.** | **CILA**<br>59 IAC 115.200 Description<br>(CILA is housing generally available to public) | 59 IAC 120.70 Service provider requirements (add this language to this section) | **Rule Process**: Utilize rule development and filing processes which includes individuals, advocates, and providers. Rule revision drafting is already in progress within the agency.<br>_____<br>**Training**: Modify DD Waiver Manual.<br>_____ | November 2016-July 2017<br><br>_____<br>January 2017-July 2017 |

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| | | | **Ongoing Compliance**: On site provider reviews incorporate monitoring of HCBS rule compliance. | _____<br><br>July 2016 and ongoing |
| **Provider Owned or Controlled Residential Setting Quality 3: (42 CFR 441.301(c)(vi)(B)(2))**<br><br>**Privacy: Individuals sharing units have a choice of roommates in that setting.** | **CILA**<br>59 IAC 115.200 Description (Individual chooses living situation) | 59 IAC 120.70 Service provider requirements (add this language to this section) | **Rule Process**: Utilize rule development and filing processes which includes individuals, advocates, and providers. Rule revision drafting is already in progress within the agency.<br>_____<br>**Training**: Modify DD Waiver Manual.<br><br>Issue guidance to impacted providers and case management entities.<br>_____<br>**Ongoing Compliance**: On site provider reviews incorporate monitoring of HCBS rule compliance. | November 2016-July 2017<br><br>_____<br>January 2017-July 2017<br><br>_____<br>July 2016 and ongoing |

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| **Provider Owned or Controlled Residential Setting Quality 4: (42 CFR 441.301(c)(vi)(B)(3))**<br><br>**Privacy: Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.** | | 59 IAC 120.70 Service provider requirements (add this language to this section)<br><br>**CILA**<br>59 IAC 115.300 Environmental management of living arrangements<br>(add language about furnishing) | **Rule Process**: Utilize rule development and filing processes which includes individuals, advocates, and providers. Rule revision drafting is already in progress within the agency.<br>_____<br>**Training**: Modify DD Waiver Manual.<br><br>Issue guidance to impacted providers and case management entities.<br>_____<br>**Ongoing Compliance**: On site provider reviews incorporate monitoring of HCBS rule compliance. | November 2016-July 2017<br><br>_____<br>January 2017-July 2017<br><br>_____<br>July 2016 and ongoing |
| **Provider Owned or Controlled Residential Setting Quality 5: (42 CFR 441.301(c)(vi)(C)**<br><br>**Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.** | **CILA**<br>59 IAC 115.200 Description<br>(services oriented to individual) | 59 IAC 120.70 Service provider requirements (add this language to this section)<br><br>CILA<br>59 IAC 115.250 Individual rights and confidentiality (add language to strengthen this section) | **Rule Process**: Utilize rule development and filing processes which includes individuals, advocates, and providers. Rule revision drafting is already in progress within the agency.<br>_____<br>**Training**: Modify DD Waiver Manual.<br><br>Modify Rights of Individuals Form (IL462-1201)<br><br>Issue guidance to impacted providers and case management entities.<br>_____<br>**Ongoing Compliance**: On site provider reviews incorporate | November 2016-July 2017<br><br>_____<br>January 2017-July 2017<br><br>_____<br>July 2016 |

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| | | | monitoring of HCBS rule compliance. | and ongoing |
| **Provider Owned or Controlled Residential Setting Quality 6: (42 CFR 441.301(c)(vi)(D)**<br><br>**Individuals are able to have visitors of their choosing at any time.** | **CILA**<br>59 IAC 115.205 Respite services (CILA residents allowed to have guests, including overnight, with arrangements) | | **Ongoing Compliance**: On site provider reviews incorporate monitoring of HCBS rule compliance. | July 2016 and ongoing |
| **Provider Owned or Controlled Residential Setting Quality 7: (42 CFR 441.301(c)(vi)(E)**<br><br>**The setting is physically accessible to the individual.** | 59 IAC 115.300 Environmental management of living arrangements<br>(settings required to meet Life Safety Codes, ensure comfort of individuals, etc.) | 59 IAC 115.300 Environmental management of living arrangements<br>(modify this section to include a more explicit statement of access) | **Rule Process**: Utilize rule development and filing processes which includes individuals, advocates, and providers. Rule revision drafting is already in progress within the agency.<br>_____<br>**Training**: Modify DD Waiver Manual.<br><br>Issue guidance to impacted providers and case management entities.<br>_____<br>**Ongoing Compliance**: On site provider reviews incorporate monitoring of HCBS rule compliance. | November 2016-July 2017<br><br>_____<br>January 2017-July 2017<br><br>_____<br>July 2016 and ongoing |

Links to the relevant documents are below:

Illinois Administrative Code Title 89: http://www.ilga.gov/commission/jcar/admincode/089/089parts.html

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

Choice of Supports and Services Form: http://www.dhs.state.il.us/onenetlibrary/12/documents/Forms/IL462-1238.pdf

Rights of Individuals Form: http://www.dhs.state.il.us/onenetlibrary/12/documents/Forms/IL462-1201.pdf

# Appendix A: System Remediation Grid
# Department of Human Services – Division of Rehabilitation Services HCBS Waiver Programs

**The system grid describes the impact of the federal regulation on applicable State statues, administrative rules, administrative and operational policies.**

***The proposed timelines are contingent upon approval of the plan by the Centers for Medicare and Medicaid (CMS)**

| Regulation | Areas of Compliance | Remediation Required | Action Steps | Timeline* |
|---|---|---|---|---|
| **Person Centered Planning Process (42 CFR 441.301(c)(1)-(3))** | 89 IAC 677.10 Assurance of Customer Rights<br>(consumer informed of rights)<br><br>89 IAC 677.40 Freedom of Choice<br>(consumer choice of services)<br><br>89 IAC 677.50 Referral<br>(right to receive information)<br><br>89 IAC 684.10 Service Plan<br>(requires customer agreement)<br><br>89 IAC 686.910 AIDS Case Management Provider Respons.<br>(informed customer)<br><br>89 IAC 686.1010 Brain Injury Case Management Provider Respons.<br>(informed customer)<br><br>Home Services Program Service Plan<br>(Written plan requires consumer signature and input) | 89 IAC 767.30 Definitions<br>(add def. of person-centered-planning, update def of service planning)<br><br>89 IAC 677.10 Assurance of Customer Rights<br>(include written customer acknowledgement of rights)<br><br>89 IAC 677.15 Home Care Bill of Rights<br>(new section to include consumer rights of dignity, informed choice)<br><br>89 IAC 677.40 Freedom of Choice<br>(include consumer participation in planning)<br><br>89 IAC 684.10 Service Plan<br>(include consumer participation and choice)<br><br>89 IAC 686.910 AIDS Case Management and Provider Resp. | **Rule Process**: Utilize rule development and filing processes which includes individuals, advocates, and providers. Rule revision drafting is already in progress.<br>_____<br>**Training**: Modify Provider and case management operational manuals and applicable forms as needed.<br><br>Issue guidance to impacted providers and case management entities.<br><br>Review and update provider agreements as needed. | File rules by Dec. 2017<br><br>_____<br>January 2017 – July 2017 |

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|---|---|---|---|---|
| | HSP Needs Assessment Form (Gauges client needs and requires discussion w client) | (consumer participation in service plan)<br><br>89 IAC 686.1010 Brain Injury Case Management and Provider Resp. (consumer participation in service plan) | | |
| **HCBS Setting Quality 1: (42 CFR 441.301(c)(4)(i))**<br><br>**Setting is integrated in and supports full access of individual receiving Medicaid HCBS to the greater community, includes opportunities to seek employment and work in competitive integrated settings, opportunities to engage in community life, and to control personal resources to the same degree of access as individuals not receiving Medicaid HCBS.** | | **Adult Day Care Service:**<br>89 IAC 686.100 Adult Day Care Provider Requirements (require HCBS setting compliance)<br><br>**Day Habilitation Service:**<br>89 IAC 686.1200 Day Habilitation Services Provider Requirements (require HCBS setting compliance) | **Rule Process**: Utilize rule development and filing processes which includes individuals, advocates, and providers. Rule revision drafting is already in progress within the agency.<br>_____<br>**Training**: Modify Provider and case management operational manuals and applicable forms as needed.<br><br>Issue guidance to impacted providers and case management entities.<br><br>Review and update provider agreements as needed.<br><br>_____<br>**Ongoing Compliance**: On site provider reviews incorporate monitoring of HCBS rule compliance. | November 2016-July 2017<br><br>_____<br><br>January 2017-July 2017<br><br>_____<br><br>July 2016 and ongoing |

| | | | | |
|---|---|---|---|---|
| **HCBS Setting Quality 2: (42 CFR 441.301(c)(4)(ii))**<br><br>**The setting is selected by the individual from among setting options including non-disability-specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.** | | **Adult Day Care Service:**<br>89 IAC 686.100 Adult Day Care Provider Requirements (require HCBS setting compliance)<br><br>**Day Habilitation Service:**<br>89 IAC 686.1200 Day Habilitation Services Provider Requirements (require HCBS setting compliance) | **Rule Process**: Utilize rule development and filing processes which includes individuals, advocates, and providers. Rule revision drafting is already in progress within the agency.<br>_____<br>**Training**: Modify Provider and case management operational manuals and applicable forms as needed.<br><br>Issue guidance to impacted providers and case management entities.<br><br>Review and update provider agreements as needed.<br><br>_____<br>**Ongoing Compliance**: On site provider reviews incorporate monitoring of HCBS rule compliance. | November 2016-July 2017<br><br>_____<br><br>January 2017-July 2017<br><br>_____<br><br>July 2016 and ongoing |
| **HCBS Setting Quality 3: (42 CFR 441.301(c)(4)(iii))**<br><br>**Ensures an individual's personal rights of privacy, dignity, respect, and freedom from coercion and restraint.** | 89 IAC 677.15 Home Care Consumer Bill of Rights (includes consumer right to dignity and respect) | **Adult Day Care Service:**<br>89 IAC 686.100 Adult Day Care Provider Requirements (require HCBS setting compliance)<br><br>**Day Habilitation Service:**<br>89 IAC 686.1200 Day Habilitation Services Provider Requirements (require HCBS setting compliance) | **Rule Process**: Utilize rule development and filing processes which includes individuals, advocates, and providers. Rule revision drafting is already in progress within the agency.<br>_____<br>**Training**: Modify Provider and case management operational manuals and applicable forms as needed.<br><br>Issue guidance to impacted providers and case management entities. | November 2016-July 2017<br><br>_____<br><br>January 2017-July 2017 |

| | | | | |
|---|---|---|---|---|
| | | | Review and update provider agreements as needed.<br><br>_____<br>**Ongoing Compliance**: On site provider reviews incorporate monitoring of HCBS rule compliance.<br><br>Review and update provider agreements as needed. | _____<br><br>July 2016 and ongoing |
| **HCBS Setting Quality 4: (42 CFR 441.301(c)(4)(iv))**<br><br>**Optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but is not limited to daily activities, physical environment, and with whom to interact.** | | **Adult Day Care Service:**<br>89 IAC 686.100 Adult Day Care Provider Requirements (require HCBS setting compliance)<br><br>**Day Habilitation Service:**<br>89 IAC 686.1200 Day Habilitation Services Provider Requirements (require HCBS setting compliance) | **Rule Process**: Utilize rule development and filing processes which includes individuals, advocates, and providers. Rule revision drafting is already in progress within the agency.<br>_____<br>**Training**: Modify Provider and case management operational manuals and applicable forms as needed.<br><br>Issue guidance to impacted providers and case management entities.<br><br>Review and update provider agreements as needed.<br><br>_____<br>**Ongoing Compliance**: On site provider reviews incorporate monitoring of HCBS rule compliance. | November 2016-July 2017<br><br>_____<br><br>January 2017-July 2017<br><br>_____<br><br>July 2016 and ongoing |

| | | | | |
|---|---|---|---|---|
| **HCBS Setting Quality 5: (42 CFR 441.301(c)(4)(v))**<br><br>**Facilitates individual choice regarding services and supports, and who provides them.** | | **Adult Day Care Service:**<br>89 IAC 686.100 Adult Day Care Provider Requirements (require HCBS setting compliance)<br><br>**Day Habilitation Service:**<br>89 IAC 686.1200 Day Habilitation Services Provider Requirements (require HCBS setting compliance) | **Rule Process**: Utilize rule development and filing processes which includes individuals, advocates, and providers. Rule revision drafting is already in progress within the agency.<br>_____<br>**Training**: Modify Provider and case management operational manuals and applicable forms as needed.<br><br>Issue guidance to impacted providers and case management entities.<br><br>Review and update provider agreements as needed.<br><br>_____<br>**Ongoing Compliance**: On site provider reviews incorporate monitoring of HCBS rule compliance. | November 2016-July 2017<br><br>_____<br><br>January 2017-July 2017<br><br>_____<br><br>July 2016 and ongoing |
| **Provider Owned or Controlled Residential Setting Quality 1: (42 CFR 441.301(c)(vi)(A)**<br><br>**The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a** | NA | | | |

| | | | | |
|---|---|---|---|---|
| **minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity. For settings in which landlord tenant laws do not apply, the State must ensure that a lease, residency agreement or other form of written agreement will be in place for each HCBS participant, and that that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law.** | | | | |
| **Provider Owned or Controlled Residential Setting Quality 2: (42 CFR 441.301(c)(vi)(B)(1))**<br><br>**Privacy: Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors.** | NA | | | |

| | | | | |
|---|---|---|---|---|
| | | | | |
| **Provider Owned or Controlled Residential Setting Quality 3: (42 CFR 441.301(c)(vi)(B)(2))**<br><br>**Privacy: Individuals sharing units have a choice of roommates in that setting.** | NA | | | |
| **Provider Owned or Controlled Residential Setting Quality 4: (42 CFR 441.301(c)(vi)(B)(3))**<br><br>**Privacy: Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.** | NA | | | |

| | | | | |
|---|---|---|---|---|
| **Provider Owned or Controlled Residential Setting Quality 5: (42 CFR 441.301(c)(vi)(C)**<br><br>**Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.** | **NA** | | | |
| **Provider Owned or Controlled Residential Setting Quality 6: (42 CFR 441.301(c)(vi)(D)**<br><br>**Individuals are able to have visitors of their choosing at any time.** | NA | | | |
| **Provider Owned or Controlled Residential Setting Quality 7: (42 CFR 441.301(c)(vi)(E)**<br><br>**The setting is physically accessible to the individual.** | NA | | | |

Links to the relevant information are below:

Illinois Administrative Code Title 89: http://www.ilga.gov/commission/jcar/admincode/089/089parts.html

FY 2015 DHS Provider Manual: http://www.dhs.state.il.us/page.aspx?item=72195

# Appendix A: System Remediation Grid
# Supportive Living Program

**The system grid describes the impact of the federal regulation on applicable State statues, administrative rules, administrative and operational policies.**

***The proposed timelines are contingent upon approval of the plan by the Centers for Medicare and Medicaid (CMS)**

| Regulation | Areas of Compliance | Remediation Required | Action Steps | Timeline* |
|---|---|---|---|---|
| **Person Centered Planning Process (42 CFR 441.301(c)(1)-(3))** | 89 IAC 146.230 Services (requires client participation in service selection)<br><br>89 IAC 146.245 Assessment and Service Plan and Quarterly Evaluation (detailing service planning process)<br><br>89 IAC 146.250 Resident Rights (participate in service plans)<br><br>SLP Handbook C-250 Services (requires resident participation) | 89 IAC 146.205 Definitions (various updates)<br><br>89 IAC 146.220 Resident Participation Requirements (require documentation of resident choice in file)<br><br>89 IAC 146.245 (Assessment and Service Plan and Quarterly Evaluation (add more planning requirements for person-centered planning)<br><br>SLP Handbook C-250 Services (update with person-centered language) | **Rule Process**: Utilize rule development and filing processes which includes individuals, advocates, and providers. Rule revision drafting is already in progress.<br>_____<br>**Training**: Modify Provider and case management operational manuals and applicable forms as needed.<br><br>Issue guidance to impacted providers and case management entities.<br><br>Review and update provider agreements as needed. | File rules by Dec. 2017<br><br>_____<br>January 2017 – July 2017 |

| | | | | |
|---|---|---|---|---|
| **HCBS Setting Quality 1: (42 CFR 441.301(c)(4)(i))**<br><br>**Setting is integrated in and supports full access of individual receiving Medicaid HCBS to the greater community, includes opportunities to seek employment and work in competitive integrated settings, opportunities to engage in community life, and to control personal resources to the same degree of access as individuals not receiving Medicaid HCBS.** | 89 IAC 146.230 Services (requires scheduled community programming, information to residents about community activities) | 89 IAC 146.205 Definitions (various updates) | **Rule Process**: Utilize rule development and filing processes which includes individuals, advocates, and providers. Rule revision drafting is already in progress within the agency.<br>_____<br>**Training**: Modify Provider and case management operational manuals and applicable forms as needed.<br><br>Issue guidance to impacted providers and case management entities.<br><br>Review and update provider agreements as needed.<br><br>_____<br>**Ongoing Compliance**: On site provider reviews incorporate monitoring of HCBS rule compliance. | November 2016-July 2017<br><br>_____<br><br>January 2017-July 2017<br><br>_____<br><br>July 2016 and ongoing |

| | | | | |
|---|---|---|---|---|
| **HCBS Setting Quality 2: (42 CFR 441.301(c)(4)(ii))**<br><br>**The setting is selected by the individual from among setting options including non-disability-specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.** | | 89 IAC 146.245 Assessment and Service Plan and Quarterly Evaluation<br>(add person-centered plan language) | **Rule Process**: Utilize rule development and filing processes which includes individuals, advocates, and providers. Rule revision drafting is already in progress within the agency.<br>_____<br>**Training**: Modify Provider and case management operational manuals and applicable forms as needed.<br><br>Issue guidance to impacted providers and case management entities.<br><br>Review and update provider agreements as needed.<br><br>_____<br>**Ongoing Compliance**: On site provider reviews incorporate monitoring of HCBS rule compliance. | November 2016-July 2017<br><br>_____<br><br>January 2017-July 2017<br><br>_____<br><br>July 2016 and ongoing |
| **HCBS Setting Quality 3: (42 CFR 441.301(c)(4)(iii))**<br><br>**Ensures an individual's personal rights of privacy, dignity, respect, and freedom from coercion and restraint.** | 89 IAC 146.230 Services<br>(requires respect for self-direction, dignity, privacy)<br><br>89 IAC 146.250 Resident Rights<br>(freedom from restraint, respect for privacy)<br><br>SLP Provider Handbook C-250 Covered Services<br>(respect for self-direction, dignity, privacy) | 89 IAC 146.250 Resident Rights<br>(require client permission for entry into apartment) | **Rule Process**: Utilize rule development and filing processes which includes individuals, advocates, and providers. Rule revision drafting is already in progress within the agency.<br>_____<br>**Training**: Modify Provider and case management operational manuals and applicable forms as needed.<br><br>Issue guidance to impacted providers and case management entities. | November 2016-July 2017<br><br>_____<br><br>January 2017-July 2017 |

| | | | | |
|---|---|---|---|---|
| | | | Review and update provider agreements as needed.<br>_____<br>**Ongoing Compliance**: On site provider reviews incorporate monitoring of HCBS rule compliance.<br><br>Review and update provider agreements as needed. | _____<br><br>July 2016 and ongoing |
| **HCBS Setting Quality 4: (42 CFR 441.301(c)(4)(iv))**<br><br>**Optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but is not limited to daily activities, physical environment, and with whom to interact.** | 146 IAC 146.250 Resident Rights (resident control of space and time) | | **Rule Process**: Utilize rule development and filing processes which includes individuals, advocates, and providers. Rule revision drafting is already in progress within the agency.<br>_____<br>**Training**: Modify Provider and case management operational manuals and applicable forms as needed.<br><br>Issue guidance to impacted providers and case management entities.<br><br>Review and update provider agreements as needed.<br>_____<br>**Ongoing Compliance**: On site provider reviews incorporate monitoring of HCBS rule compliance. | November 2016-July 2017<br><br>_____<br><br>January 2017-July 2017<br><br>_____<br><br>July 2016 and ongoing |

| | | | | |
|---|---|---|---|---|
| **HCBS Setting Quality 5: (42 CFR 441.301(c)(4)(v))**<br><br>**Facilitates individual choice regarding services and supports, and who provides them.** | 89 IAC 146.260 Resident Rights (allows refusal of services) | | **Ongoing Compliance**: On site provider reviews incorporate monitoring of HCBS rule compliance. | July 2016 and ongoing |
| **Provider Owned or Controlled Residential Setting Quality 1: (42 CFR 441.301(c)(vi)(A)**<br><br>**The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity. For settings in which landlord tenant laws do not apply, the State must ensure that a lease, residency agreement or other form of written agreement will be in place for each HCBS** | 89 IAC 146.200 Resident Contract | | **Ongoing Compliance**: On site provider reviews incorporate monitoring of HCBS rule compliance. | July 2016 and ongoing |

| | | | | |
|---|---|---|---|---|
| **participant, and that that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law.** | | | | |
| **Provider Owned or Controlled Residential Setting Quality 2: (42 CFR 441.301(c)(vi)(B)(1))**<br><br>**Privacy: Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors.** | 89 IAC 146.210 Structural Requirements<br>(requires lockable doors) | | **Ongoing Compliance**: On site provider reviews incorporate monitoring of HCBS rule compliance. | July 2016 and ongoing |
| **Provider Owned or Controlled Residential Setting Quality 3: (42 CFR 441.301(c)(vi)(B)(2))**<br><br>**Privacy: Individuals sharing units have a choice of roommates in that setting.** | 146 IAC 146.250 Resident Rights (allow choice of roommate) | 146 IAC 146.250 Resident Rights (require documentation of roommate choice) | **Rule Process**: Utilize rule development and filing processes which includes individuals, advocates, and providers. Rule revision drafting is already in progress within the agency.<br>_____<br>**Training**: Modify Provider and case management operational manuals and applicable forms as needed.<br><br>Issue guidance to impacted providers and case management entities.<br>_____<br>**Ongoing Compliance**: On site | November 2016-July 2017<br><br>_____<br><br>January 2017-July 2017<br><br>_____ |

| | | | | |
|---|---|---|---|---|
| | | | provider reviews incorporate monitoring of HCBS rule compliance. | July 2016 and ongoing |
| **Provider Owned or Controlled Residential Setting Quality 4: (42 CFR 441.301(c)(vi)(B)(3))**<br><br>**Privacy: Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.** | 89 IAC 146.250 Resident Rights (right to maintain possessions) | | **Ongoing Compliance**: On site provider reviews incorporate monitoring of HCBS rule compliance. | July 2016 and ongoing |
| **Provider Owned or Controlled Residential Setting Quality 5: (42 CFR 441.301(c)(vi)(C)**<br><br>**Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.** | 89 IAC 146.250 Resident Rights (residents control time, space, lifestyle; can store and prepare food)<br><br>89 IAC 146.230 Services (food available) | 89 IAC 146.230 Services (make food available at all times) | **Rule Process**: Utilize rule development and filing processes which includes individuals, advocates, and providers. Rule revision drafting is already in progress within the agency.<br>_____<br>**Ongoing Compliance**: On site provider reviews incorporate monitoring of HCBS rule compliance. | November 2016-July 2017<br><br>_____<br>July 2016 and ongoing |

| | | | | |
|---|---|---|---|---|
| **Provider Owned or Controlled Residential Setting Quality 6: (42 CFR 441.301(c)(vi)(D)**<br><br>**Individuals are able to have visitors of their choosing at any time.** | 146 IAC 146.250 Resident Rights (allows visitors) | 146 IAC 146.250 Resident Rights (update to allow visitors "at any time") | **Rule Process**: Utilize rule development and filing processes which includes individuals, advocates, and providers. Rule revision drafting is already in progress within the agency.<br>_____<br>**Training**: Modify Provider and case management operational manuals and applicable forms as needed.<br><br>Issue guidance to impacted providers and case management entities.<br><br>Review and update provider agreements as needed.<br><br>_____<br>**Ongoing Compliance**: On site provider reviews incorporate monitoring of HCBS rule compliance. | November 2016-July 2017<br><br>_____<br><br>January 2017-July 2017<br><br>_____<br><br>July 2016 and ongoing |
| **Provider Owned or Controlled Residential Setting Quality 7: (42 CFR 441.301(c)(vi)(E)**<br><br>**The setting is physically accessible to the individual.** | 89 IAC 146.210 Structural Requirements (requires accessibility) | | **Ongoing Compliance**: On site provider reviews incorporate monitoring of HCBS rule compliance. | July 2016 and ongoing |

Links to the relevant information are listed below:

Illinois Administrative Code Title 89: http://www.ilga.gov/commission/jcar/admincode/089/089parts.html

Supportive Living Policy Handbook: https://www.illinois.gov/hfs/SiteCollectionDocuments/011708slf.pdf

**Appendix B - UIS Residential Settings Report**

# Assessment of Illinois Home and Community Based Services

# Agencies Providing Residential Services

Developed to assist the Illinois Statewide Transition Plan

Conducted by the Survey Research Office, Center for State Policy & Leadership, University of Illinois Springfield

(Report issued on January 22, 2015)

## Introduction

The purpose of this study is to examine the policies, procedures, and activities of residential settings for Home or Community Based Service waivers. In order to accomplish this, the UIS Survey Research Office, Center for State Policy & Leadership, used a multi-mode methodology in order to allow agencies and settings to self-report on the types of policies and procedures in place throughout settings in Illinois. This report contains four chapters in addition to this introduction.

1. **Scope of Project -** This section provides a brief introduction to the Centers for Medicare and Medicaid Services' (CMS) final rule relating to Home and Community Based Services (HCBS) for Medicaid-funded long term services and supports provided in residential and non-residential home and community-based settings.

2. **Summary of Results** - The purpose of this section is to summarize the results of the two surveys as well as provide an overview of the ""Level of Autonomy Score" and the "Frequency of Independent Behaviors Score." These scores are the numerical values that will be used to identify the key areas of the Illinois Statewide Transition Plan. This section contains four subsections:
    a. Results from the Agency-Specific Surveys
    b. Characteristics of the Residential Settings
    c. Individuals' Access to the Community in Residential Settings
    d. Individuals' Personal Choice in Care Options in Residential Settings.

3. **Methodology** - This section provides a detailed analysis of the methodological design of this project. There were systematic decisions on how to assess all aspects of the settings from engagement with the community, transportation opportunities, residential/room accommodations, visiting hours, meal options, and personal autonomy and choice in care options. A detailed discussion of these decisions and the methodology employed by UIS researchers is provided in the methodology section.

4. **Survey Report** - This is a topline report which includes complete question wording and the frequency of responses to each of the answer categories.

## Scope of Project

The Centers for Medicare and Medicaid Services (CMS) published its final rule relating to Home and Community Based Services (HCBS) for Medicaid-funded long term services and supports provided in residential and non-residential home and community-based settings. The final rule took effect on March 17, 2014. According to this rule, states are required to submit transition plans to CMS within one year of the effective date indicating how they intend to comply with the new requirements within a reasonable time period.

In an effort to follow the CMS final rule guidance, the Illinois Department of Healthcare and Family Services, along with the Department of Human Services and the Department on Aging, developed several surveys with assistance of researchers from the UIS Survey Research Office in order to assess the State's current compliance with the new regulations specific to the residential and non-residential settings requirements. This report deals specifically with residential settings offered through HCBS waivers. A report discussing non-residential settings will be provided at a later date.

The following Illinois HCBS waivers are included in this analysis:

- Children and Young Adults with Developmental Disabilities
- Children that are Technology Dependent/Medically Fragile
- Persons with Disabilities
- Persons with Brain Injuries (BI)
- Adults with Developmental Disabilities
- Persons who are Elderly
- Persons with HIV or AIDs
- Supportive Living Facilities

The following types of settings are **not** included in this classification:

- Hospitals
- Institutions for mental diseases
- An *intermediate* care facility for individuals with intellectual disabilities
- Nursing facilities
- Mental health or DASA residential sites
- Residences for private pay residents only
- Individuals receiving care in their private residences/family homes

This report provides the results of the examination of residential settings for Illinois HCBS waivers.

## Summary of Results

The results chapter contains four main sections: Results from the Agency-Specific Surveys, Characteristics of the Residential Settings, Individuals' Access to the Community in Residential Settings, and Individuals' Personal Choice in Care Options in Residential Settings. This executive summary provides an overview of each of the sections as well as a synopsis of the findings. It also provides an overview of the "Level of Autonomy Score" and a "Frequency of Independent Behaviors Score." These scores are the numerical values that will be used to identify the next steps as part of the Illinois Statewide Transition Plan.

*Results from the Agency-Specific Surveys*

The main survey required from each agency which operates at least one residential setting in Illinois was titled the "Agency-specific survey." Agencies were able to complete this survey online, on a paper form sent via U.S. mail, or over the phone with trained SRO interviewers. Of the 252 agencies identified as operating at least one residential setting for Illinois waiver HCBS participants, 236 completed the agency-specific form. This resulted in a 93.6 percent completion rate among all 252 agencies. The agencies that did not complete the agency-specific form will be contacted by their corresponding state agency in early 2015 in order to assess whether or not these agencies operate residential settings in Illinois. Those that do will be required to complete the agency-specific survey with an individual from the corresponding state agency (Illinois Department of Healthcare and Family Services, the Department of Human Services, or the Department on Aging).

There are <u>three</u> main purposes of the agency-specific survey:

1) Determine the number of residential settings in Illinois for HCBS waivers;
2) Identify the agencies that have agency-wide policies and procedures that regulate various aspects of the daily operations of their settings;
3) Understand the legal policies and restrictions that govern the residential settings.

The main findings of the agency-specific survey are listed below:

- There are currently 1658 residential settings in Illinois.
- The majority of agencies have agency-wide policies that apply to the setting(s) regarding two issues: (a) the living arrangements of the individuals residing at the setting and (b) visitation procedures.
- The majority of agencies <u>do not</u> have agency-wide policies that apply to the setting(s) for the following: (a) limiting individuals' access to food, (b) limiting visiting hours, (c) disallowing individuals from engaging in activities, (d) limiting individual access to personal funds/resources, (e) disallowing individuals from engaging in community activities, (f) limiting employment opportunities. For the frequency of responses to these questions, please see the topline report at the end of this report.
- The majority of agencies report that state, county, or city landlord/tenant laws <u>apply</u> to their settings.
- Slightly more than half of agencies <u>have individual residential/service contracts</u> for the individuals living at the setting while 42.9% of the agencies <u>have blanket residential/service contracts.</u>
- Forty-four percent of agencies <u>do not</u> provide units or dwellings that can be owned, rented or occupied under a legally enforceable agreement by the individual receiving services.

*Characteristics of the Residential Settings*

The setting-specific survey completed by 1658 residential settings allows researchers to gain unique insight into the demographic characteristics of the residential settings. The demographic section provides three important pieces of information.

1) The number of individuals (both Illinois HCBS waivers and others) at each residential setting.
2) The physical location and type of building of each setting
3) The controlling entity for each of the settings

*Number of individuals*

The mean number of individuals supported at each setting is 8.22, with the largest setting supporting 150 individuals. It is important to note that six settings reported that they are not currently supporting any Illinois HCBS waiver participants.

*Physical location and type of building*

- Sixteen settings (1%) report that they are "physically connected to a hospital, nursing facility, institution for mental disease, or an intermediate care facility for individuals with intellectual disabilities."
- Fifty-eight (3.5%) report that while they are not physically connected, they are on the grounds or adjacent to these types of facilities.
- The majority (95.5%) report that they are not physically connect nor adjacent to these type of facilities.

When we examine types of settings, we find that the majority of respondents are Community Integrated Living Arrangements (CILAs). Eighty-nine percent of respondents report that CILA best describes their setting. The table below presents the percent of respondents from each of the categories.

**Table 1. Types of settings**

| | Percent (*n*) |
|---|---|
| Community Integrated Living Arrangement (CILA) | 89% (1476) |
| Supportive Living Facility (SLF) | 6.2% (103) |
| Community Living Facility | 2.2% (37) |
| Child Group Home | 1.7% (28) |
| Comprehensive Care in Residential Settings | 0.2% (4) |
| Supported Residential | 0.2% (4) |
| Site-based Permanent Supported/Supportive Housing | 0.1% (1) |
| Other | 0.3% (8) |

When asked to describe this setting as located in a rural area (located outside of a metropolitan area), located in a suburban area, or located in an urban area, half of respondents described their setting as being located in a suburban area (50.6%). Thirty-one percent reported that their setting was located in a rural area (31.0%) and 18.4 percent reported that their setting was located in an urban area.

When asked to describe the setting, slightly more than half of the settings are single housing units or apartments (50.7%) followed by group housing units (33.5%). Table 2 provides the complete list.

**Table 2. Physical description of settings**

| | Percent (*n*) |
|---|---|
| A single housing unit or apartment | 54.5% (907) |
| A group housing unit | 36.0% (597) |
| An apartment building | 8.0% (132) |
| Multiple settings co-located | 1.1% (19) |
| A residential school | 0.1% (1) |
| A gated/secured community | 0.1% (1) |

*Controlling Entity*

In addition, when asked what entity or entities control(s) the policies or procedures for the setting, 88.2 percent report that it is the parent agency or organization. Thirty-six report that the landlord controls the policies or procedures (2.2%), followed by private citizen or family (1.9%), the individual setting (1.6%) or a subsidiary or foundation (0.4%).

Finally, settings were told to identify all of the state agencies from which they receive funding for their services. As seen in the table below, the Illinois Department of Human Services is the largest funder for services.

**State Agency Funding Services**

| | Number of settings |
|---|---|
| Illinois Department of Human Services | 1505 |
| Illinois Department of Healthcare and Family Services | 349 |
| Illinois Department on Aging | 31 |

The final two results sections discuss the results of the setting-specific survey. The setting-specific survey deals with all aspects of the residential settings. In order to reduce the complexity of this instrument, we have categorized these into two factors: Individual's Access to the Community in Residential Settings and Individuals' Personal Autonomy and Choice in Care Options in Residential Settings. Each of these sections has the following subsections.

Individuals' Access to the Community in Residential Settings

- Community Engagement
- Transportation Opportunities

Individuals' Personal Choice in Care Options in Residential Settings

- Individual Care Plans
- Dining/Food Accommodations
- Setting Accommodations

Each of settings receives two scores within each of the five subsections: a "Level of Autonomy Score" and a "Frequency of Independent Behaviors Score." These scores measure related but unique concepts. The "Level of Autonomy Score" measures what level of autonomy or personal freedom individuals experience based on the policies of each residential setting. The "Frequency of Independent Behaviors Score" measures how often individuals engage in these autonomous behaviors. These scores are calculated similarly among all of the five subsections.

"Level of Autonomy Score"- This score is calculated using items on a five-point Likert scale ranging from "Strongly Agree (5), Somewhat Agree (4), Neither Agree nor Disagree (3), Somewhat Disagree (2), Strongly Agree (1)." Settings were asked to report their level of agreement on a variety of different items measuring each of the five subsections. For example, one of the items measuring community engagement using the Likert scale asked respondents their level of agreement with the following statement: *Individuals are given easy access to the community outside of the setting*. While each of the subsections may have a different number of items measuring the concept, the "Level of Autonomy Scores" are standardized.

The scores for each of the subsections range from 1 to 5, where 1 indicates the lowest level of autonomy and 5 indicates the highest level of autonomy. The table below provides the mean "Level of Autonomy Score" for each of the subsections with the standard deviations in parentheses.

**Table 3. Level of Autonomy Scores**

| | **Level of Autonomy Score** |
|---|---|
| Community Engagement | 4.45 (.60) |
| Transportation Opportunities | 3.77 (.50) |
| Individual Care Plans | 3.84 (.53) |
| Dining/Food Accommodations | 3.46 (.72) |
| Setting Accommodations | 4.77 (.28) |

As seen in the table above, all of the "Level of Autonomy Scores" range between the neutral category (3: Neither Agree nor Disagree") and the strong agreement category (5: "Strongly Agree"). Overall, this indicates a high level of autonomy in each of the five subsections. Setting Accommodations has the highest "Level of Autonomy Score" while Dining/Food Accommodations has the lowest "Level of Autonomy Score." To find a detailed discussion of the items that constructed each of these scores, please see the corresponding section in the following pages.

"Frequency of Independent Behaviors Score"- This score is calculated using a four-point frequency measure ranging from "All of the time" (4), "Most of the time" (3), "Some of the time" (2), "Never" (1). Settings were asked to report how often a variety of different behaviors occurs for each of the five subsections. For example, one of the items measuring individual care plans using the frequency scale asks respondents to report the frequency of the following item: *Individuals complaints are addressed in a timely manner*.

The scores for each of the subsections range from 1 to 4, where 1 indicates the lowest frequency amount and 4 indicates the highest frequency amount. The table below provides the mean "Frequency of Independent Behaviors Score" for each of the subsections with the standard deviations in parentheses.

**Table 4. Frequency of Independent Behaviors Score**

| | Frequency of Independent Behaviors Score |
|---|---|
| Community Engagement | 2.95 (.58) |
| Transportation Opportunities | 3.25 (.56) |
| Individual Care Plans | 3.35 (.33) |
| Dining/Food Accommodations | 3.12 (.43) |
| Setting Accommodations | 3.19 (.40) |

As seen in the table above, all of the "Frequency of Independent Behaviors Scores" range between "Some of the Time" (2) and "All of the Time" (4). Individual Care Plans has the highest "Frequency of Independent Behaviors Score" at 3.35. This indicates that when it comes to individuals' care plans, the majority of individuals are able to assert a high level of independent behavior. The lowest "Frequency of Independent Behaviors Score" is Community Engagement. To find a detailed discussion of the items that constructed each of these scores, please see the corresponding section in the following pages.

The following pages discuss the five subsections of the results section. Each of the sections provides an overview of the findings (bullet points), and detailed descriptions of both the "Level of Autonomy Score" and the "Frequency of Independent Behaviors Score."

*Individuals' Access to the Community in Residential Settings*

This results section is concerned with the policies and procedures in place that allow individual residents to be able to access the external community, outside of the residential setting. This section contains two subsections: Community Engagement and Transportation Opportunities.

<u>Community Engagement</u>

- Overall, the results on the level of community engagement within the residential settings are mixed. While settings report the second highest autonomy score on community engagement (4.45), they also report the lowest frequency of behaviors score. The latter may be due to the how often individuals within the setting pursue both competitive employment opportunities and noncompetitive employment opportunities.
- When respondents were asked "How often, if at all, do individuals participate in community activities while residing at the setting," the majority of respondents report that individuals participate in these activities regularly with 87.7 percent of settings reporting this. Twelve percent of respondents report that the individuals participate occasionally and less than one percent (0.4%) report that individuals participate in community activities not often at all.
- The overall "Level of Autonomy Score" for community engagement is 4.45 (out of 5); The "Frequency of Independent Behaviors Score" for community engagement is 2.95 (out of 4).

The overall "Level of Autonomy Score" for community engagement is 4.45, which indicates a high level of autonomy for residents in terms of their engagement in the community. When we examine the six items that constructed this score, we find slight differences among the different measures. The table below presents the percent of respondents who self-reported a "1" on this item (which indicates a low level of autonomy). The item that had the highest percent of respondents reporting that a low autonomy score is "Individuals are able to come and go as they please."

**Table 5. Items of "Level of Autonomy Score"**

| | Percent reporting lowest rating of autonomy |
|---|---|
| Individuals are able to come and go as they please. | 14.2% |
| Interested individuals are given the resources on how to obtain employment. | 6.2% |
| Individuals know where to find information on community activities. | 4.0% |
| Individuals receive personal services (e.g., haircuts) in the community outside of the setting. | 1.5% |
| Individuals are given easy access to the community outside of the setting. | 0.8% |
| Individuals receive professional services (e.g., dental care) in the community outside of the setting. | 0.6% |

The "Frequency of Independent Behaviors Score" was constructed using five items listed in the table below. The overall score for community engagement is 2.95, which indicates the lowest level of the frequency of independent behaviors. The table below presents the percent of respondents who self-reported a "1" on this item (which indicates the survey response of "never," the lowest frequency score). As you can see in the table, the item that had the highest percent of respondents reporting a low frequency score is "individuals pursue competitive employment opportunities" with more than one-fourth of settings report that this never occurs. In addition, 15.1 percent of settings report that individuals never pursue other employment opportunities (both paid and volunteer).

**Table 6. Items of "Frequency of Independent Behaviors Score"**

| | Percent reporting lowest level of frequency |
|---|---|
| Individuals pursue competitive employment opportunities. | 27.3% |
| Individuals pursue other employment opportunities (both paid and volunteer). | 15.1% |
| Individuals talk about activities occurring outside of the setting. | 2.6% |
| There is a record of the individual residents who attend each community activity event. | 1.2% |
| Individuals participate in personal, social, and family events. | 0.1% |

Transportation Opportunities

- Overall, while settings report that the individuals engage in independent behaviors with regards to transportation opportunities quite often, it also appears that the level of autonomy associated with transportation is at a moderate level (ranging between neutral and somewhat agree).
- While 97.9 percent of the settings report that their setting is near other private residences and 76.6 percent report that their setting is near retail businesses, providing opportunities for transportation is still an important service provided by these settings. Therefore, 99.3 percent of settings report that they offer transportation opportunities. Twelve settings report that they do not offer any transportation opportunities.
- The overall "Level of Autonomy Score" for transportation opportunities is 3.77; the "Frequency of Independent Behaviors Score" for transportation opportunities is 3.25.

The overall "Level of Autonomy Score" for transportation opportunities is 3.77, which indicates a moderate level of autonomy for residents in terms of their transportation opportunities. When we examine the seven items that constructed this score, we find slight differences among the items. The table below presents the percent of respondents who self-reported a "1" on this item (which indicates a low level of autonomy). As you see in the table, the item that had the highest percent of respondents reporting a low autonomy score is "a transportation schedule is posted in a common area."

**Table 7. Items of "Level of Autonomy Score"**

| | **Percent reporting lowest rating of autonomy** |
|---|---|
| A transportation schedule is posted in a common area. | 59.9% |
| Individuals cannot only enter/exit the setting from designated entrances/exits. | 36.3% |
| Individuals do not have to follow curfews or other requirements for a scheduled return to the setting. | 14.6% |
| There are public transportation opportunities available to individuals in the setting. | 11.0% |
| Transportation opportunities are not limited for individuals. | 4.3% |
| The setting provides transportation opportunities to individuals outside of regularly scheduled options. | 1.1% |
| The setting provides regularly scheduled transportation opportunities to individuals. | 0.4% |
| Individuals feel confident using the transportation opportunities provided by the setting. | 0.3% |

The "Frequency of Independent Behaviors Score" was constructed using three items listed in the table below. The overall score for transportation opportunities is 3.25, which indicates a high level of the frequency of independent behaviors in terms of transportation opportunities. The table below presents the percent of respondents who self-reported a "1" on this item (which indicates the survey response of "never," the lowest frequency score). As seen in the table, the item that had the highest percent of respondents reporting a low frequency score is "individuals are informed/educated on how to use public transportation."

**Table 8. Items of "Frequency of Independent Behaviors Score"**

| | **Percent reporting lowest level of frequency** |
|---|---|
| Individuals are informed/educated on how to use public transportation. | 14.1% |
| Individuals use the transportation opportunities provided by the setting. | 0.8% |
| Individuals know how to contact a staff member about transportation opportunities. | 3.3% |

*Individuals' Personal Choice in Care Options in Residential Settings*

This results section is concerned about the level of personal choice individual residents have while residing at the settings. This includes their individual care plans, their living arrangements, their sense of individuality, their dining arrangements, and their interactions with visitors and staff members. This section contains three subsections: Individual Care Plans, Dining/Food Accommodations, and Setting Accommodations

Individual Care Plans

- A vital component of the new federal regulations is that individuals at residential settings have flexibility and freedom in developing their individual care plans. The results of this survey indicate that the frequency of independent behaviors associated with individual care plans is at a high level.
- The majority of the residential settings that responded to this survey report that while individuals have a lot of choice in the type of care or assistance they receive or from whom, they are not in complete control. Eighty-eight percent of residential settings report this to be the case while 8.6 percent report that individuals have complete control and 3.8 percent report that individuals have little choice or control.
- Almost all of the settings (98%) report that the average individual at their setting has been asked about their goals and aspirations in the past 12 months and 79.5 percent report that individuals make changes to their plan of care "as needed or as requested."
- The overall "Level of Autonomy Score" for individual care plans is 3.84, the "Frequency of Independent Behaviors Score" for individual care plans is 3.35.

The overall "Level of Autonomy Score" for individual care plans is 3.84, which indicates a moderate level of autonomy for residents in terms of their individual care plans. When we examine the six items that constructed this score, we find slight differences among the measures. The table below presents the percent of respondents who self-reported a "1" on this item (which indicates the lowest level of autonomy). The item that had the highest percent of respondents reporting the lowest autonomy score is "individual requests regarding their care are forward to an independent/non-setting based case manager."

**Table 9. Items of "Level of Autonomy Score"**

| | **Percent reporting lowest rating of autonomy** |
|---|---|
| Individual requests regarding their care are forwarded to an independent/non-setting based case manager. | 16.8% |
| Information on how to file a complaint is easily accessible to individuals. | 4.1% |
| Individuals have a choice of which provider staff delivers care/support. | 2.6% |
| Individual schedules for PT, OT, medication, diet, or other care options are NOT posted in common areas (i.e., hallways). | 2.4% |
| Individuals know how make changes to their plans of care. | 1.6% |
| Individuals feel comfortable expressing concerns regarding their care. | 0.6% |

The "Frequency of Independent Behaviors Score" was constructed using eight items listed in the table below. The overall score for individual care plan is 3.35, which indicates the highest level of the frequency of independent behaviors in terms of individual care planning. The table below presents the percent of respondents who self-

reported a "1" on this item (which indicates the survey response of "never," the lowest frequency score). The item that had the highest percent of respondents reporting a low frequency score is "Staff members do not discuss individuals with other staff members in public space." 7 percent of settings report that this never happens.

**Table 10. Items of "Frequency of Independent Behaviors Score"**

| | **Percent reporting lowest level of frequency** |
|---|---|
| Staff members do not discuss individuals with other staff members in public spaces. | 7.0% |
| Individuals make changes to their plan of care as needed. | 2.0% |
| When needed, individuals know how to request a new/additional service. | 2.0% |
| Individuals with concerns, discuss the concerns with the setting staff. | 0.9% |
| Individuals provide input into their daily schedules. | 0.5% |
| Individual complaints are addressed in a timely manner. | 0.1% |
| When an individual files a complaint, it is considered confidential. | 0.1% |
| Individuals have the opportunity to express their level of satisfaction with the services they are receiving. | 0.0% |

Dining/Food Accommodations

- One way that individuals are able to express their own personal choice is in their dining and meal decisions. According to the survey results, current setting accommodations do not allow a lot of freedom and flexibility in regards to dining and food accommodations. One of the major restrictions is where individuals are allowed to eat with a significant number of settings reporting that individuals are not allowed to eat in their units nor eat outside of common dining areas.
- Slightly more than half of the settings (52.3%) report that individuals have a lot of choice when it comes to their dining and meal decisions. Forty-seven percent of settings report that individuals have some choice when it comes to these decisions and less than one percent (0.2%) report that individuals have no choice at all.
- The overall "Level of Autonomy Score" for dining/food accommodations is 3.46; the "Frequency of Independent Behaviors Score" for dining and food accommodations is 3.12.

The overall "Level of Autonomy Score" for dining/food accommodations is 3.46, which is the lowest score among all of the subsections. When we examine the five items that constructed this score, we find differences among the items. The table below presents the percent of respondents who self-reported a "1" on this item (which indicates a low level of autonomy). The item that had the highest percent of respondents reporting a low autonomy score is "individuals are able to eat in their units."

**Table 11. Items of "Level of Autonomy Score"**

| | Percent reporting lowest rating of autonomy |
|---|---|
| Individuals are able to eat in their units. | 18.2% |
| Individuals are able to set their own dining/meal-time schedule. | 5.5% |
| Individuals are able to eat in places other than the common dining areas. | 5.4% |
| Individuals do not have assigned seating during meal-times. | 1.5% |
| Individuals are able to eat at non-designated meal-times. | 0.9% |

The "Frequency of Independent Behaviors Score" was constructed using four items listed in the table below. The overall score for dining and food accommodations is 3.12, which indicates a lower level of the frequency of independent behaviors in terms of dining and food accommodations. The table below presents the percent of respondents who self-reported a "1" on this item (which indicates the survey response of "never," the lowest frequency score). The item that had the highest percent of respondents reporting a low frequency score is "individuals eat in places other than common dining areas."

