



**Illinois Statewide Transition Plan for Compliance with  
Federal Settings Rule Requirements  
For 1915(c) Home and Community-Based Services Waivers**

Submitted to CMS and posted for public comment September 30, 2022

Illinois Final Statewide Transition Plan – Submitted September 30, 2022

# Table of Contents

	<b>Page</b>
Executive Summary	4-5
Development of the Illinois Statewide Transition Plan	5-7
Descriptions of Previous Revisions to the Draft	7
Updates Within This Draft	8
Previous Compliance Assessment Efforts	8-9
Heightened Scrutiny	9-14
2022 Settings Compliance Validation	14-16
Validation of IDHS-DDD Group SEP Providers	16-17
Case Manager Responsibilities	17
Updated Settings Compliance Validation Results	17-20
Remediation Processes	20-26
Beneficiary Resolution	27-28
Ongoing Compliance Monitoring	28-29
Non-Disability Specific Settings and Building Capacity	29-33
Appendix A Major Rule, Policy, and Form Changes Relating to Federal Settings Requirements	34-36
Appendix B-1 System Remediation Grid – IDoA Waiver	37-44
Appendix B-2 System Remediation Grid – DSCC MFTD Waiver	45-48
Appendix B-3 System Remediation Grid – IDHS-DDD Waivers	49-71
Appendix B-4 System Remediation Grid – IDHS-DRS Waivers	72-80
Appendix B-5 System Remediation Grid – IDHFS SLP Waiver	81-90
Appendix C-1 IDoA Validator Tool	91-99
Appendix C-2 IDHS-DRS Validator Tool	100-108
Appendix D IDHS-DDD Group SEP Validator Tool	109-111

Appendix E	HCBS Settings Case Manager Responsibilities	112-117
Appendix F-1	IDoA Compliance Action Plan Template	118-121
Appendix F-2	IDHS-DRS Compliance Action Plan Template	122-125
Appendix F-3	IDHS-DDD Compliance Action Plan Template	126-134
Appendix F-4	IDHS-DDD Group SEP Compliance Action Plan Template	135-138
Appendix G	Action Steps to Bring Illinois into Compliance	139-145
Appendix H	Managed Care Settings Quality Assurance	146-151
Appendix I-1	IDHS-DDD CDS Non-Compliance Summary	152
Appendix I-2	IDHS-DDD CLF Non-Compliance Summary	153
Appendix I-3	IDHS-DDD CGH Non-Compliance Summary	154
Appendix I-4	IDHS-DDD CILA Non-Compliance Summary	155
Appendix J	Illinois Heightened Scrutiny Locations	156-182
Appendix K	2022 Settings Compliance Validation Analysis	183-184
Appendix L	Heightened Scrutiny Adjustment Form	185

## EXECUTIVE SUMMARY

### *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 operating 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, 2023. This transition plan outlines Illinois' assessment of its nine current 1915(c) HCBS Waiver programs in relation to the regulations and describes the state's strategies to comply with the 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 Final HCBS Rule*

CMS finalized the HCBS rule after five years of deliberation and public input. This rule is 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. All HCBS providers must comply with various home and community-based setting requirements by March 17, 2023. Settings unable to meet those requirements by that date will be barred by federal law from participating in a Medicaid HCBS 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 as qualifying for designation as 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, with CMS applying a heightened scrutiny process to determine whether the setting qualifies as an HCBS setting.

### *Overview of Illinois Medicaid HCBS 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, the single state Medicaid agency – Illinois Department of Healthcare and Family Services (IDHFS) – does provide administrative oversight and management of nine HCBS waiver programs under section 1915(c) of the Social Security Act. IDHFS delegates operations of eight of the nine waiver programs to sister state agencies including the University of Illinois at Chicago-Division of Specialized Care for Children (UIC-DSCC), the Illinois Department on Aging (IDoA), and the Illinois

Department of Human Services’ Division of Developmental Disabilities (IDHS-DDD) or Division of Rehabilitation Services (DRS). IDHFS operates one waiver program – the Supportive Living Program. The waiver programs and their operating agencies are:

1. HCBS waiver for Adults with Developmental Disabilities (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 (UIC-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 (IDHFS)

Illinois provides services under these nine waivers in participants’ homes, in non-residential settings outside their homes, and in residential settings with most HCBS waiver services provided to waiver participants in their homes. HCBS non-residential services include Community Day Services (formerly Developmental Training) Programs provided under the Adult DDD waiver, and Adult Day Services provided under the waivers for Persons who are Elderly, Persons with HIV or AIDS, Persons with Brain Injury, and Persons with Disabilities.

### **Development of the Illinois Statewide Transition Plan**

The following table provides an overview of key dates in the development of this Plan:

First Draft Plan Published for Public Comment	January 15, 2015
Notice to Tribal Governments of First Draft Plan	January 19, 2015
End of Public Comment Period for First Draft of Plan	February 15, 2015
Submission of First Draft Plan to CMS	March 16, 2015
CMS Feedback to Illinois on First Draft Plan	July 30, 2015
Notice to Tribal Governments of Second Draft Plan	November 25, 2015
Second Draft Plan Published for Public Comment	December 4, 2015
End of Public Comment Period for Second Draft of Plan	January 18, 2016
Submission of Second Draft Plan to CMS	February 29, 2016
Third Draft Plan Published for Public Comment	November 9, 2016
Notice to Tribal Governments of Third Draft Plan	November 9, 2016

Fourth Draft Plan Published for Public Comment	February 5, 2020
Submission of Revised Fifth Draft Plan to CMS	May 3, 2021
CMS Grants Initial Approval of Revised Fifth Draft Plan	July 23, 2021
Current Final Draft Plan Submitted to CMS	September 30, 2022
Current Final Draft Plan Published for Public Comment	September 30, 2022

In the spring of 2014, IDHFS convened an LTSS interagency workgroup comprised of representatives of IDHFS, IDHS-DDD, IDHS-DRS, IDoA, DSCC, and the IDHS Division of Alcoholism and Substance Abuse (DASA) and Division of Mental Health (DMH). The workgroup met 24 times over a 20-month period. On January 15, 2015, IDHFS posted a notice soliciting public input on the draft Statewide Transition Plan. In addition, Illinois informed and sought feedback from its representative of the Tribal Authority or First Nation. On January 23, 2015, IDHFS also posted the draft Statewide Transition Plan on the IDHFS website. The website allowed stakeholders to provide feedback on the draft Plan through its web portal. Stakeholders were also provided with a telephone number to request a written copy of the proposed Transition Plan and to provide verbal feedback.

To further inform development of the Statewide Transition Plan, IDHFS hosted six public listening forums, attended by 175 stakeholders, in multiple, accessible locations across the state. Forums were publicized on the IDHFS website and by notice to advocacy groups, provider associations, and consumer groups. IDHFS also hosted a webinar on February 9, 2015, to solicit additional feedback on the draft Statewide Transition Plan. Two hundred sixty-five individuals participated in the webinar.

All feedback submitted was reviewed by State staff and incorporated into the draft Plan as appropriate, with a total of 184 individuals providing feedback through various mechanisms. After reviewing and incorporating this feedback, Illinois submitted its first draft transition plan to CMS on March 16, 2015.

On July 30, 2015, IDHFS received CMS’s feedback on the 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 further review public comment, respond to CMS’s feedback, and revise the draft Plan accordingly. 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 electronic provider notice on December 31, 2015, to its HCBS providers inviting their comment and encouraging providers to inform their clients of the opportunity to comment, further providing that IDHFS would accept public comments up to 15 days beyond the 30-day public comment period deadline of January 3, 2016. The notice was posted on IDHFS’ website as well as emailed to all Operating Agencies with a request to distribute it to their Provider email contacts. The link to the notice is:

<https://www.illinois.gov/hfs/MedicalProviders/notices/Pages/prn151231a.aspx>. To supplement these efforts to solicit public comment, IDHFS led an HCBS Plan informational session with representatives from provider and advocacy groups on December 10, 2015, and participated in another provider group meeting on January 14, 2016, to answer questions and hear feedback on the plan. As a result of these efforts, IDHFS received 72 public comments on the revised draft plan. All of the public comments IDHFS received in response to its initial plan and its revised plan informed the revised version of the plan submitted to CMS on February 29, 2016.

Between February and November 2016, IDHFS 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 9, 2016, IDHFS posted the newly revised draft plan to its website, soliciting public comments by mail, email, or phone. As with its previous public comment period, the State issued an informational notice to its HCBS providers inviting comment. A summary of the 220 public comments received during this public comment period, along with the State's responses, appears in in Historical Appendix 2a and can be located at:

<https://www2.illinois.gov/hfs/SiteCollectionDocuments/HistoricalAppendix2aPublicCommentsAndStateResponseFebruary2020Plan.pdf>.

### **Description of Previous Revisions to Draft**

The 2020 version of the Plan had revisions that included responses to public comments, updated descriptions of the State's site assessment efforts, descriptions of the State's plans for rule and policy revisions, Home and Community-Based provider settings the State presented to CMS for heightened scrutiny review, and a description of remediation efforts to be undertaken pursuant to the plan. The State submitted a revised draft of the STP to CMS on January 29, 2021. CMS provided feedback to the State on February 26, 2021, and April 22, 2021, requesting that the state further revise the plan to receive Initial Approval. Illinois addressed all issues and resubmitted an updated version of the STP on May 3, 2021, that received Initial Approval from CMS on July 23, 2021. These changes did not necessitate a public comment period. However, the State did issue a Provider Notice regarding Initial Approval on July 30, 2021, that can be located at:

<https://www2.illinois.gov/hfs/MedicalProviders/notices/Pages/prn210730b.aspx>. Changes to the plan included:

- Clarification that public notice periods occurred from February 5, 2020, to March 5, 2020, and November 9, 2016, to December 9, 2016.
- Plans to continue evaluating reimbursement rates paid to HCBS providers in response to commenters' concerns regarding the state's ability to implement the transition plan without additional appropriations to address staffing shortages.
- Updates to System Remediation Grids for the State's Waiver Operating agencies.

## **Updates Within This Draft**

The below revisions have been made in response to CMS recommendations, to address public comments on the 2020 plan, and to accommodate requirements for final Statewide Transition Plan approval. The State will solicit public comments on this final draft from September 30, 2022, through October 30, 2022. In collaboration with Illinois Waiver Operating agencies, Illinois Department of Healthcare and Family Services (IDHFS) will host two virtual Townhall meetings during the first week of October 2022 to review plan revisions and field public comments. In addition, Illinois Department of Human Services' Division of Developmental Disabilities (IDHS-DDD) will host feedback webinars specific to IDHS-DDD provider setting compliance and the systemic changes achieved by IDHS-DDD to align with HCBS Settings criteria.

- Transition of appendices from previous versions of the plan to the Illinois STP website for retention as historical documents.
- Enhancements to System Remediation Grids for the State's Waiver Operating agencies and Action Steps to bring Illinois into compliance.
- A comprehensive summary of completed site-specific assessments of all HCBS settings, validation of those assessment results, and inclusion of the aggregate outcomes of these activities.
- Remediation strategies and timelines for resolving issues prior to the end of the transition period.
- Details of the State's enhanced plan for identifying settings presumed to have institutional characteristics as well as the processes for evaluating these settings.
- A process for communicating with beneficiaries currently receiving services in settings that the state has determined cannot, or will not, come into compliance with HCBS settings criteria by March 17, 2023.
- A description of ongoing monitoring and quality assurance processes that will ensure all HCBS settings remain fully compliant with the Federal Settings criteria in the future.

The State thanks all the individuals and groups who took the time to review this final draft plan and provide input.

## **Previous Compliance Assessment Efforts**

In 2014, the State collaborated with the University of Illinois at Springfield (UIS) to develop and disseminate two provider self-assessment surveys—one for Residential and one for Non-residential HCBS provider settings. The surveys were sent to 2,266 HCBS provider settings and solicited feedback from providers on level of compliance with Federal Settings requirements as well as the qualities applicable to institutional settings as defined by Federal CMS in 42 CFR 441.301(c)(5)(v): "Any setting that is located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment, or in a building on the grounds of, or immediately adjacent to, a public institution, or any other setting that has the effect of isolating individuals receiving Medicaid HCBS from the broader community of individuals not receiving Medicaid HCBS." The State obtained responses from 2256 of the HCBS provider settings. For settings with provider-reported institutional



characteristics and settings who did not respond to the surveys, the State conducted 446 on-site visits to assess for compliance with Federal Settings requirements. The State's assessment processes and results are available for review in Historical Appendices 3a through 3d:

<https://www2.illinois.gov/hfs/MedicalClients/HCBS/Transition/Pages/HistoricalAppendices.aspx>.

After conducting validation reviews for all Supportive Living Program (SLP) settings in 2016, Illinois Department of Healthcare and Family Services' Supportive Living Program (IDHFS-SLP) updated their Annual Certification Review Tool in June of 2017 to monitor SLP provider setting compliance with Federal HCBS Settings requirements. As well, IDHS-SLP updated their Interim Certification Review tools to assess for institutional characteristics and determine compliance with Federal HCBS Settings requirements. All SLP settings must undergo an Interim Certification Review prior to admitting residents for HCBS provision. Since SLP updated their Annual Certification and Interim Certification Review Tools, all 155 SLP Provider Sites have been assessed and determined compliant with Federal HCBS Settings requirements. Evidentiary packages for SLP Heightened Scrutiny locations have been updated to include current compliance monitoring data and can be accessed at:

<https://www2.illinois.gov/hfs/MedicalClients/HCBS/Transition/Pages/HeightenedScrutiny.aspx>.

### **Heightened Scrutiny**

Federal Centers for Medicare and Medicaid Services' (CMS) March 22, 2019 Letter to State Medicaid Directors (<https://www.medicaid.gov/federal-policy-guidance/downloads/smd19001.pdf>) includes the following three categories or "prongs" of residential or non-residential settings that are presumed to have the qualities of an institution and to which the heightened scrutiny process applies:

- **Prong 1:** Settings that are located in a building that is also a publicly or privately operated facility that provides inpatient institutional treatment;
- **Prong 2:** Settings that are in a building located on the grounds of, or immediately adjacent to, a public institution; and
- **Prong 3:** Any other settings that have the effect of isolating individuals receiving Medicaid home and community-based services (HCBS) from the broader community of individuals not receiving Medicaid HCBS.

CMS offered further clarification in their March 2019 letter on factors that may lead states to categorize settings as Prong 3:

- Due to the design or model of service provision in the setting, individuals have limited, if any, opportunities for interaction in and with the broader community, including with individuals not receiving Medicaid-funded HCBS;
- The setting restricts beneficiary choice to receive services or to engage in activities outside of the setting; or
- The setting is physically located separate and apart from the broader community and does not facilitate beneficiary opportunity to access the broader community and participate in community services, consistent with a beneficiary's person-centered service plan.

Because the Final HCBS Rule requires that these sites be presumed to be institutional, sites in these categories are ineligible for continued participation in HCBS waiver programs, with one exception. The

federal rule allows States to advocate for these sites through what CMS calls the “heightened scrutiny process.” In the heightened scrutiny process, the State may present evidence to CMS to argue that such sites are community-based and, if CMS accepts the State’s presentation, those sites will be allowed to continue as HCBS waiver settings. Thus, the State’s including a setting on the heightened scrutiny list is the State’s declaration that it believes the setting to be community-based, and that it will present evidence to make that case to CMS.

Illinois previously identified approximately 50 Heightened Scrutiny locations through provider response to self-surveys and on-site assessments conducted by State Waiver Operating Agency staff. The State has since refined their list of Heightened Scrutiny locations to be reflective of the guidance issued by Federal in their March 2019 letter. Previously published Heightened Scrutiny information can be located in Historical Appendix 3e:

<https://www2.illinois.gov/hfs/SiteCollectionDocuments/HistoricalAppendix3eHeightenedScrutinySitesMay2021Plan.pdf>. A full listing of the State’s updated Heightened Scrutiny locations is included in Appendix J of this plan. Below, the State has provided a table of Illinois Heightened Scrutiny locations organized by Waiver Operating agency. The table reflects the following information:

- Total Illinois Heightened Scrutiny locations in 2022: 529
  - 11 Prong 1 Residential Heightened Scrutiny locations, all Supportive Living settings managed by Illinois Department of Healthcare and Family Services’ (IDHFS) Supportive Living Program (SLP)
  - Two Prong 2 Illinois Department of Human Services’ Division of Developmental Disabilities (IDHS-DDD) Non-Residential Community Day Services (CDS) Heightened Scrutiny Locations
  - One Prong 2 IDHS-DDD Residential Community Integrated Living Arrangement (CILA)
  - One Prong 2 IDHFS-SLP Residential Supportive Living Program
  - Two Prong 3 Illinois Department on Aging (IDoA) and IDHS-DRS Non-Residential Adult Day Service (ADS) locations
  - 183 Prong 3 IDHS-DDD Non-Residential CDS locations
  - 22 Prong 3 IDHS-DDD Residential Children’s Group Home (CGH) locations
  - 296 Prong 3 IDHS-DDD Residential CILA locations
  - 11 Prong 3 IDHS-DDD Residential Community Living Facilities (CLFs)

<b>Illinois Heightened Scrutiny Locations</b>				
	<b>Waiver Operating Agency</b>	<b>Provider Type</b>	<b>Residential vs. Non-Residential</b>	<b>Number of locations</b>
<b>Prong 1</b>	<b>Illinois Department of Healthcare and Family Services’ (IDHFS) Supportive Living Program (SLP)</b>	Supportive Living	Residential	11
<b>Prong 2</b>	<b>Illinois Department of Human Services’ (IDHS) Division of</b>	Community Day Services (CDS)	Non-Residential	2

	<b>Developmental Disabilities (DDD)</b>			
	<b>Illinois Department of Human Services' (IDHS) Division of Developmental Disabilities (DDD)</b>	Community Integrated Living Arrangement (CILA)	Residential	1
	<b>Illinois Department of Healthcare and Family Services' (IDHFS) Supportive Living Program (SLP)</b>	Supportive Living	Residential	1
<b>Prong 3</b>	<b>Illinois Department on Aging (IDoA) and Illinois Department of Human Services' (IDHS) Division of Rehabilitation Services (DRS)</b>	Adult Day Services (ADS)	Non-Residential	2
	<b>Illinois Department of Human Services' (IDHS) Division of Developmental Disabilities (DDD)</b>	Community Day Services (CDS)	Non-Residential	183
	<b>Illinois Department of Human Services' (IDHS) Division of Developmental Disabilities (DDD)</b>	Children's Group Home (CGH)	Residential	22
	<b>Illinois Department of Human Services' (IDHS) Division of Developmental Disabilities (DDD)</b>	Community Integrated Living Arrangement (CILA)	Residential	296
	<b>Illinois Department of Human Services' (IDHS) Division of Developmental Disabilities (DDD)</b>	Community Living Facility (CLF)	Residential	11

***Updated Description of Illinois Department of Healthcare and Family Services' (IDHFS) Supportive Living Program (SLP) Heightened Scrutiny Locations***

The Supportive Living Program (SLP) waiver has been amended to require Elopement Risk Assessments for each individual participant and if there is no identified safety risk, the individual participant will be provided with guidance on how to circumvent the delayed egress. As a result, the following Supportive Living sites no longer meet Prong 3 criteria and have been removed from the list:

- Asbury Court Dementia Care
- Asbury Gardens Dementia Care
- Asbury of Kankakee Dementia Care
- Cedarhurst of Quincy Dementia Care
- Cottages at Carlinville Dementia Care
- Cottages at Salem Dementia Care
- Eagle's View Memory Care (formerly Katy's Cottage)
- Legacy Memory Support
- The Pointe at Kilpatrick Dementia Care
- Rockford Supportive Living Center Dementia Care
- White Oaks at Heritage of South Elgin Dementia Care

The Supportive Living Program (SLP) previously identified sites as meeting criteria for Prong 2 (on the grounds of, or immediately adjacent to a *public* institution), but determined that these sites were actually adjacent to *private* institutions. The following sites have been removed from the list:

- Carlyle Senior Living (formerly Villa Catherine)
- Castle Manor Supportive Living
- Courtyard Estates of Canton Supportive Living
- Courtyard Estates of Sullivan Supportive Living
- Covenant Home of Chicago Supportive Living
- Evergreen Place (Litchfield) Supportive Living
- Foxes Grove Supportive Living, Oak Wood Estates Supportive Living
- The Pointe at Kilpatrick Supportive Living
- Prairie Crossing Supportive Living
- Supportive Living of Wabash
- Supportive Living of Washington
- Vistas Fox Valley (formerly Aurora Supportive Living)

The following sites have been removed due to their withdrawal from the Supportive Living Program (SLP) waiver:

- Lavender Ridge Dementia Care Supportive Living
- Saint Clare's Villa Supportive Living

Eleven Prong 1 SLP locations and one Prong 2 SLP location were determined fully compliant with HCBS Settings criteria. The State posted information regarding their compliance for public comment via the

State's public-facing Heightened Scrutiny webpage:

<https://www2.illinois.gov/hfs/MedicalClients/HCBS/Transition/Pages/HeightenedScrutiny.aspx>. On June 22, 2022, the State released a Public Notice regarding updates to the SLP Heightened Scrutiny locations and did not receive any comments:

<https://www2.illinois.gov/hfs/SiteCollectionDocuments/06222022PublicNoticeHCBSHeightenedSecurityLocationsFinal.pdf>.

### ***Updated Description of Illinois Department on Aging (IDoA) Adult Day Service (ADS) Heightened Scrutiny Locations***

The following Adult Day Service (ADS) Settings have been removed from the list as the State determined these sites did not meet the three categories (or prongs) of residential or non-residential settings that are presumed to have the qualities of an institution:

- Circle of Friends Adult Day Center
- Friends & Family Adult Day Center

The following ADS locations have been removed due to closure:

- Advocate Health & Hospital d/b/a Advocate BroMenn Adult Day Center
- Champaign County Nursing Adult Day Care
- McDonough Adult Health Services
- Midwest Medical Center d/b/a Galena-Strauss Adult Day Center
- Gottlieb Adult Day Center
- St. Mary's Adult Day Center

Through 2022 Settings Compliance validation efforts and on-site visits, the State determined that two Prong 3 ADS Settings are fully compliant with HCBS Settings criteria. The State presented an evidentiary package on OSF Senior World Peoria Adult Day Center for public notice and no comments were received. The State solicited public comment for the second ADS location, Cherished Place Adult Day Services (Arlington Heights), on September 6<sup>th</sup>, 2022, and has not received any comments to date:

<https://www2.illinois.gov/hfs/SiteCollectionDocuments/09062022PublicNoticeHCBSHeightenedSecurityLocationFinal.pdf>. Evidentiary packages for the two ADS Heightened Scrutiny locations can be located

on the State's public-facing Heightened Scrutiny webpage:

<https://www2.illinois.gov/hfs/MedicalClients/HCBS/Transition/Pages/HeightenedScrutiny.aspx>.

### ***Updated Description of Illinois Department of Human Services' (IDHS) Division of Developmental Disabilities (DDD) Heightened Scrutiny Locations***

In 2020, IDHS-DDD released a provider self-survey to identify IDHS-DDD Heightened Scrutiny locations with institutional or isolating characteristics. DDD further examined their sites for these characteristics through direct outreach to Provider Agencies, discussions with their Quality Assurance staff, and a mandatory Pre-Validation Survey

(<https://www.dhs.state.il.us/page.aspx?module=17&item=138633&surveyid=1598>) that was made available to Provider Agencies from December 2021 through mid-February 2022. As the State completed validation reviews for IDHS-DDD Heightened Scrutiny locations, sites were identified that had closed or became vacant during the COVID-19 pandemic. These locations were removed from the

Heightened Scrutiny list. The State also identified individually-controlled and 100% state-funded locations that were removed from the Heightened Scrutiny list as they are not subject to HCBS Settings requirements. Through 2022 Settings Compliance Validation efforts that included on-site assessments for Heightened Scrutiny locations conducted by Public Consulting Group (PCG) in addition to desk reviews conducted by State and PCG staff, the State has consolidated compliance data on their IDHS-DDD Heightened Scrutiny locations and plans to post compliance findings on these locations for public comment before the end of October 2022.

## **2022 Settings Compliance Validation**

Through feedback from Federal CMS, IDHFS Waiver Operations staff identified a need to re-evaluate HCBS provider settings overseen by Illinois Waiver Operating agencies who were still working to update their Annual Compliance monitoring tools, policy, training, and rules. The State excluded the MFTD waiver as this waiver does not utilize HCBS provider settings, services are delivered in the customer's private residence. The State excluded the SLP waiver because SLP previously updated their annual and interim certification tools to monitor for provider setting compliance with HCBS Settings requirements. All 155 SLP Provider Sites have been assessed and determined compliant with Federal HCBS Settings requirements.

Given that Illinois Department of Human Services' Division of Developmental Disabilities (IDHS-DDD) oversees the majority of HCBS provider settings in the state, IDHFS and IDHS-DDD sought and received approval for Technical Assistance through CMS contractor, New Editions in July of 2021. The guidance provided by New Editions was a tremendous benefit to the State in developing their enhanced Federal HCBS Settings Compliance validation processes. To ensure comprehensive assessment of compliance with Federal HCBS Settings requirements during the COVID-19 pandemic, IDHFS began work with their Department of Innovative Technology (DoIT) staff in September of 2021 to build a Microsoft Customer Relationship Management (CRM) portal that by February of 2022, would serve as a forum for over 2,400 HCBS provider settings to submit supportive policy and sources of evidence of compliance with all applicable Federal HCBS Settings requirements. During the build process and review of HCBS provider settings, Illinois identified provider settings in addition to the settings that underwent assessment between 2016 and 2018. To provide for efficient and accurate validation, the State implemented a staggered approach to the submission and review process as follows: Provider Agencies with fewer than 21 settings were required to submit evidence by late April 2022. Provider Agencies with more than 21 to 50 settings were required to submit up until mid-May 2022, and Provider Agencies with more than 51 settings were required to submit up until mid-June 2022. Providers that were determined to meet Heightened Scrutiny status through a Pre-Site Validation Survey received on-site visits.

Prior to initiating Settings Compliance Validation processes in 2022, IDHFS worked with IDHS' Division of Rehabilitation Services (DRS), IDHS-DDD, and Illinois Department on Aging (IDoA) to develop new HCBS Settings validation tools for dissemination to providers and to conduct trainings for providers on HCBS Settings requirements. IDHS-DDD posted their 2022 Settings Compliance Validation tools on their public-facing website: <https://www.dhs.state.il.us/page.aspx?item=141608>. IDHS-DRS and IDoA Settings Compliance Validation tools can be viewed in Appendices C1 and C2. Because IDHS-DDD has traditionally required Provider Settings to develop policies that align with State and Federal

requirements, IDHS-DDD Provider agencies were required to submit policies that align with all applicable Federal HCBS Settings requirements. IDHS-DRS and IDoA updated and implemented Provider Setting policies to align with Federal HCBS Settings requirements by July of 2022. To prepare their HCBS providers for validation, IDHS-DRS, IDoA, and IDHS-DDD collaborated with IDHFS to conduct web-based trainings for providers from October 2021 through December 2021. IDHFS developed a 2022 Settings Compliance Validation webpage (<https://www2.illinois.gov/hfs/MedicalClients/HCBS/Transition/Pages/2022SettingsComplianceValidation.aspx>) that included a video tutorial on navigating the portal, written guidance on portal submissions, and Waiver Operating agency e-mail contacts. Identified providers were notified of requirements for submission on 02/15/2022 by their respective Waiver Operating agencies. The following day, IDHFS issued a Provider Notice (<https://www2.illinois.gov/hfs/MedicalProviders/notices/Pages/prn220216a.aspx>) regarding the launch of 2022 Settings Compliance Validation.

The State implemented processes and developed resources for providers to promote provider cooperation with the State's enhanced Settings Compliance Validation process, and to assist providers in transitioning to compliance. IDHS-DRS and IDoA issued weekly reminders to providers regarding validation requirements and collaborated with IDHFS to host Settings Compliance Validation Q&A meetings and issue a Settings FAQ and Best Practices resource. IDHS-DDD held weekly office hours for HCBS Providers and issued weekly e-mail updates regarding deadlines for compliance. IDHS-DDD also collaborated with the Illinois Council on Developmental Disabilities (ICDD) and the Council on Quality Leadership (CQL) to launch the Home and Community Based Settings (HCBS) Settings Rule Technical Assistance (TA) Project. The TA Project began with a pilot phase from January through March 2022 in which 20 Provider Agencies received up to three days of TA from a CQL TA Lead that resulted in the development of Compliance Action Plans specific to their organizations. Technical Assistance continued throughout the 2022 Compliance Validation process.

In response to many comments from IDHS-DDD stakeholders, the State's Initial Statewide Transition Plan (<https://www2.illinois.gov/hfs/SiteCollectionDocuments/IllinoisSTPSubmissionMay32021.pdf>) included an Action Plan for IDHS-DDD. This Plan can be located in Historical Appendix 3n: <https://www2.illinois.gov/hfs/SiteCollectionDocuments/HistoricalAppendix3nActionStepsAndTimetableToBringIllinoisIntoCompliance.pdf>. Since Initial Approval, IDHS-DDD created a webpage specifically dedicated to HCBS Settings Rule Compliance (<https://www.dhs.state.il.us/page.aspx?item=138570>). This webpage includes links for accessing IDHS-DDD's revised Settings Assessment tools, trainings on the HCBS Settings Rule conducted for providers from December 2021 through February 2023, a set of Frequently Asked Questions (FAQs) regarding the HCBS Settings Rule and 2022 HCBS Settings Compliance Validation efforts, a toolkit developed for providers to assist with preparation for 2022 HCBS Settings Compliance Validation, links to Informational Bulletins on Residency Agreements and Lockable Doors that became effective in July of 2022, and the Pre-Survey conducted with providers before 2022 Settings Compliance Validation efforts to confirm provider locations and assess for institutional or isolating characteristics.

