

**Constantino, Mike**

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**From:** Turner, Joseph  
**Sent:** Saturday, October 20, 2012 3:40 PM  
**To:** Avery, Courtney  
**Cc:** Saddler, Michelle; Casey, Kevin; Dunn, Brian; Constantino, Mike  
**Subject:** HFSRB\_Data\_Collection  
**Attachments:** HFSRB 12-074 Response - 10-19-12 Final.pdf

**RECEIVED**

**OCT 22 2012**

**HEALTH FACILITIES &  
SERVICES REVIEW BOARD**

On behalf of Kevin Casey, Director of the Illinois Department of Human Services' Division of Developmental Disabilities, I have attached a written response to the state agency report regarding application 12-074 for the discontinuation of Intermediate Care Facility for the Developmentally Disabled category of services at the Jacksonville Developmental Center in Jacksonville, Illinois.

In addition to this email submission, a duplicate response has been faxed to the Illinois Health Facilities and Services Review Board # 217-785-4111.

Thanking you in advance for your attention in this matter.

*Joe Turner  
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Pat Quinn, Governor

Michelle R.B. Saddler, Secretary

100 South Grand Avenue, East • Springfield, Illinois 62762  
401 South Clinton Street • Chicago, Illinois 60607

October 19, 2012

Dale Galassie, Chair  
c/o Courtney Avery  
Health Facilities Services Review Board  
525 West Jefferson St.  
Springfield, Illinois 62761

Dear Chairman Galassie:

On behalf of the applicants, the State of Illinois Department of Human Services (DHS) and the DHS Division of Developmental Disabilities (DDD), please accept this correspondence as our response to the state agency report (SAR) regarding our application 12-074 for the discontinuation of Intermediate Care Facility for the Developmentally Disabled (ICF/DD) category of services at the Jacksonville Developmental Center (JDC) in Jacksonville, Illinois.

We concur with the report's background assertions that:

- JDC is currently one of 8 ICF/DD state operated developmental centers (SODCs) operated by the Department of Human Services.
- JDC is in the Health Services Area-03 (HSA-03) Planning Area.
- The State Board does not calculate a bed need or excess for ICF/DD facilities over 16 beds.
- JDC's target utilization of 60.20% (Table 1), which is less than the Board's target rate of 93%, represents an under-utilization of beds, as the State of Illinois has progressively decreased the reliance on institutional services for the developmentally (intellectually) disabled and is further evidence to support discontinuation of services.

Please note, the project's anticipated completion date of October 31<sup>st</sup> 2012 has now been extended to November 21, 2012.

Regarding the sole negative finding that "[t]he proposed discontinuation will have a negative impact on intermediate care developmental disabled services being provided in the service area," we disagree based on the following:

1. Without the Board's calculation of residential Community Integrated Living Arrangement (CILA) service utilization for individuals with intellectual disabilities, the impact of discontinuation cannot be assessed or verified against a standard that reflects the current best practice model in care delivery for individuals with intellectual disabilities. Measuring ICF capacity based only on licensed facilities would relegate people with intellectual disabilities to outmoded institutional environments.
2. The finding imposes on the applicant a "service area" standard which is not consistent with the actual planning area designation. Illinois' state operated developmental centers (SODCs), including JDC, serve individuals with intellectual disabilities from across the state.

3. When Governor Pat Quinn announced the Active Community Care Transition (ACCT) initiative in January 2012, the hometown origins/guardian representation for individuals served at JDC reflected a utilization composition of individuals from:

31% - HSA-03

15% - HSA-04

14% - HSA-02

12% - HSA-06

8% - HSA-11

The remainder of individuals served at JDC were representative of the remaining HSAs and out of state guardians.

Please note that the ACCT initiative is committed to working with individuals and their guardians/families in transitions to communities of choice. This has resulted in care plans that foster closer proximity to family members when that is desired. Additionally, as evidenced by the number of individuals from JDC who will remain in HSA-03 (approximately 41%) the ACCT assists in facilitating the expansion of community-based services when and where it is desired.