**Table 12. Items of "Frequency of Independent Behaviors Score"**

| | Percent reporting lowest level of frequency |
|---|---|
| Individuals eat in places other than common dining areas. | 16.0% |
| There is more than one meal option during meal-times. | 1.4% |
| Between designated meal-times, the setting provides other food or refreshments. | 1.2% |
| Individuals engage with others during meal-times. | 0.9% |

<u>Setting Accommodations</u>

- According to the survey results, individuals have a lot of autonomy when it comes to their setting accommodations as well as demonstrate frequently independent behaviors.
- More than half of the settings report that individuals have a lot of freedom to move inside/outside of the setting (57.3%), while 42.24 percent report that they have some freedom and less than one percent reporting that they have no freedom at all. In addition, 65 percent of the settings report that individual residents have a lot of privacy while at the setting.
- The overall "Level of Autonomy Score" for setting accommodations is 4.77; the "Frequency of Independent Behaviors Score" is 3.19.

The overall "Level of Autonomy Score" for setting accommodations is 4.77. <u>This score is the highest of all of the subsections indicating a very high level of autonomy for individuals in terms of their setting accommodations</u>. When we examine the twelve items that constructed this score, we find slight differences among the items. The table below presents the percent of respondents who self-reported a "1" on this item (which indicates the lowest level of autonomy). The item that had the highest percent of respondents reporting the lowest autonomy score is "individuals are able to lock the door to their units."

**Table 13. Items of "Level of Autonomy Score"**

| | Percent |
|---|---|
| Individuals are able to lock the door to their units. | 46.6% |
| Individuals are allowed to have their own checking and/or savings account. | 5.8% |
| Individuals are able to furnish and decorate their units to their own preferences. | 3.5% |
| Individuals have access to cell phones, computers, and other mobile technological devices in common areas. | 3.0% |
| Visitors are allowed to visit individuals in the setting outside of regularly scheduled visiting hours. | 1.6% |
| Individuals are allowed to own cell phones, computers, and other mobile technological devices. | 1.4% |
| Individuals have access to do their own laundry. | 1.2% |
| Visitors are free to move about public areas within the setting. | 0.7% |
| Individuals have access to a kitchen setting. | 0.6% |
| Individuals have access to a television in common areas. | 0.5% |
| Individuals are allowed to receive visitors at this setting. | 0.2% |
| Individuals are able to have their own sense of style. | 0.0% |

The "Frequency of Independent Behaviors Score" was constructed using twelve items listed in the table below. The overall score is 3.19, which indicates a moderate level of the frequency of independent behaviors in terms for setting accommodations. The table below presents the percent of respondents who self-reported a "1" on this item (which indicates the survey response of "never," the lowest frequency score). The item that had the highest percent of respondents reporting a low frequency score is "married couples have the option to share a unit."

**Table 14. Items of "Frequency of Independent Behaviors Score"**

| | Percent reporting lowest level of frequency |
|---|---|
| Married couples have the option to share a unit. | 25.3% |
| Individuals and their visitors do not have to follow the visiting hour schedules | 25.1% |
| Individuals have the option to live in private units. | 14.9% |
| If sharing a room, individuals get to choose a roommate. | 13.2% |
| Setting providers do not maintain control over the individual's finances. | 12.6% |
| Individuals with roommates discuss their living situation with staff or counselors. | 7.8% |
| Individuals are not assigned a roommate by staff. | 1.7% |
| Staff members assist the individuals who need help getting dressed, at a time designated by the individual. | 1.5% |
| Staff members do not have difficulty getting along with individuals at the setting. | 0.7% |
| Staff members knock before entering individuals units. | 0.1% |
| Individuals choose their daily clothing. | 0.1% |
| Individuals are clean and well-groomed. | 0.1% |

## Methodology

The HCBS residential survey is actually two surveys: an agency-specific survey and a setting-specific survey. Every agency was required to fill out both an agency-specific residential survey as well as a setting-specific residential survey for each of their residential settings. Settings were able to participate in the surveys via online, mail, and phone.

The Illinois Department of Healthcare and Family Services, along with the Department of Human Services and the Department on Aging provided a list of agencies which operate residential settings offered through HCBS waivers. A total of 256 agencies met these guidelines. Mailing addresses, contact information for the director of each agency, and email addresses were provided by each of the corresponding state agencies. All agencies were contacted at least five times by researchers at the Survey Research Office (SRO).

The first contact to the agencies was through emails from their corresponding state agencies: Illinois Departments of Healthcare and Family Services, Human Services, or Aging. After the email distribution, the same information was sent from the SRO in an introductory letter via U.S. Postal Service on September 26th, 2014. This correspondence discussed the need for Illinois to take inventory of all supportive congregate and/or group residential settings that are not hospitals, nursing homes, IMDs or ICF-DDs and where the HCBS participant and the State, at this time, considers this setting as his/her residence. This letter also informed the agency that they will be receiving information on how to complete a survey for their residential settings from the University of Illinois at Springfield (UIS). In addition, the recipients received specific language explaining that while there are no right or wrong answers to questions, their participation in the survey is mandatory.

The first round of survey instruments was sent to each of the 256 agencies via U.S. Postal Service on October 3rd, 2014. Included in the mailing was an introductory letter to the director of the agency, an agency-specific survey, ten copies of the setting-specific survey, and five business reply envelopes. The agency-specific survey contained an identifying tracking number in order for SRO researchers to keep track of the agencies who had completed the surveys. Individuals were instructed that they could complete the hard copies of the surveys included in the mailing packet or complete the surveys online through provided URLs. If agencies needed additional copies of the setting-specific survey, they were instructed to contact the SRO via email or telephone.

A reminder postcard was sent to all of the agencies on October 13, 2014. This postcard contained the project identification number for each of the agencies as well the URL to complete the surveys online. A second mailing occurred on October 17th, 2014. This mailing included the introductory letter, the agency-specific survey, and five copies of the setting-specific survey. Agencies that had not completed the surveys by November 4, 2014 received phone calls from trained SRO interviewers. These phone calls were placed at different dates and times of the work week in an effort to increase the number of responses. Phone interviews concluded on November 23, 2014. The survey closed on December 15, 2014.

Through these various methods, SRO was able to get information through the survey from 236 of the 252 agencies (95%) that operate residential settings in Illinois. In addition, these agencies are responsible for operating 1658 residential settings in Illinois.

Response bias may occur within surveys that rely on self-assessment, especially in situations in which funding may be in jeopardy. The following steps were taken to mitigate this bias:

1) The instructions attached to both surveys -- agency-specific and setting-specific -- emphasized that the data provided by both the agency and the setting are for informational purposes only and will not be used to assess the federal compliance of either the agency or the setting.

2) The following information was included on every page of the setting-specific survey:

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**REMINDER:** The input you provide will be used to inform the Transition Plan and will NOT be used to evaluate whether the setting is currently in compliance with the new federal requirements. For example, selecting "Never" or "Strongly Disagree" for one of the items does not indicate that you are not in compliance. *Please answer the questions based on what "typically occurs" in the setting.* The emphasis is on what are in the setting's policies and procedures. It is recognized that individual's plans of care may dictate certain restrictions that would be documented to cause harm or reflect one's abilities.

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3) The majority of both surveys used Likert scales to effectively evaluate agencies and settings. The Likert technique is one of the most used and most validated survey designs. It involves asking a respondent to indicate how much he/she agrees or disagrees with each of a set of statements. The surveys used a five-point Likert response scale: strongly disagree, disagree, neutral, agree, or strongly agree.

4) Each survey included both positive statements (Individuals have access to a kitchen setting) and negative statements (Individuals do NOT have access to do their own laundry). When a survey or section of a survey contains only positive or only negative items, research shows that this can influence how people respond. A set of items worded only positively (with no negative items mixed in) can induce a positive bias from respondents. They respond by agreeing with those items more than they might if the set also included negatively word items. The same goes for only framing survey items negatively. Thus, to reduce this bias, the surveys always include a mix of positively and negatively worded items.

5) In addition to the Likert design, the survey included questions on the frequency of certain behaviors, rather than just asking whether the behavior occurs or not. The questions included asking respondents "how often" certain activities occur at the setting. The four-point response categories ranged from "all of the time," "most of the time," "some of the time," and "never." Including this scale allows individuals to provide more specific and useful information.

The following report is separated into four sections: Results from the Agency-specific Surveys, Demographics of the Residential Settings, and Individuals' Access to the Community in Residential Settings, Individuals' Personal Autonomy and Choice in Care Options in Residential Settings.

If you have any questions or comments about this report, please contact the Survey Research Office:

Dr. Ashley Kirzinger, Director
Survey Research Office
Center for State Policy & Leadership
University of Illinois Springfield
(217) 206-6591, sro@uis.edu

# Topline Report

*Agency-Specific Surveys*

How much, if at all, do you agree with the following statements about your agency? Do you strongly agree, somewhat agree, somewhat disagree, or strongly disagree? If you do not know the answer, please check "Don't know."

**There are agency-wide policies that apply to the setting(s) regarding visitation procedures.**

| | Percent *(n)* |
|---|---|
| Strongly agree | 47.6% (108) |
| Somewhat agree | 28.6% (65) |
| Somewhat disagree | 6.2% (14) |
| Strongly disagree | 14.1% (32) |
| Don't know | 3.5% (8) |

**There are agency-wide policies that apply to the setting(s) regarding the living arrangements of the individuals residing at the setting(s).**

| | Percent *(n)* |
|---|---|
| Strongly agree | 64.2% (145) |
| Somewhat agree | 23.0% (52) |
| Somewhat disagree | 3.5% (8) |
| Strongly disagree | 5.8% (13) |
| Don't know | 3.5% (8) |

**There are agency-wide policies and procedures that limit individuals' access to food at its setting(s).**

| | Percent *(n)* |
|---|---|
| Strongly agree | 3.9% (9) |
| Somewhat agree | 8.7% (20) |
| Somewhat disagree | 12.7% (29) |
| Strongly disagree | 71.6% (164) |
| Don't know | 3.1% (7) |

**There are agency-wide policies and procedures that limit visiting hours at its setting(s).**

| | Percent *(n)* |
|---|---|
| Strongly agree | 6.6% (15) |
| Somewhat agree | 14.5% (33) |
| Somewhat disagree | 17.5% (40) |
| Strongly disagree | 59.2% (135) |
| Don't know | 2.2% (5) |

**There are agency-wide policies and procedures that disallow individuals from engaging in legal activities at its setting(s).**

| | Percent *(n)* |
|---|---|
| Strongly agree | 4.4% (10) |
| Somewhat agree | 5.3% (12) |
| Somewhat disagree | 4.4% (10) |
| Strongly disagree | 76.0% (171) |
| Don't know | 9.8% (22) |

**There are agency-wide policies and procedures that limit individual access to their personal funds/resources at its setting(s).**

| | Percent *(n)* |
|---|---|
| Strongly agree | 6.2% (14) |
| Somewhat agree | 13.2% (30) |
| Somewhat disagree | 10.1% (23) |
| Strongly disagree | 68.7% (156) |
| Don't know | 1.8% (4) |

**There are agency-wide policies and procedures that disallow individuals from engaging in community activities at its setting(s).**

| | Percent *(n)* |
|---|---|
| Strongly agree | 0.4% (1) |
| Somewhat agree | 1.3% (3) |
| Somewhat disagree | 3.9% (9) |
| Strongly disagree | 91.7% (21) |
| Don't know | 2.6% (6) |

**There are agency-wide policies and procedures that limit individual employment opportunities at its setting(s).**

| | Percent *(n)* |
|---|---|
| Strongly agree | 2.2% (5) |
| Somewhat agree | 3.9% (9) |
| Somewhat disagree | 6.6% (15) |
| Strongly disagree | 80.8% (185) |
| Don't know | 6.6% (15) |

Please answer whether the following apply to all of your settings, some of your settings, none of your settings. If you do not know the answer, please check "Don't know."

**State, county, or city landlord/tenant laws apply to your setting(s).**

| | Percent *(n)* |
|---|---|
| Applies to all of our settings | 36.4% (82) |
| Apples to some of our settings | 20.9% (47) |
| Applies to none of our settings | 25.3% (57) |
| Don't know | 17.3% (39) |

**The agency has a blanket residential/service contract for all individuals residing at the setting(s).**

| | Percent *(n)* |
|---|---|
| Applies to all of our settings | 42.9% (97) |
| Apples to some of our settings | 7.5% (17) |
| Applies to none of our settings | 41.2% (93) |
| Don't know | 8.4% (19) |

**The agency has individual residential/service contracts for all individuals residing at the setting(s).**

| | Percent *(n)* |
|---|---|
| Applies to all of our settings | 51.3% (116) |
| Apples to some of our settings | 7.1% (16) |
| Applies to none of our settings | 35.8% (81) |
| Don't know | 5.8% (13) |

**The agency provides units or dwellings that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services.**

| | Percent *(n)* |
|---|---|
| Applies to all of our settings | 35.0% (79) |
| Apples to some of our settings | 11.9% (27) |
| Applies to none of our settings | 44.2% (100) |
| Don't know | 8.8% (20) |

*Setting-Specific Survey*

How many HCBS or other State-funded approved participants are supported at this location?

| | Percent *(n)* |
|---|---|
| Less than five | 39.8% (662) |
| Five to 10 participants | 51.6% (860) |
| 11-20 participants | 2.4% (39) |
| More than 20 participants | 7.0% (103) |

Which of the following best describes your setting?

| | Percent *(n)* |
|---|---|
| Physically connected to a hospital, nursing facility, institution for mental diseases, or an intermediate care facility for individuals with intellectual disabilities. | 1.0% (16) |
| Not physically connected but on the grounds or adjacent to a hospital, nursing facility, institution for mental diseases, or an intermediate care facility for individuals with intellectual disabilities. | 3.5% (58) |
| Not physically connected or adjacent hospital, nursing facility, institution for mental diseases, or an intermediate care facility for individuals with intellectual disabilities. | 95.5% (1570) |

Please identify all state agencies with whom you may receive funding to provide services for:

| | Percent (*n*) |
|---|---|
| Illinois Department of Human Services | 90.7% (1505) |
| Illinois Department of Healthcare and Family Services | 21.0% (349) |
| Illinois Department on Aging | 1.9% (31) |

Which of the following best describes the setting?

| | Percent (*n*) |
|---|---|
| Community Integrated Living Arrangement (CILA) | 89% (1476) |
| Supportive Living Facility (SLF) | 6.2% (103) |
| Community Living Facility | 2.2% (37) |
| Child Group Home | 1.7% (28) |
| Comprehensive Care in Residential Settings | 0.2% (4) |
| Supported Residential | 0.2% (4) |
| Site-based Permanent Supported/Supportive Housing | 0.1% (1) |
| Other | 0.3% (5) |

Would you describe this setting as located in a rural area, located in a suburban area, or located in an urban area?

| | Percent *(n)* |
|---|---|
| Located in a rural area (located outside of a metropolitan area) | 31.0% (51) |
| Located in a suburban area | 50.6% (826) |
| Located in an urban area | 18.4% (300) |

Please select all of the following that describe this setting:

| | Percent (*n*) |
|---|---|
| A single housing unit or apartment | 54.5% (904) |
| A group housing unit | 36.0% (597) |
| An apartment building | 8.0% (132) |
| Multiple settings co-located | 1.1% (19) |
| A residential school | 0.1% (1) |
| A gated/secured community | 0.1% (1) |

What entity/entities control(s) the policies or procedures for this setting?

| | Percent *(n)* |
|---|---|
| The parent agency/organization | 88.2% (1454) |
| The individual setting | 1.6% (27) |
| A subsidiary or foundation | 0.4% (6) |
| A landlord | 2.2% (36) |
| A private citizen or family | 1.9% (31) |
| Other, please specify: | 5.8% (95) |

*Others mentioned:* Agency board of directors, Private citizen, Not for profit, Housing authority.

*Community Activities*

The first set of questions deal with access to community activities (events occurring **external to your setting** such as religious services, shopping, employment, or other social/personal/family events outside of the setting). We are interested in how individuals participate in unscheduled and scheduled community activities at your setting.

How often, if at all, do individuals participate in community activities while residing at the setting? Would you say that the majority of individuals participate in these activities regularly, occasionally, or not often at all?

| | Percent *(n)* |
|---|---|
| Regularly | 87.7% (1439) |
| Occasionally | 11.8% (194) |
| Not often at all | 0.4% (7) |

Please select whether the following occur all of the time, most of the time, some of the time, or never.

**For each community activity, there is a record of the individual residents who attended the event.**

| | Percent *(n)* |
|---|---|
| All of the time | 44.7% (733) |
| Most of the time | 40.8% (668) |
| Some of the time | 13.3% (218) |
| Never | 1.2% (20) |

**Individuals participate in personal, social, and family events (i.e., attend religious services, eat with family).**

| | Percent *(n)* |
|---|---|
| All of the time | 55.4% (913) |
| Most of the time | 28.8% (474) |
| Some of the time | 15.7% (259) |
| Never | 0.1% (1) |

**Individuals pursue competitive employment opportunities.**

| | Percent *(n)* |
|---|---|
| All of the time | 13.6% (223) |
| Most of the time | 9.4% (154) |
| Some of the time | 49.8% (818) |
| Never | 27.3% (448) |

**Individuals pursue other employment opportunities (both paid and volunteer).**

| | Percent *(n)* |
|---|---|
| All of the time | 26.8% (441) |
| Most of the time | 22.2% (365) |
| Some of the time | 35.8% (589) |
| Never | 15.1% (248) |

**Individuals talk about activities occurring outside of the setting.**

| | Percent *(n)* |
|---|---|
| All of the time | 56.7% (933) |
| Most of the time | 24.2% (397) |
| Some of the time | 16.5% (272) |
| Never | 2.6% (43) |

How much, if at all, do you agree with the following statements about your setting? Do you strongly agree, somewhat agree, neither agree nor disagree, somewhat disagree, or strongly disagree?

**Individuals do NOT know where to find information on community activities.**

| | Percent *(n)* |
|---|---|
| Strongly agree | 4.0% (65) |
| Somewhat agree | 14.2% (232) |
| Neither agree nor disagree | 12.3% (202) |
| Somewhat disagree | 30.2% (494) |
| Strongly disagree | 39.3% (644) |

**Individuals are able to come and go as they please.**

| | Percent *(n)* |
|---|---|
| Strongly agree | 22.5% (367) |
| Somewhat agree | 32.5% (530) |
| Neither agree nor disagree | 14.8% (242) |
| Somewhat disagree | 14.6% (238) |
| Strongly disagree | 15.5% (253) |

**Interested individuals are given the resources on how to obtain employment.**

| | Percent *(n)* |
|---|---|
| Strongly agree | 50.0% (818) |
| Somewhat agree | 27.4% (448) |
| Neither agree nor disagree | 11.1% (181) |
| Somewhat disagree | 5.4% (89) |
| Strongly disagree | 6.2% (101) |

**Individuals are given easy access to the community outside of the setting.**

| | Percent *(n)* |
|---|---|
| Strongly agree | 58.2% (954) |
| Somewhat agree | 31.3% (514) |
| Neither agree nor disagree | 6.5% (106) |
| Somewhat disagree | 3.2% (53) |
| Strongly disagree | 0.8% (13) |

**Individuals do NOT receive any personal services (e.g., haircuts) in the community outside of the setting.**

| | Percent *(n)* |
|---|---|
| Strongly agree | 1.5% (25) |
| Somewhat agree | 2.0% (33) |
| Neither agree nor disagree | 0.4% (6) |
| Somewhat disagree | 5.6% (92) |
| Strongly disagree | 90.% (1485) |

**Individuals do NOT receive any professional services (e.g., dental care) in the community outside of the setting.**

| | Percent *(n)* |
|---|---|
| Strongly agree | 0.6% (10) |
| Somewhat agree | 1.6% (26) |
| Neither agree nor disagree | 0.1% (2) |
| Somewhat disagree | 3.4% (56) |
| Strongly disagree | 94.3% (1542) |

*Setting Accommodations*

The next set of questions deal with the accommodations provided by your setting for individuals.

Do individuals at your setting have a lot of choice, some choice, or no choice at all in the initial decision to live at your setting?

| | Percent *(n)* |
|---|---|
| A lot of choice | 65.0% (1058) |
| Some choice | 33.2% (54) |
| No choice at all | 1.8% (29) |

When it comes to residential options for an individual living at the setting, would you say that a typical individual has a lot of choice, some choice, or no choice at all?

| | Percent *(n)* |
|---|---|
| A lot of choice | 46.9% (765) |
| Some choice | 52.0% (848) |
| No choice at all | 1.2% (19) |

In general, would you say that individual residents have a lot of privacy, some privacy, or no privacy at the setting?

| | Percent *(n)* |
|---|---|
| A lot of privacy | 65.0% (1059) |
| Some privacy | 35.0% (570) |
| No privacy at all | 0.1% (1) |

How much, if at all, do you agree with the following statements about your setting? Do you strongly agree, somewhat agree, neither agree nor disagree, somewhat disagree, or strongly disagree?

**Individuals are NOT allowed to receive visitors at this setting.**

| | Percent *(n)* |
|---|---|
| Strongly agree | 0.2% (3) |
| Somewhat agree | 0.0% (0) |
| Neither agree nor disagree | 0.2% (4) |
| Somewhat disagree | 1.3% (21) |
| Strongly disagree | 98.3% (1607) |

**Individuals are able to furnish and decorate their units to their own preferences.**

| | Percent *(n)* |
|---|---|
| Strongly agree | 84.9% (1388) |
| Somewhat agree | 10.6% (174) |
| Neither agree nor disagree | 0.4% (6) |
| Somewhat disagree | 0.5% (8) |
| Strongly disagree | 3.5% (58) |

**Individuals are NOT able to lock the door to their units.**

| | Percent *(n)* |
|---|---|
| Strongly agree | 17.1% (279) |
| Somewhat agree | 7.6% (124) |
| Neither agree nor disagree | 8.3% (135) |
| Somewhat disagree | 20.5% (334) |
| Strongly disagree | 46.6% (761) |

**Visitors are free to move about public areas within the setting (common areas, dining rooms).**

| | Percent *(n)* |
|---|---|
| Strongly agree | 84.4% (1380) |
| Somewhat agree | 11.9% (195) |
| Neither agree nor disagree | 2.9% (47) |
| Somewhat disagree | 0.2% (3) |
| Strongly disagree | 0.7% (11) |

**Visitors are allowed to visit individuals in the setting outside of regularly scheduled visiting hours.**

| | Percent *(n)* |
|---|---|
| Strongly agree | 53.8% (874) |
| Somewhat agree | 28.2% (459) |
| Neither agree nor disagree | 12.9% (209) |
| Somewhat disagree | 3.5% (57) |
| Strongly disagree | 1.6% (26) |

Please select whether the following occur all of the time, most of the time, some of the time, or never.

**Individuals have the option to live in private units.**

| | Percent *(n)* |
|---|---|
| All of the time | 47.4% (771) |
| Most of the time | 15.1% (246) |
| Some of the time | 22.5% (366) |
| Never | 14.9% (242) |

**If sharing a room, individuals get to choose a roommate.**

| | Percent *(n)* |
|---|---|
| All of the time | 26.4% (395) |
| Most of the time | 27.6% (412) |
| Some of the time | 32.8% (490) |
| Never | 13.2% (197) |

**Married couples have the option to share a unit.**

| | Percent *(n)* |
|---|---|
| All of the time | 65.7% (1020) |
| Most of the time | 5.2% (80) |
| Some of the time | 3.9% (60) |
| Never | 25.3% (393) |

**Staff members knock before entering individual units.**

| | Percent *(n)* |
|---|---|
| All of the time | 76.3% (1241) |
| Most of the time | 20.5% (333) |
| Some of the time | 3.2% (52) |
| Never | 0.1% (1) |

**Individuals with roommates discuss their living situation with staff or counselors.**

| | Percent *(n)* |
|---|---|
| All of the time | 51.2% (766) |
| Most of the time | 25.4% (380) |
| Some of the time | 15.6% (233) |
| Never | 7.8% (117) |

**Individuals are assigned a roommate by staff.**

| | Percent *(n)* |
|---|---|
| All of the time | 1.7% (26) |
| Most of the time | 9.8% (148) |
| Some of the time | 46.4% (698) |
| Never | 42.0% (631) |

**Individuals and their visitors follow the visiting hour schedules.**

| | Percent *(n)* |
|---|---|
| All of the time | 25.1% (376) |
| Most of the time | 47.9% (718) |
| Some of the time | 5.4% (81) |
| Never | 21.6% (323) |

In general, would you say that individuals have a lot of freedom to move inside/outside of the setting, some freedom to move inside/outside of the setting, or no freedom to move inside/outside of the setting?

| | Percent *(n)* |
|---|---|
| A lot of freedom | 57.3% (934) |
| Some freedom | 42.4% (691) |
| No freedom | 0.4% (6) |

Next, we are interested in the dining/food accommodations at your setting. When it comes to dining/food options, would you say that a typical individual has a lot of choice, some choice, or no choice at all?

| | Percent *(n)* |
|---|---|
| A lot of choice | 52.3% (850) |
| Some choice | 47.4% (770) |
| No choice at all | 0.2% (4) |

Please select whether the following occur all of the time, most of the time, some of the time, or never.

**Individuals do NOT engage with others during meal-times.**

| | Percent *(n)* |
|---|---|
| All of the time | 0.9% (14) |
| Most of the time | 1.7% (27) |
| Some of the time | 23.9% (387) |
| Never | 73.6% (1192) |

**There is more than one meal option during meal-times.**

| | Percent *(n)* |
|---|---|
| All of the time | 41.3% (671) |
| Most of the time | 19.8% (322) |
| Some of the time | 37.5% (609) |
| Never | 1.4% (23) |

**Individuals eat in places other than common dining areas.**

| | Percent *(n)* |
|---|---|
| All of the time | 8.9% (145) |
| Most of the time | 2.3% (37) |
| Some of the time | 72.8% (1183) |
| Never | 16.0% (260) |

**Between designated meal-times, the setting provides other food or refreshments.**

| | Percent *(n)* |
|---|---|
| All of the time | 79.1% (1288) |
| Most of the time | 17.5% (285) |
| Some of the time | 2.2% (36) |
| Never | 1.2% (19) |

How much, if at all, do you agree with the following statements about your setting? Do you strongly agree, somewhat agree, neither agree nor disagree, somewhat disagree, or strongly disagree?

**Individuals are assigned seating during meal-times.**

| | Percent *(n)* |
|---|---|
| Strongly agree | 1.5% (25) |
| Somewhat agree | 4.9% (80) |
| Neither agree nor disagree | 9.2% (150) |
| Somewhat disagree | 9.7% (158) |
| Strongly disagree | 74.6% (1215) |

**Individuals are NOT able to eat at non-designated meal-times.**

| | Percent *(n)* |
|---|---|
| Strongly agree | 0.9% (15) |
| Somewhat agree | 3.9% (63) |
| Neither agree nor disagree | 3.2% (52) |
| Somewhat disagree | 23.8% (387) |
| Strongly disagree | 68.2% (1110) |

**Individuals are able to eat in places other than common dining areas.**

| | Percent *(n)* |
|---|---|
| Strongly agree | 28.3% (460) |
| Somewhat agree | 45.4% (739) |
| Neither agree nor disagree | 5.4% (88) |
| Somewhat disagree | 15.5% (253) |
| Strongly disagree | 5.4% (88) |

**Individuals are NOT allowed to eat in their units.**

| | Percent *(n)* |
|---|---|
| Strongly agree | 18.2% (296) |
| Somewhat agree | 26.7% (433) |
| Neither agree nor disagree | 9.5% (154) |
| Somewhat disagree | 18.4% (299) |
| Strongly disagree | 27.1% (440) |

**Individuals are able to set their own dining/meal-time schedule.**

| | Percent *(n)* |
|---|---|
| Strongly agree | 14.6% (238) |
| Somewhat agree | 42.9% (699) |
| Neither agree nor disagree | 16.8% (274) |
| Somewhat disagree | 20.1% (327) |
| Strongly disagree | 5.5% (90) |

We are also interested in the transportation opportunities and access at your setting. How much, if at all, do you agree with the following statements about your setting? Do you strongly agree, somewhat agree, neither agree nor disagree, somewhat disagree, or strongly disagree?

**Individuals can only enter/exit the setting from designated entrances/exits.**

| | Percent *(n)* |
|---|---|
| Strongly agree | 36.3% (589) |
| Somewhat agree | 11.0% (179) |
| Neither agree nor disagree | 10.1% (164) |
| Somewhat disagree | 5.4% (87) |
| Strongly disagree | 37.1% (602) |

**There are NO public transportation opportunities available to individuals in the setting.**

| | Percent *(n)* |
|---|---|
| Strongly agree | 11.0% (179) |
| Somewhat agree | 15.1% (246) |
| Neither agree nor disagree | 3.3% (54) |
| Somewhat disagree | 28.7% (467) |
| Strongly disagree | 41.9% (681) |

**The setting provides regularly scheduled transportation opportunities to individuals.**

| | Percent *(n)* |
|---|---|
| Strongly agree | 79.6% (1258) |
| Somewhat agree | 16.7% (264) |
| Neither agree nor disagree | 2.3% (37) |
| Somewhat disagree | 0.9% (14) |
| Strongly disagree | 0.4% (7) |

**The setting provides transportation opportunities to individuals outside of regularly scheduled options.**

| | Percent *(n)* |
|---|---|
| Strongly agree | 65.8% (1075) |
| Somewhat agree | 27.4% (447) |
| Neither agree nor disagree | 2.0% (32) |
| Somewhat disagree | 3.7% (61) |
| Strongly disagree | 1.1% (18) |

**Individuals have to follow curfews or other requirements for a scheduled return to the setting.**

| | Percent *(n)* |
|---|---|
| Strongly agree | 14.6% (237) |
| Somewhat agree | 37.4% (608) |
| Neither agree nor disagree | 10.5% (171) |
| Somewhat disagree | 16.2% (263) |
| Strongly disagree | 21.4% (348) |

Is your setting near other private residences?

| | Percent *(n)* |
|---|---|
| Yes | 97.9% (1593) |
| No | 2.1% (35) |

Are retail businesses near your setting?

| | Percent *(n)* |
|---|---|
| Yes | 76.6% (1246) |
| No | 23.4% (381) |

*Only answer these questions if your setting provides transportation opportunities to individuals. If your setting does not provide transportation opportunities, please continue to the next page.*

Please select whether the following occur all of the time, most of the time, some of the time, or never.

**Individuals are informed/educated on how to use public transportation.**

| | Percent *(n)* |
|---|---|
| All of the time | 26.7% (428) |
| Most of the time | 29.9% (478) |
| Some of the time | 29.4% (470) |
| Never | 14.1% (225) |

**Individuals use the transportation opportunities provided by the setting.**

| | Percent *(n)* |
|---|---|
| All of the time | 70.7% (1140) |
| Most of the time | 23.7% (382) |
| Some of the time | 4.8% (78) |
| Never | 0.8% (13) |

**Individuals know how to contact a staff member about transportation opportunities.**

| | Percent *(n)* |
|---|---|
| All of the time | 60.8% (978) |
| Most of the time | 26.4% (424) |
| Some of the time | 9.6% (154) |
| Never | 3.3% (53) |

How much, if at all, do you agree with the following statements about your setting? Do you strongly agree, somewhat agree, neither agree nor disagree, somewhat disagree, or strongly disagree?

**Transportation opportunities are limited for individuals.**

| | Percent *(n)* |
|---|---|
| Strongly agree | 4.3% (70) |
| Somewhat agree | 20.5% (331) |
| Neither agree nor disagree | 7.6% (123) |
| Somewhat disagree | 27.5% (443) |
| Strongly disagree | 40.0% (644) |

**Individuals feel confident using the transportation opportunities provided by the setting.**

| | Percent *(n)* |
|---|---|
| Strongly agree | 81.9% (1320) |
| Somewhat agree | 11.2% (181) |
| Neither agree nor disagree | 6.0% (96) |
| Somewhat disagree | 0.6% (10) |
| Strongly disagree | 0.3% (5) |

**A transportation schedule is posted in a common area at the setting.**

| | Percent *(n)* |
|---|---|
| Strongly agree | 6.5% (104) |
| Somewhat agree | 5.5% (88) |
| Neither agree nor disagree | 22.2% (355) |
| Somewhat disagree | 5.9% (94) |
| Strongly disagree | 59.9% (956) |

The next set of questions deals with individual choice when it comes to their care and services provided. First, we are interested in how often individuals are asked about their needs and preferences.

Thinking about the average individual at your setting, were they asked about their goals and aspirations in the past 12 months?

| | Percent *(n)* |
|---|---|
| Yes | 98.0% (1580) |
| No | 0.6% (10) |
| Don’t know | 1.4% (22) |

How often, if at all, do individuals make changes to their plan of care?

| | Percent *(n)* |
|---|---|
| Never | 1.1% (17) |
| Annually | 7.5% (118) |
| Semi-annually | 10.9% (171) |
| Monthly | 1.0% (15) |
| As needed/ requested | 79.5% (1244) |

Please select whether the following occur all of the time, most of the time, some of the time, or never.

**Individual complaints are addressed in a timely manner.**

| | Percent *(n)* |
|---|---|
| All of the time | 62.7% (1021) |
| Most of the time | 37.1% (604) |
| Some of the time | 0.1% (1) |
| Never | 0.1% (2) |

**Individuals make changes to their plan of care as needed.**

| | Percent *(n)* |
|---|---|
| All of the time | 55.5% (900) |
| Most of the time | 33.5% (543) |
| Some of the time | 9.1% (147) |
| Never | 2.0% (33) |

**Individuals with concerns, discuss the concerns with the setting staff.**

| | Percent *(n)* |
|---|---|
| All of the time | 70.0% (1141) |
| Most of the time | 27.0% (440) |
| Some of the time | 2.0% (33) |
| Never | 0.9% (15) |

**Individuals provide input into their daily schedules.**

| | Percent *(n)* |
|---|---|
| All of the time | 55.7% (904) |
| Most of the time | 36.6% (593) |
| Some of the time | 7.2% (117) |
| Never | 0.5% (8) |

**Staff members do NOT discuss individuals with other staff members in public spaces.**

| | Percent *(n)* |
|---|---|
| All of the time | 58.0% (942) |
| Most of the time | 31.2% (507) |
| Some of the time | 3.8% (62) |
| Never | 7.0% (114) |

**When an individual files a complaint, it is considered confidential.**

| | Percent *(n)* |
|---|---|
| All of the time | 92.4% (1505) |
| Most of the time | 6.9% (113) |
| Some of the time | 0.6% (9) |
| Never | 0.1% (1) |

**When needed, individuals know how to request a new/additional service.**

| | Percent *(n)* |
|---|---|
| All of the time | 45.9% (746) |
| Most of the time | 40.5% (659) |
| Some of the time | 11.6% (188) |
| Never | 2.0% (33) |

**Individuals have the opportunity to express their level of satisfaction with the services they are receiving.**

| | Percent *(n)* |
|---|---|
| All of the time | 85.0% (1379) |
| Most of the time | 13.6% (221) |
| Some of the time | 1.4% (22) |
| Never | 0.0% (0) |

How much, if at all, do you agree with the following statements about your setting? Do you strongly agree, somewhat agree, neither agree nor disagree, somewhat disagree, or strongly disagree?

**Individuals do NOT feel comfortable expressing concerns regarding their care.**

| | Percent *(n)* |
|---|---|
| Strongly agree | 0.6% (10) |
| Somewhat agree | 1.6% (26) |
| Neither agree nor disagree | 2.7% (44) |
| Somewhat disagree | 15.8% (255) |
| Strongly disagree | 79.3% (1282) |

**Individuals do NOT know how make changes to their plans of care.**

| | Percent *(n)* |
|---|---|
| Strongly agree | 1.6% (26) |
| Somewhat agree | 6.4% (103) |
| Neither agree nor disagree | 8.1% (131) |
| Somewhat disagree | 39.0% (629) |
| Strongly disagree | 44.9% (724) |

**Information on how to file a complaint is easily accessible to individuals.**

| | Percent *(n)* |
|---|---|
| Strongly agree | 62.6% (1013) |
| Somewhat agree | 25.3% (409) |
| Neither agree nor disagree | 6.1% (99) |
| Somewhat disagree | 1.9% (31) |
| Strongly disagree | 4.1% (67) |

**Individuals do NOT have a choice of which provider staff delivers care/support.**

| | Percent *(n)* |
|---|---|
| Strongly agree | 2.6% (42) |
| Somewhat agree | 25.7% (414) |
| Neither agree nor disagree | 10.7% (173) |
| Somewhat disagree | 34.1% (550) |
| Strongly disagree | 27.0% (435) |

**Individual requests regarding their care are forwarded to independent/non-setting based case manager.**

| | Percent *(n)* |
|---|---|
| Strongly agree | 36.5% (592) |
| Somewhat agree | 31.9% (517) |
| Neither agree nor disagree | 12.4% (201) |
| Somewhat disagree | 2.3% (38) |
| Strongly disagree | 16.8% (273) |

**Individual schedules for PT, OT, medication, diet, or other care options are posted in common areas (i.e., hallways).**

| | Percent *(n)* |
|---|---|
| Strongly agree | 2.4% (39) |
| Somewhat agree | 5.3% (85) |
| Neither agree nor disagree | 12.4% (200) |
| Somewhat disagree | 6.2% (100) |
| Strongly disagree | 73.7% (1191) |

Once an individual has made the choice of your setting, please select the one statement that best describes the level of individual choice at the setting.

| | Percent *(n)* |
|---|---|
| Individuals have complete control over the type of care or assistance they receive or from whom they receive care or assistance from. | 8.6% (140) |
| While individuals have a lot of choice in the type of care or assistance they receive or from whom, they are not in complete control. | 87.5% (1417) |
| Individuals have little choice in the type of care or assistance they receive and not have control over from whom they receive care or assistance. | 3.8% (62) |

Please select whether the following occur all of the time, most of the time, some of the time, or never.

**Individuals choose their daily clothing.**

| | Percent *(n)* |
|---|---|
| All of the time | 68.5% (1112) |
| Most of the time | 27.3% (443) |
| Some of the time | 4.1% (67) |
| Never | 0.1% (1) |

**Setting providers maintain control over the individual's finances.**

| | Percent *(n)* |
|---|---|
| All of the time | 12.6% (201) |
| Most of the time | 30.4% (484) |
| Some of the time | 38.0% (604) |
| Never | 19.0% (302) |

**Individuals are clean and well-groomed.**

| | Percent *(n)* |
|---|---|
| All of the time | 56.5% (915) |
| Most of the time | 43.0% (697) |
| Some of the time | 0.4% (7) |
| Never | 0.1% (1) |

**Staff members assist the individuals who need help getting dressed, at a time designated by the individual.**

| | Percent *(n)* |
|---|---|
| All of the time | 56.9% (921) |
| Most of the time | 36.3% (587) |
| Some of the time | 5.3% (86) |
| Never | 1.5% (25) |

**Staff members have difficulty getting along with individuals at the setting.**

| | Percent *(n)* |
|---|---|
| All of the time | 0.7% (11) |
| Most of the time | 0.4% (6) |
| Some of the time | 46.1% (747) |
| Never | 52.9% (1622) |

How much, if at all, do you agree with the following statements about your setting? Do you strongly agree, somewhat agree, neither agree nor disagree, somewhat disagree, or strongly disagree?

**Individuals are able to have their own sense of style (haircut, clothing options).**

| | Percent *(n)* |
|---|---|
| Strongly agree | 91.6% (1488) |
| Somewhat agree | 7.4% (120) |
| Neither agree nor disagree | 0.8% (13) |
| Somewhat disagree | 0.2% (3) |
| Strongly disagree | |

**Individuals are allowed to have their own checking and/or savings account.**

| | Percent *(n)* |
|---|---|
| Strongly agree | 70.5% (1143) |
| Somewhat agree | 16.0% (260) |
| Neither agree nor disagree | 5.3% (86) |
| Somewhat disagree | 2.4% (39) |
| Strongly disagree | 5.8% (94) |

**Individuals are NOT allowed to own cell phones, computers, and other mobile technological devices.**

| | Percent *(n)* |
|---|---|
| Strongly agree | 1.4% (23) |
| Somewhat agree | 2.5% (40) |
| Neither agree nor disagree | 1.7% (27) |
| Somewhat disagree | 6.7% (108) |
| Strongly disagree | 87.8% (1426) |

**Individuals have access to a kitchen setting.**

| | Percent *(n)* |
|---|---|
| Strongly agree | 92.7% (1509) |
| Somewhat agree | 5.4% (88) |
| Neither agree nor disagree | 0.9% (14) |
| Somewhat disagree | 0.4% (7) |
| Strongly disagree | 0.6% (10) |

**Individuals do NOT have access to do their own laundry.**

| | Percent *(n)* |
|---|---|
| Strongly agree | 1.2% (19) |
| Somewhat agree | 1.9% (30) |
| Neither agree nor disagree | 0.7% (12) |
| Somewhat disagree | 3.9% (64) |
| Strongly disagree | 92.3% (1496) |

**Individuals have access to a television in common areas.**

| | Percent *(n)* |
|---|---|
| Strongly agree | 98.6% (1592) |
| Somewhat agree | 0.7% (12) |
| Neither agree nor disagree | 0.2% (3) |
| Somewhat disagree | 0.0% (0) |
| Strongly disagree | 0.5% (8) |

**Individuals have access to cell phones, computers, and other mobile technological devices in common areas.**

| | Percent *(n)* |
|---|---|
| Strongly agree | 61.4% (998) |
| Somewhat agree | 18.1% (294) |
| Neither agree nor disagree | 13.7% (222) |
| Somewhat disagree | 3.8% (62) |
| Strongly disagree | 3.0% (49) |

**Appendix C**

# Assessment of Illinois Home and Community Based Services

# Agencies Providing Non-Residential Services

Developed to assist the Illinois Statewide Transition Plan

Conducted by the Survey Research Office, Center for State Policy & Leadership, University of Illinois Springfield

(Draft report issued on January 22, 2015)

## Introduction

The purpose of this study is to examine the policies, procedures, and activities of non-residential settings for Home or Community Based Service waivers. In order to accomplish this, the UIS Survey Research Office, Center for State Policy & Leadership, used a multi-mode methodology in order to allow agencies and settings to self-report on the types of policies and procedures in place throughout settings in Illinois. This report contains four chapters in addition to this introduction.

1. **Scope of Project-** This section provides a brief introduction to the Centers for Medicare and Medicaid Services' (CMS) final rule relating to Home and Community Based Services (HCBS) for Medicaid-funded long term services and supports provided in residential and non-residential home and community-based settings.

2. **Summary of Results**- The purpose of this section is to summarize the results of the two surveys as well as provide an overview of the ""Level of Autonomy Score" and the "Frequency of Independent Behaviors Score." These scores are the numerical values that will be used to identify the key areas of the Illinois Statewide Transition Plan. This section contains four subsections:
   a. Results from the Agency-Specific Surveys
   b. Characteristics of the Non-Residential Settings
   c. Individuals' Access to the Community in Non-Residential Settings
   d. Individuals' Personal Choice in Care Options in Non-Residential Settings.

3. **Methodology**- This section provides a detailed analysis of the methodological design of this project. There were systematic decisions on how to assess all aspects of the settings from engagement with the community, transportation opportunities, dining and meal accommodations, and personal autonomy and choice in care options. A detailed discussion of these decisions and the methodology employed by UIS researchers is provided in the methodology section.

4. **Survey Report**- This is a topline report which includes complete question wording and the frequency of responses to each of the answer categories.

## Scope of Project

The Centers for Medicare and Medicaid Services (CMS) published its final rule relating to Home and Community Based Services (HCBS) for Medicaid-funded long term services and supports provided in residential and non-residential home and community-based settings. The final rule took effect on March 17, 2014. According to this rule, states are required to submit transition plans to CMS within one year of the effective date indicating how they intend to comply with the new requirements within a reasonable time period.

In an effort to follow the CMS final rule guidance, the Illinois Department of Healthcare and Family Services, along with the Department of Human Services and the Department on Aging, developed several surveys with assistance of researchers from the UIS Survey Research Office in order to assess the State's current compliance with the new regulations specific to the residential and non-residential settings requirements. This report deals specifically with non-residential settings offered through HCBS waivers.

The following Illinois HCBS waivers are included in this analysis:

- Children and Young Adults with Developmental Disabilities
- Children that are Technology Dependent/Medically Fragile
- Persons with Disabilities
- Persons with Brain Injuries (BI)
- Adults with Developmental Disabilities
- Persons who are Elderly
- Persons with HIV or AIDs
- Supportive Living Facilities

The following types of settings are **not** included in this classification:

- Hospitals
- Institutions for mental diseases
- An *intermediate* care facility for individuals with intellectual disabilities
- Nursing facilities
- Mental health or DASA residential sites
- Residences for private pay residents only
- Individuals receiving care in their private residences/family homes

This report provides the results of the examination of non-residential settings for Illinois HCBS waivers.

## Summary of Results

The results chapter contains four main sections: Results from the Agency-Specific Surveys, Characteristics of the Non-Residential Settings, Individuals' Access to the Community in Non-Residential Settings, and Individuals' Personal Choice in Care Options in Non-Residential Settings. This executive summary provides an overview of each of the sections as well as a synopsis of the findings. It also provides an overview of the ""Level of Autonomy Score" and a "Frequency of Independent Behaviors Score." These scores are the numerical values that will be used to identify the next steps as part of the Illinois Statewide Transition Plan.

*Results from the Agency-Specific Surveys*

The main survey required from each agency which operates at least one non-residential setting in Illinois was titled the "Agency-specific survey." Agencies were able to complete this survey online, paper copies sent via U.S. mail, or over the phone with trained SRO interviewers. Of the 218 agencies operating at least one non-residential setting for Illinois waiver HCBS participants, 214 completed the agency-specific form. This resulted in a 98 percent completion rate among all agencies. The agencies that did not complete the agency-specific form will be contacted by their corresponding state agency in early 2015 in order to assess whether or not these agencies operate non-residential settings in Illinois. Those that do will be required to complete the agency-specific survey with an individual from the corresponding state agency (Illinois Departments of Healthcare and Family Services, Human Services, or Aging).

There are <u>two</u> main purposes of the agency-specific survey:

1) Determine the number of non-residential settings in Illinois for HCBS waivers;
2) Identify the agencies that have agency-wide policies and procedures that regulate various aspects of the daily operations of their settings.

The main findings of the agency-specific survey are listed below:

- There are currently 459 non-residential settings in Illinois.
- The majority of agencies have agency-wide policies that apply to the setting(s) regarding three issues: (a) visitation procedures, (b) right to privacy, and (c) community integration.
- The majority of agencies <u>do not</u> have agency-wide policies that limit the setting(s) for the following: (a) staff-individual interaction, (b) community engagement, and (c) engaging in legal activities. For the frequency of responses to these questions, please see the topline report at the end of this report.
- Eighty percent of settings have policies to support access to the greater community.
- Ninety percent of settings have policies that facilitate individual choices in care and services.
- Ninety-four percent of settings have policies that ensure individual privacy.
- Ninety-five percent of settings are physically accessible to the majority of individuals.

*Characteristics of the Non-Residential Settings*

The setting-specific survey completed by 409 non-residential settings allows researchers to gain unique insight into the demographic characteristics of the non-residential settings. The demographic section provides three important pieces of information.

1) The number of individuals (both Illinois HCBS waivers and others) at each non-residential setting.
2) The physical location and type of building of each setting.
3) The controlling entity for each of the settings.

*Number of individuals*

The average number of waiver participants supported at each setting is 79, with 90 percent of the setting supporting fewer than 150 individuals.. This is out of an average number of 163 total individuals (waiver and non-waiver participants) at the non-residential settings.

*Physical location and type of building*

- Six settings (1.5%) report that they are "physically connected to a hospital, nursing facility, institution for mental disease, or an intermediate care facility for individuals with intellectual disabilities."
- Twenty-eight (6.9%) report that while they are not physically connected, they are on the grounds or adjacent to these types of facilities.
- The majority (91.6%) report that they are not physically connect nor adjacent to these type of facilities.

When we examine types of settings, we find that the majority of respondents are Developmental Training settings with 68.7 percent reporting that this describes their setting.

**Table 1. Types of settings**

| | Percent *(n)* |
|---|---|
| Adult Day Care | 16.9% (69) |
| Adult Day Health Services | 3.9% (16) |
| Developmental Training | 68.7% (281) |
| Prevocational Services (services provided under the brain injury waiver) | 0.2% (1) |
| Supported Employment | 5.1% (21) |

When asked to describe this setting as located in a rural area (located outside of a metropolitan area), located in a suburban area, or located in an urban area, respondents were split evenly across all three categories. As seen in the table below, a slightly higher percentage reported being in a rural areas, 37.8 percent compared to 34.3 percent who reported being in a suburban area, and 34.3 percent who reported being in an urban area.