Over 50 State agency employees across HCBS Waiver Programs conducted compliance validation reviews. Adult Day Service (ADS) provider settings are certified by IDoA, but the settings are also utilized by IDHS-DRS for their waiver customers. As such, IDHS-DRS staff assisted in evaluating a number of ADS

settings for compliance with HCBS Settings requirements. To promote consistency in validation reviews, IDHFS partnered with IDHS-DRS, IDoA, and IDHS-DDD to ensure all Waiver Operating agency HCBS Settings Compliance Validation tools were alike regarding Settings requirements and suggestions for sources of evidence of compliance. In addition, IDHFS Waiver Operations staff monitored for adequate completion of validation review tools and compliance tracking within the Settings Compliance Validation portal. IDHS-DDD developed an HCBS Settings workgroup that included agency staff, advocates, providers, and individuals with I/DD who reviewed validation tools and provider communications. As well, IDHS-DDD also brought on Quality Assurance staff to monitor reviews. All IDHFS and IDHS-DDD staff who assisted with validation reviews underwent training on Federal HCBS Settings requirements and use of validation review tools. IDHFS held weekly meetings with Waiver Operating agencies on validation review progress and provided technical assistance with the Settings Compliance Validation portal. In May of 2022, IDHS-DDD began hosting weekly web-based meetings for IDHS-DDD and IDHFS staff assisting with IDHS-DDD validation reviews.

Through an existing contract, the State sought assistance with compliance validation reviews and on-site assessments for IDHS-DDD Heightened Scrutiny locations from Public Consulting Group (PCG), a Quality Improvement Organization (QIO). PCG is a nationally recognized public-sector consulting firm with extensive experience conducting Heightened Scrutiny reviews. IDHFS worked with all Waiver Operating agencies to ensure PCG and validation review staff from IDHFS, IDHS-DDD, IDoA, and IDHS-DRS were adequately trained on Federal HCBS Settings requirements, use of Validation Review tools, review of HCBS Provider evidence, and navigation of the Settings Compliance Validation Portal.

### **Validation of IDHS-DDD Group Supported Employment Providers**

In addition to assessing HCBS Provider Setting compliance, IDHS-DDD also completed validation reviews of Group Supported Employment Provider (SEP) Organizations. Individual customers who pursue Group SEP are paid at or above minimum wage and belong to an enclave of no more than six customers at a time. While IDHS-DDD does allow Group SEP to occur at an integrated location when there are typically no other employees working besides the IDHS-DDD Group SEP customers, Group SEP must be conducted in an integrated business, industry, or community setting that:

- Meets the requirements of the Federal HCBS Settings rule;
- Is not isolated from individuals who do not have disabilities; and
- Allows ample opportunity for routine interactions with customers, co-workers and other individuals who do not have disabilities.

The goal of Group SEP is to successfully transition customers to competitive integrated employment or self-employment, or to supplement such employment and/or self-employment when it is only part-time. In mid-February 2022, 20 Group SEP provider organizations received training on the Federal HCBS Settings Rule as well as organizational policy and evidence submission requirements. The Group SEP Policy and Implementation Evidence Collection Tool (see Appendix D) required Group SEP Program staff to submit evidence and organizational policy by mid-April 2022 that are supportive of the following Federal HCBS Settings requirements:



- The setting optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to daily activities.
- The setting optimizes, but does not regiment individual autonomy, and independence in making life choices, including but not limited to physical environment.
- The setting optimizes, but does not regiment individual autonomy, and independence in making life choices, including but not limited to with whom to interact.
- The setting facilitates individual choice regarding services and supports, and who provides them.

### **Case Manager Responsibilities**

Through monthly collaborative meetings with IDHS-DRS, IDoA, and IDHS-DDD, IDHFS determined that case managers are responsible for facilitating several requirements identified within the Final HCBS Settings Rule. These Case Managers include Managed Care Organizations, IDHS-DRS Home Services Program (HSP) Counselors, Independent Service Coordination (ISC) agencies contracting with IDHS-DDD, and Care Coordination Units (CCU) contracting with IDoA. Case Managers assist with:

- Customer pursuit of competitive integrated employment.
- Customer choice of HCBS provider settings from a variety of provider settings options, including non-disability settings.
- Ensuring that settings options are based on individual customer needs and preferences.

Appendix E offers a description of case manager training, activities, and Waiver Operating agency Quality Assurance measures.

### **Updated Settings Compliance Validation Results**

From April through September of 2022, the State conducted HCBS Settings compliance validation reviews for 2,345 HCBS provider settings. A total of 1,016 (43%) of Illinois HCBS provider settings were determined fully compliant with HCBS Settings criteria. Compliance Action Plans (CAPs) were disseminated to 1,325 (57%) Illinois HCBS provider settings with one or more non-compliance concerns. The State determined that 529 of these locations met criteria for the application of Heightened Scrutiny and partnered with Public Consulting Group (PCG) to conduct on-site compliance validation assessments in addition to desk validation reviews. Three Illinois HCBS providers were determined as unable to come into compliance with HCBS Settings criteria, but none were serving individuals. These locations included two Illinois Department of Human Services' Division of Developmental Disabilities (IDHS-DDD) Group Supported Employment Program (SEP) agencies and one Traumatic Brain Injury (TBI) Pre-Vocational Services provider setting. An analysis of all 2022 Settings Compliance Validation findings is included in Appendix K of this plan. Below are compliance validation result summaries by HCBS provider setting type.

#### ***Illinois Department of Healthcare and Family Services' Supportive Living Program (IDHFS-SLP)***

While some locations have closed since the State conducted their initial HCBS Settings compliance assessments between 2014 and 2016, all 155 currently active Illinois Department of Healthcare and

Family Services' Supportive Living Program (SLP) setting locations have been determined fully compliant with the HCBS Settings criteria. All SLP settings are Residential.

***Illinois Department of Human Services' Division of Rehabilitation Services (IDHS-DRS) and Illinois Department on Aging (IDoA)***

A single Illinois Department of Human Services' Division of Rehabilitation Services (IDHS-DRS) TBI (Traumatic Brain Injury) Pre-Vocational provider setting did not submit required evidence of compliance and was non-responsive to outreach from the State. The State has determined this provider cannot comply with HCBS Settings requirements, but the provider is not serving HCBS waiver customers. The State notified the provider in June 2022 that the provider would be disenrolled as an Illinois Medicaid provider and no longer utilized for service provision to HCBS customers. All Managed Care Organizations (MCOs) were notified of the provider's disenrollment as an Illinois Medicaid provider. Two IDHS-DRS Adult Day Service (ADS) provider settings received Compliance Action Plans (CAPs) and submitted evidence of remediating all non-compliance issues by August 19, 2022. All remaining IDHS-DRS provider settings were determined fully compliant with HCBS Settings criteria, including 17 ADS settings, one TBI Day Habilitation provider setting, and one TBI Pre-Vocational Service provider setting. All IDHS-DRS provider settings are non-residential. All 46 non-residential ADS provider settings evaluated by Illinois Department on Aging (IDoA) for compliance with HCBS Settings requirements were determined fully compliant.

***Illinois Department of Human Services' Division of Developmental Disabilities (IDHS-DDD) Group Supported Employment Program (SEP)***

Illinois Department of Human Services' Division of Developmental Disabilities (IDHS-DDD) provider organizations can apply with IDHS-DDD to become approved Group Supported Employment Program (SEP) providers. This process consists of a validation of compliance with State and Federal requirements and if fully compliant, the agency is approved to facilitate Group SEP services. Of the 20 Group SEP Provider agencies who underwent validation, one organization elected to not revalidate their award and discontinued serving as a Group SEP provider. No customers were receiving Group SEP services through this organization. Two additional providers did not submit evidence of compliance with applicable HCBS Settings requirements and were deactivated as Group SEP providers. No customers were receiving Group SEP services through these two organizations.

Twelve Group SEP provider organizations were determined fully compliant with HCBS Settings criteria. Five Group SEP provider organizations received letters regarding partial or full non-compliance, accompanied by Compliance Action Plan (CAP) templates, outlining one or more instances of non-compliance in areas identified in the Group SEP Policy and Implementation Evidence Collection Tool (see Appendix D). These five provider organizations had 14 days to submit completed CAP templates, outlining details on their proposed processes for remediation. From the point of submission, the provider agencies had 60 days to remediate all non-compliance concerns and submit evidence of remediation to IDHS-DDD. The State anticipates these five organizations will attain compliance by the end of October 2022.

***Illinois Department of Human Services' Division of Developmental Disabilities (IDHS-DDD)  
Community Day Services (CDS)***

In partnership with Public Consulting Group (PCG) and Illinois Department of Healthcare and Family Services (IDHFS), IDHS-DDD conducted compliance reviews for 284 Non-Residential Community Day Service (CDS) locations. The State determined that 75 CDS locations were fully compliant with HCBS Settings criteria, 22 of which underwent Heightened Scrutiny review. Of the locations that did not receive Heightened Scrutiny review, 46 required Compliance Action Plans (CAPs). A total of 163 CDS Heightened Scrutiny locations required CAPs. All CDS locations with one or more non-compliance issues were notified by letter of non-compliance concerns and given 14 days to furnish plans for remediation. From the point of submitting remediation plans, these locations were given 60 days to furnish evidence of remediation to IDHS-DDD. The State anticipates all 209 CDS locations who received CAPs will attain compliance by January of 2023.

***Illinois Department of Human Service's Division of Developmental Disabilities (IDHS-DDD)  
Children's Group Homes (CGH)***

In partnership with PCG and IDHFS, IDHS-DDD conducted compliance reviews for 27 Residential Children's Group Home (CGH) locations. The State determined that six CGH locations were fully compliant with HCBS Settings criteria, all of which underwent Heightened Scrutiny review. Of the locations that did not receive Heightened Scrutiny review, all five required CAPs. A total of 16 CGH Heightened Scrutiny locations required CAPs. All CGH locations with one or more non-compliance issues were notified by letter of non-compliance concerns and given 14 days to furnish plans for remediation. From the point of submitting remediation plans, these locations were given 60 days to furnish evidence of remediation to IDHS-DDD. The State anticipates all 21 CGH locations who received CAPs will transition to compliance by January of 2023.

***Illinois Department of Human Services' Division of Developmental Disabilities (IDHS-DDD)  
Community Living Facilities (CLF)***

In partnership with PCG and IDHFS, IDHS-DDD conducted compliance reviews for 16 Residential Community Living Facility (CLF) locations. The State determined that three CLF locations were fully compliant with HCBS Settings criteria, all of which underwent Heightened Scrutiny review. Of the four locations that did not receive Heightened Scrutiny review, all required CAPs. A total of nine Heightened Scrutiny CLF locations required CAPs. All CLF locations with one or more non-compliance issues were notified by letter of non-compliance concerns and given 14 days to furnish plans for remediation. From the point of submitting remediation plans, these locations were given 60 days to furnish evidence of remediation to IDHS-DDD. The State anticipates all 13 CLF locations who received CAPs will transition to compliance by January of 2023.

***Illinois Department of Human Services' Division of Developmental Disabilities (IDHS-DDD)  
Community Integrated Living Arrangements (CILA)***

In partnership with PCG and IDHFS, IDHS-DDD conducted compliance reviews for 1,778 Residential Community Integrated Living Arrangement (CILA) locations. The State determined that 701 CILA locations were fully compliant with HCBS Settings criteria, 24 of which underwent Heightened Scrutiny

review. There were 805 non-Heightened Scrutiny locations and 272 Heightened Scrutiny locations that required CAPs. All CILA locations with one or more non-compliance issues were notified by letter of non-compliance concerns and given 14 days to furnish plans for remediation. From the point of submitting remediation plans, these locations were given sixty days to furnish evidence of remediation to IDHS-DDD. The State anticipates all 1,077 CILA locations who received CAPs will attain compliance by January of 2023.

## Remediation Processes

### *Systemic*

Appendix A includes HCBS Settings related rule, policy, manual, and form changes. Appendices B-1, B-2, B-3, and B-4 include System Remediation Grids that reflect changes made by Illinois HCBS Waiver Operating agencies to attain compliance with HCBS Settings requirements. Each agency put forth State rule amendments to align provider and case management requirements with HCBS Settings criteria. IDHS-DDD updated their Waiver Manual (<https://www.dhs.state.il.us/page.aspx?item=144890>) to include HCBS Settings requirements. HCBS Settings supportive policies and forms were developed, including IDHFS-SLP waiver amendment to allow customers who do not require delayed egress, but who would otherwise qualify for residency, to reside in a Supportive Living Dementia Care setting. IDHFS-SLP developed a policy to require Supportive Living Dementia Care settings to utilize an Elopement Risk Assessment tool for all individuals prior to admission and quarterly thereafter to impose delayed egress or controlled exit. A Provider Notice (<https://www2.illinois.gov/hfs/MedicalProviders/notices/Pages/prn210629a.aspx>) was issued on June 29<sup>th</sup>, 2021.

By July 1, 2022, IDoA updated their Health and Safety Policy to require all Adult Day Service (ADS) providers that impose delayed egress or controlled exit to utilize an Elopement Risk Assessment tool for all customers. Additionally, the IDOA updated their Health and Safety Policy to require ADS settings to post transportation resources, community events, and employment and volunteer opportunities in an area viewable by all customers. All ADS, TBI Prevocational, and TBI Day Habilitation settings utilized by IDHS-DRS were notified in April of 2022 of required compliance with brokering volunteer and work opportunity information to individuals as well as compliance with all other applicable HCBS Settings criteria.

IDHS-DDD sought assistance from University of Illinois at Chicago (UIC) to evaluate the Division's Person-Centered Planning process and make recommendations for improvements. In May of 2022, IDHS-DDD released University of Illinois at Chicago's (UIC) Person-Centered Planning Report: <https://www.dhs.state.il.us/page.aspx?item=144102>. IDHS-DDD enhanced their Implementation Strategy Tools, Personal Plan Templates, and Discovery Tools to be inclusive of Federal HCBS Settings requirements. The updated Person-Centered Planning Tools require Case Managers and IDHS-DDD providers to gauge individual interest in community engagement and interaction, individual choice regarding services and supports, and individual needs and risks. Trainings on the updated tools were conducted from May through June of 2022, with webinar recordings posted on IDHS-DDD's public-facing provider webpage: <https://www.dhs.state.il.us/page.aspx?item=81882>. Beginning in June of 2022, IDHS-DDD initiated weekly Person-Centered Planning office hours to ensure adequate and consistent

use of the updated tools by Independent Service Coordination (ISC) Case Managers and IDHS-DDD providers. IDHS-DDD released fillable templates, created a webpage with all material and instructions and added additional training and office hours. Use of these new tools is required to begin by October 1, 2022. Providers and Case Managers are encouraged to utilize these documents now.

IDHS-DDD has maintained requirements for establishment and use of Human Rights Committees (HRCs) and Behavioral Intervention Committees (BICs) to ensure that IDHS-DDD HCBS provider agencies promote the rights of the customers they serve. Provider agencies who identify individual concerns must address these concerns in Support Team meetings scheduled by the Qualified Intellectual Disabilities Professional (QIDP)/case manager and including the individual and/or guardian. IDHS-DDD provider agencies must assure customers are educated and understand the concerns and recommendations for intervention. Before restrictions are proposed, there must be documentation that other less restrictive methods have been regularly applied by trained staff and failed. The proposed measure must be approved by the HRC before moving forward. Individuals and guardians must consent to imposition of any restrictive measure before it is applied, and the restriction must have established timelines for periodic reviews to determine if it is still necessary.

IDHS-DDD's updated Implementation Strategy Tools follow the Person-Centered Planning documentation requirements included in 42 CFR 441.301(c)(4)(vi)(F) and will support the Division's longstanding requirements for HRCs and BICs. In addition to trainings on use of the updated Person-Centered Planning tools, IDHS-DDD has consistently coordinated trainings on HRCs. The Human Rights Committee Chairperson Training Curriculum is located at: [https://www.dhs.state.il.us/page.aspx?item=138629#a\\_toc1](https://www.dhs.state.il.us/page.aspx?item=138629#a_toc1). In response to IDHS-DDD and stakeholders' requests, the Illinois Council on Developmental Disabilities (ICDD) and Council on Quality Leadership (CQL) presented a training on Guardianship and individual rights on September 27, 2022, to further support provider education on individual rights.

IDHS-DDD released draft Informational Bulletins in November of 2021, outlining HCBS Settings requirements for Residential provider settings to ensure that individuals have the means to lock/unlock their homes and bedroom doors so that they have privacy in their living spaces, and to ensure a residency agreement with the individual and guardian, if applicable, when the individual resides in a provider-owned or controlled setting. Residential provider settings were able to submit comments on the draft policy requirements. In response to comments and inquiries, IDHS-DDD updated their Residency Agreement Policy to prohibit additional rent costs and security deposits, unless they are required by a Federal or other public body. On July 1, 2022, IDHS-DDD's policies regarding Residency Agreements and Lockable Doors and Privacy became effective. The Residency Agreement Policy is located at: <https://www.dhs.state.il.us/page.aspx?item=138580>. The Lockable Doors and Privacy policy is located at: <https://www.dhs.state.il.us/page.aspx?item=134407>.

The State prepared HCBS provider settings and Group SEP provider organizations for validation reviews by conducting trainings on HCBS Settings requirements. Each Illinois HCBS Waiver Operating agency also trained their respective Case Management staff on HCBS Settings requirements. All Illinois Waiver Operating agencies furnished training materials to case managers. For Managed Care organizations (MCOs), Illinois Department of Healthcare and Family Services (IDHFS) conducted training on HCBS Settings requirements. Each Illinois HCBS Waiver Operating agency has included HCBS Settings requirements into their training curriculum for new providers and new case managers. In addition,

HCBS Settings requirements are now part of annual training curriculum for providers and case managers. Each MCO has enhanced their training curriculum for new case managers with HCBS Settings requirements, also including HCBS Settings related information in their annual training.

### ***Provider Setting Remediation***

All HCBS Waiver Operating agencies utilized Compliance Action Plan (CAP) templates to inform HCBS Provider Settings and IDHS-DDD Group Supported Employment Providers of one or more areas of non-compliance observed during Settings Compliance Validation reviews. CAP templates can be viewed in Appendices F1, F2, F3, and F4. CAPs were accompanied by instructional letters from the respective HCBS Waiver Operating agency and sent to the provider via e-mail. Follow-up outreach was conducted by phone and e-mail to non-responsive providers. HCBS Provider locations were notified in writing of plans to terminate their services prior to March 17, 2023, if evidence of remediation was not received by established deadlines.

The CAP templates utilized by IDHS-DRS and IDoA were identical, with both HCBS Waiver Operating agencies notifying respective provider locations of methods and deadlines for evidence of remediation. IDHS-DRS and IDoA Providers were required to furnish evidence of remediation within 60 days of receiving their CAPs. IDHS-DDD asked Provider locations to notify IDHS-DDD by e-mail of their plan to remediate each non-compliance issue within 14 days of the provider location receiving their CAP. Once Providers submitted their completed CAPs, they had 60 days to furnish evidence of remediation to IDHS-DDD. IDHS-DDD maintained weekly web-based office hours for HCBS provider locations with questions and concerns regarding CAPs.

At the start of September 2022, IDHS-DDD expanded their weekly web-based office hours to twice per week. The expanded office hours offer Provider agencies an opportunity to hear and share strategies to address compliance issues and CAPs. IDHS-DDD also discusses best practices that all providers might consider as the State shifts from initial to ongoing Settings compliance. For ease, the weekly office hours are assigned a specific topic and area of HCBS Settings compliance.

### ***Illinois Department of Healthcare and Family Services' Supportive Living Program (IDHFS-SLP) Remediation***

Since IDHFS-SLP updated their Annual Certification Review Tool to monitor for compliance with HCBS Settings requirements in 2017, all SLP locations have maintained full compliance.

### ***Illinois Department on Aging (IDoA) and Illinois Department of Human Service's Division of Rehabilitation Services (IDHS-DRS) Non-Residential Adult Day Service (ADS) Remediation***

Two ADS settings received CAPs for not furnishing sufficient evidence of compliance with HCBS Settings requirements related to engagement in community life, assurance of individual rights such as right to privacy, individual autonomy in decision-making, and physical accessibility. Both locations fully remediated all non-compliance concerns by August of 2022 through furnishing the following evidence to the State:

- Person-centered plans of care documenting individual choice
- Photographs of individuals engaging in community activities
- Photographs of individual rights posted in a central location

- Photographs of community events, transportation resources, and job/volunteer opportunities posted in a central location
- Photographs of private meeting areas for individuals at the setting
- Logs reflecting individual participant interests in activities
- Participant Council minutes that reflect participants were asked for activity suggestions
- Photographic evidence of ramps, wheelchair accessible restrooms, etc.

***Illinois Department of Human Services' Division of Developmental Disabilities (IDHS-DDD) Group Supported Employment Program (SEP) Providers***

Three Group Supported Employment Program (SEP) provide agencies elected to no longer serve as SEP providers. Of the 17 remaining agencies, 70% (12) were determined fully compliant with HCBS Settings requirements. Five agencies received CAPs for one or more non-compliance concerns in the following areas:

1. Optimizing, but not regimenting, individual initiative, autonomy, and independence in in making life choices, including Daily Activities
2. Optimizing, but not regimenting, individual initiative, autonomy, and independence in in making life choices, including Physical Environment
3. Optimizing, but not regimenting, individual initiative, autonomy, and independence in in making life choices, including with Whom to Interact
4. Ensuring individual choice regarding services, supports, and who provides them

All agencies are expected to fully remediate non-compliance concerns prior to March 17, 2023, by furnishing the following evidence:

- Individualized calendars that reflect preferences/choices in activities
- Documentation of efforts to support choice
- Documentation of use of assistive technology and accommodations to address access
- Documentation about choice and education (if needed) about locking doors
- Implementation strategies that are framed to encourage independence, autonomy, and personal connections
- Notes or discussions about creating and supporting relationship development of people with others outside the house/organization
- Satisfaction surveys of people receiving services to garner opinions on friendships, relationships, and natural supports
- Individualized schedules
- Internal organizational systems regarding tracking of people's desires and choices to ensure they are addressed and ensure continuity between staff
- Documentation of discussions with individuals about their choice in services

***Illinois Department of Human Services' Division of Developmental Disabilities (IDHS-DDD) Non-Residential Community Day Services (CDS) Remediation***

Seventy-Four percent (209) of 284 Community Day Service (CDS) locations received CAPs for one or more non-compliance concerns. There were 163 Heightened Scrutiny CDS locations that required CAPs, and 46 Non-Heightened Scrutiny CDS locations that required CAPs. Appendix I-1 includes a summary of

non-compliance concerns identified through Settings compliance validation reviews and on-site visits. The State observed that the highest areas (over 50%) of non-compliance for CDS providers were in the following areas:

1. Individuals have access to food at any time
2. Individuals are able to have visitors of their choosing at any time

CDS locations are remediating these non-compliance concerns through furnishing the following evidence to the State:

- Photos of available food
- Examples of modifications for those who must have modifications
- Examples of supporting people to shop for food and create their own menus
- Attendance sheet of rights trainings for people receiving services
- Implementation strategies that are framed to encourage visitors
- Implementation strategies with modifications to the right to have visitors to show compliance with person-centered planning documentation requirements
- Attendance sheet of rights trainings for people receiving services
- Human Rights Committee (HRC) meeting minutes

### ***Illinois Department of Human Service's Division of Developmental Disabilities (IDHS-DDD) Residential Community Living Facility (CLF) Remediation***

Eighty-one percent (13) of 16 Community Living Facilities (CLF) received CAPs for one or more non-compliance concerns. There were nine Heightened Scrutiny CLF locations that required CAPs, and four Non-Heightened Scrutiny CLF locations that required CAPs. Appendix I-2 includes a summary of non-compliance concerns identified through the Settings compliance validation reviews and on-site visits. The State observed that the highest areas (over 30%) of non-compliance for CLG providers were in the following areas:

1. Optimizing, but not regimenting, individual initiative, autonomy, and independence in making life choices, including Physical Environment
2. Individuals have access to food at any time
3. Individuals are able to have visitors of their choosing at any time

CLF locations are remediating these non-compliance concerns through furnishing the following evidence to the State:

- Documentation of use of assistive technology and accommodations to address access
- Documentation about choice and education (if needed) about locking doors
- Photos of available food
- Examples of modifications for those who must have modifications
- Examples of supporting people to shop for food and create their own menus
- Attendance sheet of rights trainings for people receiving services
- Implementation strategies that are framed to encourage visitors



- Implementation strategies with modifications to the right to have visitors to show compliance with person-centered planning documentation requirements
- Attendance sheet of rights trainings for people receiving services
- Human Rights Committee (HRC) meeting minutes

***Illinois Department of Human Services' Division of Developmental Disabilities (IDHS-DDD)  
Residential Children's Group Home (CGH) Remediation***

Seventy-Eight percent (21) of 27 Children's Group Home (CGH) locations received CAPs for one or more non-compliance concerns. There were 16 Heightened Scrutiny CGH locations that required CAPs, and 5 Non-Heightened Scrutiny CGH locations that required CAPs. Appendix I-3 includes a summary of non-compliance concerns identified through Settings compliance validation reviews and on-site visits. The State observed that the highest areas (over 50%) of non-compliance for CGH providers were in the following areas:

1. Ensuing an individual's right to privacy
2. Ensuring an individual's right to freedom from coercion
3. Optimizing, but not regimenting, individual initiative, autonomy, and independence in making life choices, including Physical Environment
4. Optimizing, but not regimenting, individual initiative, autonomy, and independence in making life choices, including with whom to Interact
5. Ensuring individuals have the freedom and support to control their own schedules and activities
6. Ensuring the setting is physically accessible
7. Ensuring privacy in Sleeping/Living Unit
8. Ensuring individual choice of roommate
9. Ensuring individual freedom to furnish/decorate

CGH locations are remediating these non-compliance concerns through furnishing the following evidence:

- Monthly reporting notes documenting discussions and steps taken to ensure privacy in shared rooms
- Examples of changes made to reflect a person's privacy preference
- Satisfaction surveys of people receiving services to garner opinions on privacy
- Competency (evaluation area) for Direct Support Professionals (DSPs)
- Documentation in complaint/grievance logs that people receiving supports are included in complaint process
- Documentation of use of assistive technology and accommodations to address access
- Documentation about choice and education (if needed) about locking doors
- Implementation strategies that are framed to encourage independence, autonomy, and personal connections
- Notes or discussions about creating and supporting relationship development of people with others outside the house/ organization
- Satisfaction surveys of people receiving services to garner opinions on friendships, relationships, and natural supports

- Individualized schedules
- Internal organizational systems for tracking people’s desires and choices to ensure they are addressed and ensure continuity between staff
- Satisfaction surveys of people receiving services to garner opinions on controlling schedules and activities
- Accessibility assessment and photos to show it was addressed
- Documentation of home or vehicular modifications performed to make environment accessible
- Monthly reporting notes documenting discussions and steps taken to ensure privacy in shared rooms
- Attendance sheets from rights trainings
- Satisfaction surveys of people receiving services to garner opinions on privacy
- Implementation strategy or case notes that reflects a discussion of privacy and any steps taken to address privacy issues
- Examples of having potential housemates meeting with others in house prior to moving in.
- Attendance sheets from self-advocacy trainings
- Satisfaction surveys of people receiving services to garner opinions on room/housemates
- Residency agreement
- Pictures of individualized decorating in rooms/homes

***Illinois Department of Human Services’ Division of Developmental Disabilities (IDHS-DDD)  
Residential Community Integrated Living Arrangement (CILA) Remediation***

Sixty-one percent (1,077) of 1,778 Community Integrated Living Arrangement (CILA) locations received CAPs for one or more non-compliance concerns. There were 272 Heightened Scrutiny CILA locations that required CAPs, and 805 Non-Heightened Scrutiny CILA locations that required CAPs. Appendix I-4 includes a summary of non-compliance concerns identified through Settings compliance validation reviews and on-site visits. The State observed that the highest areas (over 50%) of non-compliance for CILA providers were in the following areas:

1. Optimizing, but not regimenting, individual initiative, autonomy, and independence in in making life choices, including Physical Environment
2. Ensuring individual choice regarding services, supports, and who provides them
3. Individuals have access to food at any time

CILA locations are remediating these concerns through furnishing the following evidence:

- Documentation of use of assistive technology and accommodations to address access
- Documentation about choice and education (if needed) about locking doors
- Photos of available food
- Examples of modifications for those who must have modifications
- Examples of supporting people to shop for food and create their own menus
- Attendance sheet of rights trainings for people receiving services
- Individualized schedules
- Internal organizational systems regarding tracking of people’s desires and choices to ensure they are addressed and ensure continuity between staff
- Documentation of discussions with individuals about their choice in services

## **Beneficiary Resolution**

In June of 2022, Illinois HCBS Waiver Operating Agencies began disseminating Compliance Action Plans (CAPs) to HCBS provider settings with one or more non-compliance concerns. Many provider settings who received CAPs were able to fulfill remediation requirements prior to the posting of this Final Draft and are therefore, considered fully compliant with the HCBS Settings criteria. All Adult Day Service (ADS), Traumatic Brain Injury (TBI) Day Habilitation, and Supportive Living Program (SLP) provider settings have been determined fully compliant with HCBS Settings criteria. A single TBI Pre-Vocational Service setting, which had not been serving customers, was unable to comply with HCBS Settings criteria. In June of 2022, this location was removed as an Illinois Medicaid and HCBS provider.