4. As stated in the application, the ACCT initiative will rebalance the state's approach to care for individuals with intellectual disabilities and mental health conditions.

Please note that since the late 1970's, Illinois has reduced its reliance on large SODCs for providing care and services for the intellectually disabled. For reference, in 1977 approximately 6,400 individuals were served by Illinois' SODCs; today, less than 2,000 are served in these settings. The shift from SODCs is the result of a number of factors, including civil actions, legislation, and the expansion of Illinois community-based service programs -- respectively, the US Supreme Court's Olmstead ruling; the Americans with Disabilities Act; and the state's development and expansion of Community Integrated Living Arrangements (CILA).

Section 1915(c) of the Federal Social Security Act allows states to operate Home and Community-Based Services (HCBS) waivers within its Medicaid program.

In 1989, Illinois began a CILA program that:

- Allows the Illinois Department of Human Services to license agencies to provide CILA services to persons with intellectual disabilities or mental illness.
- Provides living arrangements for 8 or fewer persons in community settings.
- Promotes independence in daily living, economic self-sufficiency, and integration into the community.

CILA services include individualized treatment, training, rehabilitation, habilitation (provides health, social, and support services), and other community integrative services. Services are provided in the residence of the person's choice rather than in a specific facility. The residence may be the person's, or another person's home or apartment, or a residence provided by the agency licensed for CILA services. If different services are needed, the services would be changed rather than having the person move into a different living arrangement.

Currently, the state's Medicaid programs provides for approximately 9,300 individuals' utilization of CILA programs across the state. These CILA services are not factored into the

Board's calculation of the inventory of health care facilities as the Health Facilities Services Review Board's defined jurisdiction over the assessment of institutional beds and service capacity does not extend to non-institutional community-based services.

It is important to note that while Illinois has made progress in reducing its reliance on SODCs for providing care and services for the intellectually disabled, it continues to lag behind other states in the percentage of the people with disabilities residing in state institutions. Indeed, 14 states no longer operate any state operated institutions, serving all people with intellectual disabilities in small, community-based settings. Furthermore, consider that national utilization for state operated institutions is projected to be 6.7 individuals per 100,000 (state residents) by 2017. If Illinois were to keep pace, it would decrease its overall SODC census by 40% over the next five years, as Illinois' current utilization is approximately 16 individuals per 100,000.

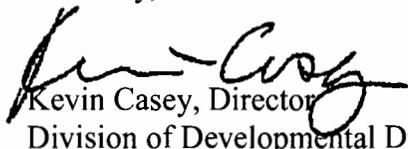
5. As sound public policy, the ACCT initiative necessitates that DDD significantly expand service capacities for individuals with intellectual disabilities. The state has already:
  - Identified community providers' willingness to engage in accommodating transition from JDC. To date, 48 community-based providers have indicated the ability to accommodate 700 plus individuals.
  - Enhanced funding/rate structure for CILA services in four person or less settings – projected as an additional \$4 Million annual expenditure.
  - Secured a contractual entity to accommodate the completion of independent assessments and person-centered plans for individuals to ensure the identification of individualized needs and supports.

The closing of JDC enables the state to significantly expand and rebalance its approach to care for individuals with intellectual disabilities. In addition these rebalancing efforts address the state's lagging in national trends for serving individuals with intellectual disabilities.

Furthermore, closure will aid in addressing current and future fiscal concerns, including JDC's costly power plant operations and anticipated Federal Environmental Protection Agency concerns for compliance with air pollution standards that potentially may result in substantial fines for non-compliance.

We hope this information provides the Board with further affirmation of our commitment to continue to provide the most appropriate community-based services for individuals with intellectual disabilities.

Sincerely,



Kevin Casey, Director  
Division of Developmental Disabilities

CC: Michelle R.B. Saddler  
Brian Dunn  
Michael Constantino