**Table 2. Description of settings**

| | Percent *(n)* |
|---|---|
| Located in a rural area (located outside of a metropolitan area) | 37.8% (153) |
| Located in a suburban area | 34.3% (139) |
| Located in an urban area | 27.9% (113) |

When asked to describe the setting, the majority described it as a stand-alone building located on a public street or highway. Table 3 provides the complete list.

**Table 3. Physical description of settings**

| | Percent *(n)* |
|---|---|
| Multiple settings co-located/campus | 14.2% (58) |
| A gated/secured community | 1.2% (5) |
| Stand-alone building located on a public street or highway | 84.6% (346) |
| Hospital | 0.5% (2) |
| Nursing homes | 0.7% (3) |

*Controlling Entity*

In addition, when asked what entity or entities control(s) the policies or procedures for the setting, 84 percent report that it is the parent agency or organization. Eleven percent report that the individual setting controls the policies or procedures (46), followed by a subsidiary or foundation (0.2%).

Finally, settings were told to identify all of the state agencies from which they receive funding for their services. As seen in the table below, the Illinois Department of Human Services is the largest funder for services.

**Table 4. State Agency Funding Services**

| | Number of settings |
|---|---|
| Illinois Department of Healthcare and Family Services | 115 |
| Illinois Department of Human Services Division of Developmental Disabilities | 335 |
| Illinois Department of Human Services Division of Rehabilitation Services | 77 |
| Illinois Department on Aging | 152 |

The final two results sections discuss the results of the setting-specific survey. The setting-specific survey deals with all aspects of the non-residential settings. In order to reduce the complexity of this instrument, we have categorized these into two factors: Individual's Access to the Community in Non-Residential Settings and Individuals' Personal Autonomy and Choice in Care Options in Non-Residential Settings. Each of these sections has the following subsections.

Individuals' Access to the Community in Non-Residential Settings

- Community Engagement
- Transportation Opportunities

Individuals' Personal Choice in Care Options in Non-Residential Settings

- Individual Care Plans
- Setting Accommodations

Each of settings receives two scores within each of the four subsections: a "Level of Autonomy Score" and a "Frequency of Independent Behaviors Score." These scores measure related but unique concepts. The "Level of Autonomy Score" measures what level of autonomy or personal freedom individuals experience based on the policies of each non-residential setting. The "Frequency of Independent Behaviors Score" measures how often individuals engage in these autonomous behaviors. These scores are calculated similarly among all of the four subsections.

"Level of Autonomy Score"- This score is calculated using items on a five-point Likert scale ranging from "Strongly Agree (5), Somewhat Agree (4), Neither Agree nor Disagree (3), Somewhat Disagree (2), Strongly Agree (1)." Settings were asked to report their level of agreement on a variety of different items measuring each of the four subsections. For example, one of the items measuring community engagement using the Likert scale asked respondents their level of agreement with the following statement: *Individuals are given easy access to the community outside of the setting*. While each of the subsections may have a different number of items measuring the concept, the "Level of Autonomy Scores" are standardized.

The scores for each of the subsections range from 1 to 5, where 1 indicates the lowest level of autonomy and 5 indicates the highest level of autonomy. The table below provides the mean "Level of Autonomy Score" for each of the subsections with the standard deviations in parentheses.

**Table 5. Level of Autonomy Scores**

| | **Level of Autonomy Score** |
|---|---|
| Community Engagement | 3.76 (.64) |
| Transportation Opportunities | 3.84 (.67) |
| Individual Care Plans | 3.78 (.59) |
| Setting Accommodations | 3.79 (.40) |

As seen in the table above, all of the "Level of Autonomy Scores" range between the neutral category (3: Neither Agree nor Disagree") and the strong agreement category (5: "Strongly Agree"). Overall, this indicates a high level of autonomy in each of the four subsections. Transportation Opportunities has the highest "Level of Autonomy Score" while Community Engagement has the lowest "Level of Autonomy Score." To find a detailed discussion of the items that constructed each of these scores, please see the corresponding section in the following pages.
"Frequency of Independent Behaviors Score"- This score is calculated using a four-point frequency measure ranging from "All of the time" (4), "Most of the time" (3), "Some of the time" (2), "Never" (1). Settings were asked to report how often a variety of different behaviors occurs for each of the four subsections. For example, one of the items measuring individual care plans using the frequency scale asks respondents to report the frequency of the following item: *Individuals' complaints are addressed in a timely manner*.

The scores for each of the subsections range from 1 to 4, where 1 indicates the lowest frequency amount and 4 indicates the highest frequency amount. The table below provides the mean "Frequency of Independent Behaviors Score" for each of the subsections with the standard deviations in parentheses.

**Table 6. Frequency of Independent Behaviors Score**

| | **Frequency of Independent Behaviors Score** |
|---|---|
| Community Engagement | 2.85 (.69) |
| Transportation Opportunities | 3.47 (.56) |
| Individual Care Plans | 3.31 (.31) |
| Setting Accommodations | 3.07 (.73) |

As seen in the table above, all of the "Frequency of Independent Behaviors Scores" range between "Some of the Time" (2) and "All of the Time" (4). Individual Care Plans has the highest "Frequency of Independent Behaviors Score" at 3.31. This indicates that when it comes to individuals' care plans, the majority of individuals are able to assert a high level of independent behavior. The lowest "Frequency of Independent Behaviors Score" is Community Engagement with 2.85. To find a detailed discussion of the items that constructed each of these scores, please see the corresponding section in the following pages.

The following pages discuss the four subsections of the results section. Each of the sections provides an overview of the findings (bullet points), and detailed descriptions of both the "Level of Autonomy Score" and the "Frequency of Independent Behaviors Score."

*Individuals' Access to the Community in Non-Residential Settings*

This results section is concerned with the policies and procedures in place that allow individuals to be able to access the external community, outside of the non-residential setting. This section contains two subsections: Community Engagement and Transportation Opportunities.

<u>Community Engagement</u>

- Overall, community engagement within the nonresidential settings scored the lowest on both the measure of Level of Autonomy as well as the Frequency of Independent Behaviors.
- Slightly more than half of non-residential settings report that individuals regularly engage in community activities while at the setting (55.3 percent), compared to 35.5 percent who report that individuals engage occasionally, and 9.2 percent who report that the individuals do not participate often.
- Sixty-percent of non-residential settings report that helping individuals obtain integrated employment opportunities is part of their service.
- The overall "Level of Autonomy Score" for community engagement is 3.76 (out of 5); The "Frequency of Independent Behaviors Score" for community engagement is 2.85 (out of 4).

The overall "Level of Autonomy Score" for community engagement is 3.76, which indicates a lower level of autonomy for participants in terms of their engagement in the community. When we examine the six items that constructed this score, we find slight differences among the different measures. The table below presents the percent of respondents who self-reported a "1" on this item (which indicates a low level of autonomy). The item that had the highest percent of respondents reporting that a low autonomy score is "Participants are able to come and go as they please." One-fourth of settings reported that this was not true at their setting.

**Table 7. Items of "Level of Autonomy Score"**

| | Percent reporting lowest rating of autonomy |
|---|---|
| Participants are able to come and go as they please. | 25.1% |
| Participants know where to find information on community activities. | 3.3% |
| Participants are given easy access to the community outside of the setting. | 4.8% |

The "Frequency of Independent Behaviors Score" was constructed using six items listed in the table below. The overall score for community engagement is 2.85, which indicates the lowest level of the frequency of independent behaviors. The table below presents the percent of respondents who self-reported a "1" on this item (which indicates the survey response of "never," the lowest frequency score). As you can see in the table, the item that had the highest percent of respondents reporting a low frequency score is "participants and community members interact at the setting." However, fewer than 10 percent reported a "never" for all of these items.

**Table 8. Items of "Frequency of Independent Behaviors Score"**

| | Percent reporting lowest level of frequency |
|---|---|
| Participants and community members interact at the setting. | 5.8% |
| Participants pursue integrated/competitive employment opportunities. | 5.6% |
| Participants pursue other employment opportunities (both paid and volunteer). | 4.8% |
| Participants have the opportunity to engage in community activities while at the setting (both at the setting and in the community). | 3.0% |
| Individuals pursue competitive employment opportunities. | 3.0% |
| Interested participants are given the resources on how to obtain employment. | 2.8% |
| Participants talk about community activities occurring outside of the setting. | 1.5% |

<u>Transportation Opportunities</u>

- Overall, transportation opportunities (both in terms of level of autonomy and frequency of independent behaviors) received the highest evaluation by non-residential settings.
- Eighty-three percent of non-residential settings report that there are retail businesses near their setting.
- Ninety percent of non-residential settings provide regularly-scheduled transportation opportunities to participants.
- The overall "Level of Autonomy Score" for transportation opportunities is 3.84; the "Frequency of Independent Behaviors Score" for transportation opportunities is 3.47.

The overall "Level of Autonomy Score" for transportation opportunities is 3.84, which indicates a high level of autonomy for participants in terms of their transportation opportunities. When we examine the four items that constructed this score, we find slight differences among the items. The table below presents the percent of respondents who self-reported a "1" on this item (which indicates a low level of autonomy). As you see in the table, the item that had the highest percent of respondents reporting a low autonomy score is "transportation opportunities are not limited for participants."

**Table 9. Items of "Level of Autonomy Score"**

| | Percent reporting lowest rating of autonomy |
|---|---|
| There are public transportation opportunities available to participants in the setting. | 8.9% |
| The setting provides transportation opportunities to participants outside of regularly scheduled options. | 12.7% |
| Transportation opportunities are not limited for participants. | 15.9% |
| Participants feel confident using the transportation opportunities provided by the setting. | 1.1% |

The "Frequency of Independent Behaviors Score" was constructed using three items listed in the table below. The overall score for transportation opportunities is 3.475, which indicates a high level of the frequency of independent behaviors in terms of transportation opportunities. The table below presents the percent of respondents who self-reported a "1" on this item (which indicates the survey response of "never," the lowest frequency score). As you can see in the table, the item that had the highest percent of respondents reporting a low frequency score is "participants are informed/educated on how to use public transportation." Yet, less than 3 percent of non-residential settings reported that this "never" happens.

**Table 10. Items of "Frequency of Independent Behaviors Score"**

| | Percent reporting lowest level of frequency |
|---|---|
| Participants are informed/educated on how to use public transportation. | 2.5% |
| Participants use the transportation opportunities provided by the setting. | 0.3% |
| Participants know how to contact a staff member about transportation opportunities. | 1.6% |

*Participants' Personal Choice in Care Options in Non-Residential Settings*

This results section is concerned about the level of personal choice individual participants have while attending the settings. This includes their individual care plans, their sense of individuality, their dining arrangements, and their interactions with visitors and staff members. This section contains two subsections: Individual Care Plans and Setting Accommodations.

<u>Individual Care Plans</u>

- A vital component of the new federal regulations is that participants at non-residential settings have flexibility and freedom in developing their individual care plans. The results of this survey indicate that the frequency of independent behaviors associated with individual care plans is at a moderate level.
- The majority of the non-residential settings that responded to this survey report that <u>participants have a lot of choice.</u>
- Almost all of the settings (97%) report that the average individual at their setting has been asked about their goals and aspirations in the past 12 months and 69.7 percent report that participants make changes to their plan of care "as needed or as requested."
- The overall "Level of Autonomy Score" for individual care plans is 3.78, the "Frequency of Independent Behaviors Score" for individual care plans is 3.31.

The overall "Level of Autonomy Score" for individual care plans is 3.78, which indicates a moderate level of autonomy for participants in terms of their individual care plans. When we examine the six items that constructed this score, we find slight differences among the measures. The table below presents the percent of respondents who self-reported a "1" on this item (which indicates the lowest level of autonomy). The item that had the highest percent of respondents reporting the lowest autonomy score is "Participants' requests regarding their care are forward to an independent/non-setting based case manager."

**Table 11. Items of "Level of Autonomy Score"**

| | **Percent reporting lowest rating of autonomy** |
|---|---|
| Participants feel comfortable expressing concerns regarding their care. | 1.0% |
| Participants know how make changes to their plans of care. | 0.8% |
| Information on how to file a complaint is easily accessible to participants. | 5.5% |
| Participants have a choice of which provider staff delivers care/support. | 4.5 |
| Participants' requests regarding their care are forwarded to an independent/non-setting based case manager. | 13.9% |
| Schedules for PT, OT, medication, diet, or other care options are NOT posted in common areas (i.e., hallways). | 7.3% |

The "Frequency of Independent Behaviors Score" was constructed using eight items listed in the table below. The overall score for individual care plan is 3.31, which indicates the high level of the frequency of independent behaviors in terms of individual care planning. The table below presents the percent of respondents who self-reported a "1" on this item (which indicates the survey response of "never," the lowest frequency score). The item that had the highest percent of respondents reporting a low frequency score is "Staff members do not discuss participants with other staff members in public spaces." 7 percent of settings reporting that this never happens.

**Table 12. Items of "Frequency of Independent Behaviors Score"**

| | **Percent reporting lowest level of frequency** |
|---|---|
| Individual complaints are addressed in a timely manner. | 0.0% |
| Participants make changes to their plan of care as needed. | 2.6% |
| Participants with concerns, discuss the concerns with the setting staff. | 0.8% |
| Participants provide input into their daily schedules. | 1.0% |
| Staff members do not discuss participants with other staff members in public spaces. | 7.1% |
| When an individual files a complaint, it is considered confidential. | 0.3% |
| When needed, participants know how to request a new/additional service. | 1.3% |
| Participants have the opportunity to express their level of satisfaction with the services they are receiving. | 0.0% |

Setting Accommodations

- One way that participants are able to express their own personal choice is in their dining and meal decisions. According to the survey results, only 35.6 percent of non-residential settings provide or arrange for meals and food for participants while at the setting. Of those, only one-fourth report that the individuals have a lot of choice when it comes to dining/food options.
- According to the survey results, participants have a moderate level of autonomy when it comes to their setting accommodations as well as demonstrate a moderate amount of independent behaviors.
- The overall "Level of Autonomy Score" for setting accommodations is 3.80; the "Frequency of Independent Behaviors Score" is 3.07.

The overall "Level of Autonomy Score" for setting accommodations is 3.80. When we examine the ten items that constructed this score, we find slight differences among the items. The table below presents the percent of respondents who self-reported a "1" on this item (which indicates the lowest level of autonomy). The item that had the highest percent of respondents reporting the lowest autonomy score is "Participants are able to set their own dining/meal-time schedules."

**Table 13. Items of "Level of Autonomy Score"**

| | **Percent** |
|---|---|
| Persons without disabilities (other than staff members) engage with the participants at the setting. | 6.2% |
| Community members are allowed to visit the setting at any time. | 2.0% |
| Participants at the setting use a common entrance. | 7.7% |
| The setting is not located in the same physical structure where individuals live or are treated on a permanent or temporary basis. | 4.4% |
| Participants are free to move about public areas within the setting. | 1.2% |
| Community members come to the setting to discuss external community activities. | 11.2% |
| Participants have the opportunity to access areas that provide privacy while at the setting (excluding restroom facilities). | 2.2% |
| Participants are not assigned seating during meal-times. | 3.4% |
| Participants are able to set their own dining/meal-time schedules. | 32.8% |
| Participants engage with others during meal-times. | 1.6% |

The "Frequency of Independent Behaviors Score" was constructed using two items listed in the table below. It is important to note that this only applies to the 143 non-residential settings that provide food or meal accommodations. The overall score is 3.07, which indicates a moderate level of the frequency of independent behaviors in terms for setting accommodations. The table below presents the percent of respondents who self-reported a "1" on this item (which indicates the survey response of "never," the lowest frequency score).

**Table 14. Items of "Frequency of Independent Behaviors Score"**

| | **Percent reporting lowest level of frequency** |
|---|---|
| There is more than one meal option during meal-times. | 11.9% |
| Between designated meal-times, the setting provides other food or refreshments. | 6.3% |

## Methodology

The HCBS non-residential survey is actually two surveys: an agency-specific survey and a setting-specific survey. Every agency was required to fill out both an agency-specific non-residential survey as well as a setting-specific non-residential survey for each of their non-residential settings. Settings were able to participate in the surveys via online, mail, and phone.

The Illinois Department of Healthcare and Family Services, along with the Department of Human Services and the Department on Aging provided a list of agencies which operate non-residential settings offered through HCBS waivers. A total of 218 agencies met these guidelines. Mailing addresses, contact information for the director of each agency, and email addresses were provided by each of the corresponding state agencies. All agencies were contacted at least five times by researchers at the Survey Research Office (SRO).

The first contact to the agencies was through emails from their corresponding state agencies: Illinois Departments of Healthcare and Family Services, Human Services, or Aging. After the email distribution, the same information was sent from the SRO in an introductory letter via U.S. Postal Service on October 17, 2014. This correspondence discussed the need for Illinois to take inventory of all supportive congregate and/or group non-residential settings that are not hospitals, nursing homes, IMDs or ICF-DDs. This letter also informed the agency that they will be receiving information on how to complete a survey for their non-residential settings from the University of Illinois at Springfield (UIS). In addition, the recipients received specific language explaining that while there are no right or wrong answers to questions, their participation in the survey is mandatory.

The first round of survey instruments was sent to each of the 218 agencies via U.S. Postal Service on October 31st, 2014. Included in the mailing was an introductory letter to the director of the agency, an agency-specific survey, six copies of the setting-specific survey, and five business reply envelopes. The agency-specific survey contained an identifying tracking number in order for SRO researchers to keep track of the agencies who had completed the surveys. Settings were instructed that they could complete the hard copies of the surveys included in the mailing packet or complete the surveys online through provided URLs. If agencies needed additional copies of the setting-specific survey, they were instructed to contact the SRO via email or telephone.

A reminder postcard was sent to all of the agencies on November 13th, 2014. This postcard contained the project identification number for each of the agencies as well the URL to complete the surveys online. A second mailing occurred on November 21st, 2014. This mailing included the introductory letter, the agency-specific survey, and one copy of the setting-specific survey. Agencies that had not completed the surveys by January 5th, 2015 received phone calls from trained SRO interviewers. These phone calls were placed at different dates and times of the work week in an effort to increase the number of responses. Phone interviews concluded on January 16, 2015. The survey closed on January 20, 2015.

Through these various methods, SRO was able to get information through the survey from 214 of the 218 agencies (93.6%) that operate non-residential settings in Illinois. In addition, these agencies are responsible for operating 409 non-residential settings in Illinois.

Response bias may occur within surveys that rely on self-assessment, especially in situations in which funding may be in jeopardy. The following steps were taken to mitigate this bias:

1) The instructions attached to both surveys -- agency-specific and setting-specific -- emphasized that the data provided by both the agency and the setting are for informational purposes only and will not be used to assess the federal compliance of either the agency or the setting.

2) The following information was included on every page of the setting-specific survey:

**REMINDER:** The input you provide will be used to inform the Transition Plan and will NOT be used to evaluate whether the setting is currently in compliance with the new federal requirements. For example, selecting "Never" or "Strongly Disagree" for one of the items does not indicate that you are not in compliance. *Please answer the questions based on what "typically occurs" in the setting.* The emphasis is on what are in the setting's policies and procedures. It is recognized that individual's plans of care may dictate certain restrictions that would be documented to cause harm or reflect one's abilities.

3) The majority of both surveys used Likert scales to effectively evaluate agencies and settings. The Likert technique is one of the most used and most validated survey designs. It involves asking a respondent to indicate how much he/she agrees or disagrees with each of a set of statements. The surveys used a five-point Likert response scale: strongly disagree, disagree, neutral, agree, strongly agree.

4) Each survey included both positive statements (Participants have access to a kitchen setting.) and negative statements. (Participants do NOT have access to do their own laundry.) When a survey or section of a survey contains only positive or only negative items, research shows that this can influence how people respond. A set of items worded only positively (with no negative items mixed in) can induce a positive bias from respondents. They respond by agreeing with those items more than they might if the set also included negatively word items. The same goes for only framing survey items negatively. Thus, to reduce this bias, the surveys always include a mix of positively and negatively worded items.

5) In addition to the Likert design, the survey included questions on the frequency of certain behaviors, rather than just asking whether the behavior occurs or not. The questions included asking respondents "how often" certain activities occur at the setting. The four-point response categories ranged from "all of the time," "most of the time," "some of the time," and "never." Including this scale allows participants to provide more specific and useful information.

The following report is separated into four sections: Results from the Agency-specific Surveys, Demographics of the Non-Residential Settings, Participants' Access to the Community in Non-Residential Settings, Participants' Personal Autonomy and Choice in Care Options in Non-Residential Settings.

If you have any questions or comments about this report, please contact the Survey Research Office:

Dr. Ashley Kirzinger, Director
Survey Research Office
Center for State Policy & Leadership
University of Illinois Springfield
(217) 206-6591, sro@uis.edu

## Topline Report

*Agency-Specific Surveys*

How much, if at all, do you agree with the following statements about your agency? Do you strongly agree, somewhat agree, somewhat disagree, or strongly disagree? If you do not know the answer, please check "Don't know."

**There are agency-wide policies that apply to the setting(s) regarding visitation from community members, this refers to participants who are not currently being treated by the setting.**

| | Percent *(n)* |
|---|---|
| Strongly agree | 49.0% (96) |
| Somewhat agree | 29.6% (58) |
| Somewhat disagree | 7.7% (15) |
| Strongly disagree | 9.7% (19) |
| Don't know | 4.1% (8) |

**There are agency-wide policies and procedures that disallow participants from engaging in legal activities at its setting(s).**

| | Percent *(n)* |
|---|---|
| Strongly agree | 11.2% (22) |
| Somewhat agree | 7.7% (15) |
| Somewhat disagree | 11.7% (23) |
| Strongly disagree | 51.0% (100) |
| Don't know | 18.4% (36) |

**There are agency-wide policies and procedures that disallow participants from engaging in community activities at its setting(s).**

| | Percent *(n)* |
|---|---|
| Strongly agree | 3.1% (6) |
| Somewhat agree | 3.6% (7) |
| Somewhat disagree | 8.7% (17) |
| Strongly disagree | 79.1% (155) |
| Don't know | 5.6% (11) |

**There are agency-wide policies and procedures that limit individual interaction with staff members at the setting(s).**

| | Percent *(n)* |
|---|---|
| Strongly agree | 4.1% (8) |
| Somewhat agree | 7.2% (14) |
| Somewhat disagree | 7.7% (15) |
| Strongly disagree | 80.0% (156) |
| Don't know | 1.0% (2) |

**There are agency-wide policies and procedures that ensure an individual's right to privacy.**

| | Percent *(n)* |
|---|---|
| Strongly agree | 97.5% (193) |
| Somewhat agree | 2.0% (4) |
| Somewhat disagree | 0% (0) |
| Strongly disagree | 0.5% (1) |
| Don't know | 0% (0) |

**There are agency-wide policies and procedures that ensure that the setting(s) are integrated in the community.**

| | Percent *(n)* |
|---|---|
| Strongly agree | 59.7% (117) |
| Somewhat agree | 33.7% (66) |
| Somewhat disagree | 2.6% (5) |
| Strongly disagree | 1.5% (3) |
| Don't know | 2.6% (5) |

Please answer whether the following apply to all of your settings, some of your settings, none of your settings. If you do not know the answer, please check "Don't know."

**There are policies to support access to the greater community at the setting(s).**

| | Percent *(n)* |
|---|---|
| Applies to all of our settings | 79.7% (157) |
| Apples to some of our settings | 11.2% (22) |
| Applies to none of our settings | 4.1% (8) |
| Don't know | 5.1% (10) |

**There are policies that facilitate individual choice in types of serviced provided to the individual at the setting.**

| | Percent *(n)* |
|---|---|
| Applies to all of our settings | 90.9% (180) |
| Apples to some of our settings | 5.6% (11) |
| Applies to none of our settings | 3.5% (7) |
| Don't know | 0% (0) |

**The setting is physically accessible to the majority of participants.**

| | Percent *(n)* |
|---|---|
| Applies to all of our settings | 94.4% (187) |
| Apples to some of our settings | 5.6% (11) |
| Applies to none of our settings | 0% (0) |
| Don't know | 0% (0) |

**There are policies that ensure participants have privacy while at the setting(s).**

| | Percent *(n)* |
|---|---|
| Applies to all of our settings | 93.9% (186) |
| Apples to some of our settings | 3.5% (7) |
| Applies to none of our settings | 1.5% (3) |
| Don't know | 1.0% (2) |

*Setting-Specific Survey*

How many HCBS or other State-funded approved participants are supported at this location?

| | Percent *(n)* |
|---|---|
| Less than five | 9.5% (37) |
| Five to 10 participants | 4.6% (18) |
| 11-20 participants | 12.6% (53) |
| 21-50 participants | 27.6% (116) |
| More than 50 participants | 45.7% (185) |

Out of how many total participants?

| | Percent *(n)* |
|---|---|
| Less than five | 1.3% (5) |
| Five to 10 participants | 4.3% (11) |
| 11-20 participants | 8.3% (20) |
| 21-50 participants | 33.1% (88) |
| More than 50 participants | 53.0% (285) |

Which of the following best describes your setting?

| | Percent *(n)* |
|---|---|
| Physically connected to a hospital, nursing facility, institution for mental diseases, or an intermediate care facility for participants with intellectual disabilities. | 1.5% (6) |
| Not physically connected but on the grounds or adjacent to a hospital, nursing facility, institution for mental diseases, or an intermediate care facility for participants with intellectual disabilities. | 6.9% (28) |
| Not physically connected or adjacent hospital, nursing facility, institution for mental diseases, or an intermediate care facility for participants with intellectual disabilities. | 91.6% (373) |

Please identify all state agencies with whom you may receive funding to provide services for:

| | Percent *(n)* |
|---|---|
| Illinois Department of Healthcare and Family Services | 28.1% (115) |
| Illinois Department of Human Services Division of Developmental Disabilities | 81.9% (335) |
| Illinois Department of Human Services Division of Rehabilitation Services | 37.2% (77) |
| Illinois Department on Aging | 18.8% (152) |

Which of the following best describes the setting?

| | Percent *(n)* |
|---|---|
| Adult Day Care | 16.9% (69) |
| Adult Day Health Services | 3.9% (16) |
| Developmental Training | 68.7% (281) |
| Prevocational Services (services provided under the brain injury waiver) | 0.2% (1) |
| Supported Employment | 5.1% (21) |
| Other, please specify: | 5.1% (21) |

Would you describe this setting as located in a rural area, located in a suburban area, or located in an urban area?

| | Percent *(n)* |
|---|---|
| Located in a rural area (located outside of a metropolitan area) | 37.8% (153) |
| Located in a suburban area | 34.3% (139) |
| Located in an urban area | 27.9% (113) |

What entity/entities control(s) the policies or procedures for this setting?

| | Percent *(n)* |
|---|---|
| The parent agency/organization | 84.0% (341) |
| The individual setting | 11.3% (46) |
| A subsidiary or foundation | 0.2% (1) |
| Other, please specify: | 4.4% (18) |

*Others mentioned: Board of Directors, Both parent and individual setting, Bothe the individual setting and the parent organization, Both the parent agency and the individual setting, Both the parent organization and the individual setting, Both the setting and the parent agency, IL Dept. of Human Services, Illinois Department of Transportation, The Board of Directors, The parent agency/organization; The individual setting, Volunteer Board of Director form member churches and Executive Director*

Please select all of the following that describe this setting:

| | Percent *(n)* |
|---|---|
| Multiple settings co-located/campus | 14.2% (58) |
| A gated/secured community | 1.2% (5) |
| Stand-alone building located on a public street or highway | 84.6% (346) |
| Hospital | 0.5% (2) |
| Nursing homes | 0.7% (3) |

*Setting Characteristics*

The next set of questions deal with the accommodations provided by your non-residential setting for participants. How much, if at all, do you agree with the following statements about your setting? Do you strongly agree, somewhat agree, neither agree nor disagree, somewhat disagree, or strongly disagree?

**Persons without disabilities (other than staff members engage with the participants at this setting.**

| | Percent *(n)* |
|---|---|
| Strongly agree | 43.5% (175) |
| Somewhat agree | 29.1% (117) |
| Neither agree nor disagree | 8.2% (33) |
| Somewhat disagree | 12.9% (52) |
| Strongly disagree | 6.2% (25) |

**Community members are NOT allowed to visit the setting at any time.**

| | Percent *(n)* |
|---|---|
| Strongly agree | 2.0% (8) |
| Somewhat agree | 2.7% (11) |
| Neither agree nor disagree | 4.0% (16) |
| Somewhat disagree | 13.4% (54) |
| Strongly disagree | 77.9% (314) |

**Participants at the setting use a common entrance.**

| | Percent *(n)* |
|---|---|
| Strongly agree | 71.1% (286) |
| Somewhat agree | 14.4% (58) |
| Neither agree nor disagree | 3.7% (15) |
| Somewhat disagree | 3.0% (12) |
| Strongly disagree | 7.7% (31) |

**The setting is located in the same physical structure where participants live or are treated on a permanent or temporary basis.**

| | Percent *(n)* |
|---|---|
| Strongly agree | 4.4% (18) |
| Somewhat agree | 3..5% (14) |
| Neither agree nor disagree | 2.0% (8) |
| Somewhat disagree | 3.5% (14) |
| Strongly disagree | 86.7% (351) |

**Participants are free to move about public areas within the setting (common areas, dining rooms).**

| | Percent *(n)* |
|---|---|
| Strongly agree | 74.6% (302) |
| Somewhat agree | 17.5% (71) |
| Neither agree nor disagree | 2.5% (10) |
| Somewhat disagree | 4.2% (17) |
| Strongly disagree | 1.2% (5) |

**Participants have the opportunity to access areas that provide privacy while at the setting (excluding restroom facilities).**

| | Percent *(n)* |
|---|---|
| Strongly agree | 68.6% (227) |
| Somewhat agree | 17.6% (71) |
| Neither agree nor disagree | 5.2% (21) |
| Somewhat disagree | 6.4% (26) |
| Strongly disagree | 2.2% (9) |

**Community members come to the setting to discuss external community activities.**

| | Percent *(n)* |
|---|---|
| Strongly agree | 31.9% (128) |
| Somewhat agree | 31.9% (128) |
| Neither agree nor disagree | 16.0% (64) |
| Somewhat disagree | 9.0% (36) |
| Strongly disagree | 11.2% (45) |

Once an individual has made the choice of your setting, please select the one statement that best describes the level of individual choice at the setting.

| | Percent *(n)* |
|---|---|
| Participants have complete control over the type of care or assistance they receive or from whom they receive care or assistance from. | 20.6% (83) |
| While participants have a lot of choice in the type of care or assistance they receive or from whom, they are not in complete control. | 75.7% (305) |
| Participants have little choice in the type of care or assistance they receive and not have control over from whom they receive care or assistance. | 3.7% (15) |

*Community Activities*

The first set of questions deal with access to community activities (events occurring **external to your setting** such as religious services, shopping, employment, or other social/personal/family events outside of the setting). We are interested in how participants participate in unscheduled and scheduled community activities at your setting.

How often, if at all, do participants participate in community activities while residing at the setting? Would you say that the majority of participants participate in these activities regularly, occasionally, or not often at all?

| | Percent *(n)* |
|---|---|
| Regularly | 55.3% (223) |
| Occasionally | 35.5% (143) |
| Not often at all | 9.2% (37) |

Is helping participants obtain volunteer opportunities part of you service?

| | Percent *(n)* |
|---|---|
| Yes | 67.0% (236) |
| No | 33.0% (116) |

Please select whether the following occur all of the time, most of the time, some of the time, or never.

**Participants talk about community activities occurring outside of the setting.**

| | Percent *(n)* |
|---|---|
| All of the time | 41.0% (163) |
| Most of the time | 29.1% (116) |
| Some of the time | 28.4% (113) |
| Never | 1.5% (6) |

**Participants have the opportunity to engage in community activities while at the setting (both at the setting and in the community).**

| | Percent *(n)* |
|---|---|
| All of the time | 35.8% (142) |
| Most of the time | 29.0% (115) |
| Some of the time | 32.2% (128) |
| Never | 3.0% (12) |

**Participants and community members interact at the setting.**

| | Percent *(n)* |
|---|---|
| All of the time | 25.1% (100) |
| Most of the time | 17.1% (68) |
| Some of the time | 52.0% (207) |
| Never | 5.8% (23) |

How much, if at all, do you agree with the following statements about your setting? Do you strongly agree, somewhat agree, neither agree nor disagree, somewhat disagree, or strongly disagree?

**Participants do NOT know where to find information on community activities.**

| | Percent *(n)* |
|---|---|
| Strongly agree | 3.3% (13) |
| Somewhat agree | 9.6% (38) |
| Neither agree nor disagree | 20.9% (83) |
| Somewhat disagree | 26.2% (104) |
| Strongly disagree | 40.1% (159) |

**There are setting rules that prohibit participants from coming and going as they please.**

| | Percent *(n)* |
|---|---|
| Strongly agree | 25.1% (100) |
| Somewhat agree | 31.4% (125) |
| Neither agree nor disagree | 12.6% (50) |
| Somewhat disagree | 11.6% (46) |
| Strongly disagree | 19.3% (77) |

**Participants are given easy access to the community outside of the setting.**

| | Percent *(n)* |
|---|---|
| Strongly agree | 32.6% (130) |
| Somewhat agree | 34.8% (139) |
| Neither agree nor disagree | 17.5% (70) |
| Somewhat disagree | 10.3% (41) |
| Strongly disagree | 4.8% (19) |

Is helping participants obtain integrated employment opportunities part of your service?

| | Percent *(n)* |
|---|---|
| Yes | 59.9% (227) |
| No | 40.1% (152) |

*Only answer these questions if you answered "yes" to the question above. If your setting does not provide employment opportunities, please continue to the next page.*

Please select whether the following occur all of the time, most of the time, some of the time, or never.

**Participants pursue integrated /competitive employment opportunities.**

| | Percent *(n)* |
|---|---|
| All of the time | 22.9% (57) |
| Most of the time | 14.9% (37) |
| Some of the time | 56.6% (141) |
| Never | 5.6% (14) |

**Participants pursue other employment opportunities (both paid and volunteer).**

| | Percent *(n)* |
|---|---|
| All of the time | 26.5% (66) |
| Most of the time | 20.5% (51) |
| Some of the time | 48.2% (120) |
| Never | 4.8% (12) |

**Interested participants are given the resources on how to obtain employment.**

| | Percent *(n)* |
|---|---|
| All of the time | 66.3% (165) |
| Most of the time | 20.1% (50) |
| Some of the time | 10.8% (27) |
| Never | 2.8% (7) |

*Personal Accommodations (Dining and Travel)*

The next set of questions deal with travel accommodations provided by your non-residential setting. We are interested in the transportation opportunities and access at your setting. How much, if at all, do you agree with the following statements about your setting? Do you strongly agree, somewhat agree, neither agree nor disagree, somewhat disagree, or strongly disagree?

**There are NO public transportation opportunities available to participants to/from the setting.**

| | Percent *(n)* |
|---|---|
| Strongly agree | 8.9% (36) |
| Somewhat agree | 11.6% (47) |
| Neither agree nor disagree | 3.5% (14) |
| Somewhat disagree | 27.7% (112) |
| Strongly disagree | 48.4% (196) |

**The setting provides transportation opportunities to participants outside of regularly schedule options.**

| | Percent *(n)* |
|---|---|
| Strongly agree | 36.2% (146) |
| Somewhat agree | 31.3% (126) |
| Neither agree nor disagree | 5.2% (21) |
| Somewhat disagree | 14.6% (59) |
| Strongly disagree | 12.7% (51) |

Are retail businesses near your setting?

| | Percent *(n)* |
|---|---|
| Yes | 83.2% (332) |
| No | 16.8% (67) |

Does your setting provide regularly scheduled transportation opportunities to participants? (This includes transportation to community activities, transportation to community services, transportation to/from setting).

| | Percent *(n)* |
|---|---|
| Yes | 90.3% (363) |
| No | 9.7% (39) |

*Only answer these questions if you answered "yes" to the questions above. If your setting does not provide transportation opportunities, please continue to the next page.*

Please select whether the following occur all of the time, most of the time, some of the time, or never.

**Participants are informed/educated on how to use public transportation opportunities.**

| | Percent *(n)* |
|---|---|
| All of the time | 57.9% (212) |
| Most of the time | 21.6% (79) |
| Some of the time | 18.0% (66) |
| Never | 2.5% (9) |

**Participants use the transportation opportunities provided by the setting.**

| | Percent *(n)* |
|---|---|
| All of the time | 65.6% (239) |
| Most of the time | 25.2% (92) |
| Some of the time | 9.0% (33) |
| Never | 0.3% (1) |

**Participants know how to contact a staff member about transportation opportunities.**

| | Percent *(n)* |
|---|---|
| All of the time | 64.5% (236) |
| Most of the time | 21.9% (80) |
| Some of the time | 12.0% (44) |
| Never | 1.6% (6) |

How much, if at all, do you agree with the following statements about your setting? Do you strongly agree, somewhat agree, neither agree nor disagree, somewhat disagree, or strongly disagree?

**Transportation opportunities are limited for participants.**

| | Percent *(n)* |
|---|---|
| Strongly agree | 15.9% (58) |
| Somewhat agree | 33.2% (121) |
| Neither agree nor disagree | 9.0% (33) |
| Somewhat disagree | 24.4% (89) |
| Strongly disagree | 17.5% (64) |

**Participants feel confident using the transportation opportunities provided by the setting.**

| | Percent *(n)* |
|---|---|
| Strongly agree | 76.5% (280) |
| Somewhat agree | 17.8% (65) |
| Neither agree nor disagree | 3.8% (14) |
| Somewhat disagree | 0.8% (3) |
| Strongly disagree | 1.1% (4) |

Does your setting provide a space for participants to have a meal at the setting?

| | Percent *(n)* |
|---|---|
| Yes | 95.0% (384) |
| No | 5.0% (20) |

*Only answer these questions if you answered "yes" to the questions above. If your setting does not provide dining/food accommodations, please continue to the next page.*

**Participants are assigned seating during meal-times.**

| | Percent *(n)* |
|---|---|
| Strongly agree | 3.4% (13) |
| Somewhat agree | 13.6% (52) |
| Neither agree nor disagree | 5.5% (21) |
| Somewhat disagree | 13.8% (53) |
| Strongly disagree | 63.7% (244) |

**Participants are able to set their own dining/meal-time schedule.**

| | Percent *(n)* |
|---|---|
| Strongly agree | 9.9% (38) |
| Somewhat agree | 15.4% (59) |
| Neither agree nor disagree | 9.6% (37) |
| Somewhat disagree | 32.3% (124) |
| Strongly disagree | 32.8% (126) |

**Participants do NOT engage with others during meal-times.**

| | Percent *(n)* |
|---|---|
| Strongly agree | 1.6% (6) |
| Somewhat agree | 0.3% (1) |
| Neither agree nor disagree | 1.3% (5) |
| Somewhat disagree | 7.9% (30) |
| Strongly disagree | 89.0% (339) |

Does your setting provide or arrange for meals and food for participants while at the setting?

| | Percent *(n)* |
|---|---|
| Yes | 35.6% (143) |
| No | 64.4% (259) |

When it comes to dining/food options, would you say that a typical individual has a lot of choice, some choice, or no choice at all?

| | Percent *(n)* |
|---|---|
| A lot of choice | 22.4% (32) |
| Some choice | 74.8% (107) |
| No choice at all | 2.8% (4) |

Please select whether the following occur all of the time, most of the time, some of the time, or never.

**There is more than one meal option during meal-times.**

| | Percent *(n)* |
|---|---|
| All of the time | 35.7% (51) |
| Most of the time | 25.2% (36) |
| Some of the time | 27.3% (39) |
| Never | 11.9% (17) |

**Between designated meal-times, the setting provides other food or refreshments.**

| | Percent *(n)* |
|---|---|
| All of the time | 60.8% (87) |
| Most of the time | 14.0% (20) |
| Some of the time | 18.9% (27) |
| Never | 6.3% (9) |

*Personal Autonomy and Choice in Care Options*

The next set of questions deals with individual choice when it comes to their care and services provided. First, we are interested in how often participants are asked about their needs and preferences. Thinking about the average individual at your setting, were they asked about their goals and aspirations in the past 12 months?

| | Percent *(n)* |
|---|---|
| Yes | 97.1% (368) |
| No | 1.6% (6) |
| Don't know | 1.3% (5) |

How often, if at all, do participants make changes to their plan of care?

| | Percent *(n)* |
|---|---|
| Never | 0.6% (2) |
| Annually | 10.0% (36) |
| Semi-annually | 16.7% (60) |
| Monthly | 3.1% (11) |
| As needed/ requested | 69.7% (251) |

Please select whether the following occur all of the time, most of the time, some of the time, or never.

**Individual complaints are addressed in a timely manner.**

| | Percent *(n)* |
|---|---|
| All of the time | 77.9% (299) |
| Most of the time | 22.1% (85) |
| Some of the time | 0% (0) |
| Never | 0% (0) |

**Participants make changes to their plan of care as needed.**

| | Percent *(n)* |
|---|---|
| All of the time | 57.8% (222) |
| Most of the time | 24.7% (95) |
| Some of the time | 14.8% (57) |
| Never | 2.6% (10) |

**Participants with concerns, discuss the concerns with the setting staff.**

| | Percent *(n)* |
|---|---|
| All of the time | 67.5% (258) |
| Most of the time | 28.0% (107) |
| Some of the time | 3.7% (14) |
| Never | 0.8% (3) |

**Participants provide input into their daily schedules.**

| | Percent *(n)* |
|---|---|
| All of the time | 45.8% (175) |
| Most of the time | 35.9% (137) |
| Some of the time | 17.3% (66) |
| Never | 1.0% (4) |

**Staff members do NOT discuss participants with other staff members in public spaces.**

| | Percent *(n)* |
|---|---|
| All of the time | 71.9% (274) |
| Most of the time | 18.9% (72) |
| Some of the time | 2.1% (8) |
| Never | 7.1% (27) |

**When an individual files a complaint, it is considered confidential.**

| | Percent *(n)* |
|---|---|
| All of the time | 92.4% (355) |
| Most of the time | 7.0% (27) |
| Some of the time | 0.3% (1) |
| Never | 0.3% (1) |

**When needed, participants know how to request a new/additional service.**

| | Percent *(n)* |
|---|---|
| All of the time | 39.4% (151) |
| Most of the time | 42.8% (164) |
| Some of the time | 16.4% (63) |
| Never | 1.3% (5) |

**Participants have the opportunity to express their level of satisfaction with the services they are receiving.**

| | Percent *(n)* |
|---|---|
| All of the time | 89.7% (341) |
| Most of the time | 7.9% (30) |
| Some of the time | 2.4% (9) |
| Never | 0% (0) |

How much, if at all, do you agree with the following statements about your setting? Do you strongly agree, somewhat agree, neither agree nor disagree, somewhat disagree, or strongly disagree?

**Participants do NOT feel comfortable expressing concerns regarding their care.**

| | Percent *(n)* |
|---|---|
| Strongly agree | 1.0% (4) |
| Somewhat agree | 1.3% (5) |
| Neither agree nor disagree | 3.9% (15) |
| Somewhat disagree | 16.4% (63) |
| Strongly disagree | 77.9% (297) |

**Participants do NOT know how make changes to their plans of care.**

| | Percent *(n)* |
|---|---|
| Strongly agree | 0.8% (3) |
| Somewhat agree | 10.8% (41) |
| Neither agree nor disagree | 11.3% (43) |
| Somewhat disagree | 32.5% (124) |
| Strongly disagree | 44.6% (170) |

**Information on how to file a complaint is easily accessible to participants.**

| | Percent *(n)* |
|---|---|
| Strongly agree | 68.7% (263) |
| Somewhat agree | 18.3% (70) |
| Neither agree nor disagree | 5.5% (21) |
| Somewhat disagree | 2.1% (8) |
| Strongly disagree | 5.5% (21) |

**Participants do NOT have a choice of which provider staff delivers care/support.**

| | Percent *(n)* |
|---|---|
| Strongly agree | 4.5% (17) |
| Somewhat agree | 22.0% (84) |
| Neither agree nor disagree | 13.6% (52) |
| Somewhat disagree | 25.9% (99) |
| Strongly disagree | 34.0% (130) |

**Individual requests regarding their care are forwarded to independent/non-setting based case manager.**

| | Percent *(n)* |
|---|---|
| Strongly agree | 40.6% (155) |
| Somewhat agree | 24.3% (93) |
| Neither agree nor disagree | 12.8% (49) |
| Somewhat disagree | 8.4% (32) |
| Strongly disagree | 13.9% (53) |

**Schedules for PT, OT, medication, diet, or other care options are posted in common areas (i.e., hallways).**

| | Percent *(n)* |
|---|---|
| Strongly agree | 7.3% (28) |
| Somewhat agree | 6.8% (26) |
| Neither agree nor disagree | 14.4% (55) |
| Somewhat disagree | 8.1% (31) |
| Strongly disagree | 63.3% (241) |

**Appendix D** **PUBLIC NOTICE**

Statute requiring agency to publish information concerning proposed changes in methods and standards for establishing medical assistance payment rates for medical services in the Illinois Register: 5 ILCS 100/5-70(c)

Summary of information: Home and Community-Based Services (HCBS) Settings Draft Transition Plan Illinois Department of Healthcare and Family Service:

The Illinois Department of Healthcare and Family Services (HFS) gives notice that the DRAFT Statewide Transition Plan, required by the Centers for Medicaid and Medicare Services (CMS) Home and Community-Based Services (HCBS) Rule 42 CFR 441.301(c)(iii), will be available for public review and comment for a period of 30 days beginning on 01/15/2015 and ending on 02/15/2015. HFS is required to submit the final Statewide Transition Plan to CMS no later than 03/17/2015. The Department of Health and Human Services' Centers for Medicare and Medicaid Services (CMS) published regulations in the Federal Register (42 CFR 441.301(c) (4)-(5)) on January 16, 2014, effective March 17, 2014, which further clarifies the definition of home and community-based services (HCBS) residential and non-residential settings for section 1915(c) Medicaid Waivers and approved state plans providing HCBS under section 1915(i). The new rules require states to develop a Statewide Transition Plan identifying the strategies for compliance with the new regulations and allowing up to five years for full compliance.

The DRAFT Statewide Transition Plan covers all nine HCBS waivers and is expected to detail the level of current compliance and the actions the state will take to achieve compliance with the HCBS Setting requirements. Once posted, the DRAFT Statewide Transition Plan can be viewed at the website of the Illinois Department of Healthcare and Family Services (HFS), Medical Programs, Home and Community Based Waiver Programs; http://www2.illinois.gov/hfs/MedicalPrograms/HCBS/Pages/default.aspx. Comments may be submitted on this site. Persons who are unable to access the Internet may request a hard copy of the DRAFT Plan by calling HFS at (217) 557-1868.

Name and address of person to contact concerning this information:

The Illinois Department of Healthcare and Family Services
Attn: Waiver Management
201 South Grand Ave East, 2nd FL
Springfield, IL 62763

Public Forums have been scheduled across the state. At these forums, the public will have the opportunity to provide verbal and written comment. A request is made that comments be submitted in written form, as well as voiced, in order to guarantee that they are recorded correctly. Persons who are unable to attend a Public Forum or submit comments using the Internet, may phone in their comments by calling HFS at (217) 557-1868 or mail written feedback to the address listed above.