The State anticipates that all Illinois Department of Human Services' Division of Developmental Disabilities (IDHS-DDD) provider settings will attain full compliance with HCBS Settings criteria prior to March 17, 2023. However, a total of 33 IDHS-DDD provider settings did not submit evidence of compliance with HCBS Settings criteria as required. Thirteen of these settings are Heightened Scrutiny locations and did receive on-site assessments from Public Consulting Group (PCG). All 13 Heightened Scrutiny locations were identified as Prong 3 for isolating qualities. In July of 2022, IDHS-DDD recruited staff from their Bureaus of Quality Management and Community Services to begin outreaching all provider setting locations who did not submit required evidence of compliance. All locations received Compliance Action Plans (CAPs), requiring them to submit evidence of compliance with every applicable HCBS Settings requirement. IDHS-DDD Regional staff have been working closely with these settings to transition them to compliance. If any of the 33 settings do not progress in compliance activities by early October 2022, IDHS-DDD will schedule site visits for observational compliance, also ensuring there are no lingering physical compliance issues.

IDHS-DDD is prioritizing limiting disruption to customers and ensuring their preferences. Thus, when addressing beneficiary resolution, IDHS-DDD will talk with waiver customers about their settings preferences and look to identify possible alternative compliant providers who could take over the site and ensure its compliance. The remediation process will include frequent meetings with the current provider and potential providers as well as the independent service coordination agencies and the people receiving services.

If the State determines that any of the 33 IDHS-DDD HCBS provider settings cannot achieve full compliance, the agency will be notified that their site is non-compliant and therefore, the State will no longer fund HCBS at their site after March 17, 2023. The State will work with customers receiving services at the locations to consider alternate HCBS settings for service provision. Regional staff from the Division's Bureau of Community Services Programs will work with the non-compliant agencies to collect documentation related to individual services needed for transitioning individuals to alternate settings. If customers are interested in staying, the State will look to identify alternative compliant organizations to take over a site. IDHS-DDD will work with HCBS provider organizations that were determined fully compliant with HCBS Settings to take over management. After identifying new management, the State will work closely with the provider to ensure solid transitions and will visit with the new provider once they have acquired the site to confirm compliance. Transitioning to new management would span from November 2022 through January 2023. This timeframe includes on-site visits after new management assumes the site. At this stage, the State would be addressing any lingering programmatic non-compliance concerns such as assurance of Residency/Lease agreements.

If by mid-December 2022, IDHS-DDD determines that IDHS-DDD HCBS provider settings with new management can still not comply with all applicable HCBS Settings requirements, IDHS-DDD will collaborate with Independent Service Coordination (ISC) case managers and customers to select alternate compliant provider settings that meet customer needs and preferences before March 2023. The State anticipates that it would be working throughout this time with the new provider so issues can be identified and addressed on an ongoing basis.

### **Ongoing Compliance Monitoring**

In July of 2021, Illinois Department of Healthcare and Family Services (IDHFS) developed a process for tracking HCBS provider settings with institutional qualities that require the application of Heightened Scrutiny. The form is included in Appendix L of this plan. Each Waiver Operating agency has Pre-Certification processes in place that include excluding prospective providers with institutional qualities. All Illinois Waiver Operating agencies have updated their compliance monitoring tools to assess for compliance with HCBS Settings criteria. When deficiencies are observed, the Waiver Operating agency notifies the provider setting in writing and includes timeframes for furnishing evidence of remediation to avoid disenrollment as an HCBS provider.

Once every two years or in response to compliance concerns, Illinois Department of Human Services' Division of Rehabilitation Services (IDHS-DRS) Rehabilitation Services Advisors conduct quality assurance assessments of Adult Day Service (ADS) provider settings utilized by IDHS-DRS waiver customers. As well, IDHS-DRS Rehabilitation Services Advisors also conduct quality assurance assessments of Traumatic Brain Injury (TBI) Pre-Vocational Service and Day Habilitation provider settings. The assessments include interviews with customers to ensure compliance with HCBS Settings requirements. Once every three years, IDoA conducts quality assurance assessments of ADS provider settings, unless the agency fields compliance concerns prior to the assessment due date. IDoA interviews waiver customers during the assessment process to ensure compliance with HCBS Settings requirements.

The majority of TBI Pre-Vocational Service and Day Habilitation settings also serve as Community Day Service (CDS) provider settings that are monitored by IDHS' Bureau of Accreditation, Licensure, and Certification (BALC). In addition to BALC oversight, IDHS-DDD annually monitors compliance of all IDHS-DDD HCBS provider settings customers through surveys conducted by IDHS-DDD's Bureau of Quality Management (BQM). BQM collects a sample of Personal Plans from Independent Service Coordination (ISC) case managers and surveys the providers organizations, including Group and Individual Supported Employment Program (SEP) provider organizations utilized by IDHS-DDD waiver customers. All IDHS-DDD HCBS provider organizations are surveyed at least once every three years. IDHS-DDD's Supported Employment Administrator also conducts annual revalidations of Individual and Group Supported Employment Program (SEP) provider organizations.

Eight of the nine Illinois Waiver programs have received Federal approval for updated Waiver performance measures that monitor for compliance with HCBS Settings requirements and accompanying Person-Centered Planning documentation requirements. The HIV/AIDS waiver will be renewed in October 2023 and the performance measures will be updated at that time. Interested parties can view Illinois' currently active HCBS waivers with updated performance measures here: <https://www2.illinois.gov/hfs/MedicalClients/HCBS/Pages/default.aspx>. These performance measures are applied to customers receiving HCBS in their homes and customers receiving services at HCBS provider settings in the community. The State intends to ensure that customers who receive HCBS in

their private homes have autonomy in decision-making over their services and the same degree of access to the community as individuals not receiving Medicaid HCBS. IDHFS has trained Quality Improvement Organizations (QIOs) on how to gather compliance data on these new performance measures, including through review of case manager interviews with customers receiving HCBS. IDHFS has also trained Managed Care Organizations (MCOs) on HCBS Settings requirements and updated Waiver Performance measures. MCOs were tasked with enhancing their training processes, case management platforms, and internal quality assurance processes to align with HCBS Settings and Person-Centered Planning requirements. Interested parties can view examples of system transformations among MCOs in Appendix H of this plan. IDHFS maintains quarterly meetings with Illinois Waiver Operating agencies and Managed Care Organizations to ensure ongoing compliance with HCBS Settings criteria.

IDHFS Waiver Operations staff meet quarterly with Illinois Waiver Operating agencies and MCOs to ensure programs are adequately capturing compliance through their case management platforms and compliance monitoring tools. Appendix E includes details of system transformations made by Illinois HCBS Waiver Operating agency programs to ensure case manager compliance with offering settings options based on individual need and preference, individual choice of settings options that include non-disability settings, and opportunities for competitive-integrated employment. HCBS Settings criteria has been folded into annual and new staff trainings for case managers, Waiver Operating agency staff, providers, and MCOs. Appendix H details the system transformations made by MCOs to ensure case managers are maintaining compliance with HCBS Settings and Person-Centered Planning performance measures.

Since initiating statewide transition planning for compliance with HCBS Settings criteria, IDHFS has maintained a centralized e-mail inbox, [HFS.SWTransitionPlan@illinois.gov](mailto:HFS.SWTransitionPlan@illinois.gov), for individuals to relay questions, concerns, and comments. All Illinois HCBS Waiver programs have processes in place to resolve beneficiary concerns related to HCBS Settings requirements. Respective case managers are required to discuss individual rights during initial and annual person-centered planning activities, ensure customers have contact information for relaying concerns to case managers, and provide complaint hotline information. Case managers have access to relay beneficiary reported concerns to centralized e-mail inboxes overseen by waiver program administrative staff. Each Waiver program's Quality Assurance staff respond to complaints and concerns through follow up with the respective case manager, provider outreach, and on-site investigations at provider settings.

### **Non-Disability Specific Settings and Building Capacities**

Illinois' HCBS Waiver delivery system offers choice and autonomy to customers, with a variety of service options that promote customer independence in the community. Through the Person-Centered Planning process, case managers work with customers to make informed decisions on choice of services based on individual needs, settings where services are provided, and the providers from whom services are received. The availability of in-home supports such as Individual Provider services, Home Health Nursing, Homemakers, Home Delivered Meals, Environmental Accessibility Modifications, Assistive Technology, and Emergency Home Response, allow many Illinois HCBS waiver customers to remain in private residences and non-disability specific settings.

All Illinois Waiver Operating Agencies and MCOs now include Settings content in their training curriculum for Case Managers and Providers. Upon initial and annual waiver eligibility determinations, and during any Person-Centered service planning activities, customers are educated on their right to lead the Person-Centered Planning process and to receive services in settings that respect individual rights, promote individual choice in every aspect of service provision, and encourage community integration. Each Illinois Waiver Operating agency has added information regarding the Final HCBS Settings Rule to their public-facing websites.

When preparing for Settings Compliance Validation in 2022, Illinois conducted trainings for all HCBS Provider groups, educating providers on Federal HCBS Settings requirements that include supporting full access to the greater community. Providers were educated that Reverse Integration does not meet the true intent of the Final HCBS Settings Rule and cannot be relied upon as the sole source of community integration. Rather, providers should be ensuring customers can engage in activities of their choosing that occur outside of the setting and within the community. Every Illinois HCBS Quality Assurance monitoring tool has been updated to assess for provider setting compliance in supporting full access of customers receiving Medicaid HCBS 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 HCBS. Managed Care Organizations have updated their Comprehensive Assessment tools, Person-Centered Planning areas of their case management platforms, and auditing processes to ensure the HCB Settings utilized by their members are compliant with the Final HCBS Settings Rule (see Appendix H).

IDHS-DDD released a Self-Advocate Survey

(<https://www.dhs.state.il.us/page.aspx?module=17&item=138380&surveyid=1595>) in November of 2021 to better understand their experiences in the community. IDHS-DDD will use the survey responses to inform their provider and case manager trainings as well as their quality assurance processes. In March of 2022 IDHS-DDD, hosted a webinar in which Blue Tower Solutions, Inc. and a self-advocate, discussed efforts to maintain community integration during the COVID-19 Pandemic, and as COVID-19 restrictions are lifted. The webinar was titled “Keeping Community Connections and Ensuring Community Integration for People with DD during COVID.” A recording of the webinar is located at: <https://illinois.webex.com/webappng/sites/illinois/recording/38fd37a38d01103ab7eea24e3772befe/playback>. Out of IDHS-DDD’s collaboration with the Illinois Council on Developmental Disabilities and the Council on Quality Leadership (CQL), in May 2022, ICDD and CQL conducted a webinar for people receiving home and community-based services in the State of Illinois. Parents of customers, Public Guardians, and 444 individual customers attended the webinar. CQL released a recording of the webinar (<https://www.youtube.com/watch?v=HvzzZ7-ADtw>) and the PowerPoint slides ([www.c-q-l.org/wp-content/uploads/2022/06/HCBS-Settings-Rule-IL-Illinois-People-Receiving-Services-050622.pdf](http://www.c-q-l.org/wp-content/uploads/2022/06/HCBS-Settings-Rule-IL-Illinois-People-Receiving-Services-050622.pdf)) on June 1, 2022.

The Illinois American Rescue Plan of 2021 (ARP) HCBS Enhanced Federal Medical Assistance Percentage (FMAP) Initial Spending Plan and Narrative includes efforts to expand non-disability settings options as

well as stabilize existing staff and recruit additional staff. Illinois Department on Aging (IDoA) made a one-time payment to Care Coordination Units (CCUs) to address workforce stabilization and retention of care coordinators. Both IDoA and Illinois Department of Human Services' Division of Rehabilitation Services (IDHS-DRS) made investments in workforce retention and stabilization among in-home service providers, including Individual Providers (IPs) and Homemaker agencies. IDoA accelerated rate increases for Community Care Program providers and IDHS-DRS made a pandemic bonus payment for IPs. The University of Illinois Chicago, Division of Specialized Care for Children (UIC-DSCC) will invest in implementing infrastructure that will allow unlicensed parents to become paid caregivers for Medically Fragile and Technology Dependent (MFTD) waiver customers. UIC-DSCC will also invest in improved training for in-home nurses and extend their in-home respite waiver service rate increase beyond the COVID-19 Public Health Emergency. The workforce investment efforts among these Illinois HCBS Waiver Operating agencies will advance opportunities for customers to receive HCBS services within their private residences and non-disability settings, with enhanced staffing allowing more opportunities for customers to engage with the greater community. The Illinois Department of Healthcare and Family Services (IDHFS) Supportive Living Program (SLP) provided an enhanced daily rate for 12 months to address staff recruitment and retention. Enhanced staffing will further opportunities for customers to participate in activities in the greater community.

The State of Illinois' ARP Spending Plan invests in tools and technology which expand options for community integration and receipt of HCBS in-home. IDHS-DRS will implement an application that allows customers to identify and begin the employment process with a verified IP and UIC-DSCC will develop a portal in which nursing agencies can communicate needs for open shifts in need of coverage. IDoA plans to add assistive technology and assistive devices as new HCBS waiver services, helping to combat social isolation and loneliness among older adult waiver customers. Funding would allow over 1,000 customers to receive augmented communication devices that will allow them to stay connected through iPads, tablets, and Wi-Fi hotspots. Additionally, IDoA will enhance their Emergency Home Response Service (EHRS) by adding a mobile device with a fall detection feature. IDoA will add Environmental Accessibility Modifications as a new HCBS waiver service, working with CCUs to identify and recommend modifications for customers. IDHS-DRS is exploring how to expedite assessments and approvals for environmental accessibility modifications and assistive equipment. The overarching goal is to simplify the approval process and expand the provider base.

As discussed in the State's description of their 2022 HCBS Settings Compliance Validation processes, IDHS-DDD updated tools and processes, conducted trainings, held weekly office hours, and solicited provider and customer feedback to complete HCBS Settings related Action Items laid out within State's Initial Statewide Transition Plan (<https://www2.illinois.gov/hfs/SiteCollectionDocuments/IllinoisSTPSubmissionMay32021.pdf>). In response to recommendations within the 2019 Guidehouse Rate Study, IDHS-DDD strongly advocated for State budget increases to DDD funded services. In February 2022, Illinois Governor, J.B. Pritzker announced his Fiscal Year 2023 Budget, allocating \$140 million for the Guidehouse Rate Study increases. Forty-five million dollars was allocated for provider rate increases effective 01/01/2022 and \$94.8 million has been allocated to \$1.00 an hour rate increases for Direct Support Professionals (DSPs) and

Community Integrated Living Arrangements (CILAs) effective 01/01/2023. IDHS-DDD's approved Fiscal Year 2023 Budget also allocates \$26 million dollars to enroll 700 new customers for HCBS waiver services from the Prioritization of Urgency of Need for Services (PUNS) database and \$28 million toward a 2% Cost of Living Adjustment (COLA) for DDD grantees, Independent Service Coordination (ISC) agencies, Children's Group Homes (CGH), and Community Living Facilities (CLF) effective 01/01/2023. These increases will help expand provider capacity and allow for increased opportunities for community integration among HCBS customers.

As the Waiver Operating Agency overseeing 90% of the HCBS Provider Settings in Illinois, IDHS-DDD sought to explore how the State could expand capacity to better serve groups of Adult DD waiver customers with higher acuity and additional support needs. The Division identified seven groups of people with intellectual and developmental disabilities (I/DD) who IDHS-DDD determined require more support and community options under the Adult DD waiver. Those groups of customers are as follows:

1. People with complex medical support needs.
2. People who are insulin-dependent diabetics.
3. People with high behavioral support needs.
4. People with autism spectrum disorder or other sensory support needs.
5. People who are deaf or hard-of-hearing.
6. People who are blind or have a visual impairment.
7. People who have physical accessibility support needs.

In the Spring of 2021, IDHS-DDD contracted with the University of Illinois at Chicago's (UIC) Institute on Disability and Human Development (IDHD) to engage 305 providers serving customers with I/DD across Illinois in Community Integrated Living Arrangements (CILAs) and Community Day Services (CDS) through an online survey and follow-up interviews. The survey was built to solicit provider perceived barriers to adequately serving groups with increased support needs and learn from respondents who reported experience in supporting groups with increased support needs. In their report (<https://www.dhs.state.il.us/page.aspx?item=144695>) released in June 2022, UIC made recommendations based on individual interviews, survey questions (as recommended by experienced stakeholders), and survey responses. UIC's recommendations included the following:

- Specialized Training for Direct Support Professionals (DSPs);
- Increased full-time employment of certain professionals who are often only hired contractually;
- Salary increases;
- Environmental Adaptations at provider settings;
- Provider brokering of resources to customer for supportive non-waiver services;
- Addressing Provider liability concerns; and
- Enhanced flexibility in DDD's rate structure for customers with additional support needs.

IDHS-DDD is developing actions steps with timelines to address specific recommendations from the Community Capacity Report including a focus on training and education of current and new providers on how to improve support for people with specific support needs, increased funding through the



implementation of the Guidehouse rate study recommendations, expansion of the Support Services Team (SST) program that supports providers to serve people with high behavioral needs and improved technical assistance for provider on key issues. In addition, IDHS-DDD has increased case management visits to four times a year to provide additional ongoing support for waiver customers. A new housing navigator pilot program was created to offer options for waiver customers to utilize non-disability specific housing and housing alternatives to traditional residential programs. IDHS-DDD is doing this project in conjunction with the Illinois Council on Developmental Disabilities (ICDD).

## Appendix A

### Major Rule, Policy and Form Changes Relating to Federal Settings Requirements

Rule Citation/ Hyperlink	Rule Heading	Rule Changes	Effective Date
<b>ILLINOIS DEPARTMENT ON AGING PERSONS WHO ARE ELDERLY WAIVER</b>			
<a href="#"><u>Forms and Policies</u></a>			
Form	Person-Centered Plan of Care		New 7/1/2019
Form	Person-Centered ADS Plan of Care Addendum		New 5/1/2019
Policy	Person-Centered Planning and the Development of a Person-Centered Plan of Care from the Community Care Program Comprehensive Assessment		New 7/1/2019
Policy	Adult Day Services Integrated Plan of Care		New 5/1/2019
<a href="#"><u>Rule 240 – Community Care Program</u></a>			
<a href="#"><u>89 IAC 240.330</u></a>	Freedom of Choice	Update to reflect federal settings requirements, including client right to be informed of all services/providers	1/1/2019
<a href="#"><u>89 IAC 240.340</u></a>	Confidentiality/Safeguarding of Case Information	Update to reflect federal settings requirements, including clarification that health/safety and fraud/abuse information in case file may be accessed	1/1/2019
<a href="#"><u>89 IAC 240.550</u></a>	Person-Centered Planning Process	Update to reflect federal settings requirements, including documentation that participant has been informed and provided choice of all available services and supports	1/1/2019
<a href="#"><u>89 IAC 240.730</u></a>	Person-Centered Plan of Care	Update to reflect federal settings requirements, including person-centered summarization of options and vendors available to the participant	1/1/2019
<a href="#"><u>89 IAC 240.1550</u></a>	Standard Requirements for Adult Day Service Providers	Update to reflect federal settings requirements	1/1/2019

<b>DIVISION OF SPECIALIZED CARE FOR CHILDREN, UNIVERSITY OF ILLINOIS AT CHICAGO MEDICALLY FRAGILE, TECHNOLOGY DEPENDENT CHILDREN WAIVER</b>
<b>Note: None of the settings requirements are applicable, MFTD Waiver Services are delivered in home</b>

ILLINOIS DEPARTMENT OF HUMAN SERVICES, DIVISION OF DEVELOPMENTAL DISABILITIES ADULTS WITH DEVELOPMENTAL DISABILITIES, CHILDREN AND YOUNG ADULTS WITH DEVELOPMENTAL DISABILITIES – SUPPORT AND RESIDENTIAL WAIVERS			
<u>Forms and Policies</u>			
Form	Rights of Individuals	Revised 6/2017	
Form	Personal Plan	New 7/2017, Revised 7/2022	
Form	Discovery Tool	New 11/2017 Revised 7/2022	
Policy	Person Centered Planning Policy and Guidelines	New 7/2017 Revised 7/2022	
Policy	Implementation Strategies Guidelines	Updated 6/2018 Revised 7/2022	
Policy	DD Community Services Agreement Attachment A	7/2018	
Policy	DDD Waiver Manual	July 2022.	
<u>Rule 115 – Standards and Licensure Requirements for CILAs</u>			
<a href="#">59 IAC 115.120</a>	Definitions	Various Updates	Re-posted for JCAR 1 <sup>st</sup> Notice June 2022.
<a href="#">59 IAC 115.200</a>	Description	Add language to expand on individual rights/compliance with federal settings requirements	
<a href="#">59 IAC 115.220</a>	Provider Support Team	Update to reflect federal settings requirements, including participant driven planning and activities	
<a href="#">59 IAC 115.250</a>	Individual rights and confidentiality	Add language to strengthen this section	
<a href="#">59 IAC 115.300</a>	Environmental management of living arrangements	Add language about furnishing, access	
<u>Rule 119 – Minimum Standards for Certification of Community Day Services Programs</u>			
<a href="#">59 IAC 119</a>	Community Day Services	Add settings language	Anticipate posting to JCAR for 1 <sup>st</sup> Notice by December 2022.
<a href="#">59 IAC 119.205</a>	Criteria for Participation of Individuals	Delete outdated language	
<a href="#">59 IAC 119.232</a>	Work activities	Add options and community access language	
<a href="#">59 IAC 119.240</a>	Special Training Procedures	Add language regarding freedom from coercion and restraint	
<u>Rule 120 – Medicaid HCBS Waiver Program for Individuals with Developmental Disabilities</u>			
<a href="#">59 IAC 120.10</a>	Definitions	Various updates, including definition of Children’s Group Home and federal settings requirements	Anticipate posting to JCAR for 1 <sup>st</sup> Notice by January 2023.
<a href="#">59 IAC 120.70</a>	Service provider requirements	Update to reflect federal settings requirements	
<a href="#">59 IAC 120.80</a>	Program assurances	Add language regarding individual choice to this section	
<a href="#">59 IAC 120.100</a>	Overview (under Individual Rights and Responsibilities)	Incorporate a statement of individuals’ rights and protections	

<b>ILLINOIS DEPARTMENT OF HUMAN SERVICES, DIVISION OF REHABILITATION SERVICES PERSONS WITH BRAIN INJURY, PERSONS WITH DISABILITIES, PERSONS WITH HIV/AIDS WAIVERS</b>			
<b><u>Forms and Policies</u></b>			
Form/in WebCM	Home Services Program Service Plan		June 2022
Form/in WebCM	Home Services Program Application and Redetermination of Eligibility Agreement		
<b><u>Rule 676 – Program Description</u></b>			
<a href="#">59 IAC 676.30</a>	Definitions	Various updates	1/24/2019
<b><u>Rule 677 – Customer Rights and Responsibilities</u></b>			
<a href="#">89 IAC 677.10</a>	Assurance of Customer Rights	Include written customer acknowledgement of rights	1/24/2019
<a href="#">89 IAC 677.40</a>	Freedom of Choice	Include consumer participation in planning	Posted to JCAR for 1 <sup>st</sup> Notice 05/2022
<a href="#">89 IAC 677.100</a>	Home Care Bill of Rights	Add new section to include consumer rights of dignity, informed choice	Posted to JCAR for 1 <sup>st</sup> Notice 05/2022
<b><u>Rule 684 – Service Planning and Provision</u></b>			
<a href="#">89 IAC 684.10</a>	Service Plan	Include consumer participation and choice	1/24/2019
<b><u>Rule 686 – Provider Requirements, Type Services and Rates of Payment</u></b>			
<a href="#">89 IAC 686.100</a>	Adult Day Care Provider Requirements	Require HCBS setting compliance	Posted to JCAR for 1 <sup>st</sup> Notice 05/2022
<a href="#">89 IAC 686.910</a>	AIDS Case Management Provider Responsibilities	Include consumer participation in service plan	1/24/2019
<a href="#">89 IAC 686.1010</a>	Brain Injury Case Management Provider Responsibilities	Include consumer participation in service plan	1/24/2019
<a href="#">89 IAC 686.1200</a>	Day Habilitation Services Provider Requirements	Require HCBS setting compliance	Posted to JCAR for 1 <sup>st</sup> Notice 05/2022
<a href="#">89 IAC 686.1300</a>	Brain Injury Prevocational Services Provider Requirements	Require HCBS setting compliance	
<b>ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES SUPPORTIVE LIVING PROGRAM WAIVER</b>			
<b><u>Forms and Policies</u></b>			
Form	Supportive Living Program Application		8/2016
Form	Interim Certification Review Tool		6/2017
Form	Annual Certification Review Tool		6/2017
Form/Policy	Person-Centered Plan and Process		7/2017
<b><u>Rule 146 – Specialized Health Care Delivery Systems</u></b>			
<a href="#">89 IAC 146.205</a>	Definitions	Various updates	Anticipate posting to JCAR for 1 <sup>st</sup> Notice by January 2023
<a href="#">89 IAC 146.220</a>	Resident Participation Requirements	Add documentation requirement for resident choice in file	
<a href="#">89 IAC 146.230</a>	Services	Add language regarding making food available at all times	
<a href="#">89 IAC 146.245</a>	Assessment and Service Plan and Quarterly Evaluation	Update to reflect federal settings requirements	
<a href="#">89 IAC 146.250</a>	Resident Rights	Require client permission for entry into apartment, documentation of roommate choice, update to allow visitors “at any time”	

## Appendix B - 1: System Remediation Grid

### Illinois Department on Aging HCBS Waiver Programs

The system grid describes the impact of the federal regulation on applicable State statutes, 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	Setting	Areas of Compliance	Statute	Remediation Required	Action Steps	Timeline*
<p><b>HCBS Setting Quality 1: <a href="#">(42 CFR 441.301(c)(4)(i))</a></b></p> <p><b>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, engage in community life, control personal resources, and receive services in the community to the same degree of access as individuals not receiving Medicaid HCBS.</b></p>	<p><b>Adult Day Service (ADS)— services:</b></p> <p>a) Assessment of the participant's strengths and needs and development of an individual written person-centered plan of care for each participant</p> <p>b) A balance of purposeful activities to meet the participant's interrelated</p>		<p><a href="#">20 ILCS 105/4.02</a> Illinois Act on the Aging</p>	<p><a href="#">89 IAC 240.1550</a> Standard Requirements for Adult Day Service Providers (update to include this requirement)</p> <hr/> <p><b><u>Adult Day Service (ADS) Health and Safety Policy</u></b> updated to:</p> <p>a) Ensure Adult Day Service (ADS) Settings broker and post local transportation resources, Community Events, and Volunteer/Work opportunities; and</p> <p>b) To require use of Elopement Risk Assessments to impose delayed egress on any individual customer.</p> <p>c) IDoA conducted a review and training on the updated policy with ADS providers on 06/30/22.</p>	<p><b>Rule Process:</b> Utilize rule development and filing processes which includes individuals, advocates, and providers.</p> <p>Significant changes were made to numerous sections in Rule 240 (see 42 Illinois Register 20653).</p> <hr/> <p><b>Policies:</b> Review and update provider agreements.</p> <p>Review and update policies, forms and participant brochures.</p> <p>Review and update managed care contracts.</p>	<p>Proposed rules filed January 2018; final rules effective 1/1/2019. Completed.</p> <hr/> <p>April 2018 – March 2019 Completed.</p> <p>Aug. 2018 – July. 2022 Completed.</p> <hr/> <p>June 2019 – Dec. 2019 Completed.</p>

	<p>needs and interests</p> <p>c) Assistance with or supervision of activities of daily living</p> <p>d) Provision of health-related services</p> <p>e) Provision of a daily meal</p> <p>f) Agency provision or arrangement for transportation</p> <p>g) Provision of emergency care as appropriate</p> <p>h) critical incident reporting</p> <p>i) Ancillary services</p> <p>k) Skilled nursing services</p>			<p>d) The updated policy became effective on 07/01/2022.</p> <p><b><u>Adult Day Service (ADS) Elopement Risk Assessment Form</u></b></p> <p>a) Developed to address requirement for individualized assessment for imposition of delayed egress/controlled exit</p> <p>b) IDoA conducted a review of the tool on the form on 06/30/2022.</p> <p>c) Required use of form became effective 07/01/2022</p>	<hr/> <p><b>Training:</b> Issue guidance to impacted providers and case management entities.</p> <p>Provide training to managed care organizations.</p> <hr/> <p><b>Ongoing Compliance:</b> On site provider reviews incorporate monitoring of HCBS rule compliance.</p>	<hr/> <p>June 2019 – July 2022 Completed.</p> <p>March 2016 Completed.</p> <hr/> <p>November 2019 and ongoing</p>
--	--	--	--	--	--	---

	l) Shopping assistance  m) Escort to medical and social services					
<p><b>HCBS Setting Quality 2: (<a href="#">42 CFR 441.301(c)(4)(ii)</a>)</b></p> <p><b>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.</b></p>	<p><b>Adult Day Service (ADS)</b> * see services listed in first row</p>	<p><a href="#">20 ILCS 105/4.02</a> Illinois Act on the Aging</p>	<p><a href="#">89 IAC 240.550</a> – New Rule Person-Centered Planning Process (new rule to outline person-centered planning requirements per federal guidelines)</p> <p><a href="#">89 IAC 240.730</a> Person-Centered Plan of Care (plan must summarize options and vendors available to the client)</p> <p><a href="#">89 IAC 240.1550</a> Standard Requirements for Adult Day Service Providers (update to include this requirement)</p>	<p><b>Rule Process:</b> Utilize rule development and filing processes which includes individuals, advocates, and providers.</p> <p>Significant changes were made to numerous sections in Rule 240 (see 42 Illinois Register 20653).</p> <hr/> <p><b>Policies:</b> Review and update provider agreements.</p> <p>Review and update policies, forms and participant brochures.</p> <p>Review and update managed care contracts.</p> <hr/> <p><b>Training:</b> Issue guidance to impacted providers and case management entities.</p> <p>Provide training to managed care organizations.</p>	<p>Proposed rules filed January 2018; final rules effective 1/1/2019. Completed.</p> <hr/> <p>April 2018 – March 2019 Completed.</p> <p>Aug. 2018 – Oct. 2019 Completed.</p> <hr/> <p>June 2019 – Dec. 2019 Completed.</p> <hr/> <p>June 2019 – October 2019 Completed.</p> <hr/> <p>March 2016</p>	

					<b>Ongoing Compliance:</b> On site provider reviews incorporate monitoring of HCBS rule compliance.	Completed November 2019 and ongoing
<p><b>HCBS Setting Quality 3: <a href="#">(42 CFR 441.301(c)(4)(iii))</a></b></p> <p><b>Ensures an individual’s personal rights of privacy, dignity, respect, and freedom from coercion and restraint.</b></p>	<p><b>Adult Day Service (ADS)</b> * see services listed in first row</p>		<p><a href="#">20 ILCS 105/4.02</a> Illinois Act on the Aging</p>	<p><a href="#">89 IAC 240.340</a> Confidentiality/Safeguarding of Case Information (clarify that health/safety and fraud/abuse information in case file may be accessed)</p> <p><a href="#">89 IAC 240.1550</a> Standard Requirements for Adult Day Service Providers (update to include this requirement)</p> <p><b><u>Adult Day Service (ADS) Health and Safety Policy</u></b> updated to:</p> <ol style="list-style-type: none"> <li>Ensure Adult Day Service (ADS) Settings broker and post local transportation resources, Community Events, and Volunteer/Work opportunities; and</li> <li>To require use of Elopement Risk Assessments to impose delayed egress on any individual customer.</li> <li>IDoA conducted a review and training on the updated policy with ADS providers on 06/30/22.</li> <li>The updated policy became effective on 07/01/2022.</li> </ol>	<p><b>Rule Process:</b> Utilize rule development and filing processes which includes individuals, advocates, and providers.</p> <p>Significant changes were made to numerous sections in Rule 240 (see 42 Illinois Register 20653).</p> <p><b>Policies:</b> Review and update provider agreements.</p> <p>Review and update policies, forms and participant brochures.</p> <p>Review and update managed care contracts.</p>	<p>Proposed rules filed January 2018; final rules effective 1/1/2019. Completed.</p> <p>April 2018 – March 2019 Completed</p> <p>Aug. 2018 – July 2022 Completed.</p> <p>June 2019 – Dec. 2019 Completed.</p>



				<p><b>Adult Day Service (ADS) Elopement Risk Assessment Form</b></p> <p>a) Developed to address requirement for individualized assessment for imposition of delayed egress/controlled exit</p> <p>b) IDoA conducted a review of the tool on the form on 06/30/2022.</p> <p>c) Required use of form became effective 07/01/2022</p>	<hr/> <p><b>Training:</b> Issue guidance to impacted providers and case management entities.</p> <hr/> <p>Provide training to managed care organizations.</p> <hr/> <p><b>Ongoing Compliance:</b> On site provider reviews incorporate monitoring of HCBS rule compliance.</p>	<hr/> <p>June 2019 – July 2022 Completed</p> <hr/> <p>March 2016 Completed.</p> <hr/> <p>November 2019 and ongoing</p>
<p><b>HCBS Setting Quality 4: <a href="#">(42 CFR 441.301(c)(4)(iv))</a></b></p> <p><b>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</b></p>	<p><b>Adult Day Service (ADS)</b></p> <p>* see services listed in first row</p>		<p><a href="#">20 ILCS 105/4.02</a> Illinois Act on the Aging</p>	<p><a href="#">89 IAC 240.1550</a> Standard Requirements for Adult Day Service Providers (update to include this requirement)</p> <hr/> <p><b>Adult Day Service (ADS) Health and Safety Policy</b></p> <p>updated to:</p> <p>a) Ensure Adult Day Service (ADS) Settings broker and post local</p>	<p><b>Rule Process:</b> Utilize rule development and filing processes which includes individuals, advocates, and providers.</p> <p>Significant changes were made to numerous sections in Rule 240 (see 42 Illinois Reg. 20653).</p> <hr/> <p><b>Policies:</b></p> <p>Review and update provider agreements.</p>	<p>Proposed rules filed January 2018; final rules effective 1/1/2019. Completed.</p> <hr/> <p>April 2018 – March 2019 Completed.</p>

<p><b>with whom to interact.</b></p>				<p>transportation resources, Community Events, and Volunteer/Work opportunities; and</p> <p>b) To require use of Elopement Risk Assessments to impose delayed egress on any individual customer.</p> <p>c) IDoA conducted a review and training on the updated policy with ADS providers on 06/30/22.</p> <p>d) The updated policy became effective on 07/01/2022.</p> <p><b><u>Adult Day Service (ADS) Elopement Risk Assessment Form</u></b></p> <p>a) Developed to address requirement for individualized assessment for imposition of delayed egress/controlled exit</p> <p>b) IDoA conducted a review of the tool on the form on 06/30/2022.</p> <p>c) Required use of form became effective 07/01/2022</p>	<p>Review and update policies, forms and participant brochures.</p> <p>Review and update managed care contracts.</p> <hr/> <p><b>Training:</b> Issue guidance to impacted providers and case management entities.</p> <p>Provide training to managed care organizations.</p> <hr/> <p><b>Ongoing Compliance:</b> On site provider reviews incorporate monitoring of HCBS rule compliance.</p>	<p>Aug. 2018 – July 2022 Completed.</p> <p>June 2019 – Dec. 2019 Completed.</p> <p>June 2019 – July 2022 Completed.</p> <p>March 2016 Completed.</p> <p>November 2019 and ongoing</p>
<p><b>HCBS Setting Quality 5: <a href="#">(42 CFR 441.301(c)(4)(v))</a></b></p> <p><b>Facilitates individual choice regarding services and supports, and who provides them.</b></p>	<p><b>Adult Day Service (ADS)</b> * see services listed in first row</p>	<p><a href="#">89 IAC 240.330</a> Freedom of Choice (clients may decline services)</p>	<p><a href="#">20 ILCS 105/4.02</a> Illinois Act on the Aging</p>	<p><a href="#">89 IAC 240.330</a> Freedom of Choice (add client right to be informed of all services/providers)</p> <p><a href="#">89 IAC 240.550</a> will include a new section regarding the Community Care Program rule on person centered planning and that the participant has been informed and</p>	<p><b>Rule Process:</b> Utilize rule development and filing processes which includes individuals, advocates, and providers.</p> <p>Significant changes were made to numerous sections in Rule 240 (see 42 Illinois Register 20653).</p>	<p>Proposed rules filed January 2018; final rules eff. 1/1/2019. Completed.</p>

				<p>provided choice of all available services and supports.</p> <p><a href="#">89 IAC 240.1550</a> Standard Requirements for Adult Day Service Providers (update to include this requirement)</p>	<p><b>Policies:</b> Review and update provider agreements.</p> <p>Review and update policies, forms and participant brochures.</p> <p>Review and update managed care contracts.</p> <hr/> <p><b>Training:</b> Issue guidance to impacted providers and case management entities.</p> <p>Provide training to managed care organizations.</p> <hr/> <p><b>Ongoing Compliance:</b> On site provider reviews incorporate monitoring of HCBS rule compliance.</p>	<p>April 2018 – March 2019 Completed.</p> <p>Aug. 2018 – Oct. 2019 Completed.</p> <p>June 2019 – Dec. 2019 Completed.</p> <hr/> <p>June 2019 – October 2019 Completed.</p> <p>March 2016 Completed.</p> <hr/> <p>November 2019 and ongoing</p>
<p><b>Provider Owned or Controlled Residential Setting Quality 1: <a href="#">(42 CFR 441.301(c)(vi)(A)</a></b></p>				<p><b>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 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.</b></p>		<p><b>Note: None of the residential settings requirements are applicable, the Aging Waiver is non-residential or services delivered in does not include Services are delivered in home</b></p>

<p><b>Provider Owned or Controlled Residential Setting Quality 2: <a href="#">(42 CFR 441.301(c)(vi)(B)(1))</a></b></p> <p><b>Privacy: Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors.</b></p>
<p><b>Provider Owned or Controlled Residential Setting Quality 3: <a href="#">(42 CFR 441.301(c)(vi)(B)(2))</a></b></p> <p><b>Privacy: Individuals sharing units have a choice of roommates in that setting.</b></p>
<p><b>Provider Owned or Controlled Residential Setting Quality 4: <a href="#">(42 CFR 441.301(c)(vi)(B)(3))</a></b></p> <p><b>Privacy: Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.</b></p>
<p><b>Provider Owned or Controlled Residential Setting Quality 5: <a href="#">(42 CFR 441.301(c)(vi)(C))</a></b></p> <p><b>Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.</b></p>
<p><b>Provider Owned or Controlled Residential Setting Quality 6: <a href="#">(42 CFR 441.301(c)(vi)(D))</a></b></p> <p><b>Individuals are able to have visitors of their choosing at any time.</b></p>
<p><b>Provider Owned or Controlled Residential Setting Quality 7: <a href="#">(42 CFR 441.301(c)(vi)(E))</a></b></p> <p><b>The setting is physically accessible to the individual.</b></p>

Links to the relevant information are below:

Rule 240 – Community Care Program Illinois Administrative Code Title 89:  
<http://www.ilga.gov/commission/jcar/admincode/089/08900240sections.html>

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

## Appendix B - 2: 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	Setting	Areas of Compliance	Statute	Remediation Required	Action Steps	Timeline*
<p><b>Note: None of the settings requirements are applicable, MFTD Waiver Services are delivered in home</b></p>	<p><b>all services are performed in the individual’s private home:</b></p> <ul style="list-style-type: none"> <li>a) Respite</li> <li>b) Specialized Medical Equipment and Supplies</li> <li>c) Environmental Accessibility Adaptations</li> <li>d) Family Training</li> <li>e) In-Home Shift Nursing for adults over age 21</li> <li>f) Certified Nursing Assistant (CNA) for adults over age 21</li> <li>g) Nurse Training</li> </ul>				<p><b>Ongoing Compliance:</b></p> <p>Continuous Care Coordination through DSCC.</p> <p>Record reviews incorporate monitoring of HCBS rule compliance.</p> <p>Family Surveys are disseminated at initial enrollment, annually, at transition, and upon exit from the waiver program to gauge family and participant satisfaction.</p>	<p>September 2018 and ongoing</p>

	h) Placement Maintenance Counseling Services					
<p><b>HCBS Setting Quality 1: <a href="#">(42 CFR 441.301(c)(4)(i))</a></b></p> <p>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, engage in community life, control personal resources and receive services in the community to the same degree of access as individuals not receiving Medicaid HCBS.</p>						
<p><b>HCBS Setting Quality 2: <a href="#">(42 CFR 441.301(c)(4)(ii))</a></b></p> <p>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.</p>						
<p><b>HCBS Setting Quality 3: <a href="#">(42 CFR 441.301(c)(4)(iii))</a></b></p> <p>Ensures an individual’s personal rights of privacy, dignity, respect, and freedom from coercion and restraint.</p>						
<p><b>HCBS Setting Quality 4: <a href="#">(42 CFR 441.301(c)(4)(iv))</a></b></p> <p>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.</p>						
<p><b>HCBS Setting Quality 5: <a href="#">(42 CFR 441.301(c)(4)(v))</a></b></p> <p>Facilitates individual choice regarding services and supports, and who provides them.</p>						

**Provider Owned or Controlled Residential Setting Quality 1: [\(42 CFR 441.301\(c\)\(vi\)\(A\)\)](#)**

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 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\(c\)\(vi\)\(B\)\(1\)\)](#)**

**Privacy:** Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors.

**Provider Owned or Controlled Residential Setting Quality 3: [\(42 CFR 441.301\(c\)\(vi\)\(B\)\(2\)\)](#)**

**Privacy:** Individuals sharing units have a choice of roommates in that setting.

**Provider Owned or Controlled Residential Setting Quality 4: [\(42 CFR 441.301\(c\)\(vi\)\(B\)\(3\)\)](#)**

**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\(c\)\(vi\)\(C\)\)](#)**

Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.

**Provider Owned or Controlled Residential Setting Quality 6: [\(42 CFR 441.301\(c\)\(vi\)\(D\)\)](#)**

Individuals are able to have visitors of their choosing at any time.

**Provider Owned or Controlled Residential Setting Quality 7: [\(42 CFR 441.301\(c\)\(vi\)\(E\)\)](#)**

The setting is physically accessible to the individual.

Links to the relevant information are below:

89 IAC Rule 120.530 - Home and Community Based Services Waivers for Medically Fragile, Technology Dependent, Disabled Persons  
<http://www.ilga.gov/commission/jcar/admincode/089/089001200105300R.html>

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



## Appendix B - 3: System Remediation Grid

### Department of Human Services' Division of Developmental Disabilities HCBS Waiver Programs

The system grid describes the impact of the federal regulation on applicable State statutes, 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	Setting	Areas of Compliance	Statute	Remediation Required	Action Steps	Timeline*
<p><b>HCBS Setting Quality 1: <a href="#">(42 CFR 441.301(c)(4)(i))</a></b></p> <p><b>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, engage in community life, control personal resources and receive services in the community to the same degree of access as individuals not receiving Medicaid HCBS.</b></p>	<p><b>Community Integrated Living Arrangement (CILA)</b>--services include:</p> <p>a) Individually tailored supports that assist with the acquisition, retention, or improvement in skills related to living in the community</p> <p>b) Food services</p> <p>c) skills training programs</p> <p>d) 24-hour stabilization services</p>	<p><b>CILA</b> <a href="#">59 IAC 115.200</a> Description (community-based)</p> <p><a href="#">59 IAC 115.220</a> Provider support team (team must assist client in making relationships in the community, must assist with employment)</p>	<p><a href="#">210 ILCS 135 (CILA)</a> <a href="#">20 ILCS 1705/15.2 (DT)</a></p>	<p><b>CILA</b> <a href="#">59 IAC 115.120</a> Definitions</p> <p><a href="#">59 IAC 115.200</a> Description (add community access language)</p> <p><b>Community Day Services</b> <a href="#">59 IAC 119.232</a> Work activities (add options and community access language)</p> <p><b>Children's Residential Services</b> <a href="#">59 IAC 120.40(b)</a> Description of Residential Habilitation services to include children/young adults; community inclusion. Anticipated completed date of 11/30/2021.</p>	<p><b>Rule Process:</b> Utilize rule development and filing processes which includes individuals, advocates, and providers. Rule revision drafting continues, as well as work with the DD Regulatory Advisory Board.</p> <p>Timeframes governed by IL rulemaking process.</p>	<p>Rule 115 posted for 1<sup>st</sup> Notice in JCAR June 2022. Complete.</p> <hr/> <p>Anticipate posting Rule 119 for JCAR 1<sup>st</sup> Notice by December 2022.</p> <hr/> <p>Anticipate posting Rule 120 for JCAR 1<sup>st</sup> Notice by January 2023.</p>

	<p>e) Personal care and protective oversight</p> <p>f) Continuous or intermittent supervision or support</p> <p>g) Residential habilitation services</p> <p>h) Nursing services</p> <p>i) Environmental management of living arrangements</p> <p>j) Presence of a Community Support Team responsible for assessment, planning, coordination, and delivery of services; including brokerage of community resources and services, education and advocacy</p>			<p><b>Waiver Document:</b> Include language regarding settings requirements as described in <a href="#">42 CFR 441.301(c)(4) and (5)</a></p>	<p><b>Policies:</b> Modify DDD Waiver Manual. Updates will be made according to federal rules, state rule revisions and pending waiver approval.</p> <p>Review and update provider agreements – Federal Rule References in FY2019 and FY2020 DD Community Services Agreement Attachment A.</p> <p>Issue updated manual and other guidance to impacted providers and case management entities.</p> <p>Review and update policies and forms.</p> <hr/> <p><b>Training:</b> Settings training for DDD staff, made available to stakeholders via DHS website</p> <p>Settings 101 training for DHS Administrators</p> <p>Settings 101 training for BALC Surveyors, DDD-BQM Quality Reviewers</p> <p>Settings 101 Training for All Division of DD Staff</p> <hr/> <p><b>Waiver Modification:</b> Settings language amended into Adults with DD and Children’s Residential Services Waivers.</p>	<p>Completed July 2022.</p> <p>July 2018 – April 2022</p> <p>July 2022.</p> <p>January 2023</p> <p>Completed January 2016</p> <p>Completed August 2019</p> <p>Completed September 2019</p> <p>Completed January 2020</p> <p>Completed Amendments effective July 1, 2017</p>
--	--	--	--	--	---	---

	<p>services to participants and families.</p> <p>k) Medical services and medications</p> <p><b>Community Living Facility (CLF)</b>—services include:</p> <p>a) Individually tailored supports that assist with the acquisition, retention, or improvement in skills related to living in the community</p> <p>b) Food services</p> <p>c) skills training programs</p> <p>d) 24-hour stabilization services</p> <p>e) Personal care and protective oversight</p>				<p><b>Ongoing Compliance:</b> On site provider reviews incorporate monitoring of HCBS rule compliance.</p>	<p>Ongoing</p>
--	---	--	--	--	--	----------------

	<p>f) Continuous or intermittent supervision or support</p> <p>g) Residential habilitation services</p> <p>h) Nursing services</p> <p>i) Environmental management of living arrangements</p> <p>j) Presence of a Community Support Team responsible for assessment, planning, coordination, and delivery of services; including brokerage of community resources and services, education and advocacy services to participants and families.</p>					
--	--	--	--	--	--	--

	<p>k) Medical services and medication</p> <p><b>Community Day Services (formerly known as Developmental Training)</b>— services include:</p> <p>a) Day habilitation that assists with the acquisition, retention, or improvement in self-help, socialization, and adaptive skills.</p> <p>b) transportation to and from the program</p> <p>c) minimum of four hours of programming on a regularly scheduled basis, one or more days per week</p>					
--	--	--	--	--	--	--

	<p>d) person-centered service planning</p> <p>e) work activities in individualized integrated employment or self-employment</p> <p>f) specialized training to address problematic or maladaptive behavior</p> <p><b>Child Group Home (CGH)—</b> services include:</p> <p>a) 24-hour residential supports</p> <p>b) Case management and individually tailored services that assist with the acquisition, retention, or</p>					
--	---	--	--	--	--	--

	<p>improvement in skills related to living in the community.</p> <p>c) personal care and protective oversight and supervision</p> <p>d) Services to reduce maladaptive behaviors</p>					
<p><b>HCBS Setting Quality 2:</b> <a href="#">(42 CFR 441.301(c)(4)(ii))</a></p> <p>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.</p>	<p><b>Community Integrated Living Arrangement (CILA)*</b> see services listed in first row</p> <p><b>Community Living Facility (CLF)*</b> see services listed in first row</p> <p><b>Community Day Services (formerly known as Developmental Training)*</b> see services listed in first row</p>	<p><b>CILA</b> <a href="#">59 IAC 115.200</a> Description (home chosen among options available to general public)</p> <p><a href="#">59 IAC 115.210</a> Criteria for participation of individuals (individual signs Personal Plan)</p> <p><a href="#">Person Centered Planning Policy and Guidelines for DD Waiver Services</a></p>	<p><a href="#">210 ILCS 135 (CILA)</a> <a href="#">20 ILCS 1705/15.2 (DT)</a></p>	<p><b>CILA</b> <a href="#">59 IAC 115.220</a> Provider support team (add new settings language)</p> <p><b>Community Day Services</b> <a href="#">59 IAC 119</a> (add new settings language)</p>	<p><b>Rule Process:</b> Utilize rule development and filing processes which includes individuals, advocates, and providers. Rule revision drafting continues, as well as work with the DD Regulatory Advisory Board.</p> <p>Timeframes governed by IL rulemaking process.</p> <hr/> <p><b>Policies:</b> Modify DDD Waiver Manual. Updates will be made according to federal rules, state rule revisions and pending waiver approval.</p> <p>Review and update provider agreements – Federal Rule References</p>	<p>Posted for 1<sup>st</sup> Notice in JCAR June 2022. Complete.</p> <hr/> <p>Anticipate posting Rule 119 for JCAR 1<sup>st</sup> Notice by December 2022.</p> <hr/> <p>Completed July 2022.</p> <hr/> <p>July 2018 – July 2022</p>

	<p><b>Child Group Home (CGH)*</b> see services listed in first row</p>				<p>in FY2019 and FY2020 DD Community Services Agreement Attachment A.</p> <p>Issue updated manual and other guidance to impacted providers and case management entities.</p> <p>Review and update policies and forms.</p> <hr/> <p><b>Training:</b> Settings training for DDD staff, made available to stakeholders via DHS website</p> <p>Settings 101 training for DHS Administrators</p> <p>Settings 101 training for BALC Surveyors, DDD-BQM Quality Reviewers</p> <p>Settings 101 Training for All Division of DD Staff</p> <hr/> <p><b>Ongoing Compliance:</b> On site provider reviews incorporate monitoring of HCBS rule compliance.</p>	<p>July 2022.</p> <p>January 2023</p> <hr/> <p>Completed January 2016</p> <p>Completed August 2019</p> <p>Completed September 2019</p> <p>Completed January 2020</p> <hr/> <p>Ongoing</p>
<p><b>HCBS Setting Quality 3:</b> <a href="#">(42 CFR 441.301(c)(4)(iii))</a></p> <p><b>Ensures an individual’s personal rights of privacy, dignity, respect, and freedom from coercion and restraint.</b></p>	<p><b>Community Integrated Living Arrangement (CILA)*</b> see services listed in first row</p>	<p>59 IAC 120.100 Overview (individuals advised of their rights)</p> <p><b>CILA</b> <a href="#">59 IAC 115.200</a> Description</p>	<p><a href="#">210 ILCS 135 (CILA)</a> <a href="#">20 ILCS 1705/15.2 (DT)</a></p>	<p><b>CILA</b> <a href="#">59 IAC 115.200</a> Description (add language to expand on individual rights)</p> <p><b>Community Day Services</b> <a href="#">59 IAC 119.240</a></p>	<p><b>Rule Process:</b> Utilize rule development and filing processes which includes individuals, advocates, and providers. Rule revision drafting continues, as well as work with the DD Regulatory Advisory Board.</p> <p>Timeframes governed by IL rulemaking process.</p>	<p>Posted for 1<sup>st</sup> Notice in JCAR June 2022. Complete.</p> <hr/> <p>Anticipate posting Rule</p>



	<p><b>Community Living Facility (CLF)*</b> see services listed in first row</p> <p><b>Community Day Services (formerly known as Developmental Training)*</b> see services listed in first row</p> <p><b>Child Group Home (CGH)*</b> see services listed in first row</p>	(clients to be given rights of other citizens)		<p>(add coercion/restraint language)</p> <p><a href="#">HCBS Waiver Program 59 IAC 120.100</a></p> <p>Overview (add language to incorporate a statement of individuals’ rights and protections)</p>	<hr/> <p><b>Policies:</b> Modify DDD Waiver Manual. Updates will be made according to federal rules, state rule revisions and pending waiver approval.</p> <p>Modify “Rights of Individuals” Form (IL462-1201)</p> <p>Review and update provider agreements – Federal Rule References in FY2019 and FY2020 DD Community Services Agreement Attachment A.</p> <p>Issue updated manual and other guidance to impacted providers and case management entities.</p> <p>Review and update policies and forms.</p> <hr/> <p><b>Training:</b> Settings training for DDD staff, made available to stakeholders via DHS website</p>	<p>119 for JCAR 1st Notice by December 2022.</p> <hr/> <p>Anticipate posting Rule 120 for JCAR 1<sup>st</sup> Notice by January 2023.</p> <hr/> <p>Nov. 2019 – July 2022</p> <p>July 2022</p> <p>July 2018 – July 2022</p> <p>July 2022</p> <p>January 2023</p> <hr/> <p>Completed January 2016</p>
--	--	--	--	---	--	---

					<p>Settings 101 training for DHS Administrators</p> <p>Settings 101 training for BALC Surveyors, DDD-BQM Quality Reviewers</p> <p>Settings 101 Training for All Division of DD Staff</p> <hr/> <p><b>Ongoing Compliance:</b> On site provider reviews incorporate monitoring of HCBS rule compliance.</p>	<p>Completed August 2019</p> <p>Completed September 2019</p> <p>Completed January 2020</p> <hr/> <p>Ongoing</p>
<p><b>HCBS Setting Quality 4:</b> <a href="#">(42 CFR 441.301(c)(4)(iv))</a></p> <p><b>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.</b></p>	<p><b>Community Integrated Living Arrangement (CILA)*</b> see services listed in first row</p> <p><b>Community Living Facility (CLF)*</b> see services listed in first row</p> <p><b>Community Day Services (formerly known as Developmental Training)*</b> see services listed in first row</p>	<p><b>CILA</b> <a href="#">59 IAC 115.200</a> Description (community-integrated)</p>	<p><a href="#">210 ILCS 135 (CILA)</a> <a href="#">20 ILCS 1705/15.2 (DT)</a></p>	<p><b>CILA</b> <a href="#">Section 115.220</a> Provider support team (Modify this section to focus less on the Provider Support Team concept and more on participant-driven planning and activities)</p> <p><a href="#">HCBS Waiver Program</a> <a href="#">59 IAC 120.70</a> Service provider requirements (add language to incorporate this section of the federal rule)</p>	<p><b>Rule Process:</b> Utilize rule development and filing processes which includes individuals, advocates, and providers. Rule revision drafting continues, as well as work with the DD Regulatory Advisory Board.</p> <p>Timeframes governed by IL rulemaking process.</p> <hr/> <p><b>Policies:</b> Modify DDD Waiver Manual. Updates will be made according to federal rules, state rule revisions and pending waiver approval.</p>	<p>Posted for 1st Notice in JCAR June 2022. Complete.</p> <p>Anticipate posting Rule 120 for JCAR 1st Notice by January 2023.</p> <hr/> <p>Nov. 2019 – July 2022</p>

	<p><b>Child Group Home (CGH)*</b> see services listed in first row</p>				<p>Review and update provider agreements – Federal Rule References in FY2019 and FY2020 DD Community Services Agreement Attachment A.</p> <p>Issue updated manual and other guidance to impacted providers and case management entities.</p> <p>Review and update policies and forms.</p> <hr/> <p><b>Training:</b> Settings training for DDD staff, made available to stakeholders via DHS website</p> <p>Settings 101 training for DHS Administrators</p> <p>Settings 101 training for BALC Surveyors, DDD-BQM Quality Reviewers</p> <p>Settings 101 Training for All Division of DD Staff</p> <hr/> <p><b>Ongoing Compliance:</b> On site provider reviews incorporate monitoring of HCBS rule compliance.</p>	<p>July 2018 – July 2022</p> <p>July 2022</p> <p>January 2023</p> <hr/> <p>Completed January 2016</p> <p>Completed August 2019</p> <p>Completed September 2019</p> <p>Completed January 2020</p> <hr/> <p>Ongoing</p>
<p><b>HCBS Setting Quality 5:</b> <a href="#">(42 CFR 441.301(c)(4)(v))</a></p> <p><b>Facilitates individual choice regarding</b></p>	<p><b>Community Integrated Living Arrangement (CILA)*</b> see services listed in first row</p>	<p><b>CILA</b> <a href="#">59 IAC 115.200</a> Description (services oriented to individual)</p>	<p><a href="#">210 ILCS 135 (CILA)</a> <a href="#">20 ILCS 1705/15.2 (DT)</a></p>	<p><b>Community Day Services</b> <a href="#">59 IAC 119.205</a> Criteria for Participation of Individuals (delete this outdated language)</p>	<p><b>Rule Process:</b> Utilize rule development and filing processes which includes individuals, advocates, and providers. Rule revision drafting continues, as well as work with the DD Regulatory Advisory Board.</p>	<p>Anticipate posting Rule 119 for JCAR 1st Notice by December 2022.</p>

<p><b>services and supports, and who provides them.</b></p>	<p><b>Community Living Facility (CLF)*</b> see services listed in first row</p> <p><b>Community Day Services (formerly known as Developmental Training)*</b> see services listed in first row</p> <p><b>Child Group Home (CGH)*</b> see services listed in first row</p>	<p>59 IAC 115.220 Provider support team (inform individual and include individual on team)</p> <p><a href="#">Choice of Supports and Services Form</a> (IL 462-1238) (informs individuals of right to choose among types of services)</p> <p><a href="#">Rights of Individuals Form</a> (IL462-1201) (informs individuals of right to choose among providers)</p>		<p><a href="#">HCBS Waiver Program 59 IAC 120.80</a> Program assurances (add language regarding individual choice to this section)</p>	<p>Timeframes governed by IL rulemaking process.</p> <hr/> <p><b>Policies:</b> Modify DDD Waiver Manual. Updates will be made according to federal rules, state rule revisions and pending waiver approval.</p> <p>Review and update provider agreements – Federal Rule References in FY2019 and FY2020 DD Community Services Agreement Attachment A.</p> <p>Issue updated manual and other guidance to impacted providers and case management entities.</p> <p>Review and update policies and forms.</p> <hr/> <p><b>Training:</b> Settings training for DDD staff, made available to stakeholders via DHS website</p> <p>Settings 101 training for DHS Administrators</p> <p>Settings 101 training for BALC Surveyors, DDD-BQM Quality Reviewers</p>	<p>Anticipate posting Rule 120 for JCAR 1<sup>st</sup> Notice by January 2023.</p> <hr/> <p>Nov. 2019 – April 2022</p> <p>July 2018 – July 2022</p> <p>July 2022</p> <p>January 2023</p> <hr/> <p>Completed January 2016</p> <p>Completed August 2019</p> <p>Completed September 2019</p>
---	--	---	--	--	--	---