Public comments are requested from 01/15/2015 through 02/15/2015. Public comments will be summarized and included in the revised Statewide Transition Plan. The public is encouraged to attend one of the forums listed below.

| PUBLIC FORUM SCHEDULE | | |
|---|---|---|
| Thursday<br>January 29, 2015 | Parkland College<br>RoomW-115 2400 West Bradley Ave<br>Champaign, IL 61821 | 10:30am – Noon |
| Thursday<br>January 29, 2015 | EP!C<br>1913 West Townline Rd<br>Peoria, IL 61612 | 3:00pm – 4:30pm |
| Tuesday<br>February 3, 2015 | Spring Ridge Senior Housing<br>Community Room<br>6645 Fincham Dr<br>Rockford, IL 61108 | 1:30pm – 3:00pm |
| Wednesday<br>February 4, 2015 | University of Illinois-Chicago<br>Disability, Health & Social Policy Building<br>Auditorium, Room 166<br>1640 West Roosevelt Rd<br>Chicago, IL 60608 | 10:30am – Noon |
| Wednesday<br>February 4, 2015 | The ARC<br>20901 LaGrange Rd, Suite 209<br>Frankfort, IL 60423 | 2:00pm – 3:30pm |
| Tuesday<br>February 10, 2015 | Rend Lake College<br>Student Center – Private Dining Area<br>468 North Ken Gray Parkway<br>Ina, IL 62846 | 1:00pm – 2:30pm |

**Appendix E** **SECOND PUBLIC NOTICE**

Home and Community-Based Services (HCBS) Settings Draft Transition Plan
Illinois Department of Healthcare and Family Service

The Illinois Department of Healthcare and Family Services (HFS) published a public notice in the Illinois Register that indicated the DRAFT Statewide Transition Plan, required by the Centers for Medicaid and Medicare Services (CMS) Home and Community-Based Services (HCBS) Rule 42 CFR 441.301(c)(iii), would be available for public review and comment for a period of 30 days beginning on 01/15/2015 and ending on 02/15/2015. The DRAFT Statewide Transition Plan was not made available for public review until 01/23/2015, therefore the public review and comment period has been extended and will end on 02/24/2015. HFS is required to submit the final Statewide Transition Plan to CMS no later than 03/17/2015. The Department of Health and Human Services' Centers for Medicare and Medicaid Services (CMS) published regulations in the Federal Register (42 CFR 441.301(c) (4)-(5)) on January 16, 2014, effective March 17, 2014, which further clarifies the definition of home and community-based services (HCBS) residential and non-residential settings for section 1915(c) Medicaid Waivers and approved state plans providing HCBS under section 1915(i). The new rules require states to develop a Statewide Transition Plan identifying the strategies for compliance with the new regulations and allowing up to five (5) years for full compliance.

The DRAFT Statewide Transition Plan covers all nine (9) HCBS waivers and is expected to detail the level of current compliance and the actions the state will take to achieve compliance with the HCBS Setting requirements. Once posted, the DRAFT Statewide Transition Plan can be viewed at the website of the Illinois Department of Healthcare and Family Services (HFS), Medical Programs, Home and Community Based Waiver Programs; http://www2.illinois.gov/hfs/MedicalPrograms/HCBS/Pages/default.aspx. Comments may be submitted on this site. Persons who are unable to access the Internet may request a hard copy of the DRAFT Plan by calling HFS at (217) 557-1868.

Public Forums have been scheduled across the state. At these forums, the public will have the opportunity to provide verbal and written comment. A request is made that comments be submitted in written form, as well as voiced, in order to guarantee that they are recorded correctly. Persons who are unable to attend a Public Forum or submit comments using the Internet, may phone in their comments by calling HFS at (217) 557-1868 or mail written feedback to:

The Illinois Department of Healthcare and Family Services
Attn: Waiver Management
201 South Grand Ave East, 2nd FL
Springfield, IL 62763

Public comments are requested from 01/23/2015 through 02/24/2015. Public comments will be summarized and included in the revised Statewide Transition Plan. The public is encouraged to attend one of the forums listed below.

| **PUBLIC FORUM SCHEDULE** | | |
|---|---|---|
| Thursday<br>January 29, 2015 | Parkland College<br>Room W-115<br>2400 West Bradley Ave<br>Champaign, IL 61821 | 10:30am – Noon |
| Thursday<br>January 29, 2015 | EP!C<br>1913 West Townline Rd<br>Peoria, IL 61612 | 3:00pm – 4:30pm |
| Tuesday<br>February 3, 2015 | Spring Ridge Senior Housing<br>Community Room<br>6645 Fincham Dr<br>Rockford, IL 61108 | 1:30pm – 3:00pm |
| Wednesday<br>February 4, 2015 | University of Illinois-Chicago<br>Disability, Health & Social Policy Building<br>Auditorium, Room 166 | 10:30am – Noon |

| | | |
|---|---|---|
| | 1640 West Roosevelt Rd<br>Chicago, IL 60608 | |
| Wednesday<br>February 4, 2015 | The ARC<br>20901 LaGrange Rd, Suite 209<br>Frankfort, IL 60423 | 2:00pm – 3:30pm |
| Tuesday<br>February 10, 2015 | Rend Lake College<br>Student Center – Private Dining Area<br>468 North Ken Gray Parkway<br>Ina, IL 62846 | 1:00pm – 2:30pm |

**Appendix F** **FLYER**

## New Medicaid Rules Apply to Home & Community Based Waiver Settings

The State of Illinois operates nine HCBS waivers.

- Adults with Developmental Disabilities Waiver
- Children and Young Adults with Developmental Disabilities Residential Waiver
- Children and Young Adults with Developmental Disabilities Support Waiver
- Children that are Technology Dependent/Medically Fragile Waiver
- Persons with Disabilities Waiver
- Persons with Brain Injury Waiver
- Persons who are Elderly
- Persons with HIV or AIDS
- Supportive Living Facilities

Illinois is required by the federal Centers for Medicaid & Medicare Services (CMS) to submit a Statewide Transition Plan indicating how we will comply with the new rules. A major component of the Statewide Plan is obtaining feedback from stakeholders. Public comments are requested for 30 days upon release of the Draft Statewide Transition Plan. Once posted, you can view Illinois' DRAFT Transition Plan as well as links to the new CMS rules and additional CMS guidance at: http://www2.illinois.gov/hfs/**MedicalPrograms**/HCBS/Transition/Pages/default.aspx. Comments can be submitted directly through the website. Persons without Internet access can call HFS at (217) 557-1868 to request a hardcopy.

### The State of Illinois requests your input on the DRAFT Statewide Transition Plan

**Regional Public Listening Forums:**

The State has scheduled Regional Public Listening Forums across the state where the public will have the opportunity to provide verbal and written comment. Comments should be submitted in written form, as well as voiced, in order to guarantee that they are recorded correctly. Persons who are unable to attend a Public Listening Forum or submit comments using the Internet, may phone in their comments by calling HFS at (217) 557-1868 or mail written feedback to: Illinois Department of Healthcare and Family Services, Attn: Waiver Management, 201 South Grand Ave East, 2nd FL, Springfield, IL 62763

The public is encouraged to attend one of the Public Listening Forums listed below.

| | | |
|---|---|---|
| Thursday, January 29, 2015<br>10:30am – Noon | Parkland College | Room W-115, 2400 West Bradley Ave<br>Champaign, IL 61821 |
| Thursday, January 29, 2015<br>3:00pm – 4:30pm | EP!C | 1913 West Townline Rd<br>Peoria, IL 61612 |
| Tuesday, February 03, 2015<br>1:30pm – 3:00pm | Spring Ridge Senior Housing | Community Room, 6645 Fincham Dr<br>Rockford, IL 61108 |
| Wednesday, February 04, 2015<br>10:30am – Noon | University of Illinois - Chicago | Disability, Health & Social Policy Building<br>Auditorium, Room 166, 1640 West Roosevelt Rd<br>Chicago, IL 60608 |
| Wednesday, February 04, 2015<br>2:00pm – 3:30pm | The ARC | 20901 LaGrange Rd, Suite 209<br>Frankfort, IL 60423 |
| Tuesday, February 10, 2015<br>1:00pm – 2:30pm | Rend Lake College | Student Center – Private Dining Area<br>468 North Ken Gray Parkway<br>Ina, IL 62846 |

**Webinar: New Medicaid Waiver Rules Draft Statewide Transition Plan Listening Webinar**

**Wednesday, February 11, 2015** **9:00 am to 10:00 am**

**Register at:** https://attendee.gotowebinar.com/register/6935166657459007233

**Appendix G** **Action Steps to Bring Illinois into Compliance**

| Chart of Action Steps and Timetable to Bring Illinois into Compliance | | | | |
|---|---|---|---|---|
| | **Action Item** | **Strategy** | **Initial Start Date** | **Projected End Date** |
| 1 | **Initial Transition Plan Development** | The State holds a series of meetings with internal stakeholders to present new federal Medicaid regulations which apply to all HCBS programs, including all 1915 c waivers, and to solicit input on the development of the Statewide Transition Plan. | 4/1/2014 | Complete |
| 2 | **Assessment of Settings** | State engages University of Illinois at Springfield (UIS) to assist with the development of two surveys -- Residential and Non-Residential Settings -- and to develop an implementation plan that includes the methodology for surveying all HCBS settings in order to gather basis information which will be used to inform the compliance status with the new requirements. | 8/1/2014 | Complete |
| | Survey of HCBS Residential Settings | The Residential Survey consists of two surveys: one which is agency-specific and another which is setting-specific. Surveys are mailed, completed, submitted to UIS. | 10/5/2014 | Complete |
| | Survey of HCBS Non-Residential Settings | The Non-Residential Survey consists of two surveys: one which is agency-specific and another which is setting-specific. Surveys are mailed, completed, submitted to UIS. | 11/1/2014 | Complete |
| | Individual site reviews to validate survey results | UIS will assist the State in stratifying the survey results into categories reflecting likely compliance status. The State will validate the survey results via on-site visits to a sampling of sites in each of the categories. | 3/17/2015 | Complete |
| | Individual consumer interviews at sites | Where possible, small on-site focus groups will be held to complete structured conversations re: choice, community integration, impact of new rule on participant lives; also, individual interviews with participants on-site will take place. | 3/17/2015 | Complete |
| | Settings Analysis | Analysis of survey results; areas needing to be addressed in order to comply with new rule will be identified | 11/1/2014 | Complete |

| | | | | |
|---|---|---|---|---|
| | Site validation visits and analysis of compliance with HCBS settings in order to make recommendations | Notify setting of site validation visit to be scheduled throughout first year<br>• Administer a participant survey to be distributed to site/setting participants and/or their representative;<br>• Conduct a focus group or series of focus groups depending on the size of the site/setting with participants and/or their representatives;<br>• Conduct meetings with key staff at the site/setting to review the self-administered survey, internal policies and procedures and documentation of community integration;<br>• Conduct sample file reviews looking at individual participant's Plans of Care. | 3/17/2015 | Complete |
| 3 | **Assessment of Infrastructure** | | | |
| | Legal and program staff review of current administrative rules/statutes/waiver definitions | Review of current residential agreements, including State, provider and specific site policies, rules and procedures relating to employment and day services for non-residential settings. | 6/1/2014 | 6/30/2017 |
| | Review of current State and setting forms, program policies and procedures | Review language used; evidence of choice; service options; employment preparation/assistance; identify materials needing remediation. | 3/17/2015 | 6/30/2017 |

| | | | | |
|---|---|---|---|---|
| 4 | **Communication/Public Input** | | | |
| | Public notices informing participants of rule, website, welcoming input, providing schedule of upcoming public events, Phone/USPS Mail | Notices are to be distributed through email to providers and advocacy groups who will be asked to further distribute this information to their participants/members; Notices will also be published on the HFS website as well as the Illinois Register, if applicable; Phone number and USPS mailing address will be provided to receive requests for hard copies of the Transition Plan as well as to receive comments. | 1/15/2015 | Ongoing |
| | Website | Transition Plan DRAFT will be posted on the state's HFS website; comment box is provided on website for comments and questions; dates and locations of public forums will be listed on website; public comments will be posted to the website; the website will also list general guidance to be offered to providers re: compliance. | 1/15/2015 | Ongoing |
| | Public and Stakeholder Educational Forums/Listening and Feedback Sessions | Six public forums are to be held at geographically diverse, accessible locations across the state. | 1/15/2014 | Complete |
| | Webinars | Two webinars will be held: one primarily for providers/provider organizations and one primarily for participants and their families/guardians/representatives. | 1/15/2015 | Complete |
| | Written materials: DRAFT Transition Plan and Survey summaries | Copies will be provided to regional CMS Project Officer. | 1/16/2015 | Complete |
| | Revisions to the Transition Plan | Based on public comment via the website, forums, and mailed responses, as appropriate, the Transition Plan will be revised; a summary document of all public submitted comments will be attached to the Plan submitted to CMS. | 1/15/2015 | Ongoing |

| 5 | **Remediation Strategies** | | | |
|---|---|---|---|---|
| | Required modifications to existing administrative rules/statutes/waiver definitions *(Specific Rule/Statutes may be found in Appendix A)* | Identify required modifications to each administrative rule, statute and waiver definition;; Obtain legal approval; Implement modification. Some of these changes may require legislative action and/or waiver amendment. | 1/1/2016 | 7/1/2018 |
| | Required modifications to existing provider forms and agreements | Review and develop recommendations for language changes and drafts of new forms and agreements; Obtain legal approval; Implement modification. | 1/1/2016 | 9/1/2017 |
| | Required modifications and/or creation of new resident forms/agreements | Development and implementation of new resident agreements, where needed, to comport with residential settings rules. This also includes the development and implementation of State and site policies and procedures relating to employment and day services in non-residential settings. | 1/1/2016 | 9/1/2017 |
| | Training | Training will be provided to care coordinators, service coordinators, residential staff, and credentialing and protective service staff on changes to policies and procedures due to the HCBS rules. Among the topics to be covered are: individual rights, informed choices, person-centered planning, protections, community inclusion, and working with high-risk individuals. | 1/15/2015 | On-going |
| | | Training/education will also be provided for participants and families regarding compliance with the new rule and changes that may be made to their HCBS settings. | | |

| | | | | |
|---|---|---|---|---|
| | Individual site/setting assessment findings | Notices are to be sent to providers who are not in compliance or presumed not to be in compliance. Explanation is to be provided as to why their settings do not meet the criteria outlined in the new rule, the actions needed and the timeframes for the settings to become compliant. | 9/17/2016 (goal to complete site/ setting visits) | Complete |
| | Evaluate and make recommendation re. site/setting's compliance with HCBS settings - including heightened scrutiny<br><br>(Process defined above in "Site validation visits and analysis of compliance with HCBS settings in order to make recommendations) | Sites which appear to be out of compliance with the requirements of the regulation:<br>• those adjacent to, or on the grounds of, public institutions;<br>• those located in a facility which provides inpatient treatment; and<br>• those which seem not to provide the opportunity for participants to receive services in the most integrated community settings<br><br>Determinations will be made on a case-by-case basis. Additional information may be provided by the site and a site visit will take place. Materials will be presented to CMS. | 9/17/2016 | 12/30/17 |
| | Provider sanctions and disenrollment | State will de-certify and/or sanction providers who have failed to complete their remediation plans or have failed to be cooperative with the transition of the HCBS settings. | 1/1/2018 | Ongoing |

| | | | | |
|---|---|---|---|---|
| | Individual participant transitions | If necessary, the State will work with individual providers to develop transition plans for participants residing or participating in non-compliant settings. Transitions will occur only after all options have been exhausted. Care coordinators, program staff and other individuals involved in the participants' care will join in the decision-making regarding an alternative residence or service location. State will ensure that all participants have a safe transition plan before any relocation or transition occurs. | 1/1/2018 | 3/17/19 |
| 6 | **Ongoing Compliance** | | | |
| | | Activities which may be components of maintaining ongoing compliance with the new rule will include: | | |
| | | • an annual review of the participant's person-centered plan, during which feedback will be sought from the participant and the participant's family or guardian regarding the access to community activities, choice of accommodations, roommates, and services. In addition, the annual review should validate the inclusion of participant goals and satisfaction with services. | 1/1/2018 | On-going |
| | | • onsite inspections/audits which include collection of data re: factors described in the new rule (choice, options, community integration); | 1/1/2018 | On-going |
| | | • implementation of the Quality Assurance Plan for each waiver, described in Appendix H of each waiver and modified as necessary to incorporate rules | 1/1/2018 | On-going |
| | | • QA monitoring of Assurances and Performance Measures; | 1/1/2018 | On-going |
| | | • The HFS website will remain active and its comment box will remain available to those in the community who would like to file complaints or make comments about the policies and procedures at particular settings that appear non-compliant with rule requirements. | 1/15/2015 | On-going |

| | | | | |
|---|---|---|---|---|
| | | • Sites found to be out of compliance during any routine assessments will be required to complete a corrective action plan. | 1/1/2017 | On-going |

# Appendix H -- Summary of Public Comment

| Com-ment # | Site | Type | Commenter | Theme | Theme Code | Key Comment | Medicaid Setting Rule to Which Comment Applies | Action/Revision to Implementation Plan |
|---|---|---|---|---|---|---|---|---|
| **1** | **Peoria** | **Written** | **Adult Day Service Provider** | **Provider reimbursement rates may be barriers to compliance with portions of the CMS regulations** | **10** | "Because of the low reimbursement rate for adult day services in Illinois, most adult day centers are operated by a parent organization and use of a part of another institution's space allows centers to stay open . . . " " . . . Financial and time constraints prevent clients from having a wide choice of foods and dining times for a noon meal." | 42 CFR 430 Chapter VII, Section 202 of the Unfunded Mandates Reform Act of 1195 (March 22, 1995, Pub, L. 104-4) and Federal Register Vol. 79 No. 11 Part II, first column, second comment and CMS response. | The State recognizes the relationship between reimbursement and the provider's willingness and ability to provide additional service options as envisioned by the regulations. The State intends to comply with the Transition Plan, recognizing reimbursement may need to be addressed on a separate track. State reimbursement for services is subject to the appropriations of our General Assembly. |
| | | | | **Rules may not recognize the value of a particular setting in terms of impact and support to specific populations** | **11** | " . . . Many centers, particularly in the Chicago area, are also culturally sensitive . . . Services in the language and culture of the countries of origin . . . " "Because all Illinois adult day centers serve persons with dementia, our centers do restrict freely leaving." | 441.301(4)(i) | State plans to utilize an array of strategies which include focus groups with stakeholder groups as part of the site/setting validation visits and/or recommend a setting as part of the heightened scrutiny process. Language in the Transition Plan has been added or modified to reflect these strategies. |
| **2** | **Peoria** | **Written** | **Adult Day Service Provider** | **Provider reimbursement rates may be barriers to compliance with portions of the CMS regulations** | **10** | "Because of the low reimbursement rate for adult day services in Illinois, most adult day centers are operated by a parent organization and use of a part of another institution's space allows centers to stay open . . . " " . . . Financial and time constraints prevent clients from having a wide choice of foods and dining times for a noon meal." | 42 CFR 430 Chapter VII, Section 202 of the Unfunded Mandates Reform Act of 1195 (March 22, 1995, Pub, L. 104-4) and Federal Register Vol. 79 No. 11 Part II, first column, second comment and CMS response. | The State recognizes the relationship between reimbursement and the provider's willingness and ability to provide additional service options as envisioned by the regulations. The State intends to comply with the Transition Plan, recognizing reimbursement may need to be addressed on a separate track. State reimbursement for services is subject to the appropriations of our General Assembly. |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |
| | | | | **Rules may not recognize the value of a particular setting in terms of impact and support to specific populations** | **11** | " . . . Many centers, particularly in the Chicago area, are also culturally sensitive . . . Services in the language and culture of the countries of origin . . . " "Because all Illinois adult day centers serve persons with dementia, our centers do restrict freely leaving." | 441.301(4)(i) | State plans to utilize an array of strategies which include focus groups with stakeholder groups as part of the site/setting validation visits and/or recommend a setting as part of the heightened scrutiny process. Language in the Transition Plan has been added or modified to reflect these strategies. |
| **3** | **Champaign** | **Written** | **Adult Day Service Provider** | **Provider reimbursement rates may be barriers to compliance with portions of the CMS regulations** | **10** | "Because of the low reimbursement rate for adult day services in Illinois, most adult day centers are operated by a parent organization and use of a part of another institution's space allows centers to stay open . . . " " . . . Financial and time constraints prevent clients from having a wide choice of foods and dining times for a noon meal." | 42 CFR 430 Chapter VII, Section 202 of the Unfunded Mandates Reform Act of 1195 (March 22, 1995, Pub, L. 104-4) and Federal Register Vol. 79 No. 11 Part II, first column, second comment and CMS response. | The State recognizes the relationship between reimbursement and the provider's willingness and ability to provide additional service options as envisioned by the regulations. The State intends to comply with the Transition Plan, recognizing reimbursement may need to be addressed on a separate track. State reimbursement for services is subject to the appropriations of our General Assembly. |
| | | | | **Rules may not recognize the value of a particular setting in terms of impact and support to specific populations** | **11** | " . . . Many centers, particularly in the Chicago area, are also culturally sensitive . . . Services in the language and culture of the countries of origin . . . " "Because all Illinois adult day centers serve persons with dementia, our centers do restrict freely leaving." | 441.301(4)(i) | State plans to utilize an array of strategies which include focus groups with stakeholder groups as part of the site/setting validation visits and/or recommend a setting as part of the heightened scrutiny process. Language in the Transition Plan has been added or modified to reflect these strategies. |
| **4** | **Champaign** | **Written** | **CIL Provider** | **Current Service Options/Definitions need to be reviewed and/or expanded under existing HCBS waivers and align with CMS regulations** | **4** | " We hope waiver programs do continue to represent the best of services for people with disabilities and inclusion . . ." | 441.304(d) - (f) | Over the next four years, all new and renewed waivers will be reviewed to ensure service options are available and the definitions of these services comport with the rules. Language in the Transition Plan has been added or modified to reflect these strategies. |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **5** | **Champaign** | **Written** | **AAA Director** | **Rules may not recognize the value of a particular setting in terms of impact and support to specific populations** | **11** | " . . .the needs and wants and preferences of older adults who would be utilizing an adult day center, but also the needs of the family caregivers because the adult day center are really extension of the family caregiver's experience . . ." ". . . How such a facility is perceived by the community when it makes its decision." | 441.301(4)(i) | State plans to utilize an array of strategies which include focus groups with stakeholder groups as part of the site/setting validation visits and/or recommend a setting as part of the heightened scrutiny process. Language in the Transition Plan has been added or modified to reflect these strategies. |
| **6** | **Champaign** | **Written** | **Parent of a DD Participant** | **Current Service Options/Definitions need to be reviewed and/or expanded under existing HCBS waivers and align with CMS regulations** | **4** | " . .. . A lot of CILAs will require that you use their Day Program which would not be satisfactory . . not wanting to lose all of his pay to an agency." " . . . transportation here, but that is really the biggest problem." | 441.304(d) - (f) | Over the next four years, all new and renewed waivers will be reviewed to ensure service options are available and the definitions of these services comport with the rules. Language in the Transition Plan has been added or modified to reflect these strategies. |
| **7** | **Champaign** | **Written** | **Provider Association** | **Provider reimbursement rates may be barriers to compliance with portions of the CMS regulations** | **10** | "The reimbursement rate for adult day services is such that there are not adult day service chains with the exception of . . . . " | 42 CFR 430 Chapter VII, Section 202 of the Unfunded Mandates Reform Act of 1195 (March 22, 1995, Pub, L. 104-4) and Federal Register Vol. 79 No. 11 Part II, first column, second comment and CMS response. | The State recognizes the relationship between reimbursement and the provider's willingness and ability to provide additional service options as envisioned by the regulations. The State intends to comply with the Transition Plan, recognizing reimbursement may need to be addressed on a separate track. State reimbursement for services is subject to the appropriations of our General Assembly. |
| | | | | **Rules may not recognize the value of a particular setting in terms of impact and support to specific populations** | **11** | "We also have a number of ethnic centers in Illinois and the people in the ethnic centers are often elderly who came here to be with their children . . . "" . . If the standard were based just on geography, it would result in the tragic loss of adult day services for many people . . " " . . . We also have a number of ethnic centers . . Often elderly people who came here to be with their children . . " | 441.301(4)(i) | State plans to utilize an array of strategies which include focus groups with stakeholder groups as part of the site/setting validation visits and/or recommend a setting as part of the heightened scrutiny process. Language in the Transition Plan has been added or modified to reflect these strategies. |

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| **8** | **Champaign** | **Written** | **Provider Association** | **Process needs to be more defined regarding review of state statutes, policies and procedures to ensure compliance** | **7** | " . . .it's really about looking at all of the current rules and deciding which ones need changes. One would be . . . Licensing for CILAs . . Look towards integration . . . There's the interpretation of the rules which maybe where some of the challenges come. Often by the way people interpret DSP direct service provider requirements. . . " | 441.304(d) - (f) | State will utilize existing stakeholder groups to help review state statutes, policies and procedures to ensure compliance. Language in the Transition Plan has been added or modified to reflect these strategies. |
| | | | | **Process needs to be strengthened in State oversight of HCBS Providers to ensure compliance** | **9** | ". . . Bureau of Quality Management . . . Tend to look at things that are paperwork oriented as opposed to integration oriented. . . ." | 441.302 | Over the next four years, all new and renewed waivers will be reviewed with a sensitivity to assure waiver assurances and performance measures comport with the HCBS rules. Language in the Transition Plan has been added or modified to reflect these strategies. |
| | | | | **Process needs to be strengthened in relationship to self-administered provider surveys and inclusion of participants and their Plans of Care** | **8** | "I would love to see a requirement of input of self-advocates and family members in these rules changes just because it is the right thing to do." | 441.304(d) - (f) | State intends to establish consumer focus groups during validation site visits. State plans to establish three levels of validation of provider survey results including visiting providers that demonstrated a high level of compliance. Validation site visits will be conducted by an independent third party. Language in the Transition Plan has been added or modified to reflect these strategies. |
| **9** | **Champaign** | **Oral** | **CILA Provider** | **Timeframes identified in Statewide Transition Plan may not be realistic.** | **13** | "I don't think your timeline going to be within the time that we've been asking because we're constantly told it takes a long time to change these rules." | 441.301(c)(6)(B) | State plans to work with legal and policy representatives that represent all nine (9) of the HCBS Waivers to ensure process moves forward at a timely pace. Timeframes indicated in Transition Plan will continuously be reviewed. |
| **10** | **Champaign** | **Oral** | **Adult Day Service Provider** | **Rules may not recognize the value of a particular setting in terms of impact and support to specific populations** | **11** | " . . . We have always been associated with the nursing home. We have had a separate entrances." "(many examples re. value of program) "We stayed open on Black Friday and they were ecstatic that they go to go shopping." | 441.301(4)(i) | State plans to utilize an array of strategies which include focus groups with stakeholder groups as part of the site/setting validation visits and/or recommend a setting as part of the heightened scrutiny process. Language in the Transition Plan has been added or modified to reflect these strategies. |

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| **11** | **Champaign** | **Oral** | **DD Provider** | **Current Service Options need to be reviewed and/or expanded under existing HCBS waivers and align with CMS regulations** | **4** | " . . Some of the work has already been done related to the 1115 would be of value . . . Fixing the 2 hour hold/24 hour CILA will end, unbundling transportation." | 441.304(d) - (f) | Over the next four years, all new and renewed waivers will be reviewed to ensure service options are available and the definitions of these services comport with the rules. Language in the Transition Plan has been added or modified to reflect these strategies. |
| | | | | **Assurance of available service options to enable participant choice and integration in the greater community** | **1** | " . . . Quite a bit of work has been done by DHS-DD looking at the CFCM . . . we really need to have a functional CFCM system in Illinois." | 441.301(4)(i) | Over the next four years, all new and renewed waivers will be reviewed to ensure service options are available in integrated settings that support access to the greater community and Person Centered Planning (PCP) is assured; PCP will need to comport with federal setting expectations. Language in the Transition Plan has been added or modified to reflect these strategies. |
| **12** | **Champaign** | **Oral** | **Parent of a DD Participant** | **Assurance of available service options to enable participant choice and access to the greater community** | **1** | " . . . So what the focus needs to be on is how that agency is supporting access for that individual. . . . So I think we are talking about a person with a disability having choice in who's providing those services and supports. . . . Rules really do prohibit for day Programs . . . from doing anything that is community based . . . we want them to go out and have a job or job shadow, volunteer . . . " | 441.301(4)(i) | Over the next four years, all new and renewed waivers will be reviewed to ensure service options are available in integrated settings that support access to the greater community and Person Centered Planning (PCP) is assured; PCP will need to comport with federal setting expectations. Language in the Transition Plan has been added or modified to reflect these strategies. |
| **13** | **Champaign** | **Oral** | **Parent of a DD Participant** | **General comment or question regarding HCBS settings rules and need to be addressed through continuing education** | **6** | "How does this impact SODC's?" | 441.730(c ) | Continued education is needed at all levels of Transition Plan implementation and will be a key component as we include stakeholders in review of state statures, policies and procedures and at site visits. Language in the Transition Plan has been added or modified to reflect these strategies. |
| **14** | **Peoria** | **Oral** | **AAA Director** | **Rules may not recognize the value of a particular setting in terms of impact and support to specific populations** | **11** | " . . . We have an adult day care in a hospital" | 441.301(4)(i) | State plans to utilize an array of strategies which include focus groups with stakeholder groups as part of the site/setting validation visits and/or recommend a setting as part of the heightened scrutiny process. Language in the Transition Plan has been added or modified to reflect these strategies. |

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| **15** | **Peoria** | **Oral** | **Provider Association** | **Comments or questions in support of the HCBS Settings Rules** | **2** | "We are pleased with the outcome based evidence that we're seeing in the Transition Plan." | N/A | No action to be taken. |
| | | | | **Provider reimbursement rates may be barriers to compliance with portions of the CMS regulations** | **10** | ". . . Many ADS are trying to stay in business and it is a lot tougher. . . Many campuses are with our parent organizations or with other organizations to keep our costs at a minimum. . . " | 42 CFR 430 Chapter VII, Section 202 of the Unfunded Mandates Reform Act of 1195 (March 22, 1995, Pub, L. 104-4) and Federal Register Vol. 79 No. 11 Part II, first column, second comment and CMS response. | The State recognizes the relationship between reimbursement and the provider's willingness and ability to provide additional service options as envisioned by the regulations. The State intends to comply with the Transition Plan, recognizing reimbursement may need to be addressed on a separate track. State reimbursement for services is subject to the appropriations of our General Assembly. |
| | | | | **Rules may not recognize the value of a particular setting in terms of impact and support to specific populations** | **11** | " . . . Most of our clients that come to the ADS . . Have some sort of dementia." | 441.301(4)(i) | State plans to utilize an array of strategies which include focus groups with stakeholder groups as part of the site/setting validation visits and/or recommend a setting as part of the heightened scrutiny process. Language in the Transition Plan has been added or modified to reflect these strategies. |
| **16** | **Peoria** | **Oral** | **Parent of a DD Participant** | **General comment or concern about the quality of a program and/or choice options** | **5** | " . . . There needs to be a program within the state programs to encourage the ability to get out and to actually be employed as opposed to doing maid work or just being occupied by just sitting in a chair." | 441.301(4)(i) | Over the next four years, all new and renewed waivers will be reviewed to ensure service options are available and Person Centered Planning (PCP) is assured; PCP will need to comport with federal setting expectations. Language in the Transition Plan has been added or modified to reflect these strategies. |
| **17** | **Peoria** | **Oral** | **Parent of a DD Participant** | **Comments or questions regarding issues not related to Transition Plan** | **3** | Raised many concerns relating to confidentiality at a SODC, enrollment in managed care. | N/A | These represent questions or comments that do not appear to relate to HCBS settings rules and are not being addressed in the Transition Plan. |

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| | | | | **General comment or concern about the quality of a program and/or choice options** | **5** | Concern relating to Transition Plan dealt with day habilitation activities . . ."Activities need to have purpose and value." | 441.301(4)(i) | Over the next four years, all new and renewed waivers will be reviewed to ensure service options are available and Person Centered Planning (PCP) is assured; PCP will need to comport with federal setting expectations. Language in the Transition Plan has been added or modified to reflect these strategies. |
| **18** | **UIC** | **Written** | **Academic** | **Current Service Options need to be reviewed and/or expanded under existing HCBS waivers and align with CMS regulations** | **4** | . . . Importance of the state supporting integrated behavioral health/mental health services in the community for people with intellectual and developmental disabilities." | 441.304(d) - (f) | Over the next four years, all new and renewed waivers will be reviewed to ensure service options are available and the definitions of these services comport with the rules. Language in the Transition Plan has been added or modified to reflect these strategies. |
| **19** | **UIC** | **Written** | **Adult Day Service Provider** | **Provider reimbursement rates may be barriers to compliance with portions of the CMS regulations** | **10** | "Because of the low reimbursement rate for adult day services in Illinois, most adult day centers are operated by a parent organization and use of a part of another institution's space allows centers to stay open . . . " " . . . Financial and time constraints prevent clients from having a wide choice of foods and dining times for a noon meal." | 42 CFR 430 Chapter VII, Section 202 of the Unfunded Mandates Reform Act of 1195 (March 22, 1995, Pub, L. 104-4) and Federal Register Vol. 79 No. 11 Part II, first column, second comment and CMS response. | The State recognizes the relationship between reimbursement and the provider's willingness and ability to provide additional service options as envisioned by the regulations. The State intends to comply with the Transition Plan, recognizing reimbursement may need to be addressed on a separate track. State reimbursement for services is subject to the appropriations of our General Assembly. |
| | | | | **Rules may not recognize the value of a particular setting in terms of impact and support to specific populations** | **11** | " . . . Many centers, particularly in the Chicago area, are also culturally sensitive . . . Services in the language and culture of the countries of origin . . . " "Because all Illinois adult day centers serve persons with dementia, our centers do restrict freely leaving." | 441.301(4)(i) | State plans to utilize an array of strategies which include focus groups with stakeholder groups as part of the site/setting validation visits and/or recommend a setting as part of the heightened scrutiny process. Language in the Transition Plan has been added or modified to reflect these strategies. |
| **20** | **UIC** | **Written** | **Rehabilitation Provider** | **Comments or questions in support of the HCBS Settings Rules** | **2** | ". . . Reflect a continuing commitment to the continuation of both supportive services and case management services for participants in the HCBS waivers." | N/A | No action to be taken. |
| | | | | **Comments or questions regarding issues not related to Transition Plan** | **3** | "Lack of Notification of the change to Managed Care" | N/A | These represent questions or comments that do not appear to relate to HCBS settings rules and are not being addressed in the Transition Plan. |

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| **21** | **UIC** | **Written** | **CIL Provider** | **Assurance of available service options to enable participant choice and integration in the greater community** | **1** | "PCP is a good sounding phrase unless there are provisions that guarantee that the consumer is listened to and his values, goals and desires are represented . . . Most people do not want to spend all their time at home, they need community and the community needs them. | 441.301(4)(i) | Over the next four years, all new and renewed waivers will be reviewed to ensure service options are available in integrated settings that support access to the greater community and Person Centered Planning (PCP) is assured; PCP will need to comport with federal setting expectations. Language in the Transition Plan has been added or modified to reflect these strategies. |
| | | | | **Comments or questions regarding issues not related to Transition Plan** | **3** | ". . . Managed care organizations need to understand the dignity of risk . . ." | N/A | These represent questions or comments that do not appear to relate to HCBS settings rules and are not being addressed in the Transition Plan. |
| | | | | **Current Service Options need to be reviewed and/or expanded under existing HCBS waivers and align with CMS regulations** | **4** | "We support the continuation of the 1115 Waiver as it embraced many of these consents . . . Person Drive, Inclusive, Effective and Accountable, Coordinated and Transparent and Culturally Competent." | 441.304(d) - (f) | Over the next four years, all new and renewed waivers will be reviewed to ensure service options are available and the definitions of these services comport with the rules. Language in the Transition Plan has been added or modified to reflect these strategies. |
| | | | | **Provider reimbursement rates may be barriers to compliance with portions of the CMS regulations** | **10** | "It is nearly impossible to have a well-functioning system of LTSS if there are Medicaid cuts . . . An attack on the quality of life . . . Survival of people who rely on these services." | 42 CFR 430 Chapter VII, Section 202 of the Unfunded Mandates Reform Act of 1195 (March 22, 1995, Pub, L. 104-4) and Federal Register Vol. 79 No. 11 Part II, first column, second comment and CMS response. | The State recognizes the relationship between reimbursement and the provider's willingness and ability to provide additional service options as envisioned by the regulations. The State intends to comply with the Transition Plan, recognizing reimbursement may need to be addressed on a separate track. State reimbursement for services is subject to the appropriations of our General Assembly. |
| **22** | **Number skipped** | | | | | | | |
| **23** | **E-mail** | **Written** | **Family of a DD Participant** | **Assurance of available service options to enable participant choice and integration in the greater community** | **1** | "He has been on an Emergency list with PUNS for six years now . . . " | 441.301(4)(i) | Over the next four years, all new and renewed waivers will be reviewed to ensure service options are available in integrated settings that support access to the greater community and Person Centered Planning (PCP) is assured; PCP will need to comport with federal setting expectations. Language in the Transition Plan has been added or modified to reflect these strategies. |

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| **24** | **E-mail** | **Written** | **Parent of a DD Participant** | **Current Service Options/Definitions need to be reviewed and/or expanded under existing HCBS waivers and align with CMS regulations** | **4** | "Looking for . . . Financial support to caregivers of disabled individuals." | 441.304(d) - (f) | Over the next four years, all new and renewed waivers will be reviewed to ensure service options are available and the definitions of these services comport with the rules. Language in the Transition Plan has been added or modified to reflect these strategies. |
| **25** | **E-mail** | **Written** | **Adult Day Service Provider** | **Comments or questions regarding issues not related to Transition Plan** | **3** | "It is not a good idea." | N/A | These represent questions or comments that do not appear to relate to HCBS settings rules and are not being addressed in the Transition Plan. |
| **26** | **E-mail** | **Written** | **DD Transition Coordinator** | **General comment or question regarding HCBS settings rules and need to be addressed through continuing education** | **6** | "Will State Operated Developmental Centers be required to complete the Statewide Transition Plan" | 441.730(c ) | Continued education is needed at all levels of Transition Plan implementation and will be a key component as we include stakeholders in review of state statures, policies and procedures and at site visits. Language in the Transition Plan has been added or modified to reflect these strategies. |
| **27** | **E-mail** | **Written** | **Unknown** | **Assurance of available service options to enable participant choice and integration in the greater community** | **1** | "I hope that changes in the waiver help facilitate expansion of the program to include pulling more people off the state's PUNS waiting list." | 441.301(4)(i) | Over the next four years, all new and renewed waivers will be reviewed to ensure service options are available in integrated settings that support access to the greater community and Person Centered Planning (PCP) is assured; PCP will need to comport with federal setting expectations. Language in the Transition Plan has been added or modified to reflect these strategies. |
| **28** | **E-mail** | **Written** | **Parent of a DD Participant** | **Comments or questions regarding issues not related to Transition Plan** | **3** | Several comments regarding the adequacy of SSI | N/A | These represent questions or comments that do not appear to relate to HCBS settings rules and are not being addressed in the Transition Plan. |
| **29** | **E-mail** | **Written** | **Parent of a DD Participant** | **Current Service Options need to be reviewed and/or expanded under existing HCBS waivers and align with CMS regulations** | **4** | Raised many concerns relating to "facilitating opportunities to seek employment in competitive settings, engage in community life . . . When neither the CILA agency nor the day program is not able to do this, due to lack of staff, funding." Question/Commented the definition of Person Centered Planning. | 441.304(d) - (f) | Over the next four years, all new and renewed waivers will be reviewed to ensure service options are available and the definitions of these services comport with the rules. Language in the Transition Plan has been added or modified to reflect these strategies. |

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| **30** | **E-mail** | **Written** | **DD Association and Parent of DD Participant** | **Current Service Options/Definitions need to be reviewed and/or expanded under existing HCBS waivers and align with CMS regulations** | **4** | "Majority of family with young adults with significant disabilities in our state find themselves with extremely limited options in terms of finding integrated, community-base and individualized supports." "Sending her there would amount to a form of exile for a person who cannot travel or communicate without extensive supports." | 441.304(d) - (f) | Over the next four years, all new and renewed waivers will be reviewed to ensure service options are available and the definitions of these services comport with the rules. Language in the Transition Plan has been added or modified to reflect these strategies. |
| | | | | **General comment or question regarding HCBS settings rules and need to be addressed through continuing education** | **6** | Provided detailed description of their participant/consumer's Plan of Care | 441.730(c ) | Continued education is needed at all levels of Transition Plan implementation and will be a key component as we include stakeholders in review of state statures, policies and procedures and at site visits. Language in the Transition Plan has been added or modified to reflect these strategies. |
| **31** | **E-mail** | **Written** | **Provider Association** | **Provider reimbursement rates may be barriers to compliance with portions of the CMS regulations** | **10** | "Complete a cost analysis for the implementation of the proposed rule and the rule will be implemented only if the funding level approved by the legislature . . . " | 42 CFR 430 Chapter VII, Section 202 of the Unfunded Mandates Reform Act of 1195 (March 22, 1995, Pub, L. 104-4) and Federal Register Vol. 79 No. 11 Part II, first column, second comment and CMS response. | The State recognizes the relationship between reimbursement and the provider's willingness and ability to provide additional service options as envisioned by the regulations. The State intends to comply with the Transition Plan, recognizing reimbursement may need to be addressed on a separate track. State reimbursement for services is subject to the appropriations of our General Assembly. |
| **32** | **E-mail** | **Written** | **Advocate** | **Process needs to be strengthened in relationship to self-administered provider surveys and inclusion of participants** | **8** | "Recipient of waiver services should be included in planned focus groups" | 441.304(d) - (f) | State intends to establish consumer focus groups during validation site visits and review a sample of the participant's Plans of Care. State plans to establish three levels of validation of provider survey results including visiting providers that demonstrated a high level of compliance. Validation site visits will be conducted by an independent third party. Review of Plans of Care will aid in current and future development of Participant Plans of Care, but also may influence state statutes, policies and procedures. Language in the Transition Plan has been added or modified to reflect these strategies. |

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| | | | | **General comment or question regarding HCBS settings rules and need to be addressed through continuing education** | **6** | ". . . Provider settings surveys . . .should be sent to this e-mail address . . ." | 441.730(c ) | Over 1800 surveys were returned to UIS researchers; State never indicated that individual results would be shared However, continued education is needed at all levels of Transition Plan implementation and will be a key component as we include stakeholders in review of state statures, policies and procedures and at site visits. Language in the Transition Plan has been added or modified to reflect these strategies. |
| | | | | **Process needs to be more defined regarding review of state statutes, policies and procedures to ensure compliance** | **7** | "Please mention how rules shared with waiver participants and family . . ." | 441.304(d) - (f) | State will utilize existing stakeholder groups to help review state statutes, policies and procedures to ensure compliance. Language in the Transition Plan has been added or modified to reflect these strategies. |
| **33** | **E-mail** | **Written** | **Parent of a DD Participant** | **Provider reimbursement rates may be barriers to compliance with portions of the CMS regulations** | **10** | "It is no secret that Illinois has problems and most programs are underfunded ." Explains perceived difference between a program and a service. "Illinois could use better funding streams. | 42 CFR 430 Chapter VII, Section 202 of the Unfunded Mandates Reform Act of 1195 (March 22, 1995, Pub, L. 104-4) and Federal Register Vol. 79 No. 11 Part II, first column, second comment and CMS response. | The state acknowledges the relationship of the reimbursement cost and ability to provide service. Funding is based upon budget allocations. With this in mind, the state intends to review existing HCBS Waiver service definitions to determine possible changes that could better align definitions with new CMS regulations. The state believes that many of the changes that will result from reviews can be done without additional funding. The state must comply with HCBS settings requirements and language in the Transition Plan has been added or modified to reflect these strategies. |
| | | | | **Current Service Options need to be reviewed and/or expanded under existing HCBS waivers and align with CMS regulations** | **4** | ". . The old way of funding day programs and housing has to become a thing of the past. | 441.304(d) - (f) | Over the next four years, all new and renewed waivers will be reviewed to ensure service options are available and the definitions of these services comport with the rules. Language in the Transition Plan has been added or modified to reflect these strategies. |

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| **34** | **E-mail** | **Written** | **DD Provider** | **Provider reimbursement rates may be barriers to compliance with portions of the CMS regulations** | **10** | "The system is woefully underfunded. The transition plan needs to address how process and outcome oriented changes will be financially supported." | 42 CFR 430 Chapter VII, Section 202 of the Unfunded Mandates Reform Act of 1195 (March 22, 1995, Pub, L. 104-4) and Federal Register Vol. 79 No. 11 Part II, first column, second comment and CMS response. | The State recognizes the relationship between reimbursement and the provider's willingness and ability to provide additional service options as envisioned by the regulations. The State intends to comply with the Transition Plan, recognizing reimbursement may need to be addressed on a separate track. State reimbursement for services is subject to the appropriations of our General Assembly. |
| | | | | **Specific concern that implementation of Transition Plan could add additional burden to provider and responsible parties** | **12** | "Please do not add another layer of monitoring . ." | 42 CFR 430 Chapter VIII. Section 202 of the Unfunded Mandates Reform Act of 1195 (March 22, 1995, Pub, L. 104-4) | State will utilize existing stakeholder groups to help review state statutes, policies and procedures to ensure compliance. HCBS Rules are in effect and state is responsible for their implementation. Language in the Transition Plan has been added or modified to reflect these strategies. |
| **35** | **E-mail** | **Written** | **Provider Associati on** | **Comments or questions in support of the HCBS Settings Rules** | **2** | " . . . Positive results of the UIS survey, the landscape of residential and non-residential setting compliance in Illinois is encouraging." | N/A | No action to be taken. |
| | | | | **Process needs to be strengthened in relationship to self-administered provider surveys and inclusion of participants and their Plans of Care** | **8** | " . . . Process and outcome-oriented change may be necessary after the same of site visits is completed … individual experience rather than one based on a setting's location, geography or physical characteristics." | 441.304(d) - (f) | State intends to establish consumer focus groups during validation site visits and review a sample of the participant's Plans of Care. State plans to establish three levels of validation of provider survey results including visiting providers that demonstrated a high level of compliance. Validation site visits will be conducted by an independent third party. Review of Plans of Care will aid in current and future development of Participant Plans of Care, but also may influence state statutes, policies and procedures. Language in the Transition Plan has been added or modified to reflect these strategies. |

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| | | | | **Provider reimbursement rates may be barriers to compliance with portions of the CMS regulations** | **10** | " . . . Substantial funding for the training of existing and additional staff . . . No financial provision for these federally required changes." | 42 CFR 430 Chapter VII, Section 202 of the Unfunded Mandates Reform Act of 1195 (March 22, 1995, Pub, L. 104-4) and Federal Register Vol. 79 No. 11 Part II, first column, second comment and CMS response. | The State recognizes the relationship between reimbursement and the provider's willingness and ability to provide additional service options as envisioned by the regulations. The State intends to comply with the Transition Plan, recognizing reimbursement may need to be addressed on a separate track. State reimbursement for services is subject to the appropriations of our General Assembly. |
| | | | | **Process needs to be strengthened in State oversight of HCBS Providers to ensure compliance** | **9** | " . . . Using existing governing/monitoring bodies that have established practices and community relationships will maximize efficiency and resources . . . " "Division of Developmental Disabilities in the transition is essential and should be outlined in the plan explicitly." | 441.302 | Over the next four years, all new and renewed waivers will be reviewed with a sensitivity to assure waiver assurances and performance measures comport with the HCBS rules. Language in the Transition Plan has been added or modified to reflect these strategies. |
| **36** | **Telephone** | **Oral** | **Parent of a DD Participant** | **General comment or concern about the quality of a program and/or choice options** | **5** | "He used to live in an 8 bed CILA, but he was a higher level than everybody else so he got no attention. . . .he was so bored, his behavior issues continued to worse." | 441.301(4)(i) | Over the next four years, all new and renewed waivers will be reviewed to ensure service options are available and Person Centered Planning (PCP) is assured; PCP will need to comport with federal setting expectations. Language in the Transition Plan has been added or modified to reflect these strategies. |
| | | | | **Assurance of available service options to enable participant choice and integration in the greater community** | **1** | "Why doesn't the government give the families some of the money so we can afford to take them places and do things with them?" | 441.301(4)(i) | Over the next four years, all new and renewed waivers will be reviewed to ensure service options are available in integrated settings that support access to the greater community and Person Centered Planning (PCP) is assured; PCP will need to comport with federal setting expectations. Language in the Transition Plan has been added or modified to reflect these strategies. |