					Settings 101 Training for All Division of DD Staff  <b>Ongoing Compliance:</b> On site provider reviews incorporate monitoring of HCBS rule compliance.	Completed January 2020  Ongoing
<p><b>Provider Owned or Controlled Residential Setting Quality 1:</b> <a href="#">(42 CFR 441.301(c)(vi)(A))</a></p> <p>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</p>	<p><b>Community Integrated Living Arrangement (CILA)*</b> see services listed in first row</p> <p><b>Community Living Facility (CLF)*</b> see services listed in first row</p> <p><b>Child Group Home (CGH)*</b> see services listed in first row</p>	<p><b>CILA</b> <a href="#">59 IAC 115.200</a> Description (Description of CILAs)</p> <p>59 IAC 115.300 Environmental management of living arrangements (listing tenant protections)</p>	<a href="#">210 ILCS 135 (CILA)</a>	<p><b>HCBS Waiver Program</b> <a href="#">59 IAC 120.70</a> Service provider requirements (add this language to this section)</p> <p><b>Waiver Document:</b> Include language regarding settings requirements as described in 42 CFR 441.301(c)(4) and (5)</p>	<p><b>Rule Process:</b> Utilize rule development and filing processes which includes individuals, advocates, and providers. Rule revision drafting continues, as well as work with the DD Regulatory Advisory Board.</p> <p>Timeframes governed by IL rulemaking process.</p> <p><b>Policies:</b> Modify DDD Waiver Manual. Updates will be made according to federal rules, state rule revisions and pending waiver approval.</p> <p>Review and update provider agreements – Federal Rule References in FY2019 and FY2020 DD Community Services Agreement Attachment A.</p> <p>Issue updated manual and other guidance to impacted providers and case management entities.</p> <p>Review and update policies and forms.</p> <p><b>Training:</b> Settings training for DDD staff, made available to stakeholders via DHS website</p>	<p>Anticipate posting Rule 120 for JCAR 1<sup>st</sup> Notice by January 2023.</p> <p>Nov. 2019 – July 2022</p> <p>July 2018 – July 2022</p> <p>July 2022</p> <p>January 2023</p> <p>Completed January 2016</p>

<p>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.</p>					<p>Settings 101 training for DHS Administrators</p> <p>Settings 101 training for BALC Surveyors, DDD-BQM Quality Reviewers</p> <p>Settings 101 Training for All Division of DD Staff</p> <hr/> <p><b>Ongoing Compliance:</b> On site provider reviews incorporate monitoring of HCBS rule compliance.</p>	<p>Completed August 2019</p> <p>Completed September 2019</p> <p>Completed January 2020</p> <hr/> <p>Ongoing</p>
<p><b>Provider Owned or Controlled Residential Setting Quality 2: <a href="#">(42 CFR 441.301(c)(vi)(B)(1))</a></b></p> <p><b>Privacy: Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors.</b></p>	<p><b>Community Integrated Living Arrangement (CILA)*</b> see services listed in first row</p> <p><b>Community Living Facility (CLF)*</b> see services listed in first row</p> <p><b>Child Group Home (CGH)*</b> see services listed in first row</p>	<p><b>CILA</b> <a href="#">59 IAC 115.200</a> Description (CILA is housing generally available to public)</p>	<p><a href="#">210 ILCS 135 (CILA)</a></p>	<p><b><a href="#">HCBS Waiver Program 59 IAC 120.70</a></b> Service provider requirements (add this language to this section)</p>	<p><b>Rule Process:</b> Utilize rule development and filing processes which includes individuals, advocates, and providers. Rule revision drafting continues, as well as work with the DD Regulatory Advisory Board.</p> <p>Timeframes governed by IL rulemaking process.</p> <hr/> <p><b>Policies:</b> Modify DDD Waiver Manual. Updates will be made according to federal rules, state rule revisions and pending waiver approval.</p> <p>Review and update provider agreements – Federal Rule References in FY2019 and FY2020 DD Community Services Agreement Attachment A.</p> <p>Issue updated manual and other guidance to impacted providers and case management entities.</p>	<p>Anticipate posting Rule 120 to JCAR for 1<sup>st</sup> Notice by January 2023.</p> <hr/> <p>Nov. 2019 – July 2022</p> <p>July 2018 – July 2022</p> <p>July 2022</p>

					<p>Review and update policies and forms.</p> <hr/> <p><b>Training:</b> Settings training for DDD staff, made available to stakeholders via DHS website</p> <p>Settings 101 training for DHS Administrators</p> <p>Settings 101 training for BALC Surveyors, DDD-BQM Quality Reviewers</p> <p>Settings 101 Training for All Division of DD Staff</p> <hr/> <p><b>Ongoing Compliance:</b> On site provider reviews incorporate monitoring of HCBS rule compliance.</p>	<p>January 2023</p> <hr/> <p>Completed January 2016</p> <p>Completed August 2019</p> <p>Completed September 2019</p> <p>Completed January 2020</p> <hr/> <p>Ongoing</p>
<p><b>Provider Owned or Controlled Residential Setting Quality 3: (<a href="#">42 CFR 441.301(c)(vi)(B)(2)</a>)</b></p> <p><b>Privacy: Individuals sharing units have a choice of roommates in that setting.</b></p>	<p><b>Community Integrated Living Arrangement (CILA)*</b> see services listed in first row</p> <p><b>Community Living Facility (CLF)*</b> see services listed in first row</p> <p><b>Child Group Home (CGH)*</b></p>	<p><b>CILA</b> <a href="#">59 IAC 115.200</a> Description (Individual chooses living situation)</p>	<p><a href="#">210 ILCS 135 (CILA)</a></p>	<p><b>HCBS Waiver Program</b> <a href="#">59 IAC 120.70</a> Service provider requirements (add this language to this section)</p>	<p><b>Rule Process:</b> Utilize rule development and filing processes which includes individuals, advocates, and providers. Rule revision drafting continues, as well as work with the DD Regulatory Advisory Board.</p> <p>Timeframes governed by IL rulemaking process.</p> <hr/> <p><b>Policies:</b> Modify DDD Waiver Manual. Updates will be made according to federal</p>	<p>Anticipate posting Rule 120 for JCAR 1<sup>st</sup> Notice by January 2023.</p> <hr/> <p>Nov. 2019 – July 2022</p>

	see services listed in first row				<p>rules, state rule revisions and pending waiver approval.</p> <p>Review and update provider agreements – Federal Rule References in FY2019 and FY2020 DD Community Services Agreement Attachment A.</p> <p>Issue updated manual and other guidance to impacted providers and case management entities.</p> <p>Review and update policies and forms.</p> <hr/> <p><b>Training:</b> Settings training for DDD staff, made available to stakeholders via DHS website</p> <p>Settings 101 training for DHS Administrators</p> <p>Settings 101 training for BALC Surveyors, DDD-BQM Quality Reviewers</p> <p>Settings 101 Training for All Division of DD Staff</p> <hr/> <p><b>Ongoing Compliance:</b> On site provider reviews incorporate monitoring of HCBS rule compliance.</p>	<p>July 2018 – July 2022</p> <p>July 2022</p> <p>January 2023</p> <hr/> <p>Completed January 2016</p> <p>Completed August 2019</p> <p>Completed September 2019</p> <p>Completed January 2020</p> <hr/> <p>Ongoing</p>
<p><b>Provider Owned or Controlled Residential Setting Quality 4: (<a href="#">42 CFR 441.301(c)(vi)(B)(3)</a>)</b></p>	<p><b>Community Integrated Living Arrangement (CILA)* see</b></p>		<p><a href="#">210 ILCS 135 (CILA)</a></p>	<p><b>CILA</b> <a href="#">59 IAC 115.300</a> Environmental management of living arrangements</p>	<p><b>Rule Process:</b> Utilize rule development and filing processes which includes individuals, advocates, and providers. Rule revision drafting continues, as</p>	<p>Posted for 1<sup>st</sup> Notice in JCAR June 2022. Complete.</p>



<p><b>Privacy: Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.</b></p>	<p>services listed in first row</p> <p><b>Community Living Facility (CLF)*</b> see services listed in first row</p> <p><b>Child Group Home (CGH)*</b> see services listed in first row</p>			<p>(add language about furnishing)</p> <p><a href="#">HCBS Waiver Program 59 IAC 120.70</a></p> <p>Service provider requirements (add this language to this section)</p>	<p>well as work with the DD Regulatory Advisory Board.</p> <p>Timeframes governed by IL rulemaking process.</p> <hr/> <p><b>Policies:</b>  Modify DDD Waiver Manual. Updates will be made according to federal rules, state rule revisions and pending waiver approval.</p> <p>Review and update provider agreements – Federal Rule References in FY2019 and FY2020 DD Community Services Agreement Attachment A.</p> <p>Issue updated manual and other guidance to impacted providers and case management entities.</p> <p>Review and update policies and forms.</p> <hr/> <p><b>Information Bulletins:</b>  <a href="#">Lockable Doors and Privacy in Provider-Owned or Controlled Settings</a></p> <p><a href="#">Residency Agreement for Provider-Owned or Controlled Settings</a></p> <hr/> <p><b>Training:</b>  Settings training for DDD staff, made available to stakeholders via DHS website</p>	<p>Anticipate posting Rule 120 for JCAR 1<sup>st</sup> Notice by January 2023.</p> <hr/> <p>Nov. 2019 – July 2022</p> <p>July 2018 – July 2022</p> <p>July 2022</p> <p>January 2023</p> <hr/> <p>Released February 2022</p> <p>Effective July 1, 2022</p> <hr/> <p>Completed January 2016</p> <p>Completed August 2019</p>
---	--	--	--	--	---	--

					<p>Settings 101 training for DHS Administrators Settings 101 training for BALC Surveyors, DDD-BQM Quality Reviewers</p> <p>Settings 101 Training for All Division of DD Staff</p> <hr/> <p><b>Ongoing Compliance:</b> On site provider reviews incorporate monitoring of HCBS rule compliance.</p>	<p>Completed September 2019</p> <p>Completed January 2020</p> <hr/> <p>Ongoing</p>
<p><b>Provider Owned or Controlled Residential Setting Quality 5:</b> <a href="#">(42 CFR 441.301(c)(vi)(C))</a></p> <p><b>Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.</b></p>	<p><b>Community Integrated Living Arrangement (CILA)*</b> see services listed in first row</p> <p><b>Community Living Facility (CLF)*</b> see services listed in first row</p> <p><b>Child Group Home (CGH)*</b> see services listed in first row</p>	<p><b>CILA</b> <a href="#">59 IAC 115.200</a> Description (services oriented to individual)</p>	<p><a href="#">210 ILCS 135 (CILA)</a></p>	<p><b>CILA</b> <a href="#">59 IAC 115.250</a> Individual rights and confidentiality (add language to strengthen this section)</p> <p><a href="#">HCBS Waiver Program</a> <a href="#">59 IAC 120.70</a> Service provider requirements (add this language to this section)</p>	<p><b>Rule Process:</b> Utilize rule development and filing processes which includes individuals, advocates, and providers. Rule revision drafting continues, as well as work with the DD Regulatory Advisory Board.</p> <p>Timeframes governed by IL rulemaking process.</p> <hr/> <p><b>Policies:</b> Modify DDD Waiver Manual. Updates will be made according to federal rules, state rule revisions and pending waiver approval.</p> <p>Review and update provider agreements – Federal Rule References in FY2019 and FY2020 DD Community Services Agreement Attachment A.</p>	<p>Posted for 1st Notice in JCAR June 2022. Complete.</p> <p>Anticipate posting Rule 120 for JCAR 1<sup>st</sup> Notice by January 2023.</p> <hr/> <p>Nov. 2019 – July 2022</p> <hr/> <p>July 2018 – July 2022</p> <hr/> <p>July 2022</p>

					<p>Issue updated manual and other guidance to impacted providers and case management entities.</p> <p>Review and update policies and forms.</p> <hr/> <p><b>Training:</b> Settings training for DDD staff, made available to stakeholders via DHS website</p> <p>Settings 101 training for DHS Administrators</p> <p>Settings 101 training for BALC Surveyors, DDD-BQM Quality Reviewers</p> <p>Settings 101 Training for All Division of DD Staff</p> <p><b>Ongoing Compliance:</b> On site provider reviews incorporate monitoring of HCBS rule compliance.</p>	<p>January 2023</p> <p>_____</p> <p>Completed January 2016</p> <p>Completed August 2019</p> <p>Completed September 2019</p> <p>Completed January 2020</p> <p>Ongoing</p>
<p><b>Provider Owned or Controlled Residential Setting Quality 6: <a href="#">(42 CFR 441.301(c)(vi)(D)</a></b></p> <p><b>Individuals are able to have visitors of their choosing at any time.</b></p>	<p><b>Community Integrated Living Arrangement (CILA)*</b> see services listed in first row</p> <p><b>Community Living Facility (CLF)*</b> see services listed in first row</p>	<p><b>CILA</b> <a href="#">59 IAC 115.205</a> Respite services (CILA residents allowed to have guests, including overnight, with arrangements)</p>	<p><a href="#">210 ILCS 135 (CILA)</a></p>	<p><b>CILA</b> <a href="#">59 IAC 115.200</a> Description (modify this section to include visitor language)</p> <p><a href="#">HCBS Waiver Program</a> <a href="#">59 IAC 120.70</a> Service provider requirements (modify this section to include visitor language)</p>	<p><b>Rule Process:</b> Utilize rule development and filing processes which includes individuals, advocates, and providers. Rule revision drafting continues, as well as work with the DD Regulatory Advisory Board.</p> <p>Timeframes governed by IL rulemaking process.</p> <hr/> <p><b>Policies:</b></p>	<p>Posted for 1<sup>st</sup> Notice in JCAR June 2022. Complete.</p> <p>Anticipate posting Rule 120 for JCAR 1<sup>st</sup> Notice by January 2023.</p> <p>_____</p>

	<p><b>Child Group Home (CGH)*</b> see services listed in first row</p>				<p>Modify DDD Waiver Manual. Updates will be made according to federal rules, state rule revisions and pending waiver approval.</p> <p>Review and update provider agreements – Federal Rule References in FY2019 and FY2020 DD Community Services Agreement Attachment A.</p> <p>Issue updated manual and other guidance to impacted providers and case management entities.</p> <p>Review and update policies and forms.</p> <hr/> <p><b>Training:</b> Settings training for DDD staff, made available to stakeholders via DHS website</p> <p>Settings 101 training for DHS Administrators</p> <p>Settings 101 training for BALC Surveyors, DDD-BQM Quality Reviewers</p> <p>Settings 101 Training for All Division of DD Staff</p> <hr/> <p><b>Ongoing Compliance:</b> On site provider reviews incorporate monitoring of HCBS rule compliance.</p>	<p>Nov. 2019 – July 2022</p> <p>July 2018 – July 2022</p> <p>July 2022</p> <p>January 2023</p> <hr/> <p>Completed January 2016</p> <p>Completed August 2019</p> <p>Completed September 2019</p> <p>Completed January 2020</p> <hr/> <p>Ongoing</p>
--	--	--	--	--	---	--

<p><b>Provider Owned or Controlled Residential Setting Quality 7: <a href="#">(42 CFR 441.301(c)(vi)(E)</a></b></p> <p><b>The setting is physically accessible to the individual.</b></p>	<p><b>Community Integrated Living Arrangement (CILA)*</b> see services listed in first row</p> <p><b>Community Living Facility (CLF)*</b> see services listed in first row</p> <p><b>Child Group Home (CGH)*</b> see services listed in first row</p>	<p><a href="#">59 IAC 115.300</a> Environmental management of living arrangements (settings required to meet Life Safety Codes, ensure comfort of individuals, etc.)</p>	<p><a href="#">210 ILCS 135 (CILA)</a></p>	<p><b>CILA</b> <a href="#">59 IAC 115.300</a> Environmental management of living arrangements (modify this section to include a more explicit statement of access)</p>	<p><b>Rule Process:</b> Utilize rule development and filing processes which includes individuals, advocates, and providers. Rule revision drafting continues, as well as work with the DD Regulatory Advisory Board.</p> <p>Timeframes governed by IL rulemaking process.</p> <hr/> <p><b>Policies:</b> Modify DDD Waiver Manual. Updates will be made according to federal rules, state rule revisions and pending waiver approval.</p> <p>Review and update provider agreements – Federal Rule References in FY2019 and FY2020 DD Community Services Agreement Attachment A.</p> <p>Issue updated manual and other guidance to impacted providers and case management entities.</p> <p>Review and update policies and forms.</p> <hr/> <p><b>Training:</b> Settings training for DDD staff, made available to stakeholders via DHS website</p> <p>Settings 101 training for DHS Administrators</p> <p>Settings 101 training for BALC Surveyors, DDD-BQM Quality Reviewers</p>	<p>Posted for 1st Notice in JCAR June 2022. Complete.</p> <hr/> <p>Nov. 2019 – July 2022</p> <p>July 2018 – July 2022</p> <p>July 2022</p> <p>January 2023</p> <hr/> <p>Completed January 2016</p> <p>Completed August 2019</p> <p>Completed September 2019</p>
---	---	--	--	--	---	---

					Settings 101 Training for All Division of DD Staff  <b>Ongoing Compliance:</b> On site provider reviews incorporate monitoring of HCBS rule compliance.	Completed January 2020  Ongoing
--	--	--	--	--	---	---------------------------------------

Links to the relevant documents are below:

**Rules**

Rule 115 – Community-Integrated Living Arrangements: <http://www.ilga.gov/commission/jcar/admincode/059/05900115sections.html>

Rule 117 – Family Assistance and Home-Based Support Programs for Persons with Mental Disabilities:

<http://www.ilga.gov/commission/jcar/admincode/059/05900117sections.html>

Rule 119 – Community Day Services (formerly known as Developmental Training) Programs:

<http://www.ilga.gov/commission/jcar/admincode/059/05900119sections.html>

Rule 120 – Medicaid HCBS Waiver Program for Individuals with Developmental Disabilities:

<http://www.ilga.gov/commission/jcar/admincode/059/05900120sections.html>

**Policies**

DDD Waiver Manual: <http://www.dhs.state.il.us/page.aspx?item=45227> (in process of being updated February 2020)

Discovery Process Guidelines: <http://www.dhs.state.il.us/page.aspx?item=96998> (being incorporated into the DDD Waiver Manual February 2020)

Implementation Strategy Guidelines: <http://www.dhs.state.il.us/page.aspx?item=97372>(being incorporated into the DDD Waiver Manual February 2020)

Independent Service Coordination Manual: <http://www.dhs.state.il.us/page.aspx?item=115416>

Person Centered Planning Policy and Guidelines for DD Waiver Services: <http://www.dhs.state.il.us/page.aspx?item=100040> (being incorporated into the DDD Waiver Manual February 2020)

**Forms**

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

Discovery Tool: <http://www.dhs.state.il.us/onenetlibrary/12/documents/Forms/IL462-4455-dyn.pdf>

Independent Service Coordination (ISC) Individual Monitoring and Interview Notes: <http://www.dhs.state.il.us/onenetlibrary/12/documents/Forms/IL462-4465-dyn.pdf>

Personal Plan: <http://www.dhs.state.il.us/onenetlibrary/12/documents/Forms/IL462-4457.pdf>

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

Home & Community Based Services for Adults with Developmental Disabilities (Choice of Support & Services) Form:  
<http://intranet.dhs.illinois.gov/onenetlibrary/12/documents/Forms/IL462-1238.pdf>

### **Training**

Training on New CMS Regulations, January 16, 2016 presentation slides

[http://www.dhs.state.il.us/OneNetLibrary/27896/documents/By Division/Division%20of%20DD/Webinars/CathyFickerTerrillCMSRegulationsWebinar2016.pdf](http://www.dhs.state.il.us/OneNetLibrary/27896/documents/By%20Division/Division%20of%20DD/Webinars/CathyFickerTerrillCMSRegulationsWebinar2016.pdf)

Additionally, there are other specific documents pertaining to the Illinois Department of Human Services Division of Developmental Disabilities at: <https://www.illinois.gov/hfs/MedicalClients/HCBS/Pages/default.aspx>.

## Appendix B - 4: System Remediation Grid

### Illinois Department of Human Services' Division of Rehabilitation Services HCBS Waiver Programs

The system grid describes the impact of the federal regulation on applicable State statutes, 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	Setting	Areas of Compliance	Statute	Remediation Required	Action Steps	Timeline*
<p><b>HCBS Setting Quality 1: (<a href="#">42 CFR 441.301(c)(4)(i)</a>)</b></p> <p><b>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, engage in community life, control personal resources, and receive services in the community to the same degree of access as individuals not receiving Medicaid HCBS.</b></p>	<p><b>Adult Day Service (ADS)---</b> services include:</p> <p>a) written and individualized care planning</p> <p>b) assistance and arrangement of personal care, hygiene, and self-care training, as appropriate, based on each individual's needs</p> <p>c) leisure time and recreation activities</p> <p>d) assistance of a medical nature</p>	<p><b><a href="#">DHS 4243 Empowering People with Disabilities Brochure</a></b></p> <p>Self-direction, employment, education, and independent living goals</p>	<p><b><a href="#">20 ILCS 2405/3</a></b></p> <p>Rehabilitation of Persons with Disabilities Act</p>	<p><b>Adult Day Care Service:</b> <a href="#">89 IAC 686.100</a> Adult Day Care Provider Requirements (require HCBS setting compliance)</p> <p><b>Day Habilitation Service:</b> <a href="#">89 IAC 686.1200</a> Day Habilitation Services Provider Requirements (require HCBS setting compliance)</p> <p><b>Prevocational Services:</b> <a href="#">89 IAC 686.1300</a> Brain Injury - Prevocational Services (require HCBS setting compliance)</p> <p><b>Freedom of Choice:</b> <a href="#">89 IAC 677.40</a> to include customer participation in service planning and choice of settings options (require HCBS setting compliance)</p>	<p><b>Rule Process:</b> Utilize rule development and filing processes which includes individuals, advocates, and providers.</p> <p>Rules for Adult Day Care, Day Habilitation and Prevocational Services need to be updated to include settings requirements.</p> <p>Entire Prevocational Services rule is in process of being updated.</p> <hr/> <p><b>Policies:</b> Modify applicable policies, procedures, forms and brochures as needed.</p> <p>Issue guidance to impacted providers and case management entities through established communication linkages.</p> <p>Review and update managed care contracts.</p>	<p>Rule 686— JCAR 1<sup>st</sup> Notice July 8, 2022</p> <p>Rule 677— JCAR 1<sup>st</sup> Notice July 8, 2022</p> <p>Completed Nov. 2021</p> <p>Oct. 2022- July 2022 Completed.</p> <p>June 2019 – Dec. 2019 Completed.</p>



	<p>e) meals and snacks</p> <p>d) maintenance of a complete record for each individual served through the Adult Day Care Center</p> <p><b>Day Habilitation—</b> services include:</p> <p>a) Brain Injury Habilitation Assessment</p> <p>b) person-centered Habilitation planning</p> <p>c) provision of goal and service options to assist in choice of habilitation goal(s)</p> <p>d) Habilitation services that</p>				<p><b>Training:</b> Training modules need to be updated to include information on settings requirements</p> <hr/> <p><b>Ongoing Compliance:</b> On site provider reviews incorporate monitoring of HCBS rule compliance.</p>	<p>Completed August 2022.</p> <hr/> <p>Ongoing</p>
--	--	--	--	--	--	--

	include individually designed services to meet specific customer needs and desires as well as enable the customer to achieve their goal(s)					
<p><b>HCBS Setting Quality 2: <a href="#">(42 CFR 441.301(c)(4)(ii))</a></b></p> <p><b>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.</b></p>	<p><b>Adult Day Service (ADS) Day Habilitation</b></p> <p>* see services listed in first row</p>	<p><a href="#">89 IAC 677.100 Customer Bill of Rights</a> 01/24/2019 amendment includes <i>Choice, participation, and self-determination</i></p> <p><a href="#">HSP Customer Bill of Rights brochure – DHS 4165</a></p> <p><a href="#">89 IAC 677.40(c) Freedom of Choice</a> 2022 amendment to include customer participation in service planning and choice of settings options</p>	<p><a href="#">20 ILCS 405/3</a> Rehabilitation of Persons with Disabilities Act</p>	<p><b>Adult Day Care Service:</b> <a href="#">89 IAC 686.100</a> Adult Day Care Provider Requirements (require HCBS setting compliance)</p> <p><b>Day Habilitation Service:</b> <a href="#">89 IAC 686.1200</a> Day Habilitation Services Provider Requirements (require HCBS setting compliance)</p> <p><b>Prevocational Services:</b> <a href="#">89 IAC 686.1300</a> Brain Injury - Prevocational Services (require HCBS setting compliance) <b>Freedom of Choice:</b> <a href="#">89 IAC 677.40</a> to include customer participation in service planning and choice of settings options (require HCBS setting compliance)</p>	<p><b>Rule Process:</b> Utilize rule development and filing processes which includes individuals, advocates, and providers.</p> <p>Rules for Adult Day Care, Day Habilitation and Prevocational Services need to be updated to include settings requirements.</p> <p>Entire Prevocational Services rule is in process of being updated.</p> <hr/> <p><b>Policies:</b> Modify applicable policies, procedures, forms and brochures as needed.</p> <p>Issue guidance to impacted providers and case management entities through established communication linkages.</p> <p>Review and update Managed Care contracts.</p>	<p>Rule 686— JCAR 1<sup>st</sup> Notice July 8, 2022</p> <p>Rule 677— JCAR 1<sup>st</sup> Notice July 8, 2022</p> <hr/> <p>Completed Nov. 2021</p> <p>Oct. 2022- July 2022 Completed.</p> <p>June 2019 – Dec. 2019 Completed.</p>

					<p><b>Training:</b> Training modules updated to include information on settings requirements</p> <p><b>Ongoing Compliance:</b> On site provider reviews incorporate monitoring of HCBS rule compliance.</p>	<p>Completed August 2022.</p> <p>Ongoing</p>
<p><b>HCBS Setting Quality 3: (<a href="#">42 CFR 441.301(c)(4)(iii)</a>)</b></p> <p><b>Ensures an individual’s personal rights of privacy, dignity, respect, and freedom from coercion and restraint.</b></p>	<p><b>Adult Day Service (ADS) Day Habilitation</b> * see services listed in first row</p>	<p><b><a href="#">DHS 4243 Empowering People with Disabilities Brochure</a></b> Individual customers select, employ and supervise their own Individual Providers (IPs)</p> <p><b><a href="#">89 IAC 677.100 Customer Bill of Rights</a></b> 01/24/2019 amendment includes consumer rights of dignity, informed choice. *DRS will update in 2022 to include “<i>freedom from coercion and restraint.</i>”</p> <p><b><a href="#">HSP Customer Bill of Rights brochure – DHS 4165</a></b></p>	<p><b><a href="#">20 ILCS 2405/3</a></b> Rehabilitation of Persons with Disabilities Act</p>	<p><b><a href="#">89 IAC 677.100 Customer Bill of Rights</a></b> Update to include freedom from coercion and restraint  (require HCBS setting compliance)</p> <p><b>Adult Day Care Service:</b> <b><a href="#">89 IAC 686.100</a></b> Adult Day Care Provider Requirements (require HCBS setting compliance)</p> <p><b>Day Habilitation Service:</b> <b><a href="#">89 IAC 686.1200</a></b> Day Habilitation Services Provider Requirements (require HCBS setting compliance)</p> <p><b>Prevocational Services:</b> <b><a href="#">89 IAC 686.1300</a></b> Brain Injury - Prevocational Services</p>	<p><b>Rule Process:</b> Utilize rule development and filing processes which includes individuals, advocates, and providers.</p> <p>Rules for Adult Day Care, Day Habilitation and Prevocational Services need to be updated to include settings requirements.</p> <p><b>Policies:</b> Modify applicable policies, procedures, forms, and brochures as needed. This includes <a href="#">HSP Customer Bill of Rights brochure – DHS 4165</a> DRS-HSP will e-mail guidance to respective providers; DHS-HSP Fiscal staff maintain e-mail addresses for all providers and the mailing will be submitted using the listserv.</p> <p>Review and update managed care contracts.</p>	<p>Rule 677— JCAR 1<sup>st</sup> Notice July 8, 2022</p> <p>Rule 686— JCAR 1<sup>st</sup> Notice July 8, 2022</p> <p>Completed July 2022.</p> <p>Oct. 2022- July 2022 Completed.</p> <p>June 2019 – Dec. 2019 Completed.</p>

		<p><i>*DRS will update in 2022 to include "freedom from coercion and restraint"</i></p> <p><a href="#">IL 444-4775: Notice of Privacy Practices</a></p> <p><a href="#">Mind Your Business: Optional Criminal Background Check</a></p> <p><a href="#">89 IAC 677.40(c) Freedom of Choice</a></p>		(require HCBS setting compliance)	<p><b>Training:</b> Training modules need to be updated to include information on settings requirements</p> <p><b>Ongoing Compliance:</b> On site provider reviews incorporate monitoring of HCBS rule compliance.</p>	<p>Completed August 2022.</p> <p>Ongoing</p>
<p><b>HCBS Setting Quality 4: <a href="#">(42 CFR 441.301(c)(4)(iv))</a></b></p> <p><b>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.</b></p>	<p><b>Adult Day Service (ADS) Day Habilitation</b> * see services listed in first row</p>	<p><a href="#">89 IAC 677.100 Customer Bill of Rights</a> 01/24/2019 amendment includes <i>Choice, participation, and self-determination</i></p> <p><a href="#">89 IAC 677.10 Assurance of Customer Rights</a></p> <p><a href="#">89 IAC 864.10(b) Service Plan</a></p> <p><a href="#">HSP Customer Bill of Rights brochure – DHS 4165</a></p>	<p><a href="#">20 ILCS 2405/3</a> Rehabilitation of Persons with Disabilities Act</p>	<p><b>Adult Day Care Service:</b> <a href="#">89 IAC 686.100</a> Adult Day Care Provider Requirements (require HCBS setting compliance)</p> <p><b>Day Habilitation Service:</b> <a href="#">89 IAC 686.1200</a> Day Habilitation Services Provider Requirements (require HCBS setting compliance)</p> <p><b>Prevocational Services:</b> <a href="#">89 IAC 686.1300</a> Brain Injury - Prevocational Services(require HCBS setting compliance)</p>	<p><b>Rule Process:</b> Utilize rule development and filing processes which includes individuals, advocates, and providers.</p> <p>Rules for Adult Day Care, Day Habilitation and Prevocational Services need to be updated to include settings requirements.</p> <p>Entire Prevocational Services rule is in process of being updated.</p> <hr/> <p><b>Policies:</b> Modify applicable policies, procedures, forms and brochures as needed.</p>	<p>Rule 686— JCAR 1<sup>st</sup> Notice July 8, 2022</p> <hr/> <p>Completed Nov. 2021</p>

		<p><a href="#">IL 488-2112: Individual Provider Standards;</a>  <a href="#">IL 488-1413: HSP Provider Agreement;</a>  <a href="#">IL 488-2400: IP's Last Day of Employment;</a>  <a href="#">IL 488-2252: IP Payment Policies</a></p> <p>Support customer autonomy as employer of individual providers</p>			<p>Issue guidance to impacted providers and case management entities through established communication linkages.</p> <p>Review and update managed care contracts.</p> <p><b>Training:</b> Training modules need to be updated to include information on settings requirements</p> <p><b>Ongoing Compliance:</b> On site provider reviews incorporate monitoring of HCBS rule compliance.</p>	<p>Oct. 2022- July 2022 Completed.</p> <p>June 2019 – Dec. 2019 Completed.</p> <p>Completed August 2022.</p> <p>Ongoing</p>
<p><b>HCBS Setting Quality 5: (<a href="#">42 CFR 441.301(c)(4)(v)</a>)</b></p> <p><b>Facilitates individual choice regarding services and supports, and who provides them.</b></p>	<p><b>Adult Day Service (ADS) Day Habilitation</b> * see services listed in first row</p>	<p><a href="#">DHS 4243 Empowering People with Disabilities Brochure</a></p> <p>Individual customers select, employ and supervise their Individual Providers (IPs). Customers may receive homemaker services, if they are unable to direct their own services.</p> <p><a href="#">89 IAC 677.100 Customer Bill of Rights</a> 01/24/2019 amendment includes <i>Choice, participation, and self-determination</i></p>	<p><a href="#">20 ILCS 2405/3</a> Rehabilitation of Persons with Disabilities Act</p>	<p><b>Adult Day Care Service:</b> <a href="#">89 IAC 686.100</a> Adult Day Care Provider Requirements (require HCBS setting compliance)</p> <p><b>Day Habilitation Service:</b> <a href="#">89 IAC 686.1200</a> Day Habilitation Services Provider Requirements (require HCBS setting compliance)</p> <p><b>Prevocational Services:</b> <a href="#">89 IAC 686.1300</a> Brain Injury - Prevocational Services (require HCBS setting compliance)</p>	<p><b>Rule Process:</b> Utilize rule development and filing processes which includes individuals, advocates, and providers.</p> <p>Rules for Adult Day Care, Day Habilitation and Prevocational Services need to be updated to include settings requirements.</p> <p>Entire Prevocational Services rule is in process of being updated.</p> <p><b>Policies:</b> Modify applicable policies, procedures, forms and brochures as needed.</p>	<p>Rule 686— JCAR 1<sup>st</sup> Notice July 8, 2022</p> <p>Completed Nov. 2021</p>

		<p><a href="#">89 IAC 864.10(b) Service Plan</a></p> <p><a href="#">89 IAC 677.50 Referral</a></p> <p><a href="#">89 IAC 677.70 Notice of Action</a></p> <p><a href="#">HSP Customer Bill of Rights brochure – DHS 4165</a></p> <p><a href="#">HSP 1W: Appeal Fact Sheet</a>: The customer has the right to formally challenge the HSP decision or lack of action.</p> <p><a href="#">IL 488-1949: Request for Hearing</a> with required accommodations</p> <p><a href="#">89 IAC 677.40 Freedom of Choice</a> 2022 amendment to include customer participation in service planning and choice of settings options</p>		<p><b>Freedom of Choice:</b> <a href="#">89 IAC 677.40</a> to include customer participation in service planning and choice of settings options (require HCBS setting compliance)</p>	<p>Issue guidance to impacted providers and case management entities through established communication linkages.</p> <p>Review and update managed care contracts.</p> <p><b>Training:</b> Training modules need to be updated to include information on settings requirements</p> <hr/> <p><b>Ongoing Compliance:</b> On site provider reviews incorporate monitoring of HCBS rule compliance.</p>	<p>Oct. 2022- July 2022 Completed.</p> <p>June 2019 – Dec. 2019 Completed.</p> <p>Completed August 2022.</p> <hr/> <p>Ongoing</p>
--	--	--	--	---	--	---

<p><b>Provider Owned or Controlled Residential Setting Quality 1:</b> <a href="#">(42 CFR 441.301(c)(vi)(A))</a></p> <p>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 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.</p>	<p><b>Note:</b> None of the residential settings requirements are applicable, the DRS Waivers are non-residential services or are services delivered in customers’ homes.</p>
<p><b>Provider Owned or Controlled Residential Setting Quality 2:</b> <a href="#">(42 CFR 441.301(c)(vi)(B)(1))</a></p> <p><b>Privacy:</b> Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors.</p>	
<p><b>Provider Owned or Controlled Residential Setting Quality 3:</b> <a href="#">(42 CFR 441.301(c)(vi)(B)(2))</a></p> <p><b>Privacy:</b> Individuals sharing units have a choice of roommates in that setting.</p>	
<p><b>Provider Owned or Controlled Residential Setting Quality 4:</b> <a href="#">(42 CFR 441.301(c)(vi)(B)(3))</a></p> <p><b>Privacy:</b> Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.</p>	
<p><b>Provider Owned or Controlled Residential Setting Quality 5:</b> <a href="#">(42 CFR 441.301(c)(vi)(C))</a></p> <p>Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.</p>	
<p><b>Provider Owned or Controlled Residential Setting Quality 6:</b> <a href="#">(42 CFR 441.301(c)(vi)(D))</a></p> <p>Individuals are able to have visitors of their choosing at any time.</p>	
<p><b>Provider Owned or Controlled Residential Setting Quality 7:</b> <a href="#">(42 CFR 441.301(c)(vi)(E))</a></p> <p>The setting is physically accessible to the individual.</p>	

Links to the relevant information are below:

Illinois Administrative Code Title 89:

Rule 676 - Program Description <http://www.ilga.gov/commission/jcar/admincode/089/08900676sections.html>

Rule 677 - Customer Rights and Responsibilities <http://www.ilga.gov/commission/jcar/admincode/089/08900677sections.html>

Rule 679 - Determination of Need (DON) and Resulting Service Cost Maximums (SCMS)

<http://www.ilga.gov/commission/jcar/admincode/089/08900679sections.html>

Rule 681 - Prescreening <http://www.ilga.gov/commission/jcar/admincode/089/08900681sections.html>

Rule 682 - Eligibility <http://www.ilga.gov/commission/jcar/admincode/089/08900682sections.html>

Rule 684 - Service Planning and Provision <http://www.ilga.gov/commission/jcar/admincode/089/08900684sections.html>

Rule 686 - Provider Requirements, Type Services and Rates of Payment <http://www.ilga.gov/commission/jcar/admincode/089/08900686sections.html>

DRS Home Services Program Brochures:

Empowering People with Disabilities – Home Services Program – DHS 4243 at <http://www.dhs.state.il.us/page.aspx?item=60122>

Home Services Program Customer Bill of Rights – Home Services Program – DHS 4165 at <https://www.dhs.state.il.us/page.aspx?item=130375>

Additionally, there are other specific documents pertaining to the Illinois Department of Human Services Division of Rehabilitation Services HCBS Waivers at:

<https://www.illinois.gov/hfs/MedicalClients/HCBS/Pages/default.aspx>



## Appendix B - 5: System Remediation Grid

### Illinois Department of Healthcare and Family Services' Supportive Living Program

The system grid describes the impact of the federal regulation on applicable State statutes, 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	Setting	Areas of Compliance	Statute	Remediation Required	Action Steps	Timeline*
<p><b>HCBS Setting Quality 1: (<a href="#">42 CFR 441.301(c)(4)(i)</a>)</b></p> <p><b>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, engage in community life, control personal</b></p>	<p><b>Supportive Living Program (SLP)—services:</b></p> <p>a) Nursing Services</p> <p>b) Personal Care</p> <p>c) Medication Administration, Oversight and Assistance in Self-Administration</p> <p>d) Meals</p> <p>e) Laundry</p> <p>f) Housekeeping</p> <p>g) Maintenance</p> <p>h) Social and Recreational Programming</p> <p>i) Ancillary Services</p>	<p><a href="#">89 IAC 146.230</a> Services (requires scheduled community programming, information to residents about community activities)</p> <p>Standard Medicaid Provider Agreement (requires compliance with all federal and state laws and rules)</p> <p><a href="#">89 IAC 146.250</a> Resident Rights (control over time, space and lifestyle; maintain personal possessions; make and act upon decisions)</p>	<p><a href="#">305 ILCS 5/5-5.01a</a> Illinois Public Aid Code Supportive living facilities program</p>	<p><a href="#">89 IAC 146.205</a> Definitions (various updates)</p> <p><a href="#">89 IAC 146.670</a> (allowance of prospective residents/residents to reside in DCS even when delayed egress is not a needed safety intervention)</p> <p>Amendment to <a href="#">SLP waiver</a>, allowing for prospective residents/residents to reside in DCS even when delayed egress is not a needed safety intervention</p>	<p><b>Rule Process:</b> Utilize rule development and filing processes which includes individuals, advocates, and providers. Several areas of compliance already in rule.</p> <p>Utilize waiver amendment and filing processes. Subject to CMS approval</p> <hr/> <p><b>Policies:</b> Review and update SLP application form</p> <p>Review and update interim and annual certification review tools New form for person-centered planning includes documentation regarding provider choice or referrals</p> <p>Review and update Managed Care contracts.</p>	<p>Anticipate posting Rule 146 for JCAR 1<sup>st</sup> Notice by January 2023.</p> <p>Submission to CMS May 2021.</p> <hr/> <p>August 2016 Completed.</p> <p>June 2017 Completed. July 2017 Completed.</p> <p>June 2019 – Dec. 2019 Completed.</p>

<p><b>resources and receive services in the community to the same degree of access as individuals not receiving Medicaid HCBS.</b></p>	<p>j) 24 Hour Response/Security Staff</p> <p>k) Health Promotion and Exercise Programming</p> <p>l) Emergency Call</p> <p>m) System Daily Check</p> <p><b>SLP Settings with Dementia Care Settings (DCS)—</b> services include:</p> <p>*DCS have all of the above listed services as well as</p> <p>a) delivery of mail</p> <p>b) smoking supervision</p>				<p><b>Training:</b> Issue guidance to impacted SLP providers.</p> <p>Provide training to managed care organizations.</p> <hr/> <p><b>Ongoing Compliance:</b> On site provider reviews incorporate monitoring of HCBS rule compliance.</p>	<p>Feb 2017 to April 2021.</p> <p>Oct. 2019 Completed.</p> <p>July 2017 and ongoing</p>
--	---	--	--	--	---	---

<p><b>HCBS Setting Quality 2: (<a href="#">42 CFR 441.301(c)(4)(ii)</a>)</b></p> <p>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</p>	<p>Supportive Living Program (SLP)</p>	<p>Standard Medicaid Provider Agreement (requires compliance with all federal and state laws and rules)</p>	<p><a href="#">305 ILCS 5/5-5.01a</a></p> <p>Illinois Public Aid Code Supportive living facilities program</p>	<p><a href="#">89 IAC 146.245</a></p> <p>Assessment and Service Plan and Quarterly Evaluation (add person-centered plan language)</p>	<p><b>Rule Process:</b> Utilize rule development and filing processes which includes individuals, advocates, and providers. Several areas of compliances already in rule.</p> <p><b>Policies:</b></p> <p>Review and update SLP application form</p> <p>Review and update interim and annual certification review tools</p> <p>Review and update Managed Care contracts.</p> <hr/> <p><b>Training:</b></p> <p>Issue guidance to impacted SLP providers.</p> <p>Provide training to managed care organizations.</p> <hr/> <p><b>Ongoing Compliance:</b> On site provider reviews incorporate monitoring of HCBS rule compliance.</p>	<p>Anticipate posting Rule 146 for JCAR 1<sup>st</sup> Notice by January 2023.</p> <hr/> <p>August 2016 Completed.</p> <p>June 2017 Completed.</p> <p>June 2019 – Dec. 2019 Completed.</p> <hr/> <p>Feb.-March 2017 Completed.</p> <p>Oct. 2019 Completed.</p> <hr/> <p>July 2017 and ongoing</p>
---	--	---	--	---	--	---

available for room and board.						
<p>HCBS Setting Quality 3: <a href="#">(42 CFR 441.301(c)(4)(iii))</a></p> <p>Ensures an individual’s personal rights of privacy, dignity, respect, and freedom from coercion and restraint.</p>	<p><b>Supportive Living Program (SLP)*</b> see services listed in first row</p>	<p><a href="#">89 IAC 146.230</a> Services (requires respect for self-direction, dignity, privacy)</p> <p><a href="#">89 IAC 146.250</a> Resident Rights (freedom from restraint, respect for privacy)</p> <p>Standard Medicaid Provider Agreement (requires compliance with all federal and state laws and rules)</p>	<p><a href="#">305 ILCS 5/5-5.01a</a> Illinois Public Aid Code Supportive living facilities program</p>	<p><a href="#">89 IAC 146.250</a> Resident Rights (require client permission for entry into apartment)</p>	<p><b>Rule Process:</b> Utilize rule development and filing processes which includes individuals, advocates, and providers. Several areas of compliance already in rule.</p> <p><b>Policies:</b> Review and update SLP application form  Review and update interim and annual certification review tools  Review and update Managed Care contracts.</p> <hr/> <p><b>Training:</b> Issue guidance to impacted SLP providers.  Provide training to managed care organizations.</p>	<p>Anticipate posting Rule 146 for JCAR 1<sup>st</sup> Notice by January 2023.</p> <p>August 2016 Completed.</p> <p>June 2017 Completed.</p> <p>June 2019 – Dec. 2019 Completed.</p> <p>Feb.-March 2017 Completed.</p> <p>Oct. 2019 Completed.</p>

					<b>Ongoing Compliance:</b> On site provider reviews incorporate monitoring of HCBS rule compliance.	July 2017 and ongoing
<p><b>HCBS Setting Quality 4: (<a href="#">42 CFR 441.301(c)(4)(iv)</a>)</b></p> <p><b>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.</b></p>	<p><b>Supportive Living Program (SLP)*</b> see services listed in first row</p>	<p><a href="#">146 IAC 146.250</a> Resident Rights (resident control of space and time)</p> <p>Standard Medicaid Provider Agreement (requires compliance with all federal and state laws and rules)</p>	<p><a href="#">305 ILCS 5/5-5.01a</a> Illinois Public Aid Code Supportive living facilities program</p>		<p><b>Rule Process:</b> Utilize rule development and filing processes which includes individuals, advocates, and providers. Several areas of compliance already in rule.</p> <hr/> <p><b>Policies:</b> Review and update SLP application form</p> <p>Review and update interim and annual certification review tools</p> <p>Review and update Managed Care contracts.</p> <hr/> <p><b>Training:</b> Issue guidance to impacted SLP providers.</p> <p>Provide training to managed care organizations.</p> <hr/> <p><b>Ongoing Compliance:</b> On site provider reviews incorporate monitoring of HCBS rule compliance.</p>	<p>Anticipate posting Rule 146 for JCAR 1<sup>st</sup> Notice by January 2023.</p> <hr/> <p>August 2016 Completed.</p> <p>June 2017 Completed.</p> <p>June 2019 – Dec. 2019 Completed.</p> <hr/> <p>Feb.-March 2017 Completed.</p> <p>Oct. 2019 Completed.</p> <hr/> <p>July 2017 and ongoing</p>
<p><b>HCBS Setting Quality 5: (<a href="#">42 CFR</a>)</b></p>	<p><b>Supportive Living Program</b></p>	<p><a href="#">89 IAC 146.245</a></p>	<p><a href="#">305 ILCS 5/5-5.01a</a> Illinois Public Aid Code</p>		<p><b>Training:</b> Issue guidance to impacted SLP providers.</p>	<p>Feb.-March 2017 Completed.</p>

<p><a href="#">441.301(c)(4)(v)</a></p> <p>Facilitates individual choice regarding services and supports, and who provides them.</p>	<p>(SLP)* see services listed in first row</p>	<p>Assessment and Service Plan and Quarterly Evaluation (client included in development of person centered plan)</p> <p><a href="#">89 IAC 146.250</a> Resident Rights (allows refusal of services)</p> <p>Standard Medicaid Provider Agreement (requires compliance with all federal and state laws and rules)</p>	<p>Supportive living facilities program</p>		<p>Provide training to managed care organizations.</p> <hr/> <p><b>Ongoing Compliance:</b> On site provider reviews incorporate monitoring of HCBS rule compliance.</p>	<p>Oct. 2019 Completed.</p> <hr/> <p>July 2017 and ongoing</p>
--	--	---	---	--	---	--

<p>Provider Owned or Controlled Residential Setting Quality 1: <a href="#">(42 CFR 441.301(c)(vi)(A))</a></p>	<p>Supportive Living Program (SLP)* see services listed in first row</p>	<p><a href="#">89 IAC 146.240</a> Resident Contract</p> <p>Standard Medicaid Provider Agreement (requires compliance with all federal and state laws and rules)</p>	<p><a href="#">305 ILCS 5/5-5.01a</a> Illinois Public Aid Code Supportive living facilities program</p>		<p><b>Training:</b> Issue guidance to impacted SLP providers.</p> <p>Provide training to managed care organizations.</p> <hr/> <p><b>Ongoing Compliance:</b> On site provider reviews incorporate monitoring of HCBS rule compliance.</p>	<p>Feb.-March 2017 Completed.</p> <hr/> <p>Oct. 2019 Completed.</p> <hr/> <p>July 2017 and ongoing</p>
---	--	---	---	--	---	--

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 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.

<p><b>Provider Owned or Controlled Residential Setting Quality 2:</b> <a href="#">(42 CFR 441.301(c)(vi)(B)(1))</a></p> <p><b>Privacy:</b> Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors.</p>	<p><b>Supportive Living Program (SLP)*</b> see services listed in first row</p>	<p><a href="#">89 IAC 146.210</a> Structural Requirements (requires lockable doors)</p> <p>Standard Medicaid Provider Agreement (requires compliance with all federal and state laws and rules)</p>	<p><a href="#">305 ILCS 5/5-5.01a</a> Illinois Public Aid Code Supportive living facilities program</p>		<p><b>Training:</b> Issue guidance to impacted SLP providers.</p> <p>Provide training to managed care organizations.</p> <hr/> <p><b>Ongoing Compliance:</b> On site provider reviews incorporate monitoring of HCBS rule compliance.</p>	<p>Feb.-March 2017 Completed.</p> <p>Oct. 2019 Completed.</p> <p>July 2017 and ongoing</p>
<p><b>Provider Owned or Controlled Residential Setting Quality 3:</b> <a href="#">(42 CFR 441.301(c)(vi)(B)(2))</a></p> <p><b>Privacy:</b> Individuals sharing units have a choice of roommates</p>	<p><b>Supportive Living Program (SLP)*</b> see services listed in first row</p>	<p><a href="#">146 IAC 146.250</a> Resident Rights (allow choice of roommate)</p> <p>Standard Medicaid Provider Agreement (requires compliance with all federal and state laws and rules)</p>	<p><a href="#">305 ILCS 5/5-5.01a</a> Illinois Public Aid Code Supportive living facilities program</p>		<p><b>Training:</b> Issue guidance to impacted SLP providers.</p> <p>Provide training to managed care organizations.</p> <hr/> <p><b>Ongoing Compliance:</b> On site provider reviews incorporate monitoring of HCBS rule compliance.</p>	<p>Feb.-March 2017 Completed.</p> <p>Oct. 2019 Completed.</p> <p>July 2017 and ongoing</p>

in that setting.						
<p><b>Provider Owned or Controlled Residential Setting</b>  <b>Quality 4: (<a href="#">42 CFR 441.301(c)(vi)(B)(3)</a>)</b></p> <p><b>Privacy: Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.</b></p>	<p><b>Supportive Living Program (SLP)*</b> see services listed in first row</p>	<p><a href="#">89 IAC 146.250</a>  Resident Rights (right to maintain possessions)</p> <p>Standard Medicaid Provider Agreement (requires compliance with all federal and state laws and rules)</p>	<p><a href="#">305 ILCS 5/5-5.01a</a>  Illinois Public Aid Code  Supportive living facilities program</p>		<p><b>Training:</b>  Issue guidance to impacted SLP providers.</p> <p>Provide training to managed care organizations.</p> <hr/> <p><b>Ongoing Compliance:</b> On site provider reviews incorporate monitoring of HCBS rule compliance.</p>	<p>Feb.-March 2017 Completed.</p> <p>Oct. 2019 Completed.</p> <p>July 2017 and ongoing</p>
<p><b>Provider Owned or Controlled Residential Setting</b>  <b>Quality 5: (<a href="#">42 CFR 441.301(c)(vi)(C)</a>)</b></p> <p><b>Individuals have the freedom and support to control their</b></p>	<p><b>Supportive Living Program (SLP)*</b> see services listed in first row</p>	<p><a href="#">89 IAC 146.250</a>  Resident Rights (residents control time, space, lifestyle; can store and prepare food)</p> <p><a href="#">89 IAC 146.230</a>  Services (food available)</p> <p>Standard Medicaid Provider Agreement (requires compliance with all federal and state laws and rules)</p>	<p><a href="#">305 ILCS 5/5-5.01a</a>  Illinois Public Aid Code  Supportive living facilities program</p>	<p><a href="#">89 IAC 146.230</a>  Services (update to allow food “at any time”)</p>	<p><b>Rule Process:</b> Utilize rule development and filing processes which includes individuals, advocates, and providers. Several areas of compliance already in rule.</p> <hr/> <p><b>Training:</b>  Issue guidance to impacted SLP providers.</p> <p>Provide training to managed care organizations.</p>	<p>Anticipate posting Rule 146 for JCAR 1<sup>st</sup> Notice by January 2023.</p> <p>Feb.-March 2017 Completed.</p> <p>Oct. 2019 Completed.</p>



own schedules and activities, and have access to food at any time.					<b>Ongoing Compliance:</b> On site provider reviews incorporate monitoring of HCBS rule compliance.	July 2017 and ongoing
<b>Provider Owned or Controlled Residential Setting</b> Quality 6: <a href="#">(42 CFR 441.301(c)(vi)(D))</a>  Individuals are able to have visitors of their choosing at any time.	<b>Supportive Living Program (SLP)*</b> see services listed in first row	<a href="#">146 IAC 146.250</a> Resident Rights (allows visitors)  Standard Medicaid Provider Agreement (requires compliance with all federal and state laws and rules)	<a href="#">305 ILCS 5/5-5.01a</a> Illinois Public Aid Code Supportive living facilities program	<a href="#">146 IAC 146.250</a> Resident Rights (update to allow visitors “at any time”)	<b>Rule Process:</b> Utilize rule development and filing processes which includes individuals, advocates, and providers. Several areas of compliance already in rule.  <b>Training:</b> Issue guidance to impacted SLP providers.  Provide training to managed care organizations.  <b>Ongoing Compliance:</b> On site provider reviews incorporate monitoring of HCBS rule compliance.	Anticipate posting Rule 146 for JCAR 1st Notice by January 2023.  Feb.-March 2017 Completed.  Oct. 2019 Completed.  July 2017 and ongoing
<b>Provider Owned or Controlled Residential Setting</b> Quality 7: <a href="#">(42 CFR 441.301(c)(vi)(E))</a> The setting is physically accessible to the individual.	<b>Supportive Living Program (SLP)*</b> see services listed in first row	<a href="#">89 IAC 146.210</a> Structural Requirements (requires accessibility)  Standard Medicaid Provider Agreement (requires compliance with all federal and state laws and rules)	<a href="#">305 ILCS 5/5-5.01a</a> Illinois Public Aid Code Supportive living facilities program		<b>Training:</b> Issue guidance to impacted SLP providers.  Provide training to managed care organizations.  <b>Ongoing Compliance:</b> On site provider reviews incorporate monitoring of HCBS rule compliance.	Feb.-March 2017 Completed.  Oct. 2019 Completed.  July 2017 and ongoing

Links to the relevant information are listed below:

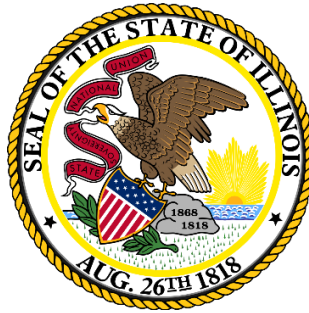
Illinois Administrative Code Title 89: <http://www.ilga.gov/commission/jcar/admincode/089/08900146sections.html>

*Please see 89 IAC Rule 146 Subpart B for SLP Settings and Subpart E for SLP Settings with Dementia Care Units.*

Additionally, there are other specific documents pertaining to the Supportive Living Program at:

<https://www.illinois.gov/hfs/MedicalClients/HCBS/Pages/default.asp>

## Appendix C-1—IDoA Validator Tool



### Illinois HCBS Site Validation

#### Tool Instructions

IDoA ADS Providers must follow this tool for submission of required evidence by way of the Illinois Department of Healthcare and Family Services' Settings Compliance Validation Portal. You may access the portal by visiting this page:

<https://www2.illinois.gov/hfs/MedicalClients/HCBS/Transition/Pages/2022SettingsComplianceValidation.aspx>

**PLEASE USE MICROSOFT EDGE OR GOOGLE CHROME TO ACCESS THE PORTAL.**

Questions and concerns may be submitted to **Aging.Occs@illinois.gov**.

1. HCBS Settings Expectations are listed in the left-hand column. Examples of Supportive Evidence are provided in the right-hand column. Unless the **“Sources of Evidence of Compliance with Setting Rule”** column notes otherwise, providers **MUST** submit examples of evidence to support that the provider is following the Expectation. **IT IS THE PROVIDER’S RESPONSIBILITY TO SUBMIT AS MUCH EVIDENCE AS POSSIBLE TO SHOW THE WAIVER-OPERATING AGENCY THAT THE PROVIDER IS COMPLIANT WITH EACH HCBS SETTINGS EXPECTATION.**
2. Each piece of evidence should be named to indicate which HCBS Settings Expectation they support. For example, file names for photographs of participant engagement in the community and/or receipts related to community engagement should include “1b.” Providers may submit the same piece of evidence for more than one Settings Expectation. For example, a single source of evidence may reflect that participants have been educated on their *right to freedom from coercion* (3c) and their *right to freedom from restraint* (3d). We suggest including “3c.3d” in the file name.

3. Providers may submit examples of evidence that are not already listed in the right-hand column of the tool if they support an HCBS Settings Expectation. Please name the evidence to reflect which HCBS Settings Expectation it supports.
4. The State recommends that all sources of evidences be submitted at one time. Please upload a zip folder that contains all sources of evidence. A video tutorial on file submission can be located here:  
<https://www2.illinois.gov/hfs/MedicalClients/HCBS/Transition/Pages/default.aspx>
5. Providers will receive a confirmation e-mail after submitting evidence. IDoA staff will outreach providers with additional guidance once they begin their review process.