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| **37** | **Telephone** | **Oral** | **Provider** | **General comment or question regarding HCBS settings rules and need to be addressed through continuing education** | **6** | "Do we have to allow overnight visitors whenever and for however long they want and to allow people to visit 24 hours a day?" | 441.730(c ) | Continued education is needed at all levels of Transition Plan implementation and will be a key component as we include stakeholders in review of state statures, policies and procedures and at site visits. Language in the Transition Plan has been added or modified to reflect these strategies. |
| **38** | **Frankfort** | **Written** | **Provider Association and Parent of DD Participant** | **Assurance of available service options to enable participant choice and integration in the greater community** | **1** | " . . . There will need to be much broader access to community-based options that are approved for funding . . . HCBS currently provides very limited options for use of funding in the community . . . True integrated activities must be funded. . . " | 441.301(4)(i) | Over the next four years, all new and renewed waivers will be reviewed to ensure service options are available in integrated settings that support access to the greater community and Person Centered Planning (PCP) is assured; PCP will need to comport with federal setting expectations. Language in the Transition Plan has been added or modified to reflect these strategies. |
| **39** | **E-mail** | **Written** | **Provider Association** | **Assurance of available service options to enable participant choice and integration in the greater community** | **1** | " . . . New definitions for consideration as an amendment to the Adult Home and Community-Based Waiver that will move IL towards compliance. They are: Individual and Residential Support Services and Supported, Individual and Customized Employment Services." | 441.301(4)(i) | Over the next four years, all new and renewed waivers will be reviewed to ensure service options are available in integrated settings that support access to the greater community and Person Centered Planning (PCP) is assured; PCP will need to comport with federal setting expectations. Language in the Transition Plan has been added or modified to reflect these strategies. |
| | | | | **Comments or questions regarding issues not related to Transition Plan** | **3** | "Ticket to Work Outcome and Milestone payments from SSA do not conflict with CMS regulatory requirements and do not constitute an overpayment of federal dollars for services provided since payments are made for an outcome, rather than for a Medicaid service rendered." List of service limitations included | N/A | No action to be taken. |

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| **40** | **Ina** | **Written** | **Parent of a DD Participant** | **Process needs to be strengthened in relationship to self-administered provider surveys and inclusion of participants and their Plans of Care** | **8** | "I wish the Plan would equally emphasize consumer and family surveys as part of the data collection process." | 441.304(d) - (f) | State intends to establish consumer focus groups during validation site visits and review a sample of the participant's Plans of Care. State plans to establish three levels of validation of provider survey results including visiting providers that demonstrated a high level of compliance. Validation site visits will be conducted by an independent third party. Review of Plans of Care will aid in current and future development of Participant Plans of Care, but also may influence state statutes, policies and procedures. Language in the Transition Plan has been added or modified to reflect these strategies. |
| | | | | **Current Service Options/Definitions need to be reviewed and/or expanded under existing HCBS waivers and align with CMS regulations** | **4** | "It is important not to the term Person Centered Planning to become simply jargon." | 441.304(d) - (f) | Over the next four years, all new and renewed waivers will be reviewed to ensure service options are available and the definitions of these services comport with the rules. Language in the Transition Plan has been added or modified to reflect these strategies. |
| | | | | **Assurance of available service options to enable participant choice and integration in the greater community** | **1** | "I encourage you to revisit the community engagement and transportation opportunities at a consumer or individual level.""Many of the day trainings . . . Have the effect of isolating individuals receiving HCBS from the broader community." | 441.301(4)(i) | Over the next four years, all new and renewed waivers will be reviewed to ensure service options are available in integrated settings that support access to the greater community and Person Centered Planning (PCP) is assured; PCP will need to comport with federal setting expectations. Language in the Transition Plan has been added or modified to reflect these strategies. |
| **41** | **Ina** | **Oral** | **Participant** | **General comment or concern about the quality of a program and/or choice options** | **5** | "They are tired of going to workshop and doing the same thing all day and getting paid piece work" | 441.301(4)(i) | Over the next four years, all new and renewed waivers will be reviewed to ensure service options are available and Person Centered Planning (PCP) is assured; PCP will need to comport with federal setting expectations. Language in the Transition Plan has been added or modified to reflect these strategies. |

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| **42** | **Ina** | **Oral** | **Participant** | **Assurance of available service options to enable participant choice and integration in the greater community** | **1** | "I was told if I had to move to CILA, I would have to quit my job and go to their workshop." | 441.301(4)(i) | Over the next four years, all new and renewed waivers will be reviewed to ensure service options are available in integrated settings that support access to the greater community and Person Centered Planning (PCP) is assured; PCP will need to comport with federal setting expectations. Language in the Transition Plan has been added or modified to reflect these strategies. |
| **43** | **Ina** | **Oral** | **Guardian** | **Specific concern that implementation of Transition Plan could add additional burden to provider and responsible parties** | **12** | "Some of us don't want highly integrated for our person because of behavioral issues." Series of other questions relating to the rules. | 42 CFR 430 Chapter VIII. Section 202 of the Unfunded Mandates Reform Act of 1195 (March 22, 1995, Pub, L. 104-4) | State will utilize existing stakeholder groups to help review state statutes, policies and procedures to ensure compliance. HCBS Rules are in effect and state is responsible for their implementation. Language in the Transition Plan has been added or modified to reflect these strategies. |
| **44** | **Ina** | **Oral** | **Provider** | **Provider reimbursement rates may be barriers to compliance with portions of the CMS regulations** | **10** | "This covers all of the waivers? Is there new funding for this? "With the woefully underfunded community system now it's pretty tough to create alternatives at this point unless they incentivize us." | 42 CFR 430 Chapter VII, Section 202 of the Unfunded Mandates Reform Act of 1195 (March 22, 1995, Pub, L. 104-4) and Federal Register Vol. 79 No. 11 Part II, first column, second comment and CMS response. | The State recognizes the relationship between reimbursement and the provider's willingness and ability to provide additional service options as envisioned by the regulations. The State intends to comply with the Transition Plan, recognizing reimbursement may need to be addressed on a separate track. State reimbursement for services is subject to the appropriations of our General Assembly. |
| **45** | **Ina** | **Oral** | **Provider** | **General comment or question regarding HCBS settings rules and need to be addressed through continuing education** | **6** | "With the new administration change that's going to come in a couple of years in this course that is unalterable? . . .. Understanding of the difference specifically we are now required to offer the choice of a private unit." | 441.730(c ) | Continued education is needed at all levels of Transition Plan implementation and will be a key component as we include stakeholders in review of state statures, policies and procedures and at site visits. Language in the Transition Plan has been added or modified to reflect these strategies. |

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| | | | | **Assurance of available service options to enable participant choice and integration in the greater community** | **1** | "How much are we supposed to pull choice out when the choice isn't there." | 441.301(4)(i) | Over the next four years, all new and renewed waivers will be reviewed to ensure service options are available in integrated settings that support access to the greater community and Person Centered Planning (PCP) is assured; PCP will need to comport with federal setting expectations. Language in the Transition Plan has been added or modified to reflect these strategies. |
| **46** | **Ina** | **Oral** | **Guardian** | **General comment or question regarding HCBS settings rules and need to be addressed through continuing education** | **6** | "I think that (individual having whoever they want in planning meetings) will be something we will struggle with . . . Because if the individual says, I don't want my guardian . . ." | 441.730(c ) | Continued education is needed at all levels of Transition Plan implementation and will be a key component as we include stakeholders in review of state statures, policies and procedures and at site visits. Language in the Transition Plan has been added or modified to reflect these strategies. |
| **47** | **Ina** | **Oral** | **Provider** | **Assurance of available service options to enable participant choice and integration in the greater community** | **1** | "As the regulations roll out it seems like a lot of interest and a lot questions people have are about what has to be documented in the plan." ". . . Right now our ISP is running about 25 pages long . . ." | 441.301(4)(i) | Over the next four years, all new and renewed waivers will be reviewed to ensure service options are available in integrated settings that support access to the greater community and Person Centered Planning (PCP) is assured; PCP will need to comport with federal setting expectations. Language in the Transition Plan has been added or modified to reflect these strategies. |
| **48** | **Ina** | **Oral** | **Provider** | **Process needs to be more defined regarding review of state statutes, policies and procedures to ensure compliance** | **7** | "And really a lot of what you are talking about is normal practice for providers." "What I am hearing is that it will be heavy on documentation that I think there needs to be additional Q work created . . ." | 441.304(d) - (f) | State will utilize existing stakeholder groups to help review state statutes, policies and procedures to ensure compliance. Language in the Transition Plan has been added or modified to reflect these strategies. |
| **49** | **Ina** | **Oral** | **Provider** | **Rules may not recognize the value of a particular setting in terms of impact and support to specific populations** | **11** | "In an effort to have service available, ADS have been placed on campuses and that they may appear to not meet the requirements. . . . It's a day setting, they come to the Day Center to be some place safe and . . . Return to their own community." | 441.301(4)(i) | State plans to utilize an array of strategies which include focus groups with stakeholder groups as part of the site/setting validation visits and/or recommend a setting as part of the heightened scrutiny process. Language in the Transition Plan has been added or modified to reflect these strategies. |

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| **50** | **Ina** | **Oral** | **Provider** | **General comment or question regarding HCBS settings rules and need to be addressed through continuing education** | **6** | "As the plan falls is that looking like that to be the status quo or are they looking at the expectation that each provider also has to provide all of these options?" Other similar questions. | 441.730(c ) | Continued education is needed at all levels of Transition Plan implementation and will be a key component as we include stakeholders in review of state statures, policies and procedures and at site visits. Language in the Transition Plan has been added or modified to reflect these strategies. |
| **51** | **Ina** | **Oral** | **Guardian** | **General comment or question regarding HCBS settings rules and need to be addressed through continuing education** | **6** | "So I guess, a person already living in their facility and says I want a private room …. I think . . . The issue would be the ISSA or whoever advocates for the person to force them to make a one bed or persons leaving their home to go to another place?" | 441.730(c ) | Continued education is needed at all levels of Transition Plan implementation and will be a key component as we include stakeholders in review of state statures, policies and procedures and at site visits. Language in the Transition Plan has been added or modified to reflect these strategies. |
| **52** | **Ina** | **Oral** | **Unknown** | **General comment or question regarding HCBS settings rules and need to be addressed through continuing education** | **6** | "Are any of the 9 current waivers . . . Closer to the PCP than others? | 441.730(c ) | Continued education is needed at all levels of Transition Plan implementation and will be a key component as we include stakeholders in review of state statures, policies and procedures and at site visits. Language in the Transition Plan has been added or modified to reflect these strategies. |
| **53** | **Ina** | **Oral** | **Provider** | **General comment or question regarding HCBS settings rules and need to be addressed through continuing education** | **6** | "I think we started moving towards a PCP around the year 2000, I am not going to say we are all the way there . . ." | 441.730(c ) | Continued education is needed at all levels of Transition Plan implementation and will be a key component as we include stakeholders in review of state statures, policies and procedures and at site visits. Language in the Transition Plan has been added or modified to reflect these strategies. |
| **54** | **Ina** | **Oral** | **Provider** | **Comments or questions regarding issues not related to Transition Plan** | **3** | "It is to a great degree; there are some parts of it, but it's not totally there, but it's pretty close" (Referencing IDoA's comprehensive assessment and plan of care) | N/A | These represent questions or comments that do not appear to relate to HCBS settings rules and are not being addressed in the Transition Plan. |

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| **55** | **Ina** | **Oral** | **Provider** | **Process needs to be more defined regarding review of state statutes, policies and procedures to ensure compliance** | **7** | "On the PCP, I would go with . .. There needs to be a process where the choices are real and not just an assumption. Some people have very low cognitive abilities and it was highly offensive to me to get . . . Wanted these five people . ." | 441.304(d) - (f) | State will utilize existing stakeholder groups to help review state statutes, policies and procedures to ensure compliance. Language in the Transition Plan has been added or modified to reflect these strategies. |
| **56** | **Ina** | **Oral** | **Participa nt** | **General comment or concern about the quality of a program and/or choice options** | **5** | "They are tired of going to workshop and doing the same thing all day and getting paid piece work" | 441.301(4)(i) | Over the next four years, all new and renewed waivers will be reviewed to ensure service options are available and Person Centered Planning (PCP) is assured; PCP will need to comport with federal setting expectations. Language in the Transition Plan has been added or modified to reflect these strategies. |
| | | | | **Current Service Options/Definitio ns need to be reviewed and/or expanded under existing HCBS waivers and align with CMS regulations** | **4** | ". . . Can we make the PCP in an accommodating way to where if someone does have a low reading or understanding level that it would be easy enough for them to understand?" | 441.304(d) - (f) | Over the next four years, all new and renewed waivers will be reviewed to ensure service options are available and the definitions of these services comport with the rules. Language in the Transition Plan has been added or modified to reflect these strategies. |
| **57** | **Ina** | **Oral** | **Provider** | **Provider reimbursement rates may be barriers to compliance with portions of the CMS regulations** | **10** | " . . . Providers are concerned about resources needed to meet integrated employment and other choices. The rates are not set-up at all for anything that is individualized." | 42 CFR 430 Chapter VII, Section 202 of the Unfunded Mandates Reform Act of 1195 (March 22, 1995, Pub, L. 104-4) and Federal Register Vol. 79 No. 11 Part II, first column, second comment and CMS response. | The State recognizes the relationship between reimbursement and the provider's willingness and ability to provide additional service options as envisioned by the regulations. The State intends to comply with the Transition Plan, recognizing reimbursement may need to be addressed on a separate track. State reimbursement for services is subject to the appropriations of our General Assembly. |

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| **58** | **Rockford** | **Oral** | **Parent of a DD Participant** | **Assurance of available service options to enable participant choice and integration in the greater community** | **1** | " . . . Looking for a small CILA so eventually will impact us if there are every any openings in family as possible . . . You want to have places close to family." | 441.301(4)(i) | Over the next four years, all new and renewed waivers will be reviewed to ensure service options are available in integrated settings that support access to the greater community and Person Centered Planning (PCP) is assured; PCP will need to comport with federal setting expectations. Language in the Transition Plan has been added or modified to reflect these strategies. |
| | | | | **General comment or concern about the quality of a program and/or choice options** | **5** | Person raised an array of examples regarding use of technology, green industries and "cutting edge" practices. | 441.301(4)(i) | Over the next four years, all new and renewed waivers will be reviewed to ensure service options are available and Person Centered Planning (PCP) is assured; PCP will need to comport with federal setting expectations. Language in the Transition Plan has been added or modified to reflect these strategies. |
| **59** | **E-mail** | **Written** | **Advocate** | **General comment or question regarding HCBS settings rules and need to be addressed through continuing education** | **6** | "integrate may do more harm than good. General principles like integration and least restrictive environment are fine, but when they translate into specific rules like CILAs must be 4 beds or less or that CILA residents can't do day programs on a campus, then you have done harm." Commenter when on to cite an array of concerns and suggest that there be flexibility. | 441.730(c ) | Continued education is needed at all levels of Transition Plan implementation and will be a key component as we include stakeholders in review of state statures, policies and procedures and at site visits. Language in the Transition Plan has been added or modified to reflect these strategies. |
| **60** | **E-mail** | **Written** | **Parent of a DD Participant** | **General comment or question regarding HCBS settings rules and need to be addressed through continuing education** | **6** | " . . . HCBS rules will have a devastating effect on the quality of life for many special needs adults living in group homes in IL. . . . I understand the rule changes being considered, the ability to house more than 4 residents in a single structure would be eliminated . . requirement that all homes be fully accessible sounds great at first, but a better approach is to invest the necessary money in the structures that are best suited for non-ambulatory residents . . Misericordia has spent decades creating an enterprise that challenges and supports the needs and abilities of its residents." | 441.730(c ) | Continued education is needed at all levels of Transition Plan implementation and will be a key component as we include stakeholders in review of state statures, policies and procedures and at site visits. Language in the Transition Plan has been added or modified to reflect these strategies. |

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| **61** | **E-mail** | **Written** | **Parent of a DD Participant** | **General comment or question regarding HCBS settings rules and need to be addressed through continuing education** | **6** | " . . .it is important that IL not become more restrictive on its definitions of HCBS settings . . . Definition of home and community approved settings which we believe will have the impact of denying further choice for residents . . . We want the HCBS criteria to be outcome oriented and based upon the person's quality of life experiences . . ADA, DD Bill of Rights, Omstead . . . have the human right and civil right to be supported in a setting of their choice and not forced into choosing from a more limited set of options. . . " | 441.730(c ) | Continued education is needed at all levels of Transition Plan implementation and will be a key component as we include stakeholders in review of state statures, policies and procedures and at site visits. Language in the Transition Plan has been added or modified to reflect these strategies. |
| | | | | **General Comment Regarding Statewide Transition Plan Process** | **14** | " . . Post all public comments as well as State summaries of public comments that will be sent to CMS to ensure accountability and transparency to stakeholders. " | I (a), paragraph 5 | Illinois is required to meet the expectations of federal CMS in regards to the implementation of HCBS settings. language in the Transition Plan has been added or modified to reflect these strategies. |
| | | | | **Rules may not recognize the value of a particular setting in terms of impact and support to specific populations** | **11** | " . . . Request that current homes fall under a grandfather clause . . ." | 441.301(4)(i) | State plans to utilize an array of strategies which include focus groups with stakeholder groups as part of the site/setting validation visits and/or recommend a setting as part of the heightened scrutiny process. Language in the Transition Plan has been added or modified to reflect these strategies. |
| **62** | **E-mail** | **Written** | **Parent of a DD Participant** | **General comment or question regarding HCBS settings rules and need to be addressed through continuing education** | **6** | " . . .it is important that IL not become more restrictive on its definitions of HCBS settings . . . Definition of home and community approved settings which we believe will have the impact of denying further choice for residents . . . We want the HCBS criteria to be outcome oriented and based upon the person's quality of life experiences . . ADA, DD Bill of Rights, Omstead . . . have the human right and civil right to be supported in a setting of their choice and not forced into choosing from a more limited set of options. . . " | 441.730(c ) | Continued education is needed at all levels of Transition Plan implementation and will be a key component as we include stakeholders in review of state statures, policies and procedures and at site visits. Language in the Transition Plan has been added or modified to reflect these strategies. |

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| | | | | **Rules may not recognize the value of a particular setting in terms of impact and support to specific populations** | **11** | " . . . Request that current homes fall under a grandfather clause . . ." | 441.301(4)(i) | State plans to utilize an array of strategies which include focus groups with stakeholder groups as part of the site/setting validation visits and/or recommend a setting as part of the heightened scrutiny process. Language in the Transition Plan has been added or modified to reflect these strategies. |
| **63** | **E-mail** | **Written** | **Parent of a DD Participant** | **General comment or question regarding HCBS settings rules and need to be addressed through continuing education** | **6** | " . . .it is important that IL not become more restrictive on its definitions of HCBS settings . . . Definition of home and community approved settings which we believe will have the impact of denying further choice for residents . . . We want the HCBS criteria to be outcome oriented and based upon the person's quality of life experiences . . ADA, DD Bill of Rights, Omstead . . . have the human right and civil right to be supported in a setting of their choice and not forced into choosing from a more limited set of options. . . " | 441.730(c ) | Continued education is needed at all levels of Transition Plan implementation and will be a key component as we include stakeholders in review of state statures, policies and procedures and at site visits. Language in the Transition Plan has been added or modified to reflect these strategies. |
| | | | | **General Comment Regarding Statewide Transition Plan Process** | **14** | " . . Post all public comments as well as State summaries of public comments that will be sent to CMS to ensure accountability and transparency to stakeholders. " | I (a), paragraph 5 | Illinois is required to meet the expectations of federal CMS in regards to the implementation of HCBS settings. language in the Transition Plan has been added or modified to reflect these strategies. |
| | | | | **Rules may not recognize the value of a particular setting in terms of impact and support to specific populations** | **11** | " . . . Request that current homes fall under a grandfather clause . . ." | 441.301(4)(i) | State plans to utilize an array of strategies which include focus groups with stakeholder groups as part of the site/setting validation visits and/or recommend a setting as part of the heightened scrutiny process. Language in the Transition Plan has been added or modified to reflect these strategies. |

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| **64** | **E-mail** | **Written** | **Parent of a DD Participant** | **General comment or question regarding HCBS settings rules and need to be addressed through continuing education** | **6** | " . . .it is important that IL not become more restrictive on its definitions of HCBS settings . . . Definition of home and community approved settings which we believe will have the impact of denying further choice for residents . . . We want the HCBS criteria to be outcome oriented and based upon the person's quality of life experiences . . ADA, DD Bill of Rights, Omstead . . . have the human right and civil right to be supported in a setting of their choice and not forced into choosing from a more limited set of options. . . " | 441.730(c ) | Continued education is needed at all levels of Transition Plan implementation and will be a key component as we include stakeholders in review of state statures, policies and procedures and at site visits. Language in the Transition Plan has been added or modified to reflect these strategies. |
| | | | | **General Comment Regarding Statewide Transition Plan Process** | **14** | " . . Post all public comments as well as State summaries of public comments that will be sent to CMS to ensure accountability and transparency to stakeholders. " | I (a), paragraph 5 | Illinois is required to meet the expectations of federal CMS in regards to the implementation of HCBS settings. language in the Transition Plan has been added or modified to reflect these strategies. |
| | | | | **Rules may not recognize the value of a particular setting in terms of impact and support to specific populations** | **11** | " . . . Request that current homes fall under a grandfather clause . . ." | 441.301(4)(i) | State plans to utilize an array of strategies which include focus groups with stakeholder groups as part of the site/setting validation visits and/or recommend a setting as part of the heightened scrutiny process. Language in the Transition Plan has been added or modified to reflect these strategies. |
| **65** | **E-mail** | **Written** | **Parent of a DD Participant** | **Rules may not recognize the value of a particular setting in terms of impact and support to specific populations** | **11** | " . . . I have gotten to know a great many of these CILA residents over the years and it is inspiring to listen to their stories . . ." | 441.301(4)(i) | State plans to utilize an array of strategies which include focus groups with stakeholder groups as part of the site/setting validation visits and/or recommend a setting as part of the heightened scrutiny process. Language in the Transition Plan has been added or modified to reflect these strategies. |

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| **66** | **E-mail** | **Written** | **Parent of a DD Participant** | **General comment or question regarding HCBS settings rules and need to be addressed through continuing education** | **6** | " . . . I was warned by other parents that the people who would be making the biggest decisions about my daughter's life would be the people who had the least interactions with her." | 441.730(c ) | Continued education is needed at all levels of Transition Plan implementation and will be a key component as we include stakeholders in review of state statures, policies and procedures and at site visits. Language in the Transition Plan has been added or modified to reflect these strategies. |
| | | | | **Rules may not recognize the value of a particular setting in terms of impact and support to specific populations** | **11** | "I choose Misericordia because she could live in a CILA with ladies in her age group, with similar interests and enjoy life beyond walls of that house. Misericordia gave her more than a bed to sleep and a home to live. . . They are not stuck in a house in a neighborhood with nothing to do. That was the life she was living at home with me." | 441.301(4)(i) | State plans to utilize an array of strategies which include focus groups with stakeholder groups as part of the site/setting validation visits and/or recommend a setting as part of the heightened scrutiny process. Language in the Transition Plan has been added or modified to reflect these strategies. |
| **67** | **E-mail** | **Written** | **Parent of a DD Participant** | **Rules may not recognize the value of a particular setting in terms of impact and support to specific populations** | **11** | Commenter made many positive statements about their son's provider, the community and opportunities for him including their feelings of being assured he will be taken care of after they are gone. | 441.301(4)(i) | State plans to utilize an array of strategies which include focus groups with stakeholder groups as part of the site/setting validation visits and/or recommend a setting as part of the heightened scrutiny process. Language in the Transition Plan has been added or modified to reflect these strategies. |
| **68** | **E-mail** | **Written** | **Parent of a DD Participant** | **General Comment Regarding Statewide Transition Plan and Processes** | **14** | " . . . It is important that the state of IL does not become restrictive of the definition of HCBS settings" | I (a), paragraph 5 | Illinois is required to meet the expectations of federal CMS in regards to the implementation of HCBS settings. Language in the Transition Plan has been added or modified to reflect these strategies. |
| | | | | **General comment or question regarding HCBS settings rules and need to be addressed through continuing education** | **6** | "Restricting the number of residents in a CILA to four defines a home by size rather than considering the setting." | 441.730(c ) | Continued education is needed at all levels of Transition Plan implementation and will be a key component as we include stakeholders in review of state statures, policies and procedures and at site visits. Language in the Transition Plan has been added or modified to reflect these strategies. |

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| | | | | **Rules may not recognize the value of a particular setting in terms of impact and support to specific populations** | **11** | "I ask that current facilities fall under a grandfather clause to reduce disruptions . . . Connections the residents have established which should be encouraged and protected." | 441.301(4)(i) | State plans to utilize an array of strategies which include focus groups with stakeholder groups as part of the site/setting validation visits and/or recommend a setting as part of the heightened scrutiny process. Language in the Transition Plan has been added or modified to reflect these strategies. |
| **69** | **E-mail** | **Written** | **Parent of a DD Participant** | **General Comment Regarding Statewide Transition Plan and Processes** | **14** | "It is important that the state not become restrictive of the definition of HCBS settings." | I (a), paragraph 5 | Illinois is required to meet the expectations of federal CMS in regards to the implementation of HCBS settings. Language in the Transition Plan has been added or modified to reflect these strategies. |
| | | | | **General comment or question regarding HCBS settings rules and need to be addressed through continuing education** | **6** | "Restricting the number of residents in a CILA to four defines a home by size rather than considering the setting." "Making Misericordia physically accessible even though none of its residents have ambulatory needs seems an unnecessary expense." | 441.730(c ) | Continued education is needed at all levels of Transition Plan implementation and will be a key component as we include stakeholders in review of state statures, policies and procedures and at site visits. Language in the Transition Plan has been added or modified to reflect these strategies. |
| | | | | **Rules may not recognize the value of a particular setting in terms of impact and support to specific populations** | **11** | " . . . Current facilities fall under a grandfather clause to reduce disruption and protect existing relationships . . ." | 441.301(4)(i) | State plans to utilize an array of strategies which include focus groups with stakeholder groups as part of the site/setting validation visits and/or recommend a setting as part of the heightened scrutiny process. Language in the Transition Plan has been added or modified to reflect these strategies. |
| **70** | **E-mail** | **Written** | **Parent of a DD Participant** | **Assurance of available service options to enable participant choice and integration in the greater community** | **1** | "I believe firmly in the rights of all citizens-- disabled or not -- to have choices about workplaces and home settings. Any new initiatives that offer more choice and more options welcome, but those that are created at the expense of existing, quality services are not." | 441.301(4)(i) | Over the next four years, all new and renewed waivers will be reviewed to ensure service options are available in integrated settings that support access to the greater community and Person Centered Planning (PCP) is assured; PCP will need to comport with federal setting expectations. Language in the Transition Plan has been added or modified to reflect these strategies. |

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| | | | | **Rules may not recognize the value of a particular setting in terms of impact and support to specific populations** | **11** | "I am well aware of the tension between other advocates in the disability community and many of us who consider ourselves to be blessed to be a member of such a community as Misericordia" | 441.301(4)(i) | State plans to utilize an array of strategies which include focus groups with stakeholder groups as part of the site/setting validation visits and/or recommend a setting as part of the heightened scrutiny process. Language in the Transition Plan has been added or modified to reflect these strategies. |
| | | | | **General comment or question regarding HCBS settings rules and need to be addressed through continuing education** | **6** | " . . . Nobody can find any evidence or reasoning behind what seems to be the arbitrary limit being proposed of four individuals or less." | 441.730(c ) | Continued education is needed at all levels of Transition Plan implementation and will be a key component as we include stakeholders in review of state statures, policies and procedures and at site visits. Language in the Transition Plan has been added or modified to reflect these strategies. |
| **71** | **E-mail** | **Written** | **Parent of a DD Participant** | **Current Service Options/Definitions need to be reviewed and/or expanded under existing HCBS waivers and align with CMS regulations** | **4** | "It is important that Illinois not become more restrictive on its definitions of HCBS settings . . . One sides does not fit all . . ." | 441.304(d) - (f) | Over the next four years, all new and renewed waivers will be reviewed to ensure service options are available and the definitions of these services comport with the rules. Language in the Transition Plan has been added or modified to reflect these strategies. |
| | | | | **Rules may not recognize the value of a particular setting in terms of impact and support to specific populations** | **11** | " . . . Settings like the one we have at Misericordia to be considered appropriate to meet HCBS criteria which we believe further increases for people with developmental disabilities." "As protected by the ADA, Developmental Disabilities Bill of Rights and the Olmstead Decision, individuals with disabilities have the human right and civil right to be supported in a setting of their choice . . . " | 441.301(4)(i) | State plans to utilize an array of strategies which include focus groups with stakeholder groups as part of the site/setting validation visits and/or recommend a setting as part of the heightened scrutiny process. Language in the Transition Plan has been added or modified to reflect these strategies. |
| | | | | **General Comment Regarding Statewide Transition Plan and Processes** | **14** | "I hope that Illinois post all public comments as well as State summaries of public comments that will be sent to CMS to ensure accountability and transparency . . ." | I (a), paragraph 5 | Illinois is required to meet the expectations of federal CMS in regards to the implementation of HCBS settings. Language in the Transition Plan has been added or modified to reflect these strategies. |

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| | | | | **Rules may not recognize the value of a particular setting in terms of impact and support to specific populations** | **11** | " . . . Request that current homes fall under a grandfather clause . . ." | 441.301(4)(i) | State plans to utilize an array of strategies which include focus groups with stakeholder groups as part of the site/setting validation visits and/or recommend a setting as part of the heightened scrutiny process. Language in the Transition Plan has been added or modified to reflect these strategies. |
| **72** | **E-mail** | **Written** | **Parent of a DD Participant** | **Current Service Options/Definitions need to be reviewed and/or expanded under existing HCBS waivers and align with CMS regulations** | **4** | " . . . One size does not fit all models would compromise the quality. . ." | 441.304(d) - (f) | Over the next four years, all new and renewed waivers will be reviewed to ensure service options are available and the definitions of these services comport with the rules. Language in the Transition Plan has been added or modified to reflect these strategies. |
| | | | | **Assurance of available service options to enable participant choice and integration in the greater community** | **1** | "We appreciate the civil rights protections that individuals with disabilities enjoy, and oppose any policy that would seek to erode individual choice." | 441.301(4)(i) | Over the next four years, all new and renewed waivers will be reviewed to ensure service options are available in integrated settings that support access to the greater community and Person Centered Planning (PCP) is assured; PCP will need to comport with federal setting expectations. Language in the Transition Plan has been added or modified to reflect these strategies. |
| | | | | **General comment or question regarding HCBS settings rules and need to be addressed through continuing education** | **6** | " . . . We would like you to reconsider the condition that all settings become physically accessible." | 441.730(c ) | Continued education is needed at all levels of Transition Plan implementation and will be a key component as we include stakeholders in review of state statures, policies and procedures and at site visits. Language in the Transition Plan has been added or modified to reflect these strategies. |

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| | | | | **Rules may not recognize the value of a particular setting in terms of impact and support to specific populations** | **11** | " . . . Ask that current homes are afforded the grandfather clause on issues under consideration that would affect their lives." | 441.301(4)(i) | State plans to utilize an array of strategies which include focus groups with stakeholder groups as part of the site/setting validation visits and/or recommend a setting as part of the heightened scrutiny process. Language in the Transition Plan has been added or modified to reflect these strategies. |
| **73** | **E-mail** | **Written** | **Parent of a DD Participant** | **Current Service Options/Definitions need to be reviewed and/or expanded under existing HCBS waivers and align with CMS regulations** | **4** | " . . . Like to make it clear that Illinois not become more restrictive on its definition of HCBS services." " . . . Definition of home and community approved settings which we believe will have the impact of denying further choice for the residents." | 441.304(d) - (f) | Over the next four years, all new and renewed waivers will be reviewed to ensure service options are available and the definitions of these services comport with the rules. Language in the Transition Plan has been added or modified to reflect these strategies. |
| | | | | **Process needs to be more defined regarding review of state statutes, policies and procedures to ensure compliance** | **7** | "We want the HCBS criteria to be outcome oriented and based upon the person's quality of life experiences." | 441.304(d) - (f) | State will utilize existing stakeholder groups to help review state statutes, policies and procedures to ensure compliance. Language in the Transition Plan has been added or modified to reflect these strategies. |
| | | | | **Assurance of available service options to enable participant choice and integration in the greater community** | **1** | "We also want Campus settings like the one we have at Misericordia to be considered appropriate to meet HCBS criteria which we believe further increases choice . . . " | 441.301(4)(i) | Over the next four years, all new and renewed waivers will be reviewed to ensure service options are available in integrated settings that support access to the greater community and Person Centered Planning (PCP) is assured; PCP will need to comport with federal setting expectations. Language in the Transition Plan has been added or modified to reflect these strategies. |
| | | | | **Rules may not recognize the value of a particular setting in terms of impact and support to specific populations** | **11** | " . . . The ADA, Developmental Disabilities Bill of Rights and the Olmstead Decision, individuals with disabilities have the human right and civil right to be supported in a setting of their choice and not forced into choosing from a more limited set of options." | 441.301(4)(i) | State plans to utilize an array of strategies which include focus groups with stakeholder groups as part of the site/setting validation visits and/or recommend a setting as part of the heightened scrutiny process. Language in the Transition Plan has been added or modified to reflect these strategies. |

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| | | | | **General comment or question regarding HCBS settings rules and need to be addressed through continuing education** | **6** | " . . . Settings be physically accessible be implemented only when there is a need." | 441.730(c ) | Continued education is needed at all levels of Transition Plan implementation and will be a key component as we include stakeholders in review of state statures, policies and procedures and at site visits. Language in the Transition Plan has been added or modified to reflect these strategies. |
| | | | | **General Comment Regarding Statewide Transition Plan and Processes** | **14** | " . . . Post all public comments as well as State summaries of public comments that will be sent to CMS to ensure accountability and transparency. . ." | I (a), paragraph 5 | Illinois is required to meet the expectations of federal CMS in regards to the implementation of HCBS settings. Language in the Transition Plan has been added or modified to reflect these strategies. |
| | | | | **Rules may not recognize the value of a particular setting in terms of impact and support to specific populations** | **11** | " . . . Current facilities fall under a grandfather clause to reduce the disruption . . ." | 441.301(4)(i) | State plans to utilize an array of strategies which include focus groups with stakeholder groups as part of the site/setting validation visits and/or recommend a setting as part of the heightened scrutiny process. Language in the Transition Plan has been added or modified to reflect these strategies. |
| **74** | **E-mail** | **Written** | **Family of a DD Participant** | **Rules may not recognize the value of a particular setting in terms of impact and support to specific populations** | **11** | " . . My 20 years of involvement with Misericordia made me very comfortable in asserting, as strongly as can be said, that Misericordia has a remarkable ability to provide for the needs of handicapped persons.""CILA residents must not be excluded from daily participation in the rich opportunities the Misericordia campus provides them." " . . . Rules impacting Misericordia current operations are made, they should be prospective only." | 441.301(4)(i) | State plans to utilize an array of strategies which include focus groups with stakeholder groups as part of the site/setting validation visits and/or recommend a setting as part of the heightened scrutiny process. Language in the Transition Plan has been added or modified to reflect these strategies. |
| | | | | **General comment or question regarding HCBS settings rules and need to be addressed through continuing education** | **6** | " . . . Proposed rules contemplate limited the size of CILA" " . . . CILA residents who are deemed to employable in commercial settings be required to get a regular job." " . . . An inflexible mandate to build accommodations for persons with ambulatory needs into every CILA." | 441.730(c ) | Continued education is needed at all levels of Transition Plan implementation and will be a key component as we include stakeholders in review of state statures, policies and procedures and at site visits. Language in the Transition Plan has been added or modified to reflect these strategies. |

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| **75** | **E-mail** | **Written** | **Family of a DD Participant** | **Rules may not recognize the value of a particular setting in terms of impact and support to specific populations** | **11** | Many personal supportive statements describing the campus community to be an integrated setting. | 441.301(4)(i) | State plans to utilize an array of strategies which include focus groups with stakeholder groups as part of the site/setting validation visits and/or recommend a setting as part of the heightened scrutiny process. Language in the Transition Plan has been added or modified to reflect these strategies. |
| | | | | **General comment or question regarding HCBS settings rules and need to be addressed through continuing education** | **6** | " The proposed regulation limiting the population of an independent living home to four residents arbitrarily would affect both the economics of operating such facilities . . . ." | 441.730(c ) | Continued education is needed at all levels of Transition Plan implementation and will be a key component as we include stakeholders in review of state statures, policies and procedures and at site visits. Language in the Transition Plan has been added or modified to reflect these strategies. |
| | | | | **Process needs to be more defined regarding review of state statutes, policies and procedures to ensure compliance** | **7** | "As you create regulations, please consider the funds that would be necessary to retrofit existing structures to full ADA compliance are funds that would be unavailable for care. . . . Please grandfather existing facilities such as Misericordia." | 441.304(d) - (f) | State will utilize existing stakeholder groups to help review state statutes, policies and procedures to ensure compliance. Language in the Transition Plan has been added or modified to reflect these strategies. |
| | | | | **Assurance of available service options to enable participant choice and integration in the greater community** | **1** | "Individuals must have the dignity of choices that meet their needs. Please do not implement rules that reduce the flexibility of campus-based communities to service each person according to his/her best life choices." | 441.301(4)(i) | Over the next four years, all new and renewed waivers will be reviewed to ensure service options are available in integrated settings that support access to the greater community and Person Centered Planning (PCP) is assured; PCP will need to comport with federal setting expectations. Language in the Transition Plan has been added or modified to reflect these strategies. |
| | | | | **Current Service Options/Definitions need to be reviewed and/or expanded under existing HCBS waivers and align with CMS regulations** | **4** | "What is important is outcomes, not arbitrary metrics and one-size-all compliance." | 441.304(d) - (f) | Over the next four years, all new and renewed waivers will be reviewed to ensure service options are available and Person Centered Planning (PCP) is assured; PCP will need to comport with federal setting expectations. Language in the Transition Plan has been added or modified to reflect these strategies. |

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| | | | | **General Comment Regarding Statewide Transition Plan and Processes** | **14** | "Please make these comments, and all comments, public." | I (a), paragraph 5 | Illinois is required to meet the expectations of federal CMS in regards to the implementation of HCBS settings. Language in the Transition Plan has been added or modified to reflect these strategies. |
| **76** | **E-mail** | **Written** | **Family of a DD Participant** | **Current Service Options/Definitions need to be reviewed and/or expanded under existing HCBS waivers and align with CMS regulations** | **4** | "The State should not become more restrictive in its definition of home and community approved settings." | 441.304(d) - (f) | Over the next four years, all new and renewed waivers will be reviewed to ensure service options are available and the definitions of these services comport with the rules. Language in the Transition Plan has been added or modified to reflect these strategies. |
| | | | | **General comment or question regarding HCBS settings rules and need to be addressed through continuing education** | **6** | "CILAs should not be mandated to limits of only four people or less."". . . All settings be physically accessible should be implemented only when there is a practical need in a given setting. Existing homes with full ambulatory residents should be exempted when no need exists." | 441.730(c ) | Continued education is needed at all levels of Transition Plan implementation and will be a key component as we include stakeholders in review of state statures, policies and procedures and at site visits. Language in the Transition Plan has been added or modified to reflect these strategies. |
| | | | | **Assurance of available service options to enable participant choice and integration in the greater community** | **1** | "Individuals with disabilities should have the right to multiple choices of activities and workplaces." | 441.301(4)(i) | Over the next four years, all new and renewed waivers will be reviewed to ensure service options are available in integrated settings that support access to the greater community and Person Centered Planning (PCP) is assured; PCP will need to comport with federal setting expectations. Language in the Transition Plan has been added or modified to reflect these strategies. |
| | | | | **Rules may not recognize the value of a particular setting in terms of impact and support to specific populations** | **11** | "Campus settings in concern with CILAs, like Misericordia with ICF-DDs, CCIs and CLF and SNF/Ped should be considered appropriate to meet HCBS criteria." | 441.301(4)(i) | State plans to utilize an array of strategies which include focus groups with stakeholder groups as part of the site/setting validation visits and/or recommend a setting as part of the heightened scrutiny process. Language in the Transition Plan has been added or modified to reflect these strategies. |

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| | | | | **Comments or questions regarding issues not related to Transition Plan** | **3** | "ICF-DDs are not bad institutions, they are homes." | N/A | These represent questions or comments that do not appear to relate to HCBS settings rules and are not being addressed in the Transition Plan. |
| | | | | **Current Service Options/Definitions need to be reviewed and/or expanded under existing HCBS waivers and align with CMS regulations** | **4** | "HCBS criteria and assessments should be outcome oriented." | 441.304(d) - (f) | Over the next four years, all new and renewed waivers will be reviewed to ensure service options are available and the definitions of these services comport with the rules. Language in the Transition Plan has been added or modified to reflect these strategies. |
| | | | | **General Comment Regarding Statewide Transition Plan and Processes** | **14** | " . . . State summaries of public comments that will be sent to CMS to ensure accountability and transparency to stakeholders." | I (a), paragraph 5 | Illinois is required to meet the expectations of federal CMS in regards to the implementation of HCBS settings. Language in the Transition Plan has been added or modified to reflect these strategies. |
| **77** | **E-mail** | **Written** | **Family of a DD Participant** | **General comment or question regarding HCBS settings rules and need to be addressed through continuing education** | **6** | " . . .I would hate to see any changes made to CILA regulations that would limit the number of residents in a house." | 441.730(c ) | Continued education is needed at all levels of Transition Plan implementation and will be a key component as we include stakeholders in review of state statures, policies and procedures and at site visits. Language in the Transition Plan has been added or modified to reflect these strategies. |
| | | | | **Process needs to be more defined regarding review of state statutes, policies and procedures to ensure compliance** | **7** | " . . . The cost of adding ramps to houses that don't really have a resident with that need is another expense that I see as wasteful." | 441.304(d) - (f) | State will utilize existing stakeholder groups to help review state statutes, policies and procedures to ensure compliance. Language in the Transition Plan has been added or modified to reflect these strategies. |

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| | | | | **Current Service Options/Definitions need to be reviewed and/or expanded under existing HCBS waivers and align with CMS regulations** | **4** | "Please do not become more restrictive to the definition of home and community." | 441.304(d) - (f) | Over the next four years, all new and renewed waivers will be reviewed to ensure service options are available and the definitions of these services comport with the rules. Language in the Transition Plan has been added or modified to reflect these strategies. |
| | | | | **Rules may not recognize the value of a particular setting in terms of impact and support to specific populations** | **11** | Many personal supportive statements describing the campus community to be an integrated setting. | 441.301(4)(i) | State plans to utilize an array of strategies which include focus groups with stakeholder groups as part of the site/setting validation visits and/or recommend a setting as part of the heightened scrutiny process. Language in the Transition Plan has been added or modified to reflect these strategies. |
| **78** | **E-mail** | **Written** | **Family of a DD Participant** | **General comment or question regarding HCBS settings rules and need to be addressed through continuing education** | **6** | " . . . Untenable burden on our CILA homes. . . . The new rules say we could only have 4" | 441.730(c ) | Continued education is needed at all levels of Transition Plan implementation and will be a key component as we include stakeholders in review of state statures, policies and procedures and at site visits. Language in the Transition Plan has been added or modified to reflect these strategies. |
| | | | | **Process needs to be more defined regarding review of state statutes, policies and procedures to ensure compliance** | **7** | "If you would like more feedback or participation in formulating the new rules, I encourage you to involve the Misericordia community." | 441.304(d) - (f) | State will utilize existing stakeholder groups to help review state statutes, policies and procedures to ensure compliance. Language in the Transition Plan has been added or modified to reflect these strategies. |
| **79** | **E-mail** | **Written** | **Family of a DD Participant** | **General comment or question regarding HCBS settings rules and need to be addressed through continuing education** | **6** | "Limited the number of residents in a home to 4 or less." "Forcing all homes to be physically accessible by individuals with physical disabilities" | 441.730(c ) | Continued education is needed at all levels of Transition Plan implementation and will be a key component as we include stakeholders in review of state statures, policies and procedures and at site visits. Language in the Transition Plan has been added or modified to reflect these strategies. |

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| | | | | **Assurance of available service options to enable participant choice and integration in the greater community** | **1** | "Forcing residents of assisted living housing to integrate with the common workforce." | 441.301(4)(i) | Over the next four years, all new and renewed waivers will be reviewed to ensure service options are available in integrated settings that support access to the greater community and Person Centered Planning (PCP) is assured; PCP will need to comport with federal setting expectations. Language in the Transition Plan has been added or modified to reflect these strategies. |
| **80** | **E-mail** | **Written** | **Family of a DD Participant** | **General comment or question regarding HCBS settings rules and need to be addressed through continuing education** | **6** | "We understand that a number of proposals are under consideration. One . . Limitation of four persons per CILA, This seems arbitrary." | 441.730(c ) | Continued education is needed at all levels of Transition Plan implementation and will be a key component as we include stakeholders in review of state statures, policies and procedures and at site visits. Language in the Transition Plan has been added or modified to reflect these strategies. |
| | | | | **Assurance of available service options to enable participant choice and integration in the greater community** | **1** | "Expanding employment is desirable, campus opportunities should not be sacrificed. Outside employment is very difficult to find." | 441.301(4)(i) | Over the next four years, all new and renewed waivers will be reviewed to ensure service options are available in integrated settings that support access to the greater community and Person Centered Planning (PCP) is assured; PCP will need to comport with federal setting expectations. Language in the Transition Plan has been added or modified to reflect these strategies. |
| | | | | **Process needs to be more defined regarding review of state statutes, policies and procedures to ensure compliance** | **7** | "CILAs should only be required to be physically accessible only if such access is needed by residents." | 441.304(d) - (f) | State will utilize existing stakeholder groups to help review state statutes, policies and procedures to ensure compliance. Language in the Transition Plan has been added or modified to reflect these strategies. |
| | | | | **General Comment Regarding Statewide Transition Plan and Processes** | **14** | "We think that all comments received should be publically posted so that the inputs can be fully understood." | I (a), paragraph 5 | Illinois is required to meet the expectations of federal CMS in regards to the implementation of HCBS settings. Language in the Transition Plan has been added or modified to reflect these strategies. |

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| | | | | **Comments or questions regarding issues not related to Transition Plan** | **3** | "ICF-DD are acceptable choice." | N/A | These represent questions or comments that do not appear to relate to HCBS settings rules and are not being addressed in the Transition Plan. |
| | | | | **Rules may not recognize the value of a particular setting in terms of impact and support to specific populations** | **11** | ". . . Existing rules should be grandfathered into the system." | 441.301(4)(i) | State plans to utilize an array of strategies which include focus groups with stakeholder groups as part of the site/setting validation visits and/or recommend a setting as part of the heightened scrutiny process. Language in the Transition Plan has been added or modified to reflect these strategies. |
| **81** | **E-mail** | **Written** | **Family of a DD Participant** | **Rules may not recognize the value of a particular setting in terms of impact and support to specific populations** | **11** | "We also want campus settings like the one we have at Misericordia to be considered appropriate to meet IL HCBS criteria which we believe further increases choice . . . " "Please consider that current homes and residents fall under a grandfather clause to reduce the disruption . . . residents have established relationships and connections to their internal and external communities. . . " | 441.301(4)(i) | State plans to utilize an array of strategies which include focus groups with stakeholder groups as part of the site/setting validation visits and/or recommend a setting as part of the heightened scrutiny process. Language in the Transition Plan has been added or modified to reflect these strategies. |
| **82** | **E-mail** | **Written** | **Guardian** | **General comment or question regarding HCBS settings rules and need to be addressed through continuing education** | **6** | "CILAs should not be limited to 4 people." | 441.730(c ) | Continued education is needed at all levels of Transition Plan implementation and will be a key component as we include stakeholders in review of state statures, policies and procedures and at site visits. Language in the Transition Plan has been added or modified to reflect these strategies. |

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| | | | | **Assurance of available service options to enable participant choice and integration in the greater community** | **1** | " . . .. Should not be forced to integrate into the workplace at this time in her life as she now has early onset Alzheimer's." "Individuals with disabilities must have an array of choices for support options, settings and opportunities for the changing needs of their lifespan." | 441.301(4)(i) | Over the next four years, all new and renewed waivers will be reviewed to ensure service options are available in integrated settings that support access to the greater community and Person Centered Planning (PCP) is assured; PCP will need to comport with federal setting expectations. Language in the Transition Plan has been added or modified to reflect these strategies. |
| | | | | **Rules may not recognize the value of a particular setting in terms of impact and support to specific populations** | **11** | ". . . Existing services should be grandfathered and 8 person CILA's should be allowed to exist." | 441.301(4)(i) | State plans to utilize an array of strategies which include focus groups with stakeholder groups as part of the site/setting validation visits and/or recommend a setting as part of the heightened scrutiny process. Language in the Transition Plan has been added or modified to reflect these strategies. |
| **83** | **E-mail** | **Written** | **Parent of a DD Participant** | **Current Service Options/Definitions need to be reviewed and/or expanded under existing HCBS waivers and align with CMS regulations** | **4** | "The definition of home and community should not be based on physical characteristics, but on the quality of life of its residents." | 441.304(d) - (f) | Over the next four years, all new and renewed waivers will be reviewed to ensure service options are available and the definitions of these services comport with the rules. Language in the Transition Plan has been added or modified to reflect these strategies. |
| | | | | **General comment or question regarding HCBS settings rules and need to be addressed through continuing education** | **6** | " . . . An existing CILA should not have to closed or reduced in size but should be grandfathered in whatever the new rules are." | 441.730(c ) | Continued education is needed at all levels of Transition Plan implementation and will be a key component as we include stakeholders in review of state statures, policies and procedures and at site visits. Language in the Transition Plan has been added or modified to reflect these strategies. |
| | | | | **General Comment Regarding Statewide Transition Plan and Processes** | **14** | " It is our hope that Illinois will post all public comments as well as State summaries of public comments that will be sent to CMS to ensure accountability and transparency to stakeholders." | I (a), paragraph 5 | Illinois is required to meet the expectations of federal CMS in regards to the implementation of HCBS settings. Language in the Transition Plan has been added or modified to reflect these strategies. |

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| **84** | **E-mail** | **Written** | **Parent of a DD Participant** | **General comment or question regarding HCBS settings rules and need to be addressed through continuing education** | **4** | "CILAs to 4 people would be tragic. Four may be fine for some, but eight is great for others." "Rather than retrofitting our daughter's CILA for special physical accessibility when there is no concrete need now, let it be done appropriately as needed." | 441.304(d) - (f) | Over the next four years, all new and renewed waivers will be reviewed to ensure service options are available and the definitions of these services comport with the rules. Language in the Transition Plan has been added or modified to reflect these strategies. |
| | | | | **Assurance of available service options to enable participant choice and integration in the greater community** | **1** | " . . . A narrow range of employment options or definition of community shouldn't exclude the meaningful, immensely satisfying and appropriate work our daughter does on campus at Misericordia" "We urge that individuals with disabilities be given as much choice as possible so that, in consultation with those they love, they can choose what is most helpful for them as individuals." | 441.301(4)(i) | Over the next four years, all new and renewed waivers will be reviewed to ensure service options are available in integrated settings that support access to the greater community and Person Centered Planning (PCP) is assured; PCP will need to comport with federal setting expectations. Language in the Transition Plan has been added or modified to reflect these strategies. |
| **85** | **E-mail** | **Written** | **Parent of a DD Participant** | **General comment or question regarding HCBS settings rules and need to be addressed through continuing education** | **6** | "We understand that a number of proposals are under consideration. One . . Limitation of four persons per CILA, This seems arbitrary." | 441.730(c ) | Continued education is needed at all levels of Transition Plan implementation and will be a key component as we include stakeholders in review of state statures, policies and procedures and at site visits. Language in the Transition Plan has been added or modified to reflect these strategies. |
| | | | | **Assurance of available service options to enable participant choice and integration in the greater community** | **1** | "We believe our residents should be able to keep existing campus opportunities." | 441.301(4)(i) | Over the next four years, all new and renewed waivers will be reviewed to ensure service options are available in integrated settings that support access to the greater community and Person Centered Planning (PCP) is assured; PCP will need to comport with federal setting expectations. Language in the Transition Plan has been added or modified to reflect these strategies. |

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| | | | | **Process needs to be more defined regarding review of state statutes, policies and procedures to ensure compliance** | **7** | "We would like to see the condition that all settings be physically accessible be implemented only when there is a need." "We want the HCBS criteria to be based on quality of life experience." | 441.304(d) - (f) | State will utilize existing stakeholder groups to help review state statutes, policies and procedures to ensure compliance. Language in the Transition Plan has been added or modified to reflect these strategies. |
| | | | | **General Comment Regarding Statewide Transition Plan and Processes** | **14** | " . . . Our hope would be that IL post all public comments as well as State summaries of public comments . . . To ensure accountability and transparency . . ." | I (a), paragraph 5 | Illinois is required to meet the expectations of federal CMS in regards to the implementation of HCBS settings. Language in the Transition Plan has been added or modified to reflect these strategies. |
| **86** | **E-mail** | **Written** | **Friend of a DD Participa nt** | **Assurance of available service options to enable participant choice and integration in the greater community** | **1** | " . . . To find appropriate employment assumes a level of sophistication and awareness on the part of employers that is unreasonable in a favorable employment client, let alone the one that so many without disabilities find challenging today. | 441.301(4)(i) | Over the next four years, all new and renewed waivers will be reviewed to ensure service options are available in integrated settings that support access to the greater community and Person Centered Planning (PCP) is assured; PCP will need to comport with federal setting expectations. Language in the Transition Plan has been added or modified to reflect these strategies. |
| | | | | **Rules may not recognize the value of a particular setting in terms of impact and support to specific populations** | **11** | "We trust you take . . . Into consideration and look closely at models of success, care and love in places like Misericordia operate . .. " | 441.301(4)(i) | State plans to utilize an array of strategies which include focus groups with stakeholder groups as part of the site visits to validate and/or recommend a setting as part of the heightened scrutiny process. Language in the Transition Plan has been added or modified to reflect these strategies. |
| **87** | **E-mail** | **Written** | **Family of a DD Participa nt** | **General comment or question regarding HCBS settings rules and need to be addressed through continuing education** | **6** | "CILAs should not be limited to 4 people." | 441.730(c ) | Continued education is needed at all levels of Transition Plan implementation and will be a key component as we include stakeholders in review of state statures, policies and procedures and at site visits. Language in the Transition Plan has been added or modified to reflect these strategies. |

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| | | | | **Rules may not recognize the value of a particular setting in terms of impact and support to specific populations** | **11** | "Many organizations currently operating CILAs have created community participation. The residents are provided the support they need to access the off campus world for activities and events." " . . . Please do not punish the existing programs which are providing an excellent quality of life and rewarding work experience." | 441.301(4)(i) | State plans to utilize an array of strategies which include focus groups with stakeholder groups as part of the site/setting validation visits and/or recommend a setting as part of the heightened scrutiny process. Language in the Transition Plan has been added or modified to reflect these strategies. |
| | | | | **Comments or questions regarding issues not related to Transition Plan** | **3** | "ICF--DDs are not institutions" | N/A | These represent questions or comments that do not appear to relate to HCBS settings rules and are not being addressed in the Transition Plan. |
| | | | | **Assurance of available service options to enable participant choice and integration in the greater community** | **1** | "Employment in the market place is woefully unwelcoming to this group of people. . . . In a CILA are not all the same and to assume they will all manage a job in the market place is wrong." | 441.301(4)(i) | Over the next four years, all new and renewed waivers will be reviewed to ensure service options are available in integrated settings that support access to the greater community and Person Centered Planning (PCP) is assured; PCP will need to comport with federal setting expectations. Language in the Transition Plan has been added or modified to reflect these strategies. |
| **88** | **E-mail** | **Written** | **Family of a DD Participant** | **Assurance of available service options to enable participant choice and integration in the greater community** | **1** | " . . We do not want the State to become more restrictive in its definition of home and community approved settings which we believe will have the impact of denying choice . . ." | 441.301(4)(i) | Over the next four years, all new and renewed waivers will be reviewed to ensure service options are available in integrated settings that support access to the greater community and Person Centered Planning (PCP) is assured; PCP will need to comport with federal setting expectations. Language in the Transition Plan has been added or modified to reflect these strategies. |

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| | | | | **Current Service Options/Definitions need to be reviewed and/or expanded under existing HCBS waivers and align with CMS regulations** | **4** | "We want the HCBS criteria to be outcome oriented and based upon the person's quality of life . ." | 441.304(d) - (f) | Over the next four years, all new and renewed waivers will be reviewed to ensure service options are available and the definitions of these services comport with the rules. Language in the Transition Plan has been added or modified to reflect these strategies. |
| | | | | **Rules may not recognize the value of a particular setting in terms of impact and support to specific populations** | **11** | " . . . Campus settings like the one we have at Misericordia to be considered appropriate to meet HCBS criteria which we believe further increases choice for people . . . " | 441.301(4)(i) | State plans to utilize an array of strategies which include focus groups with stakeholder groups as part of the site/setting validation visits and/or recommend a setting as part of the heightened scrutiny process. Language in the Transition Plan has been added or modified to reflect these strategies. |
| | | | | **Assurance of available service options to enable participant choice and integration in the greater community** | **1** | "ICF-DD is a perfect option for my daughter." | 441.301(4)(i) | Over the next four years, all new and renewed waivers will be reviewed to ensure service options are available in integrated settings that support access to the greater community and Person Centered Planning (PCP) is assured; PCP will need to comport with federal setting expectations. Language in the Transition Plan has been added or modified to reflect these strategies. |
| | | | | **General Comment Regarding Statewide Transition Plan and Processes** | **14** | " . . Post all public comments as well as State summaries of public comments that will be sent to CMS to ensure accountability and transparency to stakeholders. " | I (a), paragraph 5 | Illinois is required to meet the expectations of federal CMS in regards to the implementation of HCBS settings. Language in the Transition Plan has been added or modified to reflect these strategies. |
| **89** | **E-mail** | **Written** | **DD Provider** | **Rules may not recognize the value of a particular setting in terms of impact and support to specific populations** | **11** | " . . . Definition of HCBS settings is based on individual experience and outcomes, rather than one based on setting's locations, geography or physical characteristics." | 441.301(4)(i) | State plans to utilize an array of strategies which include focus groups with stakeholder groups as part of the site/setting validation visits and/or recommend a setting as part of the heightened scrutiny process. Language in the Transition Plan has been added or modified to reflect these strategies. |

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| | | | | **Provider reimbursement rates may be barriers to compliance with portions of the CMS regulations** | **10** | " . . . Meaningful changes will require both initial start-up and ongoing financial support for remediation in order to effectively maintain the integrity of the new HCBS regulations." | 42 CFR 430 Chapter VII, Section 202 of the Unfunded Mandates Reform Act of 1195 (March 22, 1995, Pub, L. 104-4) and Federal Register Vol. 79 No. 11 Part II, first column, second comment and CMS response. | The State recognizes the relationship between reimbursement and the provider's willingness and ability to provide additional service options as envisioned by the regulations. The State intends to comply with the Transition Plan, recognizing reimbursement may need to be addressed on a separate track. State reimbursement for services is subject to the appropriations of our General Assembly. |
| | | | | **General Comment Regarding Statewide Transition Plan and Processes** | **14** | " . . .using existing governing/monitoring bodies that have established practices and community relationships . . . Input and involvement from the DDD in the transition is essential and should be outlined in the place explicitly." | I (a), paragraph 5 | Illinois is required to meet the expectations of federal CMS in regards to the implementation of HCBS settings. Language in the Transition Plan has been added or modified to reflect these strategies. |
| **90** | **E-mail** | **Written** | **Family of a DD Participant** | **General comment or question regarding HCBS settings rules and need to be addressed through continuing education** | **6** | " . . . Having fewer residents at his CILA would not make it easier for him and will make it difficult for the residents to have the feeling of family . . ."Arbitrarily reducing the number of residents in a CILA also becomes expensive for Misericordia and all others that care and support . . ." "Adding handicapped accessible improvements to every CILA when they are not needed is a waste of everyone's money." | 441.730(c ) | Continued education is needed at all levels of Transition Plan implementation and will be a key component as we include stakeholders in review of state statures, policies and procedures and at site visits. Language in the Transition Plan has been added or modified to reflect these strategies. |

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| | | | | **Assurance of available service options to enable participant choice and integration in the greater community** | **1** | " . . . Existing campus opportunities should not be sacrifice, but rather should be offered as an addition to present programs." "Individuals with disabilities have the right to multiple choices of workplaces." | 441.301(4)(i) | Over the next four years, all new and renewed waivers will be reviewed to ensure service options are available in integrated settings that support access to the greater community and Person Centered Planning (PCP) is assured; PCP will need to comport with federal setting expectations. Language in the Transition Plan has been added or modified to reflect these strategies. |
| | | | | **Current Service Options/Definitions need to be reviewed and/or expanded under existing HCBS waivers and align with CMS regulations** | **4** | "The definition of home and community should not be based on physical characteristics, but on the quality of life afforded its residents." | 441.304(d) - (f) | Over the next four years, all new and renewed waivers will be reviewed to ensure service options are available and the definitions of these services comport with the rules. Language in the Transition Plan has been added or modified to reflect these strategies. |
| | | | | **Rules may not recognize the value of a particular setting in terms of impact and support to specific populations** | **11** | "Misericordia is already a community within a community." " . . . I believe it would be fair to all involved, mostly the residents, that the HFS State Transition Planning Team consider grandfathering in existing services." | 441.301(4)(i) | State plans to utilize an array of strategies which include focus groups with stakeholder groups as part of the site/setting validation visits and/or recommend a setting as part of the heightened scrutiny process. Language in the Transition Plan has been added or modified to reflect these strategies. |
| | | | | **Comments or questions regarding issues not related to Transition Plan** | **3** | "On the point of ICF-DDs, they are perfectly acceptable choice." | N/A | These represent questions or comments that do not appear to relate to HCBS settings rules and are not being addressed in the Transition Plan. |

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| **91** | **E-mail** | **Written** | **Family of a DD Participant** | **Current Service Options/Definitions need to be reviewed and/or expanded under existing HCBS waivers and align with CMS regulations** | **4** | ". . . we do not want the state to be more restrictive in its definition of home and community approved settings which we believe will have the impact of denying further choice for the residents." | 441.304(d) - (f) | Over the next four years, all new and renewed waivers will be reviewed to ensure service options are available and the definitions of these services comport with the rules. Language in the Transition Plan has been added or modified to reflect these strategies. |
| | | | | **Rules may not recognize the value of a particular setting in terms of impact and support to specific populations** | **11** | "We also want Campus settings like the one we have at Misericordia to be considered appropriate to meet HCBS criteria which we believe further increases choice . . . " | 441.301(4)(i) | State plans to utilize an array of strategies which include focus groups with stakeholder groups as part of the site/setting validation visits and/or recommend a setting as part of the heightened scrutiny process. Language in the Transition Plan has been added or modified to reflect these strategies. |
| | | | | **Process needs to be more defined regarding review of state statutes, policies and procedures to ensure compliance** | **7** | " . . . The ADA, Developmental Disabilities Bill of Rights and the Olmstead Decision, individuals with disabilities have the human right and civil right to be supported in a setting of their choice and not forced into choosing from a more limited set of options." | 441.304(d) - (f) | State will utilize existing stakeholder groups to help review state statutes, policies and procedures to ensure compliance. Language in the Transition Plan has been added or modified to reflect these strategies. |
| | | | | **Rules may not recognize the value of a particular setting in terms of impact and support to specific populations** | **11** | " . . . All settings be physically accessible be implemented only when there is a need." | 441.301(4)(i) | State plans to utilize an array of strategies which include focus groups with stakeholder groups as part of the site/setting validation visits and/or recommend a setting as part of the heightened scrutiny process. Language in the Transition Plan has been added or modified to reflect these strategies. |
| | | | | **General Comment Regarding Statewide Transition Plan and Processes** | **14** | " . . IL should post all public comments as well as State summaries of public comments that will be sent to CMS to assure accountability and transparency. . ." | I (a), paragraph 5 | Illinois is required to meet the expectations of federal CMS in regards to the implementation of HCBS settings. Language in the Transition Plan has been added or modified to reflect these strategies. |

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| | | | | **Rules may not recognize the value of a particular setting in terms of impact and support to specific populations** | **11** | " . . Current homes fall under a grandfather clause to reduce the disruption to the individuals that reside in those homes. " | 441.301(4)(i) | State plans to utilize an array of strategies which include focus groups with stakeholder groups as part of the site/setting validation visits and/or recommend a setting as part of the heightened scrutiny process. Language in the Transition Plan has been added or modified to reflect these strategies. |
| **92** | **E-mail** | **Written** | **Academic** | **Current Service Options/Definitions need to be reviewed and/or expanded under existing HCBS waivers and align with CMS regulations** | **4** | "Placement is more encompassing word than setting. Setting means the surrounding , the background only. Placement means one has put in a proper position or situation. . . Considering the totality of the placement, the appropriateness and meaningfulness of the placement for the individual." | 441.304(d) - (f) | Over the next four years, all new and renewed waivers will be reviewed to ensure service options are available and the definitions of these services comport with the rules. Language in the Transition Plan has been added or modified to reflect these strategies. |
| | | | | **General comment or question regarding HCBS settings rules and need to be addressed through continuing education** | **6** | " . . Numerical formulas, or quantitative constructs, 4 per setting, versus 7-8 per setting, shouldn't drive decisions concerning living arrangements." | 441.730(c ) | Continued education is needed at all levels of Transition Plan implementation and will be a key component as we include stakeholders in review of state statures, policies and procedures and at site visits. Language in the Transition Plan has been added or modified to reflect these strategies. |
| | | | | **Rules may not recognize the value of a particular setting in terms of impact and support to specific populations** | **11** | "The paternalistic attitudes of those insistent groups are lost to them. Claiming to know what's best for each and every CILA resident, excluding the voices of the residents' parents, they wave a flag of independence on behalf of CILA residents." | 441.301(4)(i) | State plans to utilize an array of strategies which include focus groups with stakeholder groups as part of the site/setting validation visits and/or recommend a setting as part of the heightened scrutiny process. Language in the Transition Plan has been added or modified to reflect these strategies. |

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| **93** | **E-mail** | **Written** | **Family of a DD Participant** | **General comment or question regarding HCBS settings rules and need to be addressed through continuing education** | **6** | "The number of people who live in a CILA should not be limited to 4, which is very arbitrary number."All CILAs should not have to be physically accessible, only if it is actually needed." | 441.730(c ) | Continued education is needed at all levels of Transition Plan implementation and will be a key component as we include stakeholders in review of state statures, policies and procedures and at site visits. Language in the Transition Plan has been added or modified to reflect these strategies. |
| | | | | **Rules may not recognize the value of a particular setting in terms of impact and support to specific populations** | **11** | "We feel our campus is a community, and our residents the life line of it." | 441.301(4)(i) | State plans to utilize an array of strategies which include focus groups with stakeholder groups as part of the site/setting validation visits and/or recommend a setting as part of the heightened scrutiny process. Language in the Transition Plan has been added or modified to reflect these strategies. |
| | | | | **Process needs to be more defined regarding review of state statutes, policies and procedures to ensure compliance** | **7** | "if rules should be grandfather in, to existing CILAs in place at the time of these rules change." | 441.304(d) - (f) | State will utilize existing stakeholder groups to help review state statutes, policies and procedures to ensure compliance. Language in the Transition Plan has been added or modified to reflect these strategies. |
| **94** | **E-mail** | **Written** | **Family of a DD Participant** | **Current Service Options/Definitions need to be reviewed and/or expanded under existing HCBS waivers and align with CMS regulations** | **4** | "It is critical that Illinois not become more restrictive on its definitions of HCBS settings. . . . Keep open the definition of home and community approved settings." | 441.304(d) - (f) | Over the next four years, all new and renewed waivers will be reviewed to ensure service options are available and the definitions of these services comport with the rules. Language in the Transition Plan has been added or modified to reflect these strategies. |
| | | | | **Process needs to be more defined regarding review of state statutes, policies and procedures to ensure compliance** | **7** | "I want the HCBS criteria to be outcome oriented and based on upon the person's quality of life experiences." | 441.304(d) - (f) | State will utilize existing stakeholder groups to help review state statutes, policies and procedures to ensure compliance. Language in the Transition Plan has been added or modified to reflect these strategies. |

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| | | | | **Rules may not recognize the value of a particular setting in terms of impact and support to specific populations** | **11** | "I want campus settings like the one we have at Misericordia to be considered appropriate to meet HCBS criteria which I believe further increases choice for people . . ." | 441.301(4)(i) | State plans to utilize an array of strategies which include focus groups with stakeholder groups as part of the site/setting validation visits and/or recommend a setting as part of the heightened scrutiny process. Language in the Transition Plan has been added or modified to reflect these strategies. |
| | | | | **Process needs to be more defined regarding review of state statutes, policies and procedures to ensure compliance** | **7** | " . . . The ADA, Developmental Disabilities Bill of Rights and the Olmstead Decision, individuals with disabilities have the human right and civil right to be supported in a setting of their choice and not forced into choosing from a more limited set of op | 441.304(d) - (f) | State will utilize existing stakeholder groups to help review state statutes, policies and procedures to ensure compliance. Language in the Transition Plan has been added or modified to reflect these strategies. |
| | | | | **Process needs to be more defined regarding review of state statutes, policies and procedures to ensure compliance** | **7** | " . . .the condition that all settings be physically accessible be implemented only when there is a need." | 441.304(d) - (f) | State will utilize existing stakeholder groups to help review state statutes, policies and procedures to ensure compliance. Language in the Transition Plan has been added or modified to reflect these strategies. |
| | | | | **General Comment Regarding Statewide Transition Plan and Processes** | **14** | " . . . Post all public comment, as well as state summaries of public comments that will be sent to CMS to ensure a public accountability of actions taken. | I (a), paragraph 5 | Illinois is required to meet the expectations of federal CMS in regards to the implementation of HCBS settings. Language in the Transition Plan has been added or modified to reflect these strategies. |
| | | | | **Process needs to be more defined regarding review of state statutes, policies and procedures to ensure compliance** | **7** | " A grandfather clause should be implemented for current residential homes to prevent any disruption to existing residents." | 441.304(d) - (f) | State will utilize existing stakeholder groups to help review state statutes, policies and procedures to ensure compliance. Language in the Transition Plan has been added or modified to reflect these strategies. |

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| **95** | **E-mail** | **Written** | **Family of a DD Participant** | **Assurance of available service options to enable participant choice and integration in the greater community** | **1** | " . . . Regarding CILAs in the IL State Transition Plan, I do not agree that they represent the least restrictive environment as demanded by federal legislation for the developmentally disabled." | 441.301(4)(i) | Over the next four years, all new and renewed waivers will be reviewed to ensure service options are available in integrated settings that support access to the greater community and Person Centered Planning (PCP) is assured; PCP will need to comport with federal setting expectations. Language in the Transition Plan has been added or modified to reflect these strategies. |
| | | | | **Rules may not recognize the value of a particular setting in terms of impact and support to specific populations** | **11** | " . . CILA should be physically accessible only when a person with a physical disability lives there." | 441.301(4)(i) | State plans to utilize an array of strategies which include focus groups with stakeholder groups as part of the site/setting validation visits and/or recommend a setting as part of the heightened scrutiny process. Language in the Transition Plan has been added or modified to reflect these strategies. |
| | | | | **Assurance of available service options to enable participant choice and integration in the greater community** | **1** | "The campus is what makes his employment work. Without the campus, he would not be able to hold down a job and would end up at the CILA in front of a TV all day." "It seems very restrictive to make adults whose have limited skills to spend their lives applying for jobs and day after day being turned down, or to start a new job and over and over, just be fired . . ." | 441.301(4)(i) | Over the next four years, all new and renewed waivers will be reviewed to ensure service options are available in integrated settings that support access to the greater community and Person Centered Planning (PCP) is assured; PCP will need to comport with federal setting expectations. Language in the Transition Plan has been added or modified to reflect these strategies. |
| | | | | **Assurance of available service options to enable participant choice and integration in the greater community** | **1** | "Anyone that is happy and thriving in their current situation, be it ICF-DDs or CILAs should not be forced to change." | 441.301(4)(i) | Over the next four years, all new and renewed waivers will be reviewed to ensure service options are available in integrated settings that support access to the greater community and Person Centered Planning (PCP) is assured; PCP will need to comport with federal setting expectations. Language in the Transition Plan has been added or modified to reflect these strategies. |

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| | | | | **Rules may not recognize the value of a particular setting in terms of impact and support to specific populations** | **11** | " . . . Good environments, grandfather them in their situations." | 441.301(4)(i) | State plans to utilize an array of strategies which include focus groups with stakeholder groups as part of the site/setting validation visits and/or recommend a setting as part of the heightened scrutiny process. Language in the Transition Plan has been added or modified to reflect these strategies. |
| **96** | **E-mail** | **Written** | **DD Advocate** | **General Comment Regarding Statewide Transition Plan and Processes** | **14** | " . . Why a separate assessment had to be developed to provide you with this information? There are already detailed, out-come based accrediting bodies that many IL organizations are accredited by that offer regular detailed assessments of the degree to which individuals are receiving individualized person-driven services." | I (a), paragraph 5 | Illinois is required to meet the expectations of federal CMS in regards to the implementation of HCBS settings. Language in the Transition Plan has been added or modified to reflect these strategies. |
| | | | | **General Comment Regarding Statewide Transition Plan and Processes** | **14** | " . . .results from any evaluations and survey be shared with the organizations during the higher scrutiny process." | I (a), paragraph 5 | Illinois is required to meet the expectations of federal CMS in regards to the implementation of HCBS settings. Language in the Transition Plan has been added or modified to reflect these strategies. |
| | | | | **Provider reimbursement rates may be barriers to compliance with portions of the CMS regulations** | **10** | "Does the Transition Plan effort anticipates that results identifying lack of public funding be shared with Illinois funders before a required training curriculum is provided? If not it is requested that this be done." | 42 CFR 430 Chapter VII, Section 202 of the Unfunded Mandates Reform Act of 1195 (March 22, 1995, Pub, L. 104-4) and Federal Register Vol. 79 No. 11 Part II, first column, second comment and CMS response. | The State recognizes the relationship between reimbursement and the provider's willingness and ability to provide additional service options as envisioned by the regulations. The State intends to comply with the Transition Plan, recognizing reimbursement may need to be addressed on a separate track. State reimbursement for services is subject to the appropriations of our General Assembly. |

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| | | | | **Rules may not recognize the value of a particular setting in terms of impact and support to specific populations** | **11** | "It is requested that additional information be obtained from consumers regarding the desired frequency of chosen activities both on and off-site | 441.301(4)(i) | State plans to utilize an array of strategies which include focus groups with stakeholder groups as part of the site/setting validation visits and/or recommend a setting as part of the heightened scrutiny process. Language in the Transition Plan has been added or modified to reflect these strategies. |
| | | | | **Rules may not recognize the value of a particular setting in terms of impact and support to specific populations** | **11** | "It is suggested that the plan refrain from very generalized data and find a way to consider the many diverse support needs and preferences of the consumers served." ". . . Survey questions seem to consider that the physical location of the organization is the primary influenced of access to community activities. This may not be the only effective way to measure community integration." " . . . questions should be added regarding community members who may visit the consumer in their home, or visitors that the consumer has other than staff, or consumers have unpaid friendships with others than paid staff." " . . . surveys to the consumers of provider agency" | 441.301(4)(i) | State plans to utilize an array of strategies which include focus groups with stakeholder groups as part of the site/setting validation visits and/or recommend a setting as part of the heightened scrutiny process. Language in the Transition Plan has been added or modified to reflect these strategies. |
| | | | | **General Comment Regarding Statewide Transition Plan and Processes** | **14** | " . . . Workgroups developed by IL leadership to review and assess the results of these surveys also include stakeholder representation." | I (a), paragraph 5 | Illinois is required to meet the expectations of federal CMS in regards to the implementation of HCBS settings. Language in the Transition Plan has been added or modified to reflect these strategies. |
| | | | | **General Comment Regarding Statewide Transition Plan and Processes** | **14** | " . . .it is requested that information on transportation resources and individual choice in care and services be collected from waiver participants." | I (a), paragraph 5 | Illinois is required to meet the expectations of federal CMS in regards to the implementation of HCBS settings. Language in the Transition Plan has been added or modified to reflect these strategies. |

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| | | | | **General Comment Regarding Statewide Transition Plan and Processes** | **14** | "It's requested that the state summary of public comments be posted to ensure accountability . . ." | I (a), paragraph 5 | Illinois is required to meet the expectations of federal CMS in regards to the implementation of HCBS settings. Language in the Transition Plan has been added or modified to reflect these strategies. |
| **97** | **E-mail** | **Written** | **Parent of a DD Participant** | **Process needs to be more defined regarding review of state statutes, policies and procedures to ensure compliance** | **7** | " . . .citizens living in CILA and ICF-DD facilities . . Is the most diverse, heterogeneous segment of all community groups residing in our state. The diversity of their cognitive development, physical abilities and medical needs challenges care givers and agency providers to develop protocols that meet and satisfy the needs of these citizens." | 441.304(d) - (f) | State will utilize existing stakeholder groups to help review state statutes, policies and procedures to ensure compliance. Language in the Transition Plan has been added or modified to reflect these strategies. |
| | | | | **Assurance of available service options to enable participant choice and integration in the greater community** | **1** | "Group homes of four or few residents would isolate and likely diminish the level and amount of care provided . . . " | 441.301(4)(i) | Over the next four years, all new and renewed waivers will be reviewed to ensure service options are available in integrated settings that support access to the greater community and Person Centered Planning (PCP) is assured; PCP will need to comport with federal setting expectations. Language in the Transition Plan has been added or modified to reflect these strategies. |
| | | | | **General comment or question regarding HCBS settings rules and need to be addressed through continuing education** | **6** | "Why should we mandate the arbitrary and costly retrofitting of CILAs caring for fellow citizens who are not constrained by physical accessibility issues?" "Wasteful retrofitting is not the best use of these finite resources." | 441.730(c ) | Continued education is needed at all levels of Transition Plan implementation and will be a key component as we include stakeholders in review of state statures, policies and procedures and at site visits. Language in the Transition Plan has been added or modified to reflect these strategies. |
| | | | | **Process needs to be more defined regarding review of state statutes, policies and procedures to ensure compliance** | **7** | "Please develop the most flexible transition guidelines that empower these very capable caregivers to develop programming and residential care settings that meet the unique and extremely diverse needs of our most vulnerable community group." | 441.304(d) - (f) | State will utilize existing stakeholder groups to help review state statutes, policies and procedures to ensure compliance. Language in the Transition Plan has been added or modified to reflect these strategies. |

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| **98** | **E-mail** | **Written** | **DD Participant** | **Rules may not recognize the value of a particular setting in terms of impact and support to specific populations** | **11** | "I would just like to say that I have had a wonderful life at Misericordia . . . ." | 441.301(4)(i) | State plans to utilize an array of strategies which include focus groups with stakeholder groups as part of the site/setting validation visits and/or recommend a setting as part of the heightened scrutiny process. Language in the Transition Plan has been added or modified to reflect these strategies. |
| **99** | **E-mail** | **Written** | **Parent of a DD Participant** | **General comment or question regarding HCBS settings rules and need to be addressed through continuing education** | **6** | "it is vitally important that you take into account that one size home and one type of program does not fit all persons with disabilities." " . . . CILAs should not be limited in size to just four residents." | 441.730(c ) | Continued education is needed at all levels of Transition Plan implementation and will be a key component as we include stakeholders in review of state statures, policies and procedures and at site visits. Language in the Transition Plan has been added or modified to reflect these strategies. |
| | | | | **Rules may not recognize the value of a particular setting in terms of impact and support to specific populations** | **11** | "The CILA looks like every other house in the neighborhood which makes the CILA residents feels very much a part of the community in which they live." | 441.301(4)(i) | State plans to utilize an array of strategies which include focus groups with stakeholder groups as part of the site/setting validation visits and/or recommend a setting as part of the heightened scrutiny process. Language in the Transition Plan has been added or modified to reflect these strategies. |
| | | | | **Rules may not recognize the value of a particular setting in terms of impact and support to specific populations** | **11** | "It would be devastating . . .for their lives to be disrupted if these rules were implemented in the proposed manner. . . . We would request that current Misericordia CILAs be grandfathered to protect the well-being of the existing residents." | 441.301(4)(i) | State plans to utilize an array of strategies which include focus groups with stakeholder groups as part of the site/setting validation visits and/or recommend a setting as part of the heightened scrutiny process. Language in the Transition Plan has been added or modified to reflect these strategies. |
| **100** | **E-mail** | **Written** | **Parents of daughter with a DD** | **Rules may not recognize the value of a particular setting in terms of impact and support to specific populations** | **11** | "Forcing her to transition from a campus setting to a home is counter-productive….Misericordia…is more than a home…but rather a community…" | 441.301(4)(i) | State plans to utilize an array of strategies which include focus groups with stakeholder groups as part of the site/setting validation visits and/or recommend a setting as part of the heightened scrutiny process. Language in the Transition Plan has been added or modified to reflect these strategies. |

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| | | | | **Assurance of available service options to enable participant choice and integration in the greater community** | **1** | "One size home and one type of program does not fit all persons with disabilities." | 441.301(4)(i) | Over the next four years, all new and renewed waivers will be reviewed to ensure service options are available in integrated settings that support access to the greater community and Person Centered Planning (PCP) is assured; PCP will need to comport with federal setting expectations. Language in the Transition Plan has been added or modified to reflect these strategies. |
| **101** | **E-mail** | **Written** | **Family Pastor** | **Rules may not recognize the value of a particular setting in terms of impact and support to specific populations** | **11** | "she has flourished…company of friends…employment…sports and art activities…personalized home…." | 441.301(4)(i) | State plans to utilize an array of strategies which include focus groups with stakeholder groups as part of the site/setting validation visits and/or recommend a setting as part of the heightened scrutiny process. Language in the Transition Plan has been added or modified to reflect these strategies. |
| | | | | **Rules may not recognize the value of a particular setting in terms of impact and support to specific populations** | **11** | "Proven track record of success…care and love…finding appropriate employment...is unreasonable in a favorable employment climate, let alone the one…today" | 441.301(4)(i) | State plans to utilize an array of strategies which include focus groups with stakeholder groups as part of the site/setting validation visits and/or recommend a setting as part of the heightened scrutiny process. Language in the Transition Plan has been added or modified to reflect these strategies. |
| **102** | **E-mail** | **Written** | **Family of DD Participa nt** | **Assurance of available service options to enable participant choice and integration in the greater community** | **1** | "Do not let Illinois become more restrictive in its definitions…Do not remove our choices." | 441.301(4)(i) | Over the next four years, all new and renewed waivers will be reviewed to ensure service options are available in integrated settings that support access to the greater community and Person Centered Planning (PCP) is assured; PCP will need to comport with federal setting expectations. Language in the Transition Plan has been added or modified to reflect these strategies. |
| | | | | **Rules may not recognize the value of a particular setting in terms of impact and support to specific populations** | **11** | "…works in the recycling program….and the ..laundry…performs with a dance troupe at events throughout Chicago…Misericordia provides the best life possible for him." | 441.301(4)(i) | State plans to utilize an array of strategies which include focus groups with stakeholder groups as part of the site/setting validation visits and/or recommend a setting as part of the heightened scrutiny process. Language in the Transition Plan has been added or modified to reflect these strategies. |

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| **103** | **E-mail** | **Written** | **Family of DD Participant** | **Assurance of available service options to enable participant choice and integration in the greater community** | **1** | "Do not want the State to become more restrictive in its definition of home and community approved settings…denying further choice for the residents…" | 441.301(4)(i) | Over the next four years, all new and renewed waivers will be reviewed to ensure service options are available in integrated settings that support access to the greater community and Person Centered Planning (PCP) is assured; PCP will need to comport with federal setting expectations. Language in the Transition Plan has been added or modified to reflect these strategies. |
| | | | | **Rules may not recognize the value of a particular setting in terms of impact and support to specific populations** | **11** | "…Increases choice for people with developmental disabilities…criteria to be outcome-oriented and based upon the person's quality of life experiences…" | 441.301(4)(i) | State plans to utilize an array of strategies which include focus groups with stakeholder groups as part of the site/setting validation visits and/or recommend a setting as part of the heightened scrutiny process. Language in the Transition Plan has been added or modified to reflect these strategies. |
| **104** | **E-mail** | **Written** | **Provider** | **Process needs to be more defined regarding review of state statutes, policies and procedures to ensure compliance** | **7** | "Rule 119 regulations promote a large facility based program…needs to be revised or re-written to make it more community-friendly…Separate transportation costs from funding…expectation that everyone …receive Rule 50 training and background checks is not realistic..." | 441.304(d) - (f) | State will utilize existing stakeholder groups to help review state statutes, policies and procedures to ensure compliance. Language in the Transition Plan has been added or modified to reflect these strategies. |
| | | | | **Provider reimbursement rates may be barriers to compliance with portions of the CMS regulations** | **10** | "Eliminate the requirement to be in service for 240 days at a minimum of 5 hours per day. Current funding does not support that many hours..need a different funding model… | 42 CFR 430 Chapter VII, Section 202 of the Unfunded Mandates Reform Act of 1195 (March 22, 1995, Pub, L. 104-4) and Federal Register Vol. 79 No. 11 Part II, first column, second comment and CMS response. | The State recognizes the relationship between reimbursement and the provider's willingness and ability to provide additional service options as envisioned by the regulations. The State intends to comply with the Transition Plan, recognizing reimbursement may need to be addressed on a separate track. State reimbursement for services is subject to the appropriations of our General Assembly. |
| **105** | **E-mail** | **Written** | **Parent of DD Participant** | **Comments or questions in support of the HCBS Settings Rules** | **2** | "Comply with rules…exactly as Written…add no additional restrictions to our state's regulations on HCBS settings… additional restrictions will limit…choice…innovation…infrastructure development…" | N/A | No action to be taken. |

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| | | | | **Rules may not recognize the value of a particular setting in terms of impact and support to specific populations** | **11** | "Farmsteads are licensed regulated models that offer…an option to live a life highly connected with their broader community…Farmsteads are not large congregate facilities… participants shop, worship, work, travel, recreate bank and have fun in the broad community." | 441.301(4)(i) | State plans to utilize an array of strategies which include focus groups with stakeholder groups as part of the site/setting validation visits and/or recommend a setting as part of the heightened scrutiny process. Language in the Transition Plan has been added or modified to reflect these strategies. |
| **106** | **E-mail** | **Written** | **Parent of DD Participant** | **Assurance of available service options to enable participant choice and integration in the greater community** | **1** | "New initiatives should not be at the expense of existing services…options and choices should not be eliminated…" | 441.301(4)(i) | Over the next four years, all new and renewed waivers will be reviewed to ensure service options are available in integrated settings that support access to the greater community and Person Centered Planning (PCP) is assured; PCP will need to comport with federal setting expectations. Language in the Transition Plan has been added or modified to reflect these strategies. |
| | | | | **Rules may not recognize the value of a particular setting in terms of impact and support to specific populations** | **11** | "enjoy meaningful daily activities…interactions with peers…(if) categorized as 'employable' ..must be competitively employed in the marketplace... (means) …in many cases, these residents will spend their days literally doing nothing…" | 441.301(4)(i) | State plans to utilize an array of strategies which include focus groups with stakeholder groups as part of the site/setting validation visits and/or recommend a setting as part of the heightened scrutiny process. Language in the Transition Plan has been added or modified to reflect these strategies. |
| **107** | **E-mail** | **Written** | **Family of DD Participant** | **Assurance of available service options to enable participant choice and integration in the greater community** | **1** | "Individuals with disabilities have the right to multiple choices of workplaces…must have an array of choices for support options, settings and opportunities for the changing needs of their lifespan." | 441.301(4)(i) | Over the next four years, all new and renewed waivers will be reviewed to ensure service options are available in integrated settings that support access to the greater community and Person Centered Planning (PCP) is assured; PCP will need to comport with federal setting expectations. Language in the Transition Plan has been added or modified to reflect these strategies. |

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| | | | | **Rules may not recognize the value of a particular setting in terms of impact and support to specific populations** | **11** | "ICF-DD's are a perfectly fine choice and they are not institutions. They are homes. They work…" The campus is a community in the best sense of the word…" | 441.301(4)(i) | State plans to utilize an array of strategies which include focus groups with stakeholder groups as part of the site/setting validation visits and/or recommend a setting as part of the heightened scrutiny process. Language in the Transition Plan has been added or modified to reflect these strategies. |
| **108** | **E-mail** | **Written** | **Family of DD Participant** | **Assurance of available service options to enable participant choice and integration in the greater community** | **1** | Choose to participate in activities…meaningful jobs…full gym…therapy pool…exhibited artwork at the Art Institute of Chicago…People with disabilities deserve a full array of choices…" | 441.301(4)(i) | Over the next four years, all new and renewed waivers will be reviewed to ensure service options are available in integrated settings that support access to the greater community and Person Centered Planning (PCP) is assured; PCP will need to comport with federal setting expectations. Language in the Transition Plan has been added or modified to reflect these strategies. |
| | | | | **Rules may not recognize the value of a particular setting in terms of impact and support to specific populations** | **11** | The women in my sister's home are friends…a second family with whom she shares her life…share meals, go out to movies together..enjoy community events…full life…opportunities she would never be able to find living independently.. | 441.301(4)(i) | State plans to utilize an array of strategies which include focus groups with stakeholder groups as part of the site/setting validation visits and/or recommend a setting as part of the heightened scrutiny process. Language in the Transition Plan has been added or modified to reflect these strategies. |
| **109** | **E-mail** | **Written** | **Parent of DD Participant** | **Assurance of available service options to enable participant choice and integration in the greater community** | **1** | "…continuum of care…optimum living and learning arrangements…current choices should not be restricted or compromised by new regulations…" | 441.301(4)(i) | Over the next four years, all new and renewed waivers will be reviewed to ensure service options are available in integrated settings that support access to the greater community and Person Centered Planning (PCP) is assured; PCP will need to comport with federal setting expectations. Language in the Transition Plan has been added or modified to reflect these strategies. |

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| | | | | **Rules may not recognize the value of a particular setting in terms of impact and support to specific populations** | **11** | "...Misericordia, which is nationally recognized as a 'model' for providing successful, effective and compassionate homes for the developmentally disabled.." | 441.301(4)(i) | State plans to utilize an array of strategies which include focus groups with stakeholder groups as part of the site/setting validation visits and/or recommend a setting as part of the heightened scrutiny process. Language in the Transition Plan has been added or modified to reflect these strategies. |
| **110** | **E-mail** | **Written** | **Parent of DD Participant** | **Rules may not recognize the value of a particular setting in terms of impact and support to specific populations** | **11** | "…opportunity to participate in sports, choir, dances, outings…has a minimum wage job (outside the community) 3 hours a day, five days a week..without Misericordia…he would be living in the community, but sitting in front of a television all day…Big is not always bad. Well run big is a big advantage!" | 441.301(4)(i) | State plans to utilize an array of strategies which include focus groups with stakeholder groups as part of the site/setting validation visits and/or recommend a setting as part of the heightened scrutiny process. Language in the Transition Plan has been added or modified to reflect these strategies. |
| **111** | **E-mail** | **Written** | **Parent of DD Participant** | **Assurance of available service options to enable participant choice and integration in the greater community** | **1** | "People with disabilities should have a choice of how and where they live…friendships, exercise activities…creative expression through art, cooking, cleaning…social activities…" | 441.301(4)(i) | Over the next four years, all new and renewed waivers will be reviewed to ensure service options are available in integrated settings that support access to the greater community and Person Centered Planning (PCP) is assured; PCP will need to comport with federal setting expectations. Language in the Transition Plan has been added or modified to reflect these strategies. |
| | | | | **Rules may not recognize the value of a particular setting in terms of impact and support to specific populations** | **11** | "Our daughter lives in an 'ICF-DD'. It is fantastic for her. It is NOT an institution. It is her home…She enjoys a meaningful life because she is fortunate to be an active resident at Misericordia…" | 441.301(4)(i) | State plans to utilize an array of strategies which include focus groups with stakeholder groups as part of the site/setting validation visits and/or recommend a setting as part of the heightened scrutiny process. Language in the Transition Plan has been added or modified to reflect these strategies. |
| **112** | **E-mail** | **Written** | **Parent of DD Participant** | **Rules may not recognize the value of a particular setting in terms of impact and support to specific populations** | **11** | "son…has lived at Misericordia for 38 years…love...family life (in the CILA), array of residential chores, exercise classes/therapies, fitness and health guidance and social and recreational activities…environment of love, support, encouragement, guidance, dignity and respect." | 441.301(4)(i) | State plans to utilize an array of strategies which include focus groups with stakeholder groups as part of the site/setting validation visits and/or recommend a setting as part of the heightened scrutiny process. Language in the Transition Plan has been added or modified to reflect these strategies. |

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| **113** | **E-mail** | **Written** | **Parent of DD Participant** | **Assurance of available service options to enable participant choice and integration in the greater community** | **1** | "to become more restrictive in its definition of 'home and community' approved settings which…will have the impact of denying further choice for the residents….annual staffing plan at Misericordia which sets forth his choices for the year…this optimizes his life experiences..." | 441.301(4)(i) | Over the next four years, all new and renewed waivers will be reviewed to ensure service options are available in integrated settings that support access to the greater community and Person Centered Planning (PCP) is assured; PCP will need to comport with federal setting expectations. Language in the Transition Plan has been added or modified to reflect these strategies. |
| | | | | **Rules may not recognize the value of a particular setting in terms of impact and support to specific populations** | **11** | "We want campus settings like the one we have at Misericordia to be considered to be appropriate to meet HCBS criteria…Residents have established relationships and connections to their internal and external communities which should be encouraged and protected." | 441.301(4)(i) | State plans to utilize an array of strategies which include focus groups with stakeholder groups as part of the site/setting validation visits and/or recommend a setting as part of the heightened scrutiny process. Language in the Transition Plan has been added or modified to reflect these strategies. |
| **114** | **E-mail** | **Written** | **Advocate** | **Comments or questions in support of the HCBS Settings Rules** | **2** | "Equip for Equality is extremely supportive of these concepts (extensive participant involvement and choice and…real opportunities for community integration…" | N/A | No action to be taken. |
| | | | | **Process needs to be strengthened in relationship to self-administered provider surveys and inclusion of participants and their Plans of Care** | **8** | "As the state revises its plan…additional formal comment periods to receive input are essential…surveys did not include any stakeholder input…cannot rely on surveys of service providers alone…must consult with actual recipients of these services, as well as advocates...(surveys) should not be the sole basis for determining whether a site gets a site visit...supplement the survey results with a survey sent to recipients of services...Consider those results when determining compliance with the new HCBS rules..." | 441.304(d) - (f) | State intends to establish consumer focus groups during validation site visits and review a sample of the participant's Plans of Care. State plans to establish three levels of validation of provider survey results including visiting providers that demonstrated a high level of compliance. Validation site visits will be conducted by an independent third party. Review of Plans of Care will aid in current and future development of Participant Plans of Care, but also may influence state statutes, policies and procedures. Language in the Transition Plan has been added or modified to reflect these strategies. |

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| | | | | **General Comment Regarding Statewide Transition Plan and Processes** | **14** | "Plan is replete with vague, qualifying phrases…underdeveloped…difficult to comment on how it will impact individuals receiving HCBS…It is critical that stakeholder input be considered at each step….On-site focus groups should be held at every location...Include stakeholders such as an individual or a family member as part of the multi-disciplinary team conducting site visits...The State should increase the number of providers it will randomly sample from 2%...to at least 30%...There is no mention of ensuring that (those who will be relocated) will be relocated to the most integrated setting appropriate to the individual's needs...The Plan should be revised or explicitly include this requirement...The plan makes no mention of ...opportunities to work in competitive settings or how Illinois will ensure that those opportunities are ...increased. Illinois must commit...in the Plan to increasing these opportunities...The Plan should explain how the State will determine whether specific language (in the statues, policies and procedures) is in compliance...and include stakeholders in this process... | I (a), paragraph 5 | Illinois is required to meet the expectations of federal CMS in regards to the implementation of HCBS settings. Language in the Transition Plan has been added or modified to reflect these strategies. |
| | | | | **Timeframes identified in Statewide Transition Plan may not be realistic.** | **13** | Much of the (assessments of ongoing compliance) should be developed prior to (January, 2018), particularly the incorporation of person-centered planning requirements..." | 441.301(c)(6)(B) | State plans to work with legal and policy representatives that represent all nine (9) of the HCBS Waivers to ensure process moves forward at a timely pace. Timeframes indicated in Transition Plan will continuously be reviewed. |
| | | | | **General comment or concern about the quality of a program and/or choice options** | **5** | "One particular area in which Illinois is lacking is non-disability specific settings where housing is available separate from the services offered there…ensure that individuals have a true choice of where to live…Another issue is the bundling of services and housing....Individuals should easily be able to obtain housing from one provider and services form another." | 441.301(4)(i) | Over the next four years, all new and renewed waivers will be reviewed to ensure service options are available and Person Centered Planning (PCP) is assured; PCP will need to comport with federal setting expectations. Language in the Transition Plan has been added or modified to reflect these strategies. |