Expectation	Sources of Evidence of Compliance with Settings Rule
<p><b>1. The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including:</b></p> <p><b>1a) Opportunities to seek employment and work in competitive integrated settings</b></p>	<p><b><u>PROVIDER DOES NOT HAVE TO COMPLETE.</u></b></p>
<p><b>1b) Engage in Community Life</b>  <i>*Provider must submit as much evidence as possible to support that they are meeting the Federal Expectation.</i></p>	<p><b><u>SUPPORTIVE EVIDENCE</u></b></p> <ul style="list-style-type: none"> <li><b>1b)</b> Description of process or actions by staff to support, monitor, improve, and enhance participant integration in and with the broader community</li> <li><b>1b)</b> Policy allowing flexibility for staff, including permission for hours worked away from setting while supporting a participant in the community (ex: activities)</li> <li><b>1b)</b> Examples of staff schedules with a focus on participant’s community access and participation</li> <li><b>1b)</b> Documentation showing that the setting does not solely or primarily rely on “reverse integration” or bringing the community in to the setting, e.g., copies of activity calendars or schedules, list of community outings offered.</li> <li><b>1b)</b> Copy of setting procedures and services that demonstrate support for participant integration in community activities</li> <li><b>1b)</b> Description of daily activities that reflect opportunities for engagement with the broader community, e.g., list of specific opportunities for community interaction</li> <li><b>1b)</b> Plans for program to match staff and participants with like interests for joint activities in the community</li> </ul>

<p><b>1c) Control Personal Resources</b>  <i>*Provider must submit as much evidence as possible to support that they are meeting the Federal Expectation.</i></p>	<p><b>1b)</b> Photographs of participant engagement in the community and/or receipts related to community engagement.</p> <p><b><u>SUPPORTIVE EVIDENCE</u></b></p> <p><b>1c)</b> Documentation of trainings or guest speakers that covered personal resource management</p> <p><b>1c)</b> Picture and/or description of secure place to store personal belongings</p> <p><b>1c)</b> Examples of Provider documentation that reflects that participants were informed of their right to control their personal resources or that resources re: money management were brokered to participants</p>
<p><b>1d) In the community, to the same degree of access as individuals not receiving Medicaid HCBS.</b>  <i>*Provider must submit as much evidence as possible to support that they are meeting the Federal Expectation.</i></p>	<p><b><u>SUPPORTIVE EVIDENCE</u></b></p> <p><b>1d)</b> Provider documentation showing participant’s participation in the community</p> <p><b>1d)</b> Examples of trainings provided to participants on how to access public transportation</p> <p><b>1d)</b> Examples of posted or distributed contact information and schedules for local transportation providers</p> <p><b>1d)</b> Examples of assistive technology used by participants to increase independence in the community</p> <p><b>1d)</b> Example of Community Events Calendar posted in the setting</p>
<p><b>Expectation</b></p>	<p><b>Sources of Evidence of Compliance with Settings Rule</b></p>
<p><b>2a) The setting is selected by the participant from among setting options including non-disability specific settings and an option for a private unit in a residential setting.</b></p>	<p><b><u>PROVIDER DOES NOT HAVE TO COMPLETE.</u></b></p>
<p><b>2b) Setting options are based on the individual’s needs and preferences</b></p>	<p><b><u>PROVIDER DOES NOT HAVE TO COMPLETE.</u></b></p>

Expectation	Sources of Evidence of Compliance with Settings Rule
<p><b>3a) Ensures an individual’s rights of <u>privacy</u></b>  <i>*Provider must submit as much evidence as possible to support that they are meeting the Federal Expectation.</i></p>	<p><b><u>SUPPORTIVE EVIDENCE</u></b>  <b>3a)</b> Pages from staff training manual regarding assurance of participant privacy  <b>3a)</b> Policy on ensuring privacy while assisting with personal care  <b>3a)</b> Photographic evidence of private area for discussions with participants regarding services and/or for participants to engage in private discussions.  <b>3a)</b> Provider documentation reflecting that participant privacy rights were discussed</p>
<p><b>3b) Ensures an individual’s rights of <u>dignity and respect</u></b>  <i>*Provider must submit as much evidence as possible to support that they are meeting the Federal Expectation.</i></p>	<p><b><u>SUPPORTIVE EVIDENCE</u></b>  <b>3b)</b> Page(s) from staff training materials on how to communicate with persons with disabilities  <b>3b)</b> Picture of participant rights, including dignity and respect, posted in obvious location  <b>3b)</b> Provider documentation that reflects participant preference of how to be addressed, participant choice to engage in age-appropriate activities, i.e., voting, alcohol consumption, not wearing bibs.  <b>3b)</b> Provider documentation that reflects participants have been educated on their rights  <b>3b)</b> Picture of posted information regarding filing an anonymous complaint</p>
<p><b>3c) Ensures an individual’s right of <u>freedom from coercion</u></b>  <i>*Provider must submit as much evidence as possible to support that they are meeting the Federal Expectation.</i></p>	<p><b><u>SUPPORTIVE EVIDENCE</u></b>  <b>3c)</b> Picture of participant rights, including freedom from coercion, posted in obvious location of setting  <b>3c)</b> Evidence that participants have been educated on their right to freedom from coercion  <b>3c)</b> Picture of posted information regarding filing an anonymous complaint</p>

	<p><b>3c)</b> Sample of staff training material on participant rights, including training schedule</p> <p><b>3c)</b> Examples of participant schedules that vary among participants based on their individual preferences on scheduling of service provision and activities</p> <p><b>3c)</b> Evidence that visitors have been present at regular frequencies</p>
<p><b>3d) Ensures an individual’s right of <u>freedom from restraint</u></b>  <i>*Provider must submit as much evidence as possible to support that they are meeting the Federal Expectation.</i></p>	<p><b>SUPPORTIVE EVIDENCE</b></p> <p><b>3d)</b> Examples of Provider documentation that reflect participant has been made aware of their right to be free from restraint</p> <p><b>3d)</b> Picture of posted information regarding filing an anonymous complaint</p> <p><b>3d)</b> Copies of staff training that includes discussion on participant’s right of freedom from restraint, including training schedules</p> <p><b>3d)</b> Picture of participant rights, including freedom from restraint, in obvious location of the setting</p>
<p><b>Expectation</b></p>	<p><b>Sources of Evidence of Compliance with Settings Rule</b></p>
<p><b>4a) The setting optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to <u>daily activities</u>.</b>  <i>*Provider must submit as much evidence as possible to support that they are meeting the Federal Expectation.</i></p>	<p><b>SUPPORTIVE EVIDENCE</b></p> <p><b>4a)</b> Examples of service schedules that vary among participants based on their individual preferences.</p> <p><b>4a)</b> Sample of training materials on Person-Centered Planning, including identification of individual preferences on scheduling and activities.</p> <p><b>4a)</b> Examples of how the provider offers a variety of activities based on individual participant preferences.</p>



<p><b>4b) Optimizes, but does not regiment individual autonomy, and independence in making life choices, including, but not limited to, <u>physical environment</u></b></p> <p><i>*Provider must submit as much evidence as possible to support that they are meeting the Federal Expectation.</i></p> <p><i>Note: Delayed Egress (locking feature that delays the opening of a door) cannot be implemented as a blanket restriction and must be supported by a participant's Person-Centered Plan). *See 441.301(c)(4)(vi)(F)</i></p>	<p><b><u>SUPPORTIVE EVIDENCE</u></b></p> <p><b>4b)</b> Examples or pictures of assistive technology and environmental modifications that allow participants to access common areas of the setting; and/or enter and exit the setting</p> <p><b>4b)</b> Examples of provider documentation that supports participant autonomy to enter/exit the setting as they wish</p> <p><b>4b)</b> Evidence of participant and/or representative consent to restrictive measures</p>
<p><b>4c) Optimizes, but does not regiment individual autonomy, and independence in making life choices, including, but not limited to, <u>with whom to interact</u></b></p> <p><i>*Provider must submit as much evidence as possible to support that they are meeting the Federal Expectation.</i></p>	<p><b><u>SUPPORTIVE EVIDENCE</u></b></p> <p><b>4c)</b> Evidence that visitors have been present at regular frequencies</p> <p><b>4c)</b> Examples of Provider documentation that supports individuals' autonomy in making choices with whom to interact, including staff and other participants</p> <p><b>4c)</b> Evidence that participants were informed of their right to choose the participants and staff members with whom they prefer to interact while receiving services through the setting</p>
<p><b>Expectation</b></p>	<p><b>Sources of Evidence of Compliance with Settings Rule</b></p>
<p><b>5a) Facilitates individual choice regarding services and supports and who provides them</b></p> <p><i>*Provider must submit as much evidence as possible to support that they are meeting the Federal Expectation.</i></p>	<p><b><u>SUPPORTIVE EVIDENCE</u></b></p> <p><b>5a)</b> Description of how staff are trained on Person-Centered Planning</p> <p><b>5a)</b> Copies of information distributed to participants regarding their right to request meetings, change/add providers or change/add services</p> <p><b>5a)</b> Examples of Provider documentation that reflects participant requests for specific services and supports</p>

<p><b>Expectation</b></p>	<p><b>Sources of Evidence of Compliance with Settings Rule</b></p>
<p><b>6a) Individuals have the freedom and support to control their own schedules and activities</b>  <i>*Provider must submit as much evidence as possible to support that they are meeting the Federal Expectation.</i></p>	<p><b><u>SUPPORTIVE EVIDENCE</u></b>  <b>6a)</b> Examples of how the Provider supports participant freedom to control their own schedules and activities  <b>6a)</b> Examples of varied meal choices and service scheduling among participants within the setting  <b>6a)</b> Examples of flexibilities in staff scheduling to accommodate participant autonomy in controlling their own schedules and activities</p>
<p><b>6b) and have access to food at any time</b>  <i>*Provider must submit as much evidence as possible to support that they are meeting the Federal Expectation.</i></p>	<p><b><u>SUPPORTIVE EVIDENCE</u></b>  <b>6b)</b> Description of snacks always available to participants  <b>6b)</b> Copies of documentation provided to participants that support access to food at any time  <b>6b)</b> Staff training material regarding meal accommodations based on participant preference</p>
<p><b>Expectation</b></p>	<p><b>Sources of Evidence of Compliance with Settings Rule</b></p>
<p><b>7a) Individuals are able to have visitors of their choosing at any time.</b>  <i>*Provider must submit as much evidence as possible to support that they are meeting the Federal Expectation.</i></p>	<p><b><u>SUPPORTIVE EVIDENCE</u></b>  <b>7a)</b> Provider documentations that reflects participants are informed of their right to visitors at any time  <b>7a)</b> Copies of visitor logs that reflect visitor frequency</p>
<p><b>Expectation</b></p>	<p><b>Sources of Evidence of Compliance with Settings Rule</b></p>
<p><b>8a) The Setting is physically-accessible to the individual</b>  <i>*Provider must submit as much evidence as possible to support that they are meeting the Federal Expectation.</i></p>	<p><b><u>SUPPORTIVE EVIDENCE</u></b>  <b>8a)</b> Pictures evidencing that the setting is physically-accessible to participants  <b>8a)</b> Examples or pictures of assistive technology and environmental modifications that allow participants to access common areas of the setting and/or enter and exit the setting</p>

	<p><b>8a)</b> Provider documentation that reflects participants were informed of their right to request reasonable accommodations</p> <p><b>8a)</b> Documentation to support that accessibility needs are discussed with participants prior to initiation of services at a day setting.</p>
--	---

## Appendix C-2—DRS Validator Tool



### Illinois HCBS Site Validation

#### Tool Instructions

IDHS-DRS Providers must follow this tool for submission of required evidence by way of the Illinois Department of Healthcare and Family Services' Settings Compliance Validation Portal. You may access the portal by visiting this page:

<https://www2.illinois.gov/hfs/MedicalClients/HCBS/Transition/Pages/2022SettingsComplianceValidation.aspx>

**PLEASE USE MICROSOFT EDGE OR GOOGLE CHROME TO ACCESS THE PORTAL.**

Questions and concerns may be submitted to [DHS.HSPProgram@illinois.gov](mailto:DHS.HSPProgram@illinois.gov).

6. HCBS Settings Expectations are listed in the left-hand column. Examples of Supportive Evidence are provided in the right-hand column. Unless the **“Sources of Evidence of Compliance with Setting Rule”** column notes otherwise, providers **MUST** submit examples of evidence to support that the provider is following the Expectation. **IT IS THE PROVIDER’S RESPONSIBILITY TO SUBMIT AS MUCH EVIDENCE AS POSSIBLE TO SHOW THE WAIVER-OPERATING AGENCY THAT THE PROVIDER IS COMPLIANT WITH EACH HCBS SETTINGS EXPECTATION.**
7. Each piece of evidence should be named to indicate which HCBS Settings Expectation they support. For example, file names for photographs of participant engagement in the community and/or receipts related to community engagement should include “1b.” Providers may submit the same piece of evidence for more than one Settings Expectation. For example, a single source of evidence may reflect that participants have been educated on their *right to freedom from coercion* (3c) and their *right to freedom from restraint* (3d). We suggest including “3c.3d” in the file name.

8. Providers may submit examples of evidence that are not already listed in the right-hand column of the tool if they support an HCBS Settings Expectation. Please name the evidence to reflect which HCBS Settings Expectation it supports.
9. The State recommends that all sources of evidences be submitted at one time. Please upload a zip folder that contains all sources of evidence. A video tutorial on file submission can be located here:  
<https://www2.illinois.gov/hfs/MedicalClients/HCBS/Transition/Pages/default.aspx>
10. Providers will receive a confirmation e-mail after submitting evidence. IDHS-DRS staff will outreach providers with additional guidance once they begin their review process.

Expectation	Sources of Evidence of Compliance with Settings Rule
<p><b>1. The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including:</b></p> <p><b>1b) Opportunities to seek employment and work in competitive integrated settings</b></p>	<p><b><u>PROVIDER DOES NOT HAVE TO COMPLETE.</u></b></p>
<p><b>1c) Engage in Community Life</b>  <i>*Provider must submit as much evidence as possible to support that they are meeting the Federal Expectation.</i></p>	<p><b><u>SUPPORTIVE EVIDENCE</u></b></p> <ul style="list-style-type: none"> <li><b>1c)</b> Description of process or actions by staff to support, monitor, improve, and enhance participant integration in and with the broader community</li> <li><b>1c)</b> Policy allowing flexibility for staff, including permission for hours worked away from setting while supporting a participant in the community (ex: activities)</li> <li><b>1c)</b> Examples of staff schedules with a focus on participant’s community access and participation</li> <li><b>1c)</b> Documentation showing that the setting does not solely or primarily rely on “reverse integration” or bringing the community in to the setting, e.g., copies of activity calendars or schedules, list of community outings offered.</li> <li><b>1c)</b> Copy of setting procedures and services that demonstrate support for participant integration in community activities</li> <li><b>1c)</b> Description of daily activities that reflect opportunities for engagement with the broader community, e.g., list of specific opportunities for community interaction</li> <li><b>1c)</b> Plans for program to match staff and participants with like interests for joint activities in the community</li> <li><b>1c)</b> Photographs of participant engagement in the community and/or receipts related to community engagement.</li> </ul>

<p><b>2c) Control Personal Resources</b>  <i>*Provider must submit as much evidence as possible to support that they are meeting the Federal Expectation.</i></p>	<p><b><u>SUPPORTIVE EVIDENCE</u></b>  <b>2c)</b> Documentation of trainings or guest speakers that covered personal resource management  <b>2c)</b> Picture and/or description of secure place to store personal belongings  <b>2c)</b> Examples of Provider documentation that reflects that participants were informed of their right to control their personal resources or that resources re: money management were brokered to participants</p>
<p><b>2d) In the community, to the same degree of access as individuals not receiving Medicaid HCBS.</b>  <i>*Provider must submit as much evidence as possible to support that they are meeting the Federal Expectation.</i></p>	<p><b><u>SUPPORTIVE EVIDENCE</u></b>  <b>2d)</b> Provider documentation showing participant’s participation in the community  <b>2d)</b> Examples of trainings provided to participants on how to access public transportation  <b>2d)</b> Examples of posted or distributed contact information and schedules for local transportation providers  <b>2d)</b> Examples of assistive technology used by participants to increase independence in the community  <b>2d)</b> Example of Community Events Calendar posted in the setting</p>
<p><b>Expectation</b></p>	<p><b>Sources of Evidence of Compliance with Settings Rule</b></p>
<p><b>2b) The setting is selected by the participant from among setting options including non-disability specific settings and an option for a private unit in a residential setting.</b></p>	<p><b><u>PROVIDER DOES NOT HAVE TO COMPLETE.</u></b></p>
<p><b>3b) Setting options are based on the individual’s needs and preferences</b></p>	<p><b><u>PROVIDER DOES NOT HAVE TO COMPLETE.</u></b></p>

Expectation	Sources of Evidence of Compliance with Settings Rule
<p><b>4a) Ensures an individual’s rights of <u>privacy</u></b>  <i>*Provider must submit as much evidence as possible to support that they are meeting the Federal Expectation.</i></p>	<p><b><u>SUPPORTIVE EVIDENCE</u></b>  <b>3b)</b> Pages from staff training manual regarding assurance of participant privacy  <b>3b)</b> Policy on ensuring privacy while assisting with personal care  <b>3b)</b> Photographic evidence of private area for discussions with participants regarding services and/or for participants to engage in private discussions.  <b>3b)</b> Provider documentation reflecting that participant privacy rights were discussed</p>
<p><b>4b) Ensures an individual’s rights of <u>dignity and respect</u></b>  <i>*Provider must submit as much evidence as possible to support that they are meeting the Federal Expectation.</i></p>	<p><b><u>SUPPORTIVE EVIDENCE</u></b>  <b>4b)</b> Page(s) from staff training materials on how to communicate with persons with disabilities  <b>4b)</b> Picture of participant rights, including dignity and respect, posted in obvious location  <b>4b)</b> Provider documentation that reflects participant preference of how to be addressed, participant choice to engage in age-appropriate activities, i.e., voting, alcohol consumption, not wearing bibs.  <b>4b)</b> Provider documentation that reflects participants have been educated on their rights  <b>4b)</b> Picture of posted information regarding filing an anonymous complaint</p>
<p><b>4c) Ensures an individual’s right of <u>freedom from coercion</u></b>  <i>*Provider must submit as much evidence as possible to support that they are meeting the Federal Expectation.</i></p>	<p><b><u>SUPPORTIVE EVIDENCE</u></b>  <b>4c)</b> Picture of participant rights, including freedom from coercion, posted in obvious location of setting  <b>4c)</b> Evidence that participants have been educated on their right to freedom from coercion</p>



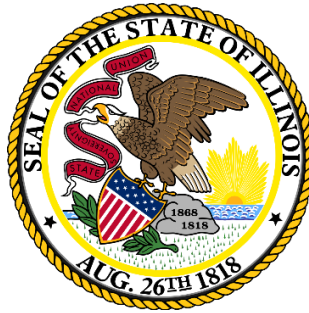
	<p>4c) Picture of posted information regarding filing an anonymous complaint</p> <p>4c) Sample of staff training material on participant rights, including training schedule</p> <p>4c) Examples of participant schedules that vary among participants based on their individual preferences on scheduling of service provision and activities</p> <p>4c) Evidence that visitors have been present at regular frequencies</p>
<p>4d) Ensures an individual’s right of <u>freedom from restraint</u></p> <p><i>*Provider must submit as much evidence as possible to support that they are meeting the Federal Expectation.</i></p>	<p><b><u>SUPPORTIVE EVIDENCE</u></b></p> <p>4d) Examples of Provider documentation that reflect participant has been made aware of their right to be free from restraint</p> <p>4d) Picture of posted information regarding filing an anonymous complaint</p> <p>4d) Copies of staff training that includes discussion on participant’s right of freedom from restraint, including training schedules</p> <p>4d) Picture of participant rights, including freedom from restraint, in obvious location of the setting</p>

Expectation	Sources of Evidence of Compliance with Settings Rule
<p><b>5a) The setting optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to <u>daily activities</u>.</b></p> <p><i>*Provider must submit as much evidence as possible to support that they are meeting the Federal Expectation.</i></p>	<p><b><u>SUPPORTIVE EVIDENCE</u></b></p> <p><b>5a)</b> Examples of service schedules that vary among participants based on their individual preferences.</p> <p><b>5a)</b> Sample of training materials on Person-Centered Planning, including identification of individual preferences on scheduling and activities.</p> <p><b>5a)</b> Examples of how the provider offers a variety of activities based on individual participant preferences.</p>
<p><b>5b) Optimizes, but does not regiment individual autonomy, and independence in making life choices, including, but not limited to, <u>physical environment</u></b></p> <p><i>*Provider must submit as much evidence as possible to support that they are meeting the Federal Expectation.</i></p> <p><i>Note: Delayed Egress (locking feature that delays the opening of a door) cannot be implemented as a blanket restriction and must be supported by a participant’s Person-Centered Plan). *See 441.301(c)(4)(vi)(F)</i></p>	<p><b><u>SUPPORTIVE EVIDENCE</u></b></p> <p><b>5b)</b> Examples or pictures of assistive technology and environmental modifications that allow participants to access common areas of the setting; and/or enter and exit the setting</p> <p><b>5b)</b> Examples of provider documentation that supports participant autonomy to enter/exit the setting as they wish</p> <p><b>5b)</b> Evidence of participant and/or representative consent to restrictive measures</p>
<p><b>5c) Optimizes, but does not regiment individual autonomy, and independence in making life choices, including, but not limited to, <u>with whom to interact</u></b></p> <p><i>*Provider must submit as much evidence as possible to support that they are meeting the Federal Expectation.</i></p>	<p><b><u>SUPPORTIVE EVIDENCE</u></b></p> <p><b>5c)</b> Evidence that visitors have been present at regular frequencies</p> <p><b>5c)</b> Examples of Provider documentation that supports individuals’ autonomy in making choices with whom to interact, including staff and other participants</p> <p><b>5c)</b> Evidence that participants were informed of their right to choose the participants and staff members with whom they prefer to interact while receiving services through the setting</p>

<p><b>Expectation</b></p>	<p><b>Sources of Evidence of Compliance with Settings Rule</b></p>
<p><b>6a) Facilitates individual choice regarding services and supports and who provides them</b>  <i>*Provider must submit as much evidence as possible to support that they are meeting the Federal Expectation.</i></p>	<p><b><u>SUPPORTIVE EVIDENCE</u></b></p> <p><b>6a)</b> Description of how staff are trained on Person-Centered Planning</p> <p><b>6a)</b> Copies of information distributed to participants regarding their right to request meetings, change/add providers or change/add services</p> <p><b>7a)</b> Examples of Provider documentation that reflects participant requests for specific services and supports</p>
<p><b>Expectation</b></p>	<p><b>Sources of Evidence of Compliance with Settings Rule</b></p>
<p><b>8a) Individuals have the freedom and support to control their own schedules and activities</b>  <i>*Provider must submit as much evidence as possible to support that they are meeting the Federal Expectation.</i></p>	<p><b><u>SUPPORTIVE EVIDENCE</u></b></p> <p><b>7a)</b> Examples of how the Provider supports participant freedom to control their own schedules and activities</p> <p><b>7a)</b> Examples of varied meal choices and service scheduling among participants within the setting</p> <p><b>7a)</b> Examples of flexibilities in staff scheduling to accommodate participant autonomy in controlling their own schedules and activities</p>
<p><b>7b) and have access to food at any time</b>  <i>*Provider must submit as much evidence as possible to support that they are meeting the Federal Expectation.</i></p>	<p><b><u>SUPPORTIVE EVIDENCE</u></b></p> <p><b>7b)</b> Description of snacks always available to participants</p> <p><b>7b)</b> Copies of documentation provided to participants that support access to food at any time</p> <p><b>7b)</b> Staff training material regarding meal accommodations based on participant preference</p>

<b>Expectation</b>	<b>Sources of Evidence of Compliance with Settings Rule</b>
<p><b>8a) Individuals are able to have visitors of their choosing at any time.</b>  <i>*Provider must submit as much evidence as possible to support that they are meeting the Federal Expectation.</i></p>	<p><b><u>SUPPORTIVE EVIDENCE</u></b>  <b>8a)</b> Provider documentations that reflects participants are informed of their right to visitors at any time  <b>9a)</b> Copies of visitor logs that reflect visitor frequency</p>
<b>Expectation</b>	<b>Sources of Evidence of Compliance with Settings Rule</b>
<p><b>10a) The Setting is physically-accessible to the individual</b>  <i>*Provider must submit as much evidence as possible to support that they are meeting the Federal Expectation.</i></p>	<p><b><u>SUPPORTIVE EVIDENCE</u></b>  <b>9a)</b> Pictures evidencing that the setting is physically-accessible to participants  <b>9a)</b> Examples or pictures of assistive technology and environmental modifications that allow participants to access common areas of the setting and/or enter and exit the setting  <b>9a)</b> Provider documentation that reflects participants were informed of their right to request reasonable accommodations  <b>9a)</b> Documentation to support that accessibility needs are discussed with participants prior to initiation of services at a day setting.</p>

## Appendix D—IDHS-DDD Group SEP Validation Tool



### ILLINOIS HCBS SITE VALIDATION DDD SUPPORTED EMPLOYMENT PROGRAM POLICY AND IMPLEMENTATION EVIDENCE COLLECTION

IDHS-DDD Group Supported Employment Providers must submit organizational policies and site-specific evidence related to Group Employment, along with questions, directly to: [casey.burke@illinois.gov](mailto:casey.burke@illinois.gov).

1. HCBS Settings Expectations are listed in the left-hand column. Examples of Supportive Evidence are provided in the right-hand column. Unless the “Sources of Evidence of Compliance with Setting Rule” column notes otherwise, providers MUST submit examples of evidence to support that the provider is following the Expectation and provide as much policy documentation as possible to support that the agency’s sites are in compliance with the federal Settings Rule. The lists of evidence options are not exhaustive. Feel free to provide additional or alternative information. It is the provider’s responsibility to submit as much evidence as possible to show the waiver-operating agency that the provider is compliant with each HCBS settings expectation.
2. Each piece of evidence should be named to indicate which HCBS Settings Expectation they support. Providers may submit the same piece of evidence for more than one Settings Expectation. For example, a single source of evidence may reflect that participants have independence in making life choices about types of employment and the environment/s in which employment occurs.
3. Providers may submit examples of evidence that are not already listed in the right-hand column of the tool if they support an HCBS Settings Expectation. Please name the evidence to reflect which HCBS Settings Expectation it supports.
4. If necessary, work with the appropriate ISC to gather implementation evidence.

5. The State recommends that all sources of evidence be submitted at one time.
6. Providers will receive a confirmation e-mail after submitting evidence. IDHS-DDD staff will outreach providers with additional guidance once they begin the review process.

**SPECIAL NOTE:** It is the Provider’s responsibility to provide sufficient evidence to clearly prove that it is in compliance with the Settings Rule. If the desk auditor cannot determine compliance from the evidence submitted, the site will be recommended for an on-site review, a compliance action plan or both. Therefore, it is incumbent upon the Provider to be as thorough as possible in gathering evidence to support its compliance.