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| | | | | **Process needs to be strengthened in State oversight of HCBS Providers to ensure compliance** | **9** | "Ongoing Compliance" section of the…Plan…lacks detail…State must design a process that can be readily and easily accessed and understood by individuals with disabilities to ensure that individual's goals are incorporated into their services and fulfilled....Modifying...a template in the annual review is unlikely to result in the shift necessary to fully comply with the new rules...(and) the person-centered planning requirements. The State must make a much stronger commitment to helping service providers modify their practices to comply with these requirements." | 441.302 | Over the next four years, all new and renewed waivers will be reviewed with a sensitivity to assure waiver assurances and performance measures comport with the HCBS rules. Language in the Transition Plan has been added or modified to reflect these strategies. |
| **115** | **E-mail** | **Written** | **Parent of DD Participant** | **Rules may not recognize the value of a particular setting in terms of impact and support to specific populations** | **11** | "The Misericordia campus is very much like a small college campus, providing not only educational and work opportunities, but also social and spiritual experiences for all residents…allows for a healthy feeling of community…a sense of well-being and acceptance of those living on and off campus in the CILA's ...the campus serves to enhance the very independent lives in the community in the houses they call home and that they love.." | 441.301(4)(i) | State plans to utilize an array of strategies which include focus groups with stakeholder groups as part of the site/setting validation visits and/or recommend a setting as part of the heightened scrutiny process. Language in the Transition Plan has been added or modified to reflect these strategies. |
| **116** | **E-mail** | **Written** | **Parent of DD Participant** | **Assurance of available service options to enable participant choice and integration in the greater community** | **1** | "…do not…become more restrictive in (the State's) definition of 'home and community' approved settings… which…will have the impact of denying further choice for the residents…annual staffing plan...sets forth her choices for the year…optimizes her life experiences..." | 441.301(4)(i) | Over the next four years, all new and renewed waivers will be reviewed to ensure service options are available in integrated settings that support access to the greater community and Person Centered Planning (PCP) is assured; PCP will need to comport with federal setting expectations. Language in the Transition Plan has been added or modified to reflect these strategies. |
| | | | | **Rules may not recognize the value of a particular setting in terms of impact and support to specific populations** | **11** | "…Campus settings like the one we have at Misericordia…contribute to the continuum of choice…to all residents...XXX absolutely loves her life at Mis..My family considers everyone at Mis as our extended family…Misericordia has a future and we do not want the government threatening that future..." | 441.301(4)(i) | State plans to utilize an array of strategies which include focus groups with stakeholder groups as part of the site/setting validation visits and/or recommend a setting as part of the heightened scrutiny process. Language in the Transition Plan has been added or modified to reflect these strategies. |

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| **117** | **E-mail** | **Written** | **Parent of DD Participant** | **Rules may not recognize the value of a particular setting in terms of impact and support to specific populations** | **11** | "For disabled individuals like my daughter, happiness is what is most important…Regulations...are worthless unless they work to ensure the happiness of those they seek to protect…she is very happy living in a 7-person CILA…at Misericordia | 441.301(4)(i) | State plans to utilize an array of strategies which include focus groups with stakeholder groups as part of the site/setting validation visits and/or recommend a setting as part of the heightened scrutiny process. Language in the Transition Plan has been added or modified to reflect these strategies. |
| | | | | **Provider reimbursement rates may be barriers to compliance with portions of the CMS regulations** | **10** | "There are not enough CILA's being developed in Illinois due to inadequate funding." | 42 CFR 430 Chapter VII, Section 202 of the Unfunded Mandates Reform Act of 1195 (March 22, 1995, Pub, L. 104-4) and Federal Register Vol. 79 No. 11 Part II, first column, second comment and CMS response. | The State recognizes the relationship between reimbursement and the provider's willingness and ability to provide additional service options as envisioned by the regulations. The State intends to comply with the Transition Plan, recognizing reimbursement may need to be addressed on a separate track. State reimbursement for services is subject to the appropriations of our General Assembly. |
| | | | | **Assurance of available service options to enable participant choice and integration in the greater community** | **1** | "In seeking to expand employment, existing campus opportunities should not be sacrificed…Individuals with disabilities have the right to multiple choices of workplaces…" | 441.301(4)(i) | Over the next four years, all new and renewed waivers will be reviewed to ensure service options are available in integrated settings that support access to the greater community and Person Centered Planning (PCP) is assured; PCP will need to comport with federal setting expectations. Language in the Transition Plan has been added or modified to reflect these strategies. |
| **118** | **E-mail** | **Written** | **Parent of DD Participant** | **Assurance of available service options to enable participant choice and integration in the greater community** | **1** | "As protected by the ADA, DD Bill of Rights and the Olmstead Decision, individuals have the human right and the civil right to be supported in a setting **of their choice** and not forced into choosing from a more limited set of options…" | 441.301(4)(i) | Over the next four years, all new and renewed waivers will be reviewed to ensure service options are available in integrated settings that support access to the greater community and Person Centered Planning (PCP) is assured; PCP will need to comport with federal setting expectations. Language in the Transition Plan has been added or modified to reflect these strategies. |

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| **119** | **E-mail** | **Written** | **Parent of DD Participant** | **Assurance of available service options to enable participant choice and integration in the greater community** | **1** | "…in many respects, Misericordia has always practiced Person Centered Planning…we discuss in depth (annually) her progress over the year and work with her to set goals…based on Betsy's interests, choices and aspirations with input from our family and the professionals she engages with..." | 441.301(4)(i) | Over the next four years, all new and renewed waivers will be reviewed to ensure service options are available in integrated settings that support access to the greater community and Person Centered Planning (PCP) is assured; PCP will need to comport with federal setting expectations. Language in the Transition Plan has been added or modified to reflect these strategies. |
| **120** | **E-mail** | **Written** | **Family of DD Participant** | **Rules may not recognize the value of a particular setting in terms of impact and support to specific populations** | **11** | "...sister lives in a wonderful, supportive Misericordia CILA…is thriving in her current situation…the meaningful, satisfying fulfilling work which XXX does on campus…should not be taken away. That campus is a community where she and many others have rich friendships and relational opportunities..." | 441.301(4)(i) | State plans to utilize an array of strategies which include focus groups with stakeholder groups as part of the site/setting validation visits and/or recommend a setting as part of the heightened scrutiny process. Language in the Transition Plan has been added or modified to reflect these strategies. |
| **121** | **E-mail** | **Written** | **Parent of DD Participant** | **Rules may not recognize the value of a particular setting in terms of impact and support to specific populations** | **11** | "…son has lived at Misericordia …for two years…has made many friends…has encouragement and support from…staff…participates in social activities on the campus, as well as in the community with his housemates. He has an active and meaningful life. In his own words, "Misericordia is the greatest place on earth!"...While community-based recreation and leisure activities are important...we have found that our family members are not always welcomed in the community. Being physically present in the community doesn't always make them an accepted part of the community. That's why social and leisure activities on Misericordia's campus are such an important part of our family members' lives. They are accepted and appreciated for who they are..." | 441.301(4)(i) | State plans to utilize an array of strategies which include focus groups with stakeholder groups as part of the site/setting validation visits and/or recommend a setting as part of the heightened scrutiny process. Language in the Transition Plan has been added or modified to reflect these strategies. |

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| | | | | **Assurance of available service options to enable participant choice and integration in the greater community** | **1** | "He works four hours weekly at a restaurant (in the community)….We have found that jobs for our son have been difficult to find…One employer was able to give him two short shifts which he can work successfully. The rest of his time is spent on ...campus engaged in work and day programming activities. | 441.301(4)(i) | Over the next four years, all new and renewed waivers will be reviewed to ensure service options are available in integrated settings that support access to the greater community and Person Centered Planning (PCP) is assured; PCP will need to comport with federal setting expectations. Language in the Transition Plan has been added or modified to reflect these strategies. |
| **122** | **E-mail** | **Written** | **Parent of DD Participant** | **Rules may not recognize the value of a particular setting in terms of impact and support to specific populations** | **11** | "recently became a resident in a CILA ...she had a job in a theater for ten years…but was only able to work 12 hours a week. Now, because of the astonishing facilities at Misericordia, she is able to have two other part-time jobs that keep her days busy and productive…Perhaps you do not realize how the world of a disabled person shrinks when he or she leaves school...for people of limited communication skills, maintaining connections is almost impossible....(the CILA) provides her with the social contact which enriches her life...She goes out to dinner, to the movies, ..apple-picking...If people are happy, busy and productive, why would you try to change that?" | 441.301(4)(i) | State plans to utilize an array of strategies which include focus groups with stakeholder groups as part of the site/setting validation visits and/or recommend a setting as part of the heightened scrutiny process. Language in the Transition Plan has been added or modified to reflect these strategies. |
| **123** | **E-mail** | **Written** | **DD Provider** | **Assurance of available service options to enable participant choice and integration in the greater community** | **1** | "Individuals must have personal choice in their care and in residential options. There should not be a one size fits all philosophy regarding services for individuals with developmental disabilities." | 441.301(4)(i) | Over the next four years, all new and renewed waivers will be reviewed to ensure service options are available in integrated settings that support access to the greater community and Person Centered Planning (PCP) is assured; PCP will need to comport with federal setting expectations. Language in the Transition Plan has been added or modified to reflect these strategies. |

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| | | | | **Comments or questions in support of the HCBS Settings Rules** | **2** | "It is unfortunate that our federal government initially defined community in terms of the setting. The final rules issued in January changed by defining community based on the nature and quality of the individual's experience. If that is truly the case, then the definition of community is driven by the individuals themselves and by their families/guardians." | N/A | No action to be taken. |
| | | | | **Process needs to be strengthened in relationship to self-administered provider surveys and inclusion of participants and their Plans of Care** | **8** | "Illinois did not survey the consumers or the consumers' families on their experiences in the current settings. Illinois should collect this data. The focus should be on the quality of life and not the physical characteristics of the setting…State should...begin asking individuals what they want both residentially and for day programs. The State should not be asking the advocates who believe there is only one way and it is their way and not necessarily the individual's choice." | 441.304(d) - (f) | State intends to establish consumer focus groups during validation site visits and review a sample of the participant's Plans of Care. State plans to establish three levels of validation of provider survey results including visiting providers that demonstrated a high level of compliance. Validation site visits will be conducted by an independent third party. Review of Plans of Care will aid in current and future development of Participant Plans of Care, but also may influence state statutes, policies and procedures. Language in the Transition Plan has been added or modified to reflect these strategies. |
| | | | | **Rules may not recognize the value of a particular setting in terms of impact and support to specific populations** | **11** | "The State must offer a range of choices. A house in the community can be even more isolating than a setting in which intentional community is provided. Many of these types of communities are very involved in the community and the community is involved with them. Integration within the community should not be assessed by an individual's presence in the community, but by their relational presence with community members." | 441.301(4)(i) | State plans to utilize an array of strategies which include focus groups with stakeholder groups as part of the site/setting validation visits and/or recommend a setting as part of the heightened scrutiny process. Language in the Transition Plan has been added or modified to reflect these strategies. |

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| **124** | **E-mail** | **Written** | **Family of DD Participant** | **Rules may not recognize the value of a particular setting in terms of impact and support to specific populations** | **11** | "Billy lives at the Misericordia Moore House…a home where he can thrive…a community where each individual's unique personality and abilities have transformed into shared responsibility and fellowship…Moore House is a success story, what a CILA house should be...These wonderful people will suffer real loss if sudden change comes in the form of new policy." | 441.301(4)(i) | State plans to utilize an array of strategies which include focus groups with stakeholder groups as part of the site/setting validation visits and/or recommend a setting as part of the heightened scrutiny process. Language in the Transition Plan has been added or modified to reflect these strategies. |
| **125** | **E-mail** | **Written** | **Family of DD Participant** | **Assurance of available service options to enable participant choice and integration in the greater community** | **1** | "Each person should have the choice whether to seek integration into the community through the competitive work force or through opportunities that are offered by a home such as Misericordia." | 441.301(4)(i) | Over the next four years, all new and renewed waivers will be reviewed to ensure service options are available in integrated settings that support access to the greater community and Person Centered Planning (PCP) is assured; PCP will need to comport with federal setting expectations. Language in the Transition Plan has been added or modified to reflect these strategies. |
| | | | | **Rules may not recognize the value of a particular setting in terms of impact and support to specific populations** | **11** | "The definition of 'home' and 'community' should not be based on physical characteristics, but on the quality of life of the residents…The HCBS criteria and assessments should be based on outcome, results and personal choice, not bureaucratic definitions...My brother's life at Misericordia is part of a community that allows him to live in a comfortable home with his peers....An ICF-DD is his home that works for him...It is not an institution, but a loving, working environment..." | 441.301(4)(i) | State plans to utilize an array of strategies which include focus groups with stakeholder groups as part of the site visits to validate and/or recommend a setting as part of the heightened scrutiny process. Language in the Transition Plan has been added or modified to reflect these strategies. |

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| **126** | **E-mail** | **Written** | **Parent of DD Participant** | **Assurance of available service options to enable participant choice and integration in the greater community** | **1** | "We do not want the State to become more restrictive in its definition of home and community based approved settings which would deny choices for our residents…Misericordia provides a continuum of choice for all residents | 441.301(4)(i) | Over the next four years, all new and renewed waivers will be reviewed to ensure service options are available in integrated settings that support access to the greater community and Person Centered Planning (PCP) is assured; PCP will need to comport with federal setting expectations. Language in the Transition Plan has been added or modified to reflect these strategies. |
| | | | | **Rules may not recognize the value of a particular setting in terms of impact and support to specific populations** | **11** | "Misericordia's loving environments encourage Godly respect for one another, love and concern…Something our city, state, country and world should emulate and embrace." | 441.301(4)(i) | State plans to utilize an array of strategies which include focus groups with stakeholder groups as part of the site/setting validation visits and/or recommend a setting as part of the heightened scrutiny process. Language in the Transition Plan has been added or modified to reflect these strategies. |
| **127** | **E-mail** | **Written** | **Provider** | **Timeframes identified in Statewide Transition Plan may not be realistic.** | **13** | "The target dates of 2017 for reviewing and revising regulatory policies will allow only a two year transition for providers to implement the changes and come into compliance…providers will not have adequate time to change their service models in order to meet the definitions put forth in the HCBS rule." | 441.301(c)(6)(B) | State plans to work with legal and policy representatives that represent all nine (9) of the HCBS Waivers to ensure process moves forward at a timely pace. Timeframes indicated in Transition Plan will continuously be reviewed. |

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| | | | | **Specific concern that implementation of Transition Plan could add additional burden to provider and responsible parties** | **12** | "..in southern and southwestern Illinois, opportunities for employment are few…the unemployment rate for non-disabled workers is high..>Employers are not willing to make exceptions for employees who cannot complete the entire job they are hiring for. Supported Employment and Community Placements providers have difficulty getting placements for individuals with disabilities, but an even more difficult time assisting them in maintaining that employment opportunity." | 42 CFR 430 Chapter VIII. Section 202 of the Unfunded Mandates Reform Act of 1195 (March 22, 1995, Pub, L. 104-4) | State will utilize existing stakeholder groups to help review state statutes, policies and procedures to ensure compliance. HCBS Rules are in effect and state is responsible for their implementation. Language in the Transition Plan has been added or modified to reflect these strategies. |
| | | | | **Assurance of available service options to enable participant choice and integration in the greater community** | **1** | There are many opinions…regarding what is considered isolating and what is considered opportunity. It is my hope that Illinois is not going to become an all or nothing state in regards to service opportunities for individuals…Employment First is a noble and achievable goal...Employment Only is not an achievable or realistic goal for all providers and individuals. I hope that Illinois will ensure that all service models are allowed the opportunity to continue to provide services making the changes to ensure that opportunities for community integration and employment are offered. | 441.301(4)(i) | Over the next four years, all new and renewed waivers will be reviewed to ensure service options are available in integrated settings that support access to the greater community and Person Centered Planning (PCP) is assured; PCP will need to comport with federal setting expectations. Language in the Transition Plan has been added or modified to reflect these strategies. |
| | | | | **Process needs to be more defined regarding review of state statutes, policies and procedures to ensure compliance** | **7** | "Please make the expectations on community integration, as well as how those opportunities are documented, clear and concise for providers…needs to be an explanation of Conflict Free Case Management…This becomes tricky when there is no residential provider and the day program becomes the responsible party for developing the plan and implementing it. Please ensure that conflict free case management is explained and made reasonable...needs to be clarification regarding the fact that ICF/DD homes are not found to be HCBS compliant. How does that impact the individuals who reside in the ICF/DD home but attend a DHS funded day program? If | 441.304(d) - (f) | State will utilize existing stakeholder groups to help review state statutes, policies and procedures to ensure compliance. Language in the Transition Plan has been added or modified to reflect these strategies. |

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| | | | | | | their residential setting is found out of HCBS compliance then doe so that make them ineligible for day services that are HCBS funded? These questions must be answered so providers and individuals can make informed choices..." | | |
| | | | | **Provider reimbursement rates may be barriers to compliance with portions of the CMS regulations** | **10** | In order for programs to be capable of moving individuals forward into community integration and community employment a very significant change in the way these services are funded must be implemented. The staff to client ratio must be significantly smaller...The current developmental training ratio formulas will not provide the financial support in order to ensure adequate staff are available to support individuals in their goals to be employed in the community. There must be significantly increased funding for supported employment programming and transitional programming to support the increased mandates and expectations from the federal and eventually the state level." | 42 CFR 430 Chapter VII, Section 202 of the Unfunded Mandates Reform Act of 1195 (March 22, 1995, Pub, L. 104-4) and Federal Register Vol. 79 No. 11 Part II, first column, second comment and CMS response. | The State recognizes the relationship between reimbursement and the provider's willingness and ability to provide additional service options as envisioned by the regulations. The State intends to comply with the Transition Plan, recognizing reimbursement may need to be addressed on a separate track. State reimbursement for services is subject to the appropriations of our General Assembly. |

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| **128** | **E-mail** | **Written** | **Parent of DD Participant** | **Rules may not recognize the value of a particular setting in terms of impact and support to specific populations** | **11** | My daughter Shea has a full life in a lovely house, with several women. They are as close as if they were sisters. Shea is employed at a Catholic School, but benefits from Misericordia's campus setting and employment opportunities when school is off for summer and various holidays. Furthermore, as you may know many residents / disabled adults are unable to work a 40 hour a week job, even if they could find them, because it would jeopardize their Social Security funding.<br><br>My friends with children in CILAs without campus support spend a lot of time in front of a TV and are unemployed due to lack of infrastructure to get residents to multiple job sites and community programs. How is that enabling community integration and choice? Misericordia's CILAs are a working and wonderfully implemented example of community integration with the NECESSARY supports provided by a campus setting. | 441.301(4)(i) | State plans to utilize an array of strategies which include focus groups with stakeholder groups as part of the site/setting validation visits and/or recommend a setting as part of the heightened scrutiny process. Language in the Transition Plan has been added or modified to reflect these strategies. |
| **129** | **E-mail** | **Written** | **Participant** | **Comments or questions regarding issues not related to Transition Plan** | **3** | I have autism. I composed this E-mail because I want to receive Medicaid waiver funding, and I would like for the ones who are already receiving it to continue. We need all the benefits that we can receive in order for us to live better lives. | N/A | These represent questions or comments that do not appear to relate to HCBS settings rules and are not being addressed in the Transition Plan. |
| **130** | **E-mail** | **Written** | **Parent of DD Participant** | **Assurance of available service options to enable participant choice and integration in the greater community** | **1** | The key term in the description of what is sought is "opportunity. The danger is that overly restrictive regulations can result in a decrease in "opportunity." | 441.301(4)(i) | Over the next four years, all new and renewed waivers will be reviewed to ensure service options are available in integrated settings that support access to the greater community and Person Centered Planning (PCP) is assured; PCP will need to comport with federal setting expectations. Language in the Transition Plan has been added or modified to reflect these strategies. |

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| | | | | **Rules may not recognize the value of a particular setting in terms of impact and support to specific populations** | **11** | Employment opportunities. The criteria for judging what a desirable work experience is is not where it is located but what it entails. I volunteer in a bakery (at Misericordia Home) where many individuals from group homes work. Some have jobs in the private sector and come to the bakery to round out their work week. Others require a far greater level of support than the private sector is prepared to provide. And we have been able to help some of these individuals grow their work skills so they graduated to jobs in the private sector. But just as importantly, when one of our workers comes to the job, she or he finds a mixture of other group home residents, professional bakers and many volunteers who create a work experience comparable to and in many cases superior to the work experience in the private sector. To take away this opportunity simply because the bakery exists on the campus of Misericordia Home rather than in a building four blocks away is a simple criteria to enforce but is arbitrary and is a disservice to those it is supposed to assist. | 441.301(4)(i) | State plans to utilize an array of strategies which include focus groups with stakeholder groups as part of the site/setting validation visits and/or recommend a setting as part of the heightened scrutiny process. Language in the Transition Plan has been added or modified to reflect these strategies. |
| **131** | **E-mail** | **Written** | **Family** | **Rules may not recognize the value of a particular setting in terms of impact and support to specific populations** | **11** | "We appeal to you that these Colas and Misericordia are able to continue to run just as they are. I would appreciate any information you might have regarding this subject" | 441.301(4)(i) | State plans to utilize an array of strategies which include focus groups with stakeholder groups as part of the site visits to validate and/or recommend a setting as part of the heightened scrutiny process. Language in the Transition Plan has been added or modified to reflect these strategies. |

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| **132** | **E-mail** | **Written** | **Family** | **Rules may not recognize the value of a particular setting in terms of impact and support to specific populations** | **11** | "We would like to stress that it is important that Illinois not become more restrictive on its definitions of HCBS settings. " | 441.301(4)(i) | State plans to utilize an array of strategies which include focus groups with stakeholder groups as part of the site/setting validation visits and/or recommend a setting as part of the heightened scrutiny process. Language in the Transition Plan has been added or modified to reflect these strategies. |
| **133** | **Rockford** | **Oral** | **Family** | **General comment or question regarding HCBS settings rules and need to be addressed through continuing education** | **6** | "It is very confusing and it's almost like we have this menu of things that look really nice and we want but we can't order from it. It seems like as far as group homes things like that that "are near our homes that we would find acceptable to put our children in doesn't seem we have the numbers to accommodate that so I think it's great to have this outline of where we want to go but I am having trouble seeing how to get there in the next few years with him | 441.730(c ) | Continued education is needed at all levels of Transition Plan implementation and will be a key component as we include stakeholders in review of state statures, policies and procedures and at site visits. Language in the Transition Plan has been added or modified to reflect these strategies. |
| | | | | **Provider reimbursement rates may be barriers to compliance with portions of the CMS regulations** | **10** | "I'm not really understanding how we are going to get there in 4 years especially with funding issues our state has" | 42 CFR 430 Chapter VII, Section 202 of the Unfunded Mandates Reform Act of 1195 (March 22, 1995, Pub, L. 104-4) and Federal Register Vol. 79 No. 11 Part II, first column, second comment and CMS response. | The State recognizes the relationship between reimbursement and the provider's willingness and ability to provide additional service options as envisioned by the regulations. The State intends to comply with the Transition Plan, recognizing reimbursement may need to be addressed on a separate track. State reimbursement for services is subject to the appropriations of our General Assembly. |
| **134** | **Rockford** | **Oral** | **Family** | **Comments or questions regarding issues not related to Transition Plan** | **3** | "And I think one of the conditions of the Ligas is you have to let us know where we are on the waiting list. Where are we? It's like we're standing in limbo. Where do we stand? Are we "2 million or only at 100 thousand. I'm just being funny and I know it is not funny but we want to know where we are and that's part of Ligas and that's something I want to look at too. So I can get your email and if I can find out who to call to find out where you are on PUNS." | N/A | These represent questions or comments that do not appear to relate to HCBS settings rules and are not being addressed in the Transition Plan. |

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| **135** | **Frankfort** | **Oral** | **Family** | **Assurance of available service options to enable participant choice and integration in the greater community** | **1** | "They have to be able to do what they want to do. A program is someplace you go, a service is something you get. And everybody says there's no program like that. That's right and I don't want there to be. I want it to be a service. I want my kids to have access to the community at large like everyone else does. In order to get them there you have to be able to pay for things and they have to have that freedom." | 441.301(4)(i) | Over the next four years, all new and renewed waivers will be reviewed to ensure service options are available in integrated settings that support access to the greater community and Person Centered Planning (PCP) is assured; PCP will need to comport with federal setting expectations. Language in the Transition Plan has been added or modified to reflect these strategies. |
| | | | | **General comment or concern about the quality of a program and/or choice options** | **5** | ) They have to be able to do what they want to do. A program is someplace you go, a service is something you get. And everybody says there's no program like that. That's right and I don't want there to be. I want it to be a service. I want my kids to have access to the community at large like everyone else does. In order to get them there you have to be able to pay for things and they have to have that freedom. | 441.301(4)(i) | Over the next four years, all new and renewed waivers will be reviewed to ensure service options are available and Person Centered Planning (PCP) is assured; PCP will need to comport with federal setting expectations. Language in the Transition Plan has been added or modified to reflect these strategies. |
| **136** | **Frankfort** | **Oral** | **Family** | **General comment or concern about the quality of a program and/or choice options** | **5** | " I just wanted to say there needs to be some flexibility. In other words, it shouldn't be the same thing every day. They need to go out into the community. There are varied experiences out in the community. If not Monday we go and sit down and do puzzles and Tuesday we go and sit down and stack some blocks or something. It needs to be something that is relevant and it needs to be something that is varied and needs to be flexible." | 441.301(4)(i) | Over the next four years, all new and renewed waivers will be reviewed to ensure service options are available and Person Centered Planning (PCP) is assured; PCP will need to comport with federal setting expectations. Language in the Transition Plan has been added or modified to reflect these strategies. |

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| **137** | **Frankfort** | **Oral** | **Family** | **Process needs to be strengthened in relationship to self-administered provider surveys and inclusion of participants and their Plans of Care** | **8** | "The plan does survey providers but I didn't see anything in the plan to survey where there was a plan to survey consumers or individuals who receive these services. I was wondering if that was going to ultimately be part of the plan because this is a plan to plan. And not just sites that will be visited but individuals who are receiving services and possibly randomly sampling caregivers, parents and guardians." | 441.304(d) - (f) | State intends to establish consumer focus groups during validation site visits and review a sample of the participant's Plans of Care. State plans to establish three levels of validation of provider survey results including visiting providers that demonstrated a high level of compliance. Validation site visits will be conducted by an independent third party. Review of Plans of Care will aid in current and future development of Participant Plans of Care, but also may influence state statutes, policies and procedures. Language in the Transition Plan has been added or modified to reflect these strategies. |
| | | | | **General comment or concern about the quality of a program and/or choice options** | **5** | "My second comment, it does seem to be a natural assumption or that its part of the assumption that Day Training is part of the package. In my own personal experience, it was very, very difficult to find a provider and then work with a provider that will allow my daughter her current day. In other words, she is an adult, she has an established day but predominantly the overriding thought and I am not provider bashing but the overriding message and what we experienced was Day Training is what we do. So I guess I'm trying to tell you is there is really not a lot of choice." | 441.301(4)(i) | Over the next four years, all new and renewed waivers will be reviewed to ensure service options are available and Person Centered Planning (PCP) is assured; PCP will need to comport with federal setting expectations. Language in the Transition Plan has been added or modified to reflect these strategies. |
| **138** | **Frankfort** | **Written** | **Family and Advocate** | **Provider reimbursement rates may be barriers to compliance with portions of the CMS regulations** | **10** | "I am concerned because right now I have talked to several providers to get services for my daughter and this isn't against a provider but we have gone through all the things we need to serve her but the bottom line is the state does not provide an adequate rate to meet the needs of my daughter" | 42 CFR 430 Chapter VII, Section 202 of the Unfunded Mandates Reform Act of 1195 (March 22, 1995, Pub, L. 104-4) and Federal Register Vol. 79 No. 11 Part II, first column, second comment and CMS response. | The State recognizes the relationship between reimbursement and the provider's willingness and ability to provide additional service options as envisioned by the regulations. The State intends to comply with the Transition Plan, recognizing reimbursement may need to be addressed on a separate track. State reimbursement for services is subject to the appropriations of our General Assembly. |

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| **139** | **Frankfort** | **Oral** | **Unknown** | **Assurance of available service options to enable participant choice and integration in the greater community** | **1** | "I would like to say something that sort of disagrees a little bit with what you were talking about earlier about people talking about the services that are needed. I think it does directly tie in and I don't know how you separate it because if you don't have those service options we can't meet the rules in some ways. So if we don't have the services that allow individual supports in settings outside of CILAs and 24 hours CILAs is the only choice you have, how do you make that more in the community? " | 441.301(4)(i) | Over the next four years, all new and renewed waivers will be reviewed to ensure service options are available in integrated settings that support access to the greater community and Person Centered Planning (PCP) is assured; PCP will need to comport with federal setting expectations. Language in the Transition Plan has been added or modified to reflect these strategies. |
| **140** | **Frankfort** | **Oral** | **Family and Advocate** | **General comment or concern about the quality of a program and/or choice options** | **5** | "they talk about in the CMS rules like privacy having her how room is very huge to her. And quite honestly I never knew was important to her " " Having her own room is something so basic to her and it's something I have already had a certain amount of static about from providers" " I have received phone calls stating they are considering her having a roommate and I asked why and the reason was there was someone they were already serving who do very well" | 441.301(4)(i) | Over the next four years, all new and renewed waivers will be reviewed to ensure service options are available and Person Centered Planning (PCP) is assured; PCP will need to comport with federal setting expectations. Language in the Transition Plan has been added or modified to reflect these strategies. |
| **141** | **Frankfort** | **Oral** | **Provider** | **Process needs to be strengthened in relationship to self-administered provider surveys and inclusion of participants and their Plans of Care** | **8** | "I thought I would share a few thoughts as a provider. I completed the self-assessment surveys for our organization and I wanted to do that because I really wanted to feel what that process was and to get to better understand it. So I completed the surveys on behave of for over 40 properties that we operate programs in as well as the administrative surveys. For folks that didn't complete they are very detailed, asked a lot of specific questions. You never once ever said do you think you are in compliance or not in compliance that was referred by the responses." | 441.304(d) - (f) | State intends to establish consumer focus groups during validation site visits and review a sample of the participant's Plans of Care. State plans to establish three levels of validation of provider survey results including visiting providers that demonstrated a high level of compliance. Validation site visits will be conducted by an independent third party. Review of Plans of Care will aid in current and future development of Participant Plans of Care, but also may influence state statutes, policies and procedures. Language in the Transition Plan has been added or modified to reflect these strategies. |

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| | | | | **Process needs to be strengthened in State oversight of HCBS Providers to ensure compliance** | **9** | "I think obviously the Transition Plan has to address the resources that are going to be required to bring the system into compliance with the new definition." " Most organizations that I know of feel that we are very far away from compliance within the definition" | 441.302 | Over the next four years, all new and renewed waivers will be reviewed with a sensitivity to assure waiver assurances and performance measures comport with the HCBS rules. Language in the Transition Plan has been added or modified to reflect these strategies. |
| **142** | **Frankfort** | **Oral** | **Family** | **Assurance of available service options to enable participant choice and integration in the greater community** | **1** | "you can talk person-centered language but if you don't change your paradigms and start thinking person-centered again it's just language and not changing the program" | 441.301(4)(i) | Over the next four years, all new and renewed waivers will be reviewed to ensure service options are available in integrated settings that support access to the greater community and Person Centered Planning (PCP) is assured; PCP will need to comport with federal setting expectations. Language in the Transition Plan has been added or modified to reflect these strategies. |
| | | | | **Provider reimbursement rates may be barriers to compliance with portions of the CMS regulations** | **10** | "the red flags that go up for our individuals is the under met needs for the rates Illinois has not adjusted their rates for providers. The State of Illinois has such a difficult time, first thing that gets cut is the Department of Human Services budget" | 42 CFR 430 Chapter VII, Section 202 of the Unfunded Mandates Reform Act of 1195 (March 22, 1995, Pub, L. 104-4) and Federal Register Vol. 79 No. 11 Part II, first column, second comment and CMS response. | The State recognizes the relationship between reimbursement and the provider's willingness and ability to provide additional service options as envisioned by the regulations. The State intends to comply with the Transition Plan, recognizing reimbursement may need to be addressed on a separate track. State reimbursement for services is subject to the appropriations of our General Assembly. |
| **143** | **Frankfort** | **Oral** | **Advocate** | **General Comment Regarding Statewide Transition Plan and Processes** | **14** | "how will this transition affect the Latino community? What is the plan for communication or lack of communication with that population? A lot of families still aren't aware of the PUNS and I try to get the word out." | I (a), paragraph 5 | Illinois is required to meet the expectations of federal CMS in regards to the implementation of HCBS settings. Language in the Transition Plan has been added or modified to reflect these strategies. |
| **144** | **UIC** | **Oral** | **Participant** | **General comment or concern about the quality of a program and/or choice options** | **5** | "It's all about consumer control and in a group home, I'm here to tell you, you don't get that. I don't care what the statistics say, you don't get that, and I hear that from a lot of other consumers and colleagues that I work with regarding group homes." | 441.301(4)(i) | Over the next four years, all new and renewed waivers will be reviewed to ensure service options are available and Person Centered Planning (PCP) is assured; PCP will need to comport with federal setting expectations. Language in the Transition Plan has been added or modified to reflect these strategies. |

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| **145** | **UIC** | **Oral** | **Participant** | **General Comment Regarding Statewide Transition Plan and Processes** | **14** | "How many people who are disabled are going to help you write the Transition Plan? We would like to help you write it because we know better than the state how to write a plan" | I (a), paragraph 5 | Illinois is required to meet the expectations of federal CMS in regards to the implementation of HCBS settings. Language in the Transition Plan has been added or modified to reflect these strategies. |
| **146** | **UIC** | **Oral** | **Provider** | **Assurance of available service options to enable participant choice and integration in the greater community** | **1** | "do not overlook the continuation of support services that are critical for those individuals who continue to live in the community in an integrated setting....To prevent hospitalization and institutionalization you need to provide the individual with supports." | 441.301(4)(i) | Over the next four years, all new and renewed waivers will be reviewed to ensure service options are available in integrated settings that support access to the greater community and Person Centered Planning (PCP) is assured; PCP will need to comport with federal setting expectations. Language in the Transition Plan has been added or modified to reflect these strategies. |
| **147** | **UIC** | **Oral** | **Participant** | **Assurance of available service options to enable participant choice and integration in the greater community** | **1** | "Caseworkers... they are like brand new people each time I meet them because it's too short of a time for me to get to know them. And now I have so many people come into my house.....what I can't do without having to re-teach people all the time all my capabilities" | 441.301(4)(i) | Over the next four years, all new and renewed waivers will be reviewed to ensure service options are available in integrated settings that support access to the greater community and Person Centered Planning (PCP) is assured; PCP will need to comport with federal setting expectations. Language in the Transition Plan has been added or modified to reflect these strategies. |
| **148** | **UIC** | **Oral** | **Family** | **General Comment Regarding Statewide Transition Plan and Processes** | **14** | "People get their long term care services through the Manage Care organizations so that needs to be a part of the Transition Plan" | I (a), paragraph 5 | Illinois is required to meet the expectations of federal CMS in regards to the implementation of HCBS settings. Language in the Transition Plan has been added or modified to reflect these strategies. |
| **149** | **UIC** | **Oral** | **Agency** | **Assurance of available service options to enable participant choice and integration in the greater community** | **1** | "find ways to develop a program that giving new funding and community access to deaf and blind people..... We have found some barriers because the plan doesn't recognize the issues of mobility and community access for their clients. It focuses on physical challenges" | 441.301(4)(i) | Over the next four years, all new and renewed waivers will be reviewed to ensure service options are available in integrated settings that support access to the greater community and Person Centered Planning (PCP) is assured; PCP will need to comport with federal setting expectations. Language in the Transition Plan has been added or modified to reflect these strategies. |

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| **150** | **UIC** | **Oral** | **Participant** | **General Comment Regarding Statewide Transition Plan and Processes** | **14** | "make sure employment is at the forefront" | I (a), paragraph 5 | Illinois is required to meet the expectations of federal CMS in regards to the implementation of HCBS settings. Language in the Transition Plan has been added or modified to reflect these strategies. |
| | | | | **Assurance of available service options to enable participant choice and integration in the greater community** | **1** | . My life happens outside of my home and what do I do when for the 12 hours I'm outside of my home? I'm out going to school, I'm out looking for a job but I still need assistance during the middle day and that is not being addressed because they are saying the services have to be in the home | 441.301(4)(i) | Over the next four years, all new and renewed waivers will be reviewed to ensure service options are available in integrated settings that support access to the greater community and Person Centered Planning (PCP) is assured; PCP will need to comport with federal setting expectations. Language in the Transition Plan has been added or modified to reflect these strategies. |
| **151** | **UIC** | **Oral** | **Agency** | **Comments or questions in support of the HCBS Settings Rules** | **2** | We support the overall direction of the Federal Rules on employment opportunity | N/A | No action to be taken. |
| | | | | **Assurance of available service options to enable participant choice and integration in the greater community** | **1** | "Too often people with disabilities get treated as children instead of the adults they are with rights that they need to have respected..... Service plans and evaluations need to reflect the desires of consumers to live active lives in the community. Most people do not want to spend all their time at home. They need community and the community needs them" | 441.301(4)(i) | Over the next four years, all new and renewed waivers will be reviewed to ensure service options are available in integrated settings that support access to the greater community and Person Centered Planning (PCP) is assured; PCP will need to comport with federal setting expectations. Language in the Transition Plan has been added or modified to reflect these strategies. |
| | | | | **Comments or questions in support of the HCBS Settings Rules** | **2** | "We hope that the state pays attention to the goals of a balanced system as described by CMS that is person driven, inclusive, effective, coordinated, transparent and culturally competent" | N/A | No action to be taken. |
| **152** | **UIC** | **Oral** | **Advocate** | **Comments or questions in support of the HCBS Settings Rules** | **2** | "we are very pleased to see the state plans to incorporate consumer and family feedback as part of the state site visit process to determine an HCBS program's compliance with the settings rule" | N/A | No action to be taken. |

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| | | | | **General comment or question regarding HCBS settings rules and need to be addressed through continuing education** | **6** | we support the State's plan to deliver consistent training curriculum to ensure that waiver participants and families have accurate information about how these changes may affect them as well, to educate them on person-centered planning and how they can gain greater control on the direction of their Home and Community-Based waiver services. | 441.730(c ) | Continued education is needed at all levels of Transition Plan implementation and will be a key component as we include stakeholders in review of state statures, policies and procedures and at site visits. Language in the Transition Plan has been added or modified to reflect these strategies. |
| **153** | **UIC** | **Oral** | **Participant Self Advocate** | **Process needs to be strengthened in relationship to self-administered provider surveys and inclusion of participants and their Plans of Care** | **8** | "Are you including people with disabilities in this plan to make these recommendations because it's about our lives? We should be at the table. When people are making plans for people's lives….Who better to know that people with disabilities themselves? | 441.304(d) - (f) | State intends to establish consumer focus groups during validation site visits and review a sample of the participant's Plans of Care. State plans to establish three levels of validation of provider survey results including visiting providers that demonstrated a high level of compliance. Validation site visits will be conducted by an independent third party. Review of Plans of Care will aid in current and future development of Participant Plans of Care, but also may influence state statutes, policies and procedures. Language in the Transition Plan has been added or modified to reflect these strategies. |
| | | | | **Process needs to be strengthened in State oversight of HCBS Providers to ensure compliance** | **9** | "Is there any monitoring for people after they have this plan? Who is going to make sure that people are implementing this plan and making sure people really have choices?" | 441.302 | Over the next four years, all new and renewed waivers will be reviewed with a sensitivity to assure waiver assurances and performance measures comport with the HCBS rules. Language in the Transition Plan has been added or modified to reflect these strategies. |
| | | | | **Provider reimbursement rates may be barriers to compliance with portions of the CMS regulations** | **10** | "They also needs to have some support people, some personal assistants have a good wage. Without that they can go and work somewhere else and make more money…" | 42 CFR 430 Chapter VII, Section 202 of the Unfunded Mandates Reform Act of 1195 (March 22, 1995, Pub, L. 104-4) and Federal Register Vol. 79 No. 11 Part II, first column, second comment and CMS response. | The State recognizes the relationship between reimbursement and the provider's willingness and ability to provide additional service options as envisioned by the regulations. The State intends to comply with the Transition Plan, recognizing reimbursement may need to be addressed on a separate track. State reimbursement for services is subject to the appropriations of our General Assembly. |

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| **154** | **UIC** | **Oral** | **Parent of a DD Participant** | **Process needs to be more defined regarding review of state statutes, policies and procedures to ensure compliance** | **7** | "If we are moving towards a more person-centered life a more community based life, a more integrated life, we really need to change some of these rules and regulations | 441.304(d) - (f) | State will utilize existing stakeholder groups to help review state statutes, policies and procedures to ensure compliance. Language in the Transition Plan has been added or modified to reflect these strategies. |
| | | | | **Provider reimbursement rates may be barriers to compliance with portions of the CMS regulations** | **10** | "I can't get paid for all the work I do for my daughter and that's ok for me but for a professional personal assistant that is not going to be ok/ My daughter ironically needs more support in the community than she does at home." | 42 CFR 430 Chapter VIII. Section 202 of the Unfunded Mandates Reform Act of 1195 (March 22, 1995, Pub, L. 104-4) | The State recognizes the relationship between reimbursement and the provider's willingness and ability to provide additional service options as envisioned by the regulations. The State intends to comply with the Transition Plan, recognizing reimbursement may need to be addressed on a separate track. State reimbursement for services is subject to the appropriations of our General Assembly. |
| **155** | **UIC** | **Oral** | **Provider** | **General Comment Regarding Statewide Transition Plan and Processes** | **14** | "I would hope that any transition planning and consideration of changes to the waiver program will really take into account the need to offer that funding to a larger number of people who really need it." | I (a), paragraph 5 | Illinois is required to meet the expectations of federal CMS in regards to the implementation of HCBS settings. Language in the Transition Plan has been added or modified to reflect these strategies. |
| **156** | **UIC** | **Oral** | **Parent of a DD Participant** | **Current Service Options/Definitions need to be reviewed and/or expanded under existing HCBS waivers and align with CMS regulations** | **4** | "I am a consultant dietician and I go into these ICFs and I think you need to define what food is. Because in your best facilities, food will be at a table and no problem but at your work facilities maybe they'll put out some crackers and you really need to spell out what food is." | 441.304(d) - (f) | Over the next four years, all new and renewed waivers will be reviewed to ensure service options are available and Person Centered Planning (PCP) is assured; PCP will need to comport with federal setting expectations. Language in the Transition Plan has been added or modified to reflect these strategies. |
| **157** | **Webinar** | **Written** | **SLF Provider** | **General comment or question regarding HCBS settings rules and need to be addressed through continuing education** | **6** | "Are all SLF facilities affected by this?" | 441.730(c ) | Continued education is needed at all levels of Transition Plan implementation and will be a key component as we include stakeholders in review of state statures, policies and procedures and at site visits. Language in the Transition Plan has been added or modified to reflect these strategies. |
| **158** | **Webinar** | **Written** | **Association** | **General Comment Regarding Statewide Transition Plan and Processes** | **3** | Are we getting a copy of this presentation? | N/A | These represent questions or comments that do not appear to relate to HCBS settings rules and are not being addressed in the Transition Plan. |

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| **159** | **Webinar** | **Written** | **State Staff** | **General Comment Regarding Statewide Transition Plan and Processes** | **3** | "Can I get a copy of the slides?" | N/A | These represent questions or comments that do not appear to relate to HCBS settings rules and are not being addressed in the Transition Plan. |
| **160** | **Webinar** | **Written** | **DD Provider** | **General Comment Regarding Statewide Transition Plan and Processes** | **14** | "How can you discuss/explain the statement that "person-centered planning needs to be conducted in a manner free of conflict of interest?" HCBS providers cannot also perform case management services? | I (a), paragraph 5 | Illinois is required to meet the expectations of federal CMS in regards to the implementation of HCBS settings. Language in the Transition Plan has been added or modified to reflect these strategies. |
| **161** | **Webinar** | **Written** | **DD Provider** | **General Comment Regarding Statewide Transition Plan and Processes** | **3** | "Can you post a link to the Transition Plan?" | N/A | Illinois is required to meet the expectations of federal CMS in regards to the implementation of HCBS settings. Language in the Transition Plan has been added or modified to reflect these strategies. |
| **162** | **Webinar** | **Written** | **Aging Provider** | **General Comment Regarding Statewide Transition Plan and Processes** | **3** | "Did we receive a copy of the PowerPoint? Or may we get a copy? | N/A | These represent questions or comments that do not appear to relate to HCBS settings rules and are not being addressed in the Transition Plan. |
| **163** | **Webinar** | **Written** | **Service Facilitat or** | **General Comment Regarding Statewide Transition Plan and Processes** | **14** | "Service Facilitators do not have access and need access to Community Based Settings/Person-Centered Homes as they become available." | I (a), paragraph 5 | Illinois is required to meet the expectations of federal CMS in regards to the implementation of HCBS settings. Language in the Transition Plan has been added or modified to reflect these strategies. |
| **164** | **Webinar** | **Written** | **Provider** | **General comment or question regarding HCBS settings rules and need to be addressed through continuing education** | **6** | "Does this mean that ICP/DD's sixteen beds are not community-based settings"? | 441.730(c ) | Continued education is needed at all levels of Transition Plan implementation and will be a key component as we include stakeholders in review of state statures, policies and procedures and at site visits. Language in the Transition Plan has been added or modified to reflect these strategies. |
| **165** | **Webinar** | **Written** | **Service Facilitat or** | **General comment or question regarding HCBS settings rules and need to be addressed through continuing education** | **6** | "How do the new HCBS rules apply to Service Facilitators working in Home-based services?" | 441.730(c ) | Continued education is needed at all levels of Transition Plan implementation and will be a key component as we include stakeholders in review of state statures, policies and procedures and at site visits. Language in the Transition Plan has been added or modified to reflect these strategies. |

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| **166** | **Webinar** | **Written** | **DD Provider** | **General comment or question regarding HCBS settings rules and need to be addressed through continuing education** | **6** | "How should the agency address situations (i.e. access to keys to room doors) in which an individual has a guardian"? | 441.730(c ) | Continued education is needed at all levels of Transition Plan implementation and will be a key component as we include stakeholders in review of state statures, policies and procedures and at site visits. Language in the Transition Plan has been added or modified to reflect these strategies. |
| **167** | **Webinar** | **Written** | **State Staff** | **Comments or questions regarding issues not related to Transition Plan** | **3** | "I came on late, so I'm sorry if you have already addressed this. "Is the PowerPoint available to us"? | N/A | These represent questions or comments that do not appear to relate to HCBS settings rules and are not being addressed in the Transition Plan. |
| **168** | **Webinar** | **Written** | **Advocate Agency** | **Comments or questions regarding issues not related to Transition Plan** | **3** | "I hear a Perkins Brailler". | N/A | These represent questions or comments that do not appear to relate to HCBS settings rules and are not being addressed in the Transition Plan. |
| **169** | **Webinar** | **Written** | **Advocacy Association** | **Current Service Options/Definitions need to be reviewed and/or expanded under existing HCBS waivers and align with CMS regulations** | **4** | "I realize that we all mean slightly different nuances when we say Person-Centered Planning…I would like to hear more about what exactly we mean when we say PCP, to make sure we are all in alignment on the basics". | 441.304(d) - (f) | Over the next four years, all new and renewed waivers will be reviewed to ensure service options are available and the definitions of these services comport with the rules. Language in the Transition Plan has been added or modified to reflect these strategies. |
| **170** | **Webinar** | **Written** | **Healthcare Consulting Firm** | **Process needs to be more defined regarding review of state statutes, policies and procedures to ensure compliance** | **7** | I understand that the 1915C waivers must reflect compliance with the rules when they are submitted or at renewal. Can you please explain what regulatory or legislative change must be in place"? | 441.304(d) - (f) | State will utilize existing stakeholder groups to help review state statutes, policies and procedures to ensure compliance. Language in the Transition Plan has been added or modified to reflect these strategies. |
| **171** | **Webinar** | **Written** | **Provider** | **General comment or question regarding HCBS settings rules and need to be addressed through continuing education** | **6** | "Is a Supportive Living Facility (SLF) part of this"? | 441.730(c ) | Continued education is needed at all levels of Transition Plan implementation and will be a key component as we include stakeholders in review of state statures, policies and procedures and at site visits. Language in the Transition Plan has been added or modified to reflect these strategies. |

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| **172** | **Webinar** | **Written** | **Provider** | **General comment or question regarding HCBS settings rules and need to be addressed through continuing education** | **6** | "Is the transition plan just required when someone is moving from one setting to another"? | 441.730(c ) | Continued education is needed at all levels of Transition Plan implementation and will be a key component as we include stakeholders in review of state statures, policies and procedures and at site visits. Language in the Transition Plan has been added or modified to reflect these strategies. |
| **173** | **Webinar** | **Written** | **Provider** | **General comment or question regarding HCBS settings rules and need to be addressed through continuing education** | **4** | "Please Consider the current role of Service Facilitation in the DD/HBSS waivers as they are critical to the supports these individuals receive…Will the menu of services covered by the waiver change as part of this plan? I am specifically referring to the DD Waiver Program" | 441.304(d) - (f) | Over the next four years, all new and renewed waivers will be reviewed to ensure service options are available and the definitions of these services comport with the rules. Language in the Transition Plan has been added or modified to reflect these strategies. |
| **174** | **Webinar** | **Written** | **DD Provider** | **Rules may not recognize the value of a particular setting in terms of impact and support to specific populations** | **11** | "Please define heightened scrutiny - what does that mean in terms of how frequently during a one year period can either the state or Feds come in and survey an agency". | 441.301(4)(i) | State plans to utilize an array of strategies which include focus groups with stakeholder groups as part of the site/setting validation visits and/or recommend a setting as part of the heightened scrutiny process. Language in the Transition Plan has been added or modified to reflect these strategies. |
| **175** | **Webinar** | **Written** | **Advocacy Agency** | **General comment or question regarding HCBS settings rules and need to be addressed through continuing education** | **6** | "Will this transition plan affect ICF/DD housing? If so, how? Also, how will it affect Day Training Programs?" | 441.730(c ) | Continued education is needed at all levels of Transition Plan implementation and will be a key component as we include stakeholders in review of state statures, policies and procedures and at site visits. Language in the Transition Plan has been added or modified to reflect these strategies. |
| **176** | **Webinar** | **Written** | **Provider** | **General comment or question regarding HCBS settings rules and need to be addressed through continuing education** | **6** | "What about Home Based Service Facilitation? How will is differ from BQM, DHS and IDPH site visits?" | 441.730(c ) | Continued education is needed at all levels of Transition Plan implementation and will be a key component as we include stakeholders in review of state statures, policies and procedures and at site visits. Language in the Transition Plan has been added or modified to reflect these strategies. |

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| **177** | **Webinar** | **Written** | **Provider** | **Comments or questions regarding issues not related to Transition Plan** | **3** | Is this presentation a continuity of the 1115 waiver path to transformation? Where are we with the 1115 waiver process when it comes to the new administration? | N/A | These represent questions or comments that do not appear to relate to HCBS settings rules and are not being addressed in the Transition Plan. |
| **178** | **Webinar** | **Written** | **Provider** | **General Comment Regarding Statewide Transition Plan and Processes** | **14** | "Will these slides be E-mailed?" | I (a), paragraph 5 | Illinois is required to meet the expectations of federal CMS in regards to the implementation of HCBS settings. Language in the Transition Plan has been added or modified to reflect these strategies. |
| **179** | **Webinar** | **Written** | **Provider** | **General comment or question regarding HCBS settings rules and need to be addressed through continuing education** | **6** | "Will this transition plan effect ICFDD housing? If so, how? Also will it affect Day Training?" | 441.730(c ) | Continued education is needed at all levels of Transition Plan implementation and will be a key component as we include stakeholders in review of state statures, policies and procedures and at site visits. Language in the Transition Plan has been added or modified to reflect these strategies. |
| **180** | **Webinar** | **Written** | **Provider** | **General Comment Regarding Statewide Transition Plan and Processes** | **14** | "Will we get electronic copies of the PowerPoint?" | I (a), paragraph 5 | Illinois is required to meet the expectations of federal CMS in regards to the implementation of HCBS settings. Language in the Transition Plan has been added or modified to reflect these strategies. |
| **181** | **Webinar** | **Written** | **Pro** | **General Comment Regarding Statewide Transition Plan and Processes** | **14** | "Will we get notification if and when our site will be visited?" | I (a), paragraph 5 | Illinois is required to meet the expectations of federal CMS in regards to the implementation of HCBS settings. Language in the Transition Plan has been added or modified to reflect these strategies. |
| **182** | **Webinar** | **Written** | **Provider** | **General Comment Regarding Statewide Transition Plan and Processes** | **14** | "Will you be having additional webinar sessions to update providers on the process?" | I (a), paragraph 5 | Illinois is required to meet the expectations of federal CMS in regards to the implementation of HCBS settings. Language in the Transition Plan has been added or modified to reflect these strategies. |

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| **183** | **E-mail** | **Written** | **Family of DD Participant** | **Rules may not recognize the value of a particular setting in terms of impact and support to specific populations** | **11** | "I also want campus settings, like the one so many have worked so hard to achieve, at Misericordia to be considered to meet HCBS criteria that I believe further increase choice and opportunities for people with developmental disabilities." | 441.301(4)(i) | State plans to utilize an array of strategies which include focus groups with stakeholder groups as part of the site/setting validation visits and/or recommend a setting as part of the heightened scrutiny process. Language in the Transition Plan has been added or modified to reflect these strategies. |
| | | | | **Current Service Options/Definitions need to be reviewed and/or expanded under existing HCBS waivers and align with CMS regulations** | **4** | "I do not want the State to become more restrictive in its definition of "home and community" approved settings that I believe has the impact of denying further choice for the residents." | 441.304(d) - (f) | Over the next four years, all new and renewed waivers will be reviewed to ensure service options are available and Person Centered Planning (PCP) is assured; PCP will need to comport with federal setting expectations. Language in the Transition Plan has been added or modified to reflect these strategies. |
| **184** | **E-mail** | **Written** | **Parent of a DD Participant** | **Rules may not recognize the value of a particular setting in terms of impact and support to specific populations** | **11** | "Campus settings such as the one at Misericordia is appropriate to meet HCBS criteria for it increases choice for the developmentally disabled. Protected by the Americans with Disabilities Act, Developmental Disabilities Bill of Rights and the Olmstead Decision that the disabled have the human right and civil right to choose important aspects in their lives." | 441.301(4)(i) | State plans to utilize an array of strategies which include focus groups with stakeholder groups as part of the site/setting validation visits and/or recommend a setting as part of the heightened scrutiny process. Language in the Transition Plan has been added or modified to reflect these strategies. |
| | | | | **Current Service Options/Definitions need to be reviewed and/or expanded under existing HCBS waivers and align with CMS regulations** | **4** | "The definition of "home & community" approved settings must not become more restrictive. This will impact the residents power to choose; i.e. where they live, where they work, etc. | 441.304(d) - (f) | Over the next four years, all new and renewed waivers will be reviewed to ensure service options are available and Person Centered Planning (PCP) is assured; PCP will need to comport with federal setting expectations. Language in the Transition Plan has been added or modified to reflect these strategies. |

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| **185** | **E-mail** | **Written** | **Parent of a DD Participant** | **Assurance of available service options to enable participant choice and integration in the greater community** | **1** | "I wanted to express concern about the new regulations for Home and Community Based Services; we feel that the regulations will increase costs and limit the opportunities that my daughter currently enjoys." | 441.301(4)(i) | Over the next four years, all new and renewed waivers will be reviewed to ensure service options are available in integrated settings that support access to the greater community and Person Centered Planning (PCP) is assured; PCP will need to comport with federal setting expectations. Language in the Transition Plan has been added or modified to reflect these strategies. |

# Appendix H-2 -- Summary of Public Comment on Revised Plan

After revising this plan pursuant to CMS feedback, the State began a new public comment period that ran from December 4, 2015, through January 3, 2016. The State later announced that it would accept comments through January 18, and it invited its HCBS providers to communicate that information to clients. As a result of these efforts, the State received 72 public comments on its revised plan. The State found these comments to be informative and insightful, and they led to significant and important changes to this plan. The State's responses to the comments appear below. As with the original public input detailed in Appendix H, these comments can be distilled largely into 14 themes. Therefore, just as with the original comments, this document lists those themes and the State's general response. For this round of public comments, below the listing of general themes, the State also summarizes the comments and provides a specific response to each comment. Where there is conflict between any of the public comment responses in this appendix and the prior responses contained in Appendix H, these newer responses reflect the State's position. The State extends its genuine thanks to all public commenters who contributed to this project.

Public Comment Themes and General Responses

1. **Assurance of available service options to enable participant choice and integration in the greater community**
   Over the next four years, all new and renewed waivers will be reviewed to ensure service options are available in integrated settings that support access to the greater community and Person Centered Planning (PCP) is assured; PCP will need to comport with federal setting expectations. Language in the Transition Plan has been added or modified to reflect these strategies.

2. **Comments or questions in support of the HCBS Settings Rules**
   No action to be taken.

3. **Raised many concerns relating to confidentiality at a SODC, enrollment in managed care.**
   These represent questions or comments that do not appear to relate to HCBS settings rules and are not being addressed in the Transition Plan.

4. **Current Service Options need to be reviewed and/or expanded under existing HCBS waivers and align with CMS regulations**
   Over the next four years, all new and renewed waivers will be reviewed to ensure service options are available and the definitions of these services comport with the rules. Language in the Transition Plan has been added or modified to reflect these strategies.

5. **General comment or concern about the quality of a program and/or choice options**
   Over the next four years, all new and renewed waivers will be reviewed to ensure service options are available and Person Centered Planning (PCP) is assured; PCP will need to comport with federal setting expectations. Language in the Transition Plan has been added or modified to reflect these strategies.

6. **General comment or question regarding HCBS settings rules and need to be addressed through continuing education**

Continued education is needed at all levels of Transition Plan implementation and will be a key component as we include stakeholders in review of state statutes, policies and procedures and at site visits. Language in the Transition Plan has been added or modified to reflect these strategies.

7. **Process needs to be more defined regarding review of state statutes, policies and procedures to ensure compliance**
   State will utilize existing stakeholder groups to help review state statutes, policies and procedures to ensure compliance. Language in the Transition Plan has been added or modified to reflect these strategies.

8. **Process needs to be strengthened in relationship to self-administered provider surveys and inclusion of participants**
   The self-administered surveys were a first step in the initial provider assessment process, and the survey approach was recommended by federal CMS. The State appreciates commenters' point that the surveys alone are insufficient, and it has or will implement several measures to strengthen them. The State has leveraged licensure and certification data to work towards full provider responsiveness to the surveys. The State will validate the survey results by conducting on-site follow-up visits at a statistically valid sample of sites whose survey results indicate full or near-full compliance. Those on-site visits will incorporate client/resident interactions, interviews and focus groups. The on-site visits will also include reviews of individual plans of care. In addition, the State will conduct a desk audit of on-site visit results to provide another check on the accuracy, and the State will include stakeholder and public feedback on the classification of the settings (to the extent practicable without violating client privacy rights).

9. **Process needs to be strengthened in State oversight of HCBS Providers to ensure compliance**
   Over the next four years, all new and renewed waivers will be reviewed with a sensitivity to assure waiver assurances and performance measures comport with the HCBS rules. In the future, after the full implementation of the new HCBS rules, on-going monitoring will occur through routine licensure/certification visits. Language in the Transition Plan has been added or modified to reflect these strategies.

10. **Provider reimbursement rates may be barriers to compliance with portions of the CMS regulations**
    The State recognizes the relationship between reimbursement and provider willingness and ability to provide additional service options as envisioned by the regulations and will make every effort to remain sensitive to this concern while implementing the transition plan. For example, the State will attempt to combine its onsite validation visits and ongoing monitoring visits with other on-site visits (for example, licensure or certification visits) providers must already accommodate. However, ultimately, compliance with the new federal rules is not optional for the State or for its providers.

11. **Rules may not recognize the value of a particular setting in terms of impact and support to specific populations**
    The State agrees that many successful settings may currently exhibit features that make them appear at first look to be non-integrated under the federal rules. The State further acknowledges that successful settings may have certain characteristics that subject them to the federal rule's presumption that they are institutional. The State recognizes the important place these settings hold in the social service system. The State anticipates that many of the settings that appear to be out of compliance will be able to come into compliance with manageable changes, and the State is committed to helping to guide those changes. The State hopes that the lengthy transition period will ease the adjustment for providers. For settings with location characteristics that by federal rule trigger a presumption of institutional character, the State will work with settings to present evidence to the federal government that they are well-integrated facilities. Language in the transition plan has been added or modified to reflect these points.

**12. Specific concern that implementation of Transition Plan could add additional burden to provider and responsible parties**
State will utilize existing stakeholder groups to help review state statutes, policies and procedures to ensure compliance. HCBS Rules are in effect and state is responsible for their implementation. Language in the Transition Plan has been added or modified to reflect these strategies.

**13. Timeframes identified in Statewide Transition Plan may not be realistic**
State plans to work with legal and policy representatives that represent all nine (9) of the HCBS Waivers to ensure process moves forward at a timely pace. Timeframes indicated in Transition Plan will continuously be reviewed and updated, but the State is required to achieve full compliance by the effective date of the rule. The State will make every effort to inform settings as soon as possible if and how they must be modified to achieve compliance.

**14. General Comment Regarding Statewide Transition Plan Process**
Illinois is required to meet the expectations of federal CMS in regards to the implementation of HCBS settings. Language in the Transition Plan has been added or modified to reflect these strategies.

Summary of Comments and Specific Responses to Each Comment

Comments 1 - 49 (emails from advocates)

*Summary of Comment*
These 49 identical comments expressed two major points: (1) "I would like to urge that the State's enforcement of the proposed heightened scrutiny process be robust" and "please make clear that institutional settings that provide community transition services are still institutional"; and (2) "I would ask that the State of Illinois take the effort to ensure input from actual people with disabilities affected by this rule."

*Specific Response*
In addition to its response to themes 5 and 8, the State adds the following specific response. The State appreciates this comment and agrees that input from people with disabilities--the people all the services and settings involved here are ultimately designed to help--is important. To this end, the State has held stakeholder meetings that have included the disability advocacy community, and has adopted ideas raised in those meetings. For example, in response to a suggestion at a December 2015 forum, the State plans to solicit public feedback on its categorization of some settings, to the extent it can do so in a manner consistent with clients' privacy interests. In addition, the State's on-site survey validation visits and ongoing monitoring efforts will include interactions and input from individual clients and consultation of individuals' care plans.

Regarding the enforcement of heightened scrutiny, the State notes that heightened scrutiny is a federally-driven process. However, the State agrees that it must correctly identify settings with location-type characteristics that trigger heightened scrutiny, and it will make every effort to do so. The State agrees that institutional settings, including those that provide transition services, should be correctly identified. The State has updated the transition plan to reflect these points.

Comments 50-52 (emails from clients)

*Summary of Comments*
In separate and unique emails, these commenters all express satisfaction with their current settings but would like more robust services and housing options. The commenters also believe that the state should close all institutions.

*Specific Response*
In addition to its response to theme 1, the State adds the following specific response. Independent of this transition plan, the State continues to work to improve the depth of service options to clients. The State will make every effort to ensure that its implementation of the new federal regulations augments, rather than restricts, clients' home- and community-based options, as that is the fundamental goal of the rule change.

Regarding institutions, the State is engaged in many interconnected efforts to rebalance its long term care delivery system to provide more home- and community-based supports and services, but it also respects that some of its clients may choose to live in institutions. Illinois will always maintain some institutional capacity.

Comment 53 (email from parent of client)

*Summary of Comment*
This comment is from a parent of a child receiving disability services. The mother wrote, "At 29 years of age she needs and deserves the same opportunities her peers have to engage in her greater community, choosing activities outside of the home that are meaningful & purpose-filled."

*Specific Response*
In addition to its response to theme 5, the State adds the following specific response. The State thanks the commenter for the statement in support of client choice and independence. This is an important theme in this process, and an important goal of the federal rule. This comment provides a real illustration of the theme.

Comment 54 (email from advocate)

*Summary of Comment*
This comment is from an advocate for people with disabilities. The advocate states, "I realize the process is still being designed, but once completed, strongly recommend dissemination and discussion as quickly as possible." The commenter suggests forums, designated communications channels. The commenter also suggests that the state provide feedback on information generated from the planning process.

*Specific response*
In addition to its response to theme 14, the State adds the following specific response. The State agrees that public education and feedback is imperative to the process. The State is committed to providing information and being visible and available. The State has modified the plan in response to this and other comments to indicate that it plans to hold further stakeholder input meetings as the plan is implemented. In addition, partly in response to this comment, the State will maintain its dedicated HCBS Transition Plan email inbox to allow the direct input channel this commenter describes.

Comment 55 (email from provider)

*Summary of Comment*
The commenter explains that people with disabilities should "have access to all of the activities and services that other people have," and that they be given independence and meaningful choice in their living circumstances. The commenter asks that the State adopt the federal definition of "community-based settings."

*Specific Response*
In addition to its response to theme 5, the State adds the following specific response. The State thanks the commenter for the statement in support of client choice and independence. This is an important theme in this process. As for the federal definition, the State intends to follow the federal definition, as is required to comply with federal rules for home- and community-based Medicaid settings.

Comment 56 (email from advocate)

*Summary of Comment*
The commenter raises several points. The commenter emphasizes the role that people with disabilities should play in guiding the plan, offers several suggestions for strengthening the State's approach to person-centered-planning and for related training, offers suggestions about participant relocation, argues for rigorous oversight of the heightened scrutiny process, offers suggestions for ongoing compliance strategies, and suggests that more channels be opened for stakeholder input. The commenter also asks that the state unequivocally declare that specialized mental health rehabilitation facilities (SMHRFs) "definitionally and conclusively are ineligible for federal HCBS funding."

*Specific Response*
In addition to its responses to themes 5, 8, 9, and 14, the State adds the following specific response. The State appreciates the thoughtful and constructive comment, which contains many good points and suggestions. The State agrees that input from people with disabilities--the people all the services and settings involved here are ultimately designed to help--is important. To this end, the State has held stakeholder meetings that have included the disability

advocacy community, and has adopted ideas raised in those meetings. For example, in response to a suggestion at a December 2015 forum, the State plans to solicit public feedback on its categorization of some settings, to the extent it can do so in a manner consistent with clients' privacy interests. In addition, the State's on-site survey validation visits and ongoing monitoring efforts will include interactions and input from individual clients and consultation of individuals' care plans.

The State also appreciates the suggestions regarding training and ongoing monitoring, and will work to incorporate them to the extent practicable. The plan has been updated to reflect these suggestions.

Regarding the enforcement of heightened scrutiny, the State notes that heightened scrutiny is a federally-driven process. However, the State agrees that it must correctly identify settings with location-type characteristics that trigger heightened scrutiny, and it will make every effort to do so. On this point, the State thanks the commenter for pointing out that the State had responded to a prior public comment, about a setting with location characteristics that should trigger heightened scrutiny but which some commenter's had suggested be "grandfathered out" of the settings requirements, by suggesting that the State might exempt that setting. The State hereby updates its response to that public comment to emphasize that the State has no authority to grandfather settings in or out of the federal rules. The State also thanks the commenter for noticing that this plan had stated that no setting would be declared noncompliant or subjected to the federal presumption of institutional character based on its policies and procedures. The commenter correctly pointed out that policies and procedures can lead to a site's having an isolating effect. The plan has been revised to address this point. However, the State must disagree in part with the commenter's position that no site attached to hospitals or institutions may qualify as an integrated setting. Under the plan and the federal rule, such sites may qualify if they can demonstrate their integrated character through the heightened scrutiny process.

Regarding relocation of waiver participants, the State agrees with the commenter that one relocation goal should be to place consumers closer to family and friends. The plan has been updated to reflect this goal.

Regarding the commenter's suggestion that more stakeholder input be allowed, the State agrees that stakeholder input, including input from this commenter, has been and will continue to be a valuable part of this process. The State intends to continue both the regular informal communications it has with this and other stakeholders and the more formal group sessions that allow all parties to share their viewpoints and ideas. The plan has been updated to include future stakeholder meetings.

Finally, the State agrees with the commenter that SMHRFs are not HCBS settings. SMHRFs are not included in the State's HCBS waiver programs.

<u>Comment 57</u> (email from advocate)

*Summary of Comment*
The commenter offers several suggestions for ways in which transition planning efforts should coincide with or take advantage of current and past long term care rebalancing efforts. The commenter also asks that the State not limit itself to simple compliance with the federal rule, but instead work toward the civil rights vision of *Olmstead* and the ADA.

*Specific Response*

In addition to its response to theme 14, the State offers the following specific response. The State appreciates the commenter's point that this transition effort should be placed in the broader rebalancing and *Olmstead* perspectives. In order to leverage the insights of its rebalancing and *Olmstead* efforts, the State has composed this plan through the collaboration of a multi-agency workgroup that includes several people who work on the state's *Olmstead* consent decree implementation efforts and on other rebalancing initiatives. The State shares the commenter's view that this plan is not an end unto itself, but another way in which the State can help provide meaningful choice to its Medicaid clients.

Comment 58 (email from advocate)

*Summary of Comment*
This comment raises several points directed at ensuring that the plan protects individual participants. It asks that the State continue to engage stakeholders in the planning process, in assessing setting compliance, and in statutory and rule changes. Like other commenters, it also emphasizes the role individual clients should play in site assessment and plan development. It suggests that the State's relocation procedures include a preference for the most integrated setting appropriate. The comment adds that the State should continue to develop its home- and community-based service capacity, including housing and employment. Finally, the comment offers that ongoing compliance monitoring should be more frequent than yearly.

*Specific Response*
In addition to its response to themes 1, 8, and 14, the State offers the following specific response. The State thanks this commenter for the input. On stakeholder input, the State agrees that continued and more input will improve the plan and its implementation. Accordingly, the plan has been updated to reflect the State's further efforts towards additional stakeholder input. The State further notes that any statutory or rule changes will require public, legislative approval.

The State also agrees that stakeholder input can aid in the assessment of existing sites, and as a result of this suggestion, it plans to provide public notice of, and invite public comment on, its site categorization to the extent practicable under privacy laws. On the issue of individual involvement in the assessment process, the State appreciates this viewpoint and has changed the plan to confirm that its on site visits include interaction and conversation with individual clients and residents.

The commenter's point about relocation procedures is well-taken. Where the plan once said only that relocating participants would "be offered informed choice of available options," the plan has been revised to say "the State will work within existing structures to afford participants an informed choice of available options. Consistent with client choice, the State will make every effort to relocate affected clients to the most integrated setting appropriate to their needs and close to family and friends."

Regarding the commenter's point that the State should continue to maintain and develop its home- and community-based service capacity, the State agrees. Although those efforts fall outside the literal scope of this plan, those efforts and this plan are mutually complimentary. The success of this plan will be aided by several initiatives the State is currently pursuing to develop HCBS capacity and rebalance its long-term care delivery system towards more integrated settings. The State transitions thousands of clients and develops community supports they need through the Money Follows the Person program and by implementing three *Olmstead* consent decrees. It also maintains a robust array of HCBS waiver programs and is participating in the federal Balancing Incentive Program to help effect systemic system change.

Finally, the commenter suggests that ongoing compliance monitoring must occur more frequently than annually, because "[i]nformation should be sought from participants on access to the community, choice of accommodations, roommates and services far more often and separately from the annual review or audit process." The State agrees with this sentiment and expects that providers and settings will conduct ongoing person-centered planning in order to accord full respect to participants' preferences. The State's ongoing process will monitor, not take the place of, that activity. To strengthen protections surrounding client choice, the State will also explore the suggestions offered in Comment 56 to strengthen its ongoing monitoring efforts; those suggestions include the creation of a consumer complaint mechanism and further outreach and education on HCBS ombudsman programs.

Comment 59 (email from provider)

*Summary of Comment*
This comment expresses concern that sites, in particular the commenter's site, would be considered non-compliant solely due to location characteristics, despite demonstrated success. The comment also suggests expanded stakeholder involvement in the planning process.

*Specific Response*
In addition to its responses to themes 8, 11, and 14, the State offers the following specific response. The State thanks the commenter for this comment and adds that the State has a strong interest in the continued approval of its most successful settings. The State has no intention to impose setting restrictions more stringent than those created by the federal rule. However, the federal rule lists specific location-based characteristics that require a setting to be presumed to be institutional, and the State is mandated to follow that edict. The State notes that the presumption does not disqualify a setting. For settings subjected to the presumption, federal CMS allows the State to present evidence that a setting is, in fact, home- and community-based and not institutional. This process, and not the "presumed institutional" label, will determine whether a setting is approved under the federal rule. The State is committed to identifying "presumably institutional" sites that should be considered home- or community-based and working with them to pass federal heightened scrutiny.

Regarding stakeholder input, the State agrees that stakeholder input has been and will continue to be a valuable part of the planning and implementation process, and it has updated this plan as described above to reflect the point.

Comment 60 (email from advocate)

*Summary of Comment*
This message appears to be a message testing whether the State's email inbox would accept or reject an email.

*Specific Response*
The State's inbox appears to be in working order.

Comment 61 (email from parent of a residential client)

*Summary of Comment*
This comment expresses support for a particular setting.

*Specific Response*
In addition to its response to theme 14, the State offers the following specific response. The State appreciates this input, and it will use this information as part of its site assessment process for the setting described.

Comment 62 (email from advocate)

*Summary of Comment*
This comment suggests that the State must develop its home- and community-based services and supports; that stakeholders continue to be involved in the planning process; and that the plan include stakeholder, provider, and participant education. The commenter offers a specific, detailed proposal for two new services that the State could add to one of its HCBS Medicaid waivers.

*Specific Response*
In addition to its response to themes 1, 5, and 6, the State offers the following specific response. The State thanks the commenter for this input. In response to other comments, the State has outlined its commitment to continued stakeholder input and to home- and community-based supports and services. The State appreciates the detailed suggestion about waiver services. Although the suggestion is not directly related to this plan, a stronger HCBS support system will certainly help ensure this plan's success. The State will consult with the agency that operates the relevant waiver regarding the service proposal

Comment 63 (email from provider)

*Summary of Comment*
The commenter asks for a description of the State's process to ensure that clients maintain services during their transition, and emphasizes that relocation should be community-based and person-centered. The commenter also suggests more stakeholder workgroups.

*Specific Response*
In addition to its response to theme 6, the State offers the following specific response. The State thanks the commenter for this input. In response to this suggestion, the State has updated the plan to say that it will make every attempt to ensure the transition will be done to ensure the safety and well-being of the client. In response to this and similar comments from others, the State is also updating the plan to emphasize that any relocations will be to the most

integrated setting appropriate, consistent with individual choice. The State agrees that stakeholder involvement and education is important, and it has updated the plan to reflect those issues as described in response to previously addressed comments.

Comment 64 (email)

*Summary of Comment*
This comment lists priorities that the commenter believes the State should pursue, including employment for developmentally disabled clients, expanded housing options, a new assessment tool, person-centered planning, and environmental modifications and behavioral supports.

*Specific Response*
In addition to its response to theme 1, the State offers the following specific response. The State appreciates this input. Although these suggestions do not fall directly within the purview of this plan, the availability of community services will affect the success of the plan. The State is undertaking a revised assessment tool as part of its participation in the federal Balancing Incentive Program, and it is pursuing person-centered-planning as required under the federal rule that animates this plan. In the meantime, the State continues to develop its array of home- and community-based services and supports as part of its ongoing efforts to rebalance its long-term care system towards integrated community settings.

Comment 65 (email)

*Summary of Comment*
This comment appears to be a solicitation.

*Specific Response*
None required.

Comment 66 (email from advocate)

*Summary of Comment*
This comment is an abbreviated version of Comment 56.

*Specific Response*
The State appreciates this comment and responds to it above.

Comment 67 (email from advocate)

*Summary of Comment*
This comment raises several points. It notes that compliance with the federal rules may cause expense to providers, and asks that the State take measures to mitigate that problem. It also states that, due to the different needs of different populations, the continued involvement of the Department of Human Services-Division of Developmental Disabilities is essential. Finally, it asks that the State clarify how it will notify providers of their remediation requirements and of future site visits.

*Specific Response*
In addition to its responses to themes 10 and 12, the State offers the following specific response. The State thanks the commenter for this input. The State recognizes that these new requirements will place a burden on providers. To mitigate that burden, the State (1) intends not to impose more stringent requirements than those expressed in the federal rule; and (2) will make efforts, as this commenter suggests, to include assessment and ongoing monitoring activities in existing processes that providers must already navigate, instead of adding a new process. On the second point, as the commenter notes in the comment, the State is exploring having its onsite survey validation visits conducted by State bodies that are already scheduled to visit the facilities for other routine monitoring. The plan has been updated to reflect these points.

The State agrees with the commenter's position that the Division of Developmental Disabilities should participate in inter-agency planning on this project, and DDD has, in fact, played a central role in all inter-agency workgroups for this plan.

The State appreciates the commenter's point that the plan should clarify how providers will be informed of the need for remediation, and the plan has been updated to reflect this information.

Comment 68 (email from provider)

*Summary of Comment*
This comment asserts that a specific provider type should be deemed non-compliant, expresses doubt about the validity of the self-survey process, asks the State to accelerate its timelines for amending rules, notes the costs to providers for compliance with these rules, and questions the public comment process.

*Specific Response*
In addition to its responses to themes 10 and 12, the State offers the following specific response. In response to comments already addressed, the State outlined its commitment to accurate setting assessments. The State also outlined the measures it has taken and will take to validate its survey results and strengthen its assessment program. This commenter correctly notes that a survey administered in 2014 may not reflect a setting's true compliance in

2019. However, the State believes that any positive change will be revealed by the remediation process, and any negative chance will be revealed by ongoing monitoring.

Regarding rules, the commenter makes the point that the State should accelerate its revision of rules and statutes, so that providers have time to adapt their practices before full compliance is required in 2019. The State is sensitive to this concern and wishes to allow providers as much time as possible to adapt to the new federal requirements. Although the State may have to adopt new administrative rules to implement the federal requirements, it notes that the federal requirements themselves are already well-publicized. In any event, although the State will not have new rules promulgated by March 2017 as originally indicated, its new timeline of July 2018 still gives providers, and the public, ample time to view the rules before they become effective. The State notes that this July 2018 target is for the full promulgation of the rules, not their initial publication. Under the State's rule-promulgation process, this means that the draft versions of the rules will be available publically much earlier than July 2018.

The commenter's concerns about costs to providers have been addressed in responses to other comments.

Finally, the commenter expresses skepticism that the public notice period provided with this plan revision was sufficient, because even though it spanned the required 30 days, those days included several holidays. The State notes that schedule allowed ample time for this commenter, and 68 others, to submit comments. It further notes that federal public comment requirements contain no provisions about avoiding holiday periods. Further, the official 30-day public comment period was not the only method the State offered for public input on this revised plan. The State also issued an informational notice to all of its HCBS providers inviting their comment on the plan and encouraging them to publicize the opportunity to their clients. Although the official public comment period ended on January 4, the State indicated in that informational notice that it would accept all comments through January 18.

Comment 69 (email)

*Summary of Comment*
This comment expresses support for comment 68.

*Specific Response*
None required.
Comment 70 (email from advocate)

*Summary of Comment*
This comment provides comments on several quoted sections of the transition plan. The commenter suggests that the State (1) alter its setting survey; (2) provide added detail regarding the tools to be used to measure compliance; (3) incorporate various suggestions into the tool for its site visit process; (4)

use this plan as an opportunity to create a protocol to allow all clients, not just clients in non-HCBS settings, to relocate; (5) use other rebalancing mechanisms already in place to relocate clients where necessary; and (6) provide more explanation of the heightened scrutiny process.

*Specific Response*
In addition to the responses to themes 8 and 9, the State offers the following specific response. The State thanks the commenter for this thoughtful input. On the first point, in response to comments already addressed, the State outlined the measures it has taken and will take to validate its survey results and strengthen its assessment program. Regarding the second and third points, partly in response to this comment, the State has included a working version of its site visit tool as an appendix to this plan. That tool, which was developed in consultation with an inter-agency workgroup and is based on published guidance from CMS, incorporates many of the themes the commenter suggests that site visits should consider. On the fourth point, long-term care rebalancing remains a priority for the State, and it will continue to pursue programs that help clients to choose to transition out of institutional to HCBS settings. The State will also continue to use existing mechanisms, and the person-centered-planning process outlined in the federal rule, to help ensure that clients in HCBS settings wish to remain there, or are presented other options.

Regarding the commenter's fifth point, the State agrees with this suggestion and has incorporated it into the plan, which now says that the State will use existing mechanisms and programs to transition clients who must be relocated. Finally, in response to this and other comments, the State has revised the plan's description of the heightened scrutiny process.

Comment 71 (email from advocate)

*Summary of Comment*
This comment is similar to questions #56 and #66 above.

*Specific Response*
The State appreciates this comment and responds to it above.

Comment 72 (email from advocate)

*Summary of Comment*
This comment states a belief that the overall plan for compliance is vague regarding how the state will differentiate between community-based and institutional settings, and it asks that the State advocate for continued HCBS status of adult day services that are connected to a hospital.

*Specific Response*

In addition to its response to theme 11, the State offers the following specific response. The State thanks the commenter for this comment and adds that the State has a strong interest in the continued approval of its most successful settings. The State has no intention to impose setting restrictions more stringent than those created by the federal rule. However, the federal rule lists specific location-based characteristics that require that a setting be presumed institutional by federal CMS, and the State is mandated to follow that edict. The State notes that the institutional presumption does not disqualify a setting. For settings subjected to heightened scrutiny, federal CMS allows the State to present evidence that a setting is, in fact, home- and community-based and not institutional. This process, and not the "presumed institutional" label, will determine whether a heightened scrutiny setting is approved under the federal rule. The State is committed to working with sites that have been identified for the institutional presumption but which the State believes are truly home- or community-based.

# APPENDIX I

## On-Site Assessment – Residential and Non-Residential HCBS Settings Validation Checklist

| | |
|---|---|
| **Provider Name:** | |
| **Name/Address of setting:** | |
| **Contact at the setting:** | |
| **Visited With:** | |
| **Surveyor Name:** | |
| **Date Completed:** | |

**What type of facility license, certification/registration, etc. does the setting possess?** (Mark the appropriate box)

| | | | |
|---|---|---|---|
| | Community Integrated Living Arrangement - License | | Long Term Care Facility |
| | Developmental Training - Certificate | | Illinois Department of Public Health Certificate/License |
| | Department of Children and Family Services - License | | Adult Day Services – Certification by DoA |

**Which of the following best describes the setting:** (Mark the appropriate box)

| | | | |
|---|---|---|---|
| | Child Group Home | | Site-Based Permanent Supported/Supportive Housing |
| | Day Habilitation-Facility Based: | | Supportive Living Facility (SLF) |
| | Residential Habilitation | | Supported Residential |
| | Comprehensive Care in Res. Setting | | Community Living Facility |
| | Community Integrated Living Arrangement (CILA) | | Other (please specify): |
| | Adult Day Services | | |

| **Check *Yes, No, NA* or *Addressed by Person Centered Plan (Plan)*** | **Yes** | **No** | **Plan** | **NA** |
|---|---|---|---|---|
| Public Comment Received? | | | | |
| Does the setting provide both on-site and off-site services? | | | | |
| Is the setting located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment, or in a building located on the grounds of, or immediately adjacent to a public institution? | | | | |
| Is the setting a farmstead, a gated community, or part of a multi-setting campus? | | | | |

## Category 1

*The setting/home is integrated in and supports full access to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCB services.*

| **Check *Yes, No, NA* or *Addressed by Person Centered Plan (Plan)*** | **Yes** | **No** | **Plan** | **NA** | **Additional Comments** |
|---|---|---|---|---|---|
| 1. Do individuals/family members receive information, which approximates their level of understanding, regarding services in the broader community and access options, such as public bus/taxi/van services and special transportation providers? | | | | | |
| 2. Does the setting utilize access to the community as part of its plan for services? | | | | | |
| 3. Do individuals have an opportunity to seek employment in competitive integrated settings? | | | | | |
| 4. RESIDENTIAL ONLY: Does the setting encourage visitors or other people from the community to visit? | | | | | |
| 5. RESIDENTIAL ONLY: Do the residents have the freedom to move about inside and outside the home or are they primarily restricted to one room or area? If restrictions are placed on movement inside and outside the residence, have the restrictions been approved by the individual (or the legal authority acting on the individual's behalf) and the setting's care team and is it documented in the Individual Service Plan? | | | | | |

| **Category 2**<br>*The setting gives individuals the right to select from among various setting options, including non-disability specific settings.* | | | | | |
|---|---|---|---|---|---|
| **Check *Yes, No, NA* or *Addressed by Person Centered Plan (Plan)*** | **Yes** | **No** | **Plan** | **NA** | **Additional Comments** |
| 6. Are individuals and their families encouraged to participate in the care planning process? | | | | | |
| 7. Does the person centered plan identify various setting options provided to the participant? | | | | | |
| 8. Does the person centered plan identify the individuals' choice to receive services at this setting? | | | | | |
| 9. Does the person centered plan identify non-disability setting options? | | | | | |
| 10. Does the person centered plan identify safety concerns that impact options or choice? | | | | | |
| 11. NON-RESIDENTIAL ONLY: Does the individual have a choice regarding Day Setting options? | | | | | |
| 12. RESIDENTIAL ONLY: Does the individual have a choice/option for a private unit? | | | | | |

| **Category 3**<br>*The setting ensures individuals' rights of privacy, dignity, respect, and freedom from coercion and restraint.* | | | | | |
|---|---|---|---|---|---|
| **Check *Yes, No, NA* or *Addressed by Person Centered Plan (Plan)*** | **Yes** | **No** | **Plan** | **NA** | **Additional Comments** |
| 13. Does the setting have policies and procedures that address the individuals' rights of privacy, dignity, respect, and freedom from coercion and restraint? | | | | | |
| 14. Does the setting inform individuals of their rights to privacy, dignity, respect, and freedom from coercion and restraint? | | | | | |
| 15. Does the setting post individuals' rights in a visible location? | | | | | |
| 16. Have the individuals been informed of their rights and have they received a written copy of their rights? | | | | | |
| 17. Does the setting conduct communications about individuals' medical conditions, financial situations, and other personal information in a place where privacy/confidentiality is assured? | | | | | |
| 18. Does the setting ensure that individuals have privacy while using the bathroom unless the individual has a documented need for assistance? | | | | | |
| 19. If an individual needs assistance with personal care needs, are arrangements made for this to be done in private? | | | | | |
| 20. Does the setting offer a secure place to store individuals' personal belongings? | | | | | |
| 21. Does the setting staff communicate with individuals based on needs and preferences, including alternative methods of communication where needed (e.g., assistive technology, Braille, large font print, sign language, and residents' language)? | | | | | |
| 22. Are individuals allowed to dress or groom in a manner that is appropriate to the setting while honoring individual choice and lifestyle preferences? | | | | | |
| 23. Does the setting impose restrictions regarding access to the community in accordance to the individuals' assessed needs and level of supervision required while maintaining the highest level of independence? | | | | | |
| 24. Does the setting utilize restraints only in accordance with the Mental Health Code? | | | | | |
| 25. Does the setting use delayed egress devices or have secured perimeters only in accordance with individually approved plans of care? | | | | | |

## Category 4

*The setting optimizes individual initiative, autonomy, and independence in making life choices, including daily activities, physical environment, and with whom to socially interact.*

| Check *Yes, No, NA* or *Addressed by Person Centered Plan (Plan)* | Yes | No | Plan | NA | Additional Comments |
|---|---|---|---|---|---|
| 26. Does the setting offer daily activities that are based on individuals' needs and preferences? | | | | | |
| 27. Can individuals choose with whom to interact? | | | | | |
| 28. Can individuals choose which activities to participate in? | | | | | |
| 29. **RESIDENTIAL ONLY:** Can individuals choose to dine alone or in a private area? | | | | | |
| 30. **RESIDENTIAL ONLY:** Can individuals participate in activities in the community alone? | | | | | |
| 31. **NON-RESIDENTIAL ONLY:** Does the setting allow individuals to have a meal/snack to meet their needs and preferences? | | | | | |
| 32. **NON-RESIDENTIAL ONLY:** Does the setting provide individuals the option to choose both individual and group activities? | | | | | |

## Category 5

*The setting facilitates individual choice regarding services and supports, and who provides them.*

| Check *Yes, No, NA* or *Addressed by Person Centered Plan (Plan)* | Yes | No | Plan | NA | Additional Comments |
|---|---|---|---|---|---|
| 33. Does the setting inform individuals/family members that they have a choice to modify their services? | | | | | |
| 34. Does the setting have policies that support individuals' choice of services that meet their needs and preferences? | | | | | |
| 35. Does the setting have a complaint/grievance policy? | | | | | |
| 36. Does the setting inform individuals how to file a complaint/grievance? | | | | | |
| 37. Does the setting allow individuals to voice concerns or ask questions regarding the services received? | | | | | |
| 38. **RESIDENTIAL ONLY:** Can residents seek services from a service provider other than the one assigned to their particular case; such as a different therapist or social worker, to the extent that alternative staff are available? | | | | | |
| 39. **NON-RESIDENTIAL ONLY:** Does the setting have policies that support individuals' choice of services that meet their needs and preferences? | | | | | |

## Category 6

*The setting is a physically accessible setting.*

| **Check *Yes, No, NA* or *Addressed by Person Centered Plan (Plan)*** | **Yes** | **No** | **Plan** | **NA** | **Additional Comments** |
|---|---|---|---|---|---|
| 40. Is there any public area within the setting that is not physically accessible to all individuals? If so, is there programming or staff available to provide necessary accommodations? | | | | | |
| 41. Can individuals access the settings amenities such as bathrooms and equipment as needed? If not, is there programming or staff available to provide necessary accommodations? | | | | | |
| 42. Does the setting ensure physical accessibility based on individual needs (e.g. grab bars, seats in the bathroom, ramps for wheelchairs and table/counter heights appropriate to the individual)? | | | | | |

## Category 7 (RESIDENTIAL ONLY)

This setting provides for a legally enforceable agreement between the provider and the consumer that allows the consumer to own, rent, or occupy, the residence and provides protection against eviction.

| **Check *Yes, No, NA* or *Addressed by Person Centered Plan (Plan)*** | **Yes** | **No** | **Plan** | **NA** | **Additional Comments** |
|---|---|---|---|---|---|
| 43. As applicable, do individuals have a lease, or for settings in which landlord-tenant laws do not apply, a written residency agreement? | | | | | |
| 44. Are individuals informed of their rights regarding housing and when they could be required to relocate? | | | | | |

## Category 8 (RESIDENTIAL ONLY)

*The setting provides for privacy in units including lockable doors, choice of roommates and freedom to furnish and decorate the sleeping or living unit within the lease or other agreement.*

| **Check *Yes, No, NA* or *Addressed by Person Centered Plan (Plan)*** | **Yes** | **No** | **Plan** | **NA** | **Additional Comments** |
|---|---|---|---|---|---|
| 45. Do individuals have a choice regarding roommates or private accommodations? | | | | | |
| 46. Is there a process for changing roommates or acquiring other accommodations if desired by the individual? | | | | | |
| 47. Can individuals choose their own bedroom furniture and accessories? | | | | | |
| | | | | | |

| **Category 9 (RESIDENTIAL ONLY)**<br>*The setting provides for options for individuals to control their own schedules including access to food at any time.* | | | | | |
|---|---|---|---|---|---|
| **Check *Yes, No, NA* or *Addressed by Person Centered Plan (Plan)*** | **Yes** | **No** | **Plan** | **NA** | **Additional Comments** |
| 48. Do individuals have access to food as desired? | | | | | |
| 49. Do meal schedules allow for some flexibility in eating times? | | | | | |
| 50. Do individuals have the option of eating alone? | | | | | |

| **Category 10 (RESIDENTIAL ONLY)**<br>*The setting provides individuals the freedom to have visitors at any time.* | | | | | |
|---|---|---|---|---|---|
| **Check *Yes, No, NA* or *Addressed by Person Centered Plan (Plan)*** | **Yes** | **No** | **Plan** | **NA** | **Additional Comments** |
| 51. Are the times of visits restricted in any way? | | | | | |
| 52. Can visitors see individuals in the individuals' rooms or in common areas of the home? | | | | | |
| 53. Can visitors take the individuals outside the setting for activities, such as for a meal or shopping? | | | | | |
| 54. Can visitors take the individuals for a longer visit outside the home, such as for holidays or a weekend? | | | | | |

Follow Up/Next Steps _____

_____

Notes _____

_____

_____

_____

Assessment Completed By _____ Date _____

Facility/Site _____

Reviewed By _____ Signature _____ Date _____

To assist with interviews with individuals/residents/customers a list of the following questions has been created. These questions are by no means mandatory or universal in usage during an on-site visit. These examples are meant to provide direction in asking relevant and meaningful questions. In addition, within the second section below are questions that could be pertinent during a record review.

"Do you know how to access the community, such as special transportation providers, bus/van services or other transportation providers? Or do you know who to ask for this information?" Matches with Question #1.

"Are you allowed visitors?" Matches with Question #4.

"Are you able to access all of the common areas of the building both inside and outside?" Matches with Question #5.

"If the resident is currently in a double occupancy apartment: Do you have a choice for a private unit if you want on and can afford it?" Matches with #12.

"If you require assistance with personal care, such as bathing, is this done in the privacy of your apartment?" Matches with #19.

"Are you allowed to select the clothing you wear and style/cut your hair the way you like?" Matches with #22.

"Are you allowed to interact with whomever you want?" Matches with #27.

"Are you allowed to choose activities for yourself?" Matches with #28.

"Did you select your furniture and decorations?" Matches with #47.

"Are three meals a day and snacks available? Can you keep food in your apartment?" Matches with #48.

RECORD REVIEW

Is the Service Plan signed/reviewed by the resident or his/her designated representative? Verify resident's rights are included in the resident contract.

Is the Service Plan individualized to the resident's assessed needs? If safety interventions are required, such as alarmed delayed exit doors, is this indentified in the resident service plan?

If the resident requires specialized communication to interact with staff, such as interpreter or Braille, is this indentified in the service plan?
If the resident's Service Plan includes restrictions regarding access to the community, is this appropriate based on the resident's needs and does it allow him/her the highest level of independence while maintaining safety?

# Appendix J – Heightened Scrutiny Sites

The State proposes to submit the sites listed below for heightened scrutiny for CMS. Evidence that would support those submissions—that is, evidence that shows both that the sites are not institutional and that they are integrated within their communities—is available at the following link. Any readers who require a paper copy of this evidence may obtain one by call the Illinois Department of Healthcare and Family Services at (217) 524-4148. .

Evidence packets are available at: LINK.

List of Proposed Heightened Scrutiny Sites:

Champaign County Nursing Adult Day Care
Urbana, IL 61801

McDonough Adult Health Services
Macomb, IL 61455

St. Mary's Adult Day Center
Decatur, IL 62521

The Hope Institute
Springfield, IL 62712

Lambs Farm
Libertyville, IL 60048

Little City
Palatine, IL 60067

Hawthorne Inn of Freeport
Freeport, IL 61032

Cherished Place Adult Day Service
Arlington Heights, IL 60004

Midwest Medical Center
Galena, IL 61036

Gottlieb Adult Day Service
Melrose Park, IL 60160

Garden Center Services
Burbank, IL 60459

Misericordia
Chicago, IL 60660

Evergreen Place – The Legacy Dementia Care
Decatur, IL 62521

The Pointe at Kilpatrick
Crestwood, IL 60445

Hawthorne Inn of Princeton
Princeton, IL 61356

Foxes Grove Supporting Living Community
Wood River, IL 62095

Maple Point
Monticello, IL 61856

Aurora Supportive Living Center
Aurora, IL 60505

Hawthorne Inn of Clinton
Clinton, IL 61727

Oakwood Estates
Stronghurst, IL 61480

Supportive Living of Wabash
Carmi, IL 62821-1587

Asbury Gardens
North Aurora, IL 60542

Asbury Gardens – Dementia Care
North Aurora, IL 60542

Evergreen Place – Streator
Streator, IL 61364

Rockford Supportive (Dementia Care)
Rockford, IL 61104

Courtyard Estates of Canton
Canton, IL 61520

Symphony Residences at Lincoln Park
Chicago, IL 60614

Saint Clare's Villa
Alton, IL 62002

Park Point
Morris, IL 60450

Evergreen Place – Beardstown
Beardstown, IL 62618

Lavender Ridge Dementia Care Setting
Effingham, IL 62401

Prairie Crossing Supportive Living
Shabbona, IL 60550

Asbury Court
DesPlaines, IL 60018

Supportive Living of Washington
Washington, IL 61571

Eagle's View Memory Care (Dementia)
Rantoul, IL 61886

Heritage Woods – DeKalb
DeKalb, IL 60115

White Oak at Heritage Woods of South Elgin
South Elgin, IL 60177

Courtyard Estates of Sullivan
Sullivan, IL 61951

Covenant Home
Chicago, IL 60625

Circle of Friends
Champaign, IL 61820

Villa Catherine
Carlyle, IL 62231

Magnolia Terrace
Waterloo, IL 62298

Evergreen Place – Litchfield
Litchfield, IL 62056

Advocate BroMenn Adult Daycare
Normal, IL 61761