**FOR DDD SUPPORTED EMPLOYMENT PROGRAM GROUP ONLY**

<b>Expectation</b>	<b>Sources of Evidence of Compliance with Settings Rule</b> (This list is not exhaustive. Feel free to provide additional or alternative information to support the site’s position.)
1) The setting optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to daily activities	Implementation Evidence: <ul style="list-style-type: none"> <li>• Examples of Personal Plans, Implementation Strategies or Individual Plans for Employment that include evidence of the individual’s interest in the work industry or specific location in which DDD SEP Group services and supports are rendered.</li> </ul>
2) The setting optimizes, but does not regiment individual autonomy, and independence in making life choices, including but not limited to physical environment	Policy Documentation: <ul style="list-style-type: none"> <li>• Agency policy, procedure, program manual or contract guidance related to non-segregation or unnatural separation of individuals with disabilities from the community business’ standard employees or customers</li> </ul>

	<p>Implementation Evidence:</p> <ul style="list-style-type: none"> <li>• Documentation that individuals engaged in supports under DDD SEP Group are not unnaturally separated or grouped in a work location specifically intended for individuals with disabilities</li> </ul>
<p>3) The setting optimizes, but does not regiment individual autonomy, and independence in making life choices, including but not limited to with whom to interact</p>	<p>Implementation Evidence:</p> <ul style="list-style-type: none"> <li>• Examples from all sites at which DDD SEP Group is utilized demonstrating that individuals receiving services have an ability to interact with co-workers, customers and the general community to an equivalent degree as the community business' standard employees</li> </ul>
<p>4) Facilitates individual choice regarding services and supports, and who provides them</p>	<p>Policy Documentation:</p> <ul style="list-style-type: none"> <li>• Agency policy, procedure or program manual with information on how individuals receiving DDD SEP Group services are made aware of services and supports available which facilitate a transition to Individualized Competitive Integrated Employment.</li> </ul> <p>Implementation Evidence:</p> <ul style="list-style-type: none"> <li>• Documentation of engagement with individuals served in DDD SEP Group which outlines performance criteria necessary to transition from DDD SEP Group supports and seek / obtain Individualized Competitive Integrated Employment</li> </ul>

## Appendix E—HCBS Settings Case Manager Responsibilities

**42 CFR 441.301(c)(4)(i) The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including: Opportunities to seek employment and work in competitive integrated settings (1a)**

<b>IDoA</b>	<ul style="list-style-type: none"> <li>• IDoA’s Person-Centered Planning Policy requires Care Coordination Unit (CCU) and Managed Care Organization case managers to document customer interest in volunteer and employment opportunities, and the actions taken by the case managers to broker resources and opportunities to the individual customer.</li> <li>• To supplement case manager Person-Centered Planning requirements, IDoA enhanced their Person-Centered Planning policy to require their Adult Day Service (ADS) settings to maintain bulletin boards with regular postings of employment and volunteer opportunities, and local transportation resources. IDoA’s Person-Centered Planning policy requires all ADS sites to complete a Person-Centered ADS Plan of Care Addendum. When applicable to the individual, the Addendum includes documentation of individual customer interest in volunteering/employment, resources brokered by the provider, and provider outreach to the respective case managers on the customer’s behalf.</li> <li>• Policy and rules are covered in New Provider training, Care Coordination Initial training, Care Coordinator Re-Certification Training (every 18 months), CCP Administrative Rule training, initial and ongoing Managed Care case management training, and policy notices to providers, Managed Care Organizations, and CCUs.</li> <li>• In addition to following up on any concerns noted during annual Quality Improvement Organization (QIO) monitoring conducted by Public Consulting Group (PCG), IDoA Quality Assurance staff assess ADS settings and CCUs for compliance with these policy requirements during Monitoring reviews. Monitoring reviews occur once every contract term, unless IDoA is notified of concerns before reviews are due. Contract timeframes are triennial. Policies are supported by 89 IAC 240.</li> </ul>
<b>DDD</b>	<ul style="list-style-type: none"> <li>• DDD’s <a href="#">Person-Centered Planning Policy and Guidelines for DD Waiver Services</a> and <a href="#">Independent Service Coordination Manual</a> require Independent Service Coordination (ISC) Case Managers to complete a Discovery process with customers. The Discovery Tool includes details about interests, aptitudes, needs, and capacities related to paid employment. Desired employment interests are listed in the Career/Income section. The Discovery Tool lists what has been done related to progress in career and employment outcomes, to date. The steps for future career and employment goals are incorporated into the Personal Plan as well. The Personal Plan outlines the person's desired outcomes, including career and income outcomes, and details the DDD Waiver Services provided to achieve progress in fulfillment of all desired outcomes. It is reviewed, assessed, and modified no less than annually or more often as needed.</li> <li>• DDD has a <a href="#">Memorandum of Understanding</a> with the Division of Rehabilitation Services’ (DRS) Vocational Rehabilitation Services Program which requires ISC Case Managers to assist customers in connecting and</li> </ul>



	<p>maintaining ongoing contact with the local DRS office to make a referral, set an appointment, and complete an application for VR services. Customers with identified risk factors and significant support needs associated with pursuit of employment may pursue services through Individual and Group-Supported Employment providers. Group-Supported Employment providers are required to complete Implementation Strategies that include details on how supported employment services will be provided to customers.</p> <ul style="list-style-type: none"> <li>• In November of 2021, DDD re-validated all individual and small group employment sites. DDD also validated Group-Supported Employment providers in 2022. In the first quarter of 2022, DDD updated Person-Centered Planning tools to include additional questions regarding employment in discovery, Person-Centered Planning, and implementation strategies. DDD held webinars to review the updated templates and process. Quarterly webinars will focus on the planning process and specific issues such as writing outcomes and employment. At least annually, DDD has held a supported employment webinar; it will continue this practice. In December of 2021, DDD posted a new notice of funding opportunity to encourage providers to expand their supported employment services. The <a href="#">Competitive Integrated Employment Capacity (CIEC) Grant</a> will provide funding, contingent on achievement of key performance indicators, for up to 12 provider agencies in fiscal years 2022, 2023 and 2024. The grant will cover areas such as personnel, training/certification, marketing, outreach and other enhancements to programs which focus on CIE outcomes.</li> <li>• Annually, DDD monitors compliance with employment aspects of the Settings rule through the Bureau of Quality Management (BQM) surveys and Bureau of Licensing Accreditation and Certification reviews. DDD policies related to Competitive Integrated Employment are supported by amendments to 59 IAC 115, 59 IAC 119, and 59 IAC 120.</li> </ul>
<p><b>DRS-HSP</b></p>	<ul style="list-style-type: none"> <li>• DRS Home Services Program (HSP) Counselors are trained on administrative code and policy requirements pertaining to completion of Needs Assessments with both fee-for-service and Managed Care customers during initial and subsequent annual waiver eligibility assessments. The Needs Assessment Form includes an Employment section. HSP Counselors discuss Vocational Rehabilitation services available through the DRS <a href="#">Vocational Rehabilitation</a> (VR) program and broker VR referrals for customers interested in pursuing employment. To supplement HSP Counselor requirements, HSP notified ADS, TBI Habilitation, and TBI Pre-Vocational providers of their requirement to offer VR resources to customers interested in pursuing employment.</li> <li>• A review of VR services and Settings requirements, including opportunities for competitive integrated employment, are included in HSP Counselor training. In April of 2022, DRS Bureau of Quality Assurance staff were trained on Federal Settings requirements. In May of 2022, HSP conducted a Computer-Based Learning training for Counselors specific to Federal Person-Centered Planning and Settings requirements.</li> <li>• In addition to following up on any concerns noted during annual QIO monitoring conducted by Public Consulting Group (PCG), HSP Rehabilitation Services Advisors conduct biennial reviews of ADS, TBI Habilitation, and TBI Pre-Vocational providers to ensure compliance with all applicable Federal Settings requirements, including opportunities for competitive integrated employment. DRS Bureau of Quality Assurance conducts annual assessments among all HSP field offices to ensure HSP Counselors are offering opportunities for competitive integrated employment to interested customers.</li> </ul>

	<ul style="list-style-type: none"> <li>• DRS-HSP policies related to Competitive Integrated Employment are supported by amendments to 89 IAC 676, 89 IAC 677, and 89 IAC 686.</li> </ul>
<p><b>42 CFR 441.301(c)(4)(ii) The setting is selected by the participant from among setting options including non-disability specific settings and an option for a private unit in a residential setting (2a)</b></p>	
<p><b>IDoA</b></p>	<ul style="list-style-type: none"> <li>• CCU Case Managers and Managed Care case managers are required by 89 IAC 240 and IDoA’s Person-Centered Planning policy to discuss available settings options, including non-disability specific settings, with the individual customer. The options discussed and the customer’s choice are documented by the case manager within the individual customer’s Person-Centered Plan of Care (PCPOC).</li> <li>• Person-Centered Planning policy and rule requirements are covered in initial and ongoing Managed Care case manager trainings, Care Coordination Initial training, Care Coordinator Re-Certification Training (every 18 months), CCP Administrative Rule training, and policy notices to CCUs and Managed Care Organizations.</li> <li>• In addition to annual QIO monitoring, IDoA checks CCU sites for compliance with these policy requirements during Monitoring reviews. Individual customers who sign the PCPOC acknowledge agreement to chosen settings selections.</li> <li>• IDoA added new Elderly Waiver Performance Measures that track compliance with Person-Centered Planning requirements, including assurance of customer choice in settings options.</li> </ul>
<p><b>DDD</b></p>	<ul style="list-style-type: none"> <li>• ISC Case Managers are required to follow Person-Centered Planning processes as outlined in the <a href="#">Independent Service Coordination Manual</a>. In March 2022, DDD enhanced their Discovery Tool to include questions that focus on choice and diversity of settings as well as privacy. The ISC Case Manager meets with the customer four times per year to understand individual needs and preferences. Annually, the ISC Case Manager updates the Discovery Tool and Person-Centered Plan of Care, relaying these updated documents to respective providers for updates to Implementation Strategies.</li> <li>• In March of 2022, DDD, in collaboration with the Illinois Council on Developmental Disabilities (ICDD) and 7 ISC agencies, announced a Statewide pilot project titled, “The ISC Housing Navigator Pilot.” The key activities of the ISC Housing Navigator will be to cultivate landlord and affordable housing relationships across various communities to identify housing stock while also working with individuals with DD and their families to maintain a localized list of people interested in independent supportive housing as an option and ultimately, to make the match between independent housing options and people with IDD.”</li> <li>• Upon renewal of their Adult and Children’s Waivers, DDD added new Waiver Performance Measures that track compliance with Person-Centered Planning requirements, including assurance of customer choice in settings options. DDD meets with ISCs twice each month to ensure Case Managers are adequately trained on this requirement. In FY19, through the Ligas Consent Decree, there was a review led by the Ligas Court Monitor of 225 customers and their Discovery, Person-Centered Plan, and implementation strategies. Another larger review is planned for FY23.</li> </ul>

	<ul style="list-style-type: none"> <li>• Annually, DDD’s BQM samples a group of customers receiving services and reviews their Person-Centered Plans. DDD meets twice each month with ISC leadership and DDD’s BQM hosts a larger series of trainings that include quarterly Person-Centered Planning trainings. DDD policies related to customer choice in settings options are supported by amendments to 59 IAC 115, 59 IAC 119, and 59 IAC 120.</li> </ul>
<p><b>DRS-HSP</b></p>	<ul style="list-style-type: none"> <li>• DRS Home Services Program (HSP) Counselors and Managed Care case managers are trained on Administrative Code and policy requirements pertaining to discussion of settings options, including non-disability settings, with customers. HSP Counselors conduct these discussions with customers at initial and annual waiver eligibility assessments. Managed Care case managers conduct these discussions during annual person-centered planning meetings. Customers verify they had been able to choose services when signing the HSP Service Plan and the Application and Redetermination of Eligibility Agreement Form.</li> <li>• HSP developed training on Federal Person-Centered Planning and Settings requirements, including choice of settings options. Training is provided on an ongoing basis to HSP staff and is also provided as needed through Refresher Trainings conducted by HSP Rehabilitation Services Advisors. DRS Bureau of Quality Assurance staff are also trained on Federal Person-Centered Planning and Settings requirements.</li> <li>• In addition to following up on any concerns noted during annual QIO monitoring conducted by Public Consulting Group (PCG), the DRS Bureau of Quality Assurance conducts reviews on waiver cases and verifies that customers have been informed of, and have chosen, their preferred service from the various service and settings options provided by HSP.</li> <li>• DRS-HSP policies related to customer’s choice of Settings options are supported by amendments to 89 IAC 676, 89 IAC 677, 89 IAC 684, and 89 IAC 686.</li> <li>• DRS added Waiver Performance Measures that track compliance with Person-Centered Planning requirements, including the assurance of customer choice in settings options.</li> </ul>

**42 CFR 441.301(c)(4)(ii) Setting options are based on the individual’s needs and preferences (2b)**

<b>IDoA</b>	<ul style="list-style-type: none"><li>• CCU and Managed Care case managers are required by 89 IAC 240 and IDoA’s Person-Centered Planning policy to ensure PCPOCs completed with individual customers reflect an assessment of individual customer needs and preferences; and that the settings options are based on those assessed needs and preferences.</li><li>• Per 89 IAC 230, ADS sites must complete an ADS Addendum for the customer’s PCPOC with the customer/customer’s authorized representative. The ADS addendum must describe how ADS services will meet the customer’s needs and preferences as identified in the PCPOC developed by the individual customer and CCU or Managed Care Organization.</li><li>• Policy and rule are covered in initiation and ongoing Managed Care case manager training, New Provider Training, Care Coordination Initial Training, Care Coordinator Re-Certification Training (every 18 months), CCP Administrative Rule Training, and policy notices to providers and CCUs. IDoA trained ADS providers on the PCPOC ADS Addendum in May of 2019. The training was recorded and is now part of New Provider Training.</li><li>• In addition to annual QIO monitoring, all customers sign the PCPOC ADS Addendum. The PCPOC ADS Addendum is reviewed during IDoA Compliance Monitoring reviews. Quality Assurance surveys are sent to customers and IDoA Quality Assurance staff discuss customer satisfaction with customers during their Compliance Monitoring Reviews.</li><li>• IDoA added new Elderly Waiver Performance Measures that track compliance with Person-Centered Planning requirements, including the assurance that settings options are based on individual customer needs and preferences.</li></ul>
<b>DDD</b>	<ul style="list-style-type: none"><li>• ISC Case Managers are required to follow Person-Centered Planning processes as outlined in the <a href="#">Independent Service Coordination Manual</a>. This includes discussion with customers on what is important for (need) and to (preference) the customers. In March of 2022, DDD enhanced their Discovery Tool to include additional questions regarding choice and preference.</li><li>• ISC Case Managers meet with customers quarterly to discuss any changes in needs or preferences. Annually, the ISC Case Manager updates the Discovery Tool and Person-Centered Plan of Care, relaying these updated documents to respective providers for updates to Implementation Strategies.</li><li>• DDD added new Waiver Performance Measures that track compliance with Person-Centered Planning and Settings requirements, including the assurance that settings options are based on individual customer needs and preferences. DDD has hired UIC to focus on expanding capacity in the system especially for services to support people with higher or different support needs. This focus on capacity development will help to grow options for customers throughout the State.</li><li>• Annually, DDD’s BQM samples a group of customers receiving services and reviews their Person-Centered Plans, Discovery Tools, and Implementation strategies. DDD meets twice monthly with ISC leadership and DDD’s BQM hosts a larger series of trainings that include quarterly Person-Centered Planning trainings. DDD policies related to</li></ul>

	<p>settings options based on individual customer needs and preferences are supported by amendments to 59 IAC 115, 59 IAC 119, and 59 IAC 120.</p>
<p><b>DRS-HSP</b></p>	<ul style="list-style-type: none"> <li>• DRS Home Services Program (HSP) Counselors and Managed Care case managers are trained on Administrative Code and policy requirements pertaining to settings options based on individual customer needs and preferences. HSP Counselors and Managed Care case managers develop Person-Centered Plans based upon direct input from the customer, where the customer's needs and preferences are identified and incorporated into the plan. Customers are assessed annually, or when a customer reports their needs or preferences have changed. Customers sign off on the Service Plan as well as the Application and Redetermination of Eligibility Agreement Form to verify authorized services are based on their needs and preferences.</li> <li>• HSP developed training on Federal Person-Centered Planning and Settings requirements, including provision of settings options that are based on individual needs and preferences. Training is provided on an ongoing basis to HSP staff and is also provided, as needed, through Refresher trainings conducted by HSP Rehabilitation Services Advisors. DRS Bureau of Quality Assurance staff are also trained on Federal Person-Centered Planning and Settings requirements.</li> <li>• DRS added new Waiver Performance Measures that track compliance with Person-Centered Planning requirements, including the assurance that settings options are based on individual customer needs and preferences.</li> <li>• In addition to following up on any concerns noted during annual QIO monitoring conducted by Public Consulting Group (PCG), the DRS Bureau of Quality Assurance conducts reviews on waiver cases and verifies that service plans include settings options that are based on customer needs and preferences.</li> <li>• DRS-HSP policies related to settings options based on individual needs and preferences are supported by amendments to 89 IAC 676, 89 IAC 677, 89 IAC 684, and 89 IAC 686.</li> </ul>

## Appendix F-1: IDoA Compliance Action Plan (CAP) Template

### COMPLIANCE ACTION PLAN

Provider Agency:	
Point of Contact Name:	
Point of Contact Phone:	
Point of Contact Email:	
Setting Address:	
Setting Type:	
Validator Name:	
Review Date:	

Please only identify action in areas where compliance issues have been identified.

Expectation	Compliance issues identified	Actions/activities to achieve compliance	Timeline for implementation
The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including:  1a) Opportunities to seek employment and work in competitive integrated settings	<b>PROVIDER DOES NOT HAVE TO COMPLETE. AGING IS RESPONSIBLE FOR THIS EXPECTATION.</b>		

1b) Engage in Community Life			
1c) Control Personal Resources			
1d) Receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.			
2a) The setting is selected by the participant from among setting options including non-disability specific settings and an option for a private unit in a residential setting.	<b>PROVIDER DOES NOT HAVE TO COMPLETE. AGING IS RESPONSIBLE FOR THIS EXPECTATION.</b>		
2b) Setting options are based on the individual's needs, preferences	<b>PROVIDER DOES NOT HAVE TO COMPLETE. AGING IS RESPONSIBLE FOR THIS EXPECTATION.</b>		
3a) Ensures an individual's rights of privacy			
3b) Ensures an individual's rights of dignity and respect			
3c) Ensures an individual's right of freedom from coercion			

3d) Ensures an individual's right of freedom from restraint			
4a) The setting optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to daily activities			
4b) Optimizes, but does not regiment individual autonomy, and independence in making life choices, including but not limited to physical environment			
4c) Optimizes, but does not regiment individual autonomy, and independence in making life choices, including but not limited to with whom to interact			
5a) Facilitates individual choice regarding services and supports, and who provides them			



6a) Individuals have the freedom and support to control their own schedules and activities,			
6b) Individuals have access to food at any time			
7a) Individuals are able to have visitors of their choosing at any time.			
8a)The Setting is physically accessible to the individual			

Provider Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Aging Representative Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Appendix F-2: IDHS-DRS Compliance Action Plan (CAP) Template

Provider Agency:	
Point of Contact Name:	
Point of Contact Phone:	
Point of Contact Email:	
Setting Address:	
Setting Type:	
Validator Name:	
Review Date:	

### COMPLIANCE ACTION PLAN

Please only identify action in areas where compliance issues have been identified.

	Compliance issues identified	Actions/activities to achieve compliance	Timeline for implementation
The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including:  1a) Opportunities to seek employment and work in competitive integrated settings	<b>PROVIDER DOES NOT HAVE TO COMPLETE. DRS IS RESPONSIBLE FOR THIS EXPECTATION.</b>		

1b) Engage in Community Life			
1c) Control Personal Resources			
1d) Receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.			
2a) The setting is selected by the participant from among setting options including non-disability specific settings and an option for a private unit in a residential setting.	<b>PROVIDER DOES NOT HAVE TO COMPLETE. DRS IS RESPONSIBLE FOR THIS EXPECTATION.</b>		
2b) Setting options are based on the individual's needs, preferences	<b>PROVIDER DOES NOT HAVE TO COMPLETE. DRS IS RESPONSIBLE FOR THIS EXPECTATION.</b>		
3a) Ensures an individual's rights of privacy			
3b) Ensures an individual's rights of dignity and respect			
3c) Ensures an individual's right of freedom from coercion			

3d) Ensures an individual's right of freedom from restraint			
4a) The setting optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to daily activities			
4b) Optimizes, but does not regiment individual autonomy, and independence in making life choices, including but not limited to physical environment			
4c) Optimizes, but does not regiment individual autonomy, and independence in making life choices, including but not limited to with whom to interact			
5a) Facilitates individual choice regarding services and supports, and who provides them			

6a) Individuals have the freedom and support to control their own schedules and activities,			
6b) Individuals have access to food at any time			
7a) Individuals are able to have visitors of their choosing at any time.			
8a)The Setting is physically accessible to the individual			

Provider Signature: \_\_\_\_\_

Date: \_\_\_\_\_

DRS Representative Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Appendix F-3: IDHS-DDD Compliance Action Plan (CAP) Template

Provider Agency:	
Point of Contact Name:	
Point of Contact Phone:	
Point of Contact Email:	
Setting Address:	
Setting Type:	
Validation Review Date:	
Provider returned CAP to DDD Date:	
CAP Completion Date:	

### COMPLIANCE ACTION PLAN (CAP)

Providers – Please identify systems and documentation you will create to address compliance concerns outlined below. You can use the examples in the CAP sample document or identify your own ways to address HCBS settings. Once you have outlined what your organization will do to address compliance concerns, return this CAP with your provider activities to [DHS.HCBS@illinois.gov](mailto:DHS.HCBS@illinois.gov) within 14 days of receiving the initial email notification from DDD.

Once the CAP activities are complete and within 60 days, the provider will confirm that they have completed the activities outlined by indicating in the right-hand column they are complete and attesting to completion by signing below. Please email confirmation to [DHS.HCBS@illinois.gov](mailto:DHS.HCBS@illinois.gov). DDD reserves the right to request copies of documents and further evidence of the activities outlined in this CAP. This CAP will be shared with BQM and BALC for use in their future reviews.

If you have questions regarding the process, please email [DHS.HCBS@illinois.gov](mailto:DHS.HCBS@illinois.gov).

Expectation	Compliance issues identified	Actions/activities to achieve compliance	Indicate completion of activities (fill out when CAP activities are complete)
<p>The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including:</p> <p>1a) Opportunities to seek employment and work in competitive integrated settings</p>	<p><b>PROVIDER DOES NOT HAVE TO COMPLETE. DDD IS RESPONSIBLE FOR THIS EXPECTATION.</b></p>		
<p>1b) Engage in Community Life</p>			
<p>1c) Control Personal Resources</p>			
<p>1d) Receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.</p>			

2a) The setting is selected by the participant from among setting options including non-disability specific settings and an option for a private unit in a residential setting.	<b>PROVIDER DOES NOT HAVE TO COMPLETE. DDD IS RESPONSIBLE FOR THIS EXPECTATION.</b>		
2b) Setting options are based on the individual's needs, preferences	<b>PROVIDER DOES NOT HAVE TO COMPLETE. DDD IS RESPONSIBLE FOR THIS EXPECTATION.</b>		
3a) Ensures an individual's rights of privacy			
3b) Ensures an individual's rights of dignity and respect			
3c) Ensures an individual's right of freedom from coercion			
3d) Ensures an individual's right of freedom from restraint			
4a) The setting optimizes, but does not regiment, individual initiative, autonomy, and independence in making			



life choices, including but not limited to daily activities			
4b) Optimizes, but does not regiment individual autonomy, and independence in making life choices, including but not limited to physical environment			
4c) Optimizes, but does not regiment individual autonomy, and independence in making life choices, including but not limited to with whom to interact			
5) Facilitates individual choice regarding services and supports, and who provides them			

6a) Individuals have the freedom and support to control their own schedules and activities,			
6b) Individuals have access to food at any time			
7) Individuals are able to have visitors of their choosing at any time.			
8)The Setting is physically accessible to the individual			

**FOR RESIDENTIAL SITES ONLY (9-10)**

<b>Expectation</b>	<b>Compliance issues identified</b>	<b>Actions/activities to achieve compliance</b>	<b>Indicate completion of activities (fill out when CAP activities are complete)</b>
9) The unit or dwelling is a specific physical place that can be owned, rented, or occupied			

<p>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 participant, and that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law</p>			
<p>10a) Each individual has privacy in their sleeping or living unit.</p>			

10b) Units have entrance doors lockable by the individual, with only APPROPRIATE staff having keys to door			
10c) Individuals sharing units have a choice of roommates in that setting			
10d) Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or agreement			

**FOR BOTH CDS AND RESIDENTIAL**

<b>Expectation</b>	<b>Compliance issues identified</b>	<b>Actions/activities to achieve compliance</b>	<b>Indicate completion of activities (fill out when CAP activities are complete)</b>
11. Any modification of the additional conditions, under §441.301(c)(4)(vi)(A) through (D), must be supported by a specific assessed need and justified in the person-centered service plan.			

<p>The following requirements must be documented in the person-centered service plan</p> <ul style="list-style-type: none"> <li>a) Identify a specific and individualized assessed need.</li> <li>b) Document the positive interventions and supports used prior to any modifications to the person-centered service plan</li> <li>c) Document less intrusive methods of meeting the need that have been tried and did not work</li> <li>d) Include a clear description of the condition that is directly proportionate to the specific assessed need</li> <li>e) Include regular collection and review of data to measure the ongoing effectiveness of the modification</li> <li>f) Include established time limits for periodic reviews to determine if the modification is still</li> </ul>			
--	--	--	--

necessary or can be terminated g) Include the informed consent of the individual h) Include an assurance that interventions and supports will cause no harm to the individual			
---	--	--	--

The provider will return this document within 14 days of receiving the email notification of the need for a CAP for a site. Please email to [DHS.HCBS@illinois.gov](mailto:DHS.HCBS@illinois.gov).

Provider Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Once the CAP activities are complete, the provider will confirm within 60 days of sending this Compliance Action Plan back to DDD that they have completed the items outlined above by indicating in the right hand column they are complete and attesting to completion by signing below. Please email confirmation to [DHS.HCBS@illinois.gov](mailto:DHS.HCBS@illinois.gov). Please email confirmation to [DHS.HCBS@illinois.gov](mailto:DHS.HCBS@illinois.gov). DDD reserves the right to request copies of documents and further evidence of the activities outlined in this CAP. This CAP will be shared with BQM and BALC for use in their future reviews. I certify that the activities listed above are complete and the HCBS settings compliance issues have been addressed.

Provider Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Appendix F-4: IDHS-DDD Group SEP COMPLIANCE ACTION PLAN (CAP) Template

Provider Agency:	
Point of Contact Name:	
Point of Contact Phone:	
Point of Contact Email:	
Setting Address:	
Setting Type:	
Validation Review Date:	
Provider returned CAP to DDD Date:	
CAP Completion Date:	

Providers – Please identify actions/activities (e.g. systems & documentation) you will create to address the compliance concerns outlined below.

### Step 1

Once you have determined, and are able to describe, what your organization will do or has done to address the compliance concerns, return the CAP with your provider “**Actions/activities to achieve compliance**” to the [Division of Developmental Disabilities Supported Employment Administrator](#). The revised CAP, which must include all compliance “**Actions/activities to achieve compliance**”, must be received within 14 days of receiving the initial email notification from DDD.

### Step 2

Once all of the CAP “**Actions/activities to achieve compliance**” are complete, and within 60 days of completing Step 1 (sending back the “**Actions/activities to achieve compliance**”) to DDD, you (the provider) will attest to completion of CAP “**Actions/activities to achieve compliance**” by completing the right hand column, signing the CAP at the bottom and returning the completed CAP via email to the [Division of Developmental Disabilities Supported Employment Administrator](#).

DDD reserves the right to request copies of documents and further evidence of the activities outlined in this CAP. This CAP will be shared with BQM and BALC for use in their future reviews. If you have questions regarding the process, please email the [Division of Developmental Disabilities Supported Employment Administrator](#).

**FOR DDD SUPPORTED EMPLOYMENT PROGRAM GROUP ONLY**

Expectation	Compliance issues identified	Actions/activities to achieve compliance	Indicate completion of activities (fill out when CAP activities are complete)
1) The setting optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to daily activities.			
2) The setting optimizes, but does not regiment individual autonomy, and independence in making life choices, including but not limited to physical environment.			
3) The setting optimizes, but does not regiment individual autonomy, and independence in			



making life choices, including but not limited to with whom to interact.			
4) Facilitates individual choice regarding services and supports, and who provides them.			

Step 1

Within 14 days of receiving the email notification of the need for a CAP, the provider must return this document with all **“Actions/activities to achieve compliance”**.

Please email to the [Division of Developmental Disabilities Supported Employment Administrator](#).

Provider Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Step 2

Once the CAP “**Actions/activities to achieve compliance**” are complete, within 60 days of completing Step 1 (sending back the “**Actions/activities to achieve compliance**”), the provider will attest to the CAP completion with both an indication in the right-hand column that the “**Actions/activities to achieve compliance**” and signature/date below.

Please email to the [Division of Developmental Disabilities Supported Employment Administrator](#).

DDD reserves the right to request copies of documents and further evidence of the activities outlined in this CAP. This CAP will be shared with BQM and BALC for use in their future reviews.

I certify that the activities listed above are complete and the HCBS settings compliance issues have been addressed.

Provider Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## 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	<b>Initial Transition Plan Development</b>	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	<b>Assessment of Settings</b>	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	<p>Notify setting of site validation visit to be scheduled throughout first year</p> <ul style="list-style-type: none"> <li>• Administer a participant survey to be distributed to site/setting participants and/or their representative;</li> <li>• Conduct a focus group or series of focus groups depending on the size of the site/setting with participants and/or their representatives;</li> <li>• Conduct meetings with key staff at the site/setting to review the self-administered survey, internal policies and procedures and documentation of community integration;</li> <li>• Conduct sample file reviews looking at individual participant's Plans of Care.</li> </ul>	3/17/2015	Complete
3	<b>Assessment of Infrastructure</b>			
	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	Complete
	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	Complete
4	<b>Communication/Public Input</b>			
	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 IDHFS 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 IDHFS 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	Complete
	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	<b>Remediation Strategies</b>			
	Required modifications to existing administrative rules/statutes/waiver definitions ( <i>Specific Rule/Statutes may be found in Appendix B-1 through B-5</i> )	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	Ongoing

	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	Complete
	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	Complete
	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	Complete
		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/	Complete

			setting visits)	
<p>Evaluate and make recommendation re. site/setting's compliance with HCBS settings - including heightened scrutiny</p> <p>(Process defined above in "Site validation visits and analysis of compliance with HCBS settings in order to make recommendations)</p>	<p>Sites which appear to be out of compliance with the requirements of the regulation:</p> <ul style="list-style-type: none"> <li>• those adjacent to, or on the grounds of, public institutions;</li> <li>• those located in a facility which provides inpatient treatment; and</li> <li>• those which seem not to provide the opportunity for participants to receive services in the most integrated community settings</li> </ul>	<p>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.</p>	<p>9/17/2016</p>	<p>Complete</p>
<p>Provider sanctions and disenrollment</p>	<p>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.</p>		<p>1/1/2018</p>	<p>Ongoing</p>

	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	Ongoing
6	<b>Ongoing Compliance</b>			
		Activities which may be components of maintaining ongoing compliance with the new rule will include:		
		<ul style="list-style-type: none"> <li>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.</li> </ul>	1/1/2018	Ongoing
		<ul style="list-style-type: none"> <li>onsite inspections/audits which include collection of data re: factors described in the new rule (choice, options, community integration);</li> </ul>	1/1/2018	Ongoing
		<ul style="list-style-type: none"> <li>implementation of the Quality Assurance Plan for each waiver, described in Appendix H of each waiver and modified as necessary to incorporate rules</li> </ul>	1/1/2018	Ongoing
		<ul style="list-style-type: none"> <li>QA monitoring of Assurances and Performance Measures;</li> </ul>	1/1/2018	Ongoing
		<ul style="list-style-type: none"> <li>The IDHFS 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.</li> </ul>	1/15/2015	Ongoing



		<ul style="list-style-type: none"><li>• Sites found to be out of compliance during any routine assessments will be required to complete a corrective action plan.</li></ul>	1/1/2017	Ongoing
--	--	---	----------	---------

## Appendix H - Managed Care Settings Quality Assurance Monitoring

Settings Requirement/Waiver Performance Measure	MCO Action Steps
<p><b>42 CFR 44.301(c)(4)(i)—Performance Measure A5</b>  <i>The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community...</i></p>	<ul style="list-style-type: none"> <li>• Individuals are asked by Care Coordinators during face-to-face visits whether provider settings offer individuals preference in activities and the ability to engage in community life if they desire.</li> <li>• MCOs added questions to their Health Risk Assessment templates and Contact Tools that include asking individuals:               <ul style="list-style-type: none"> <li>- Whether provider settings offer opportunities to engage in community life</li> <li>- Whether individuals can choose activities they wish to participate in</li> <li>- Whether individuals feel their participation in home and community-based services allows them to have meaningful activities to help them meet their goals/needs</li> <li>- How individuals can participate in meaningful activities</li> <li>- Whether the services individuals receive at the provider setting allow them to engage in activities in the community</li> <li>- Whether individuals feel that the activities they participate in are meaningful</li> <li>- Whether activities meet individual needs (socialization, supervision, skill enhancement)</li> <li>- Whether provider settings notify individuals of local transportation resources and offer opportunities for community outings</li> </ul> </li> </ul>

<p><b>42 CFR 44.301(c)(4)(ii)—Performance Measures A6 and D10</b>  <i>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.</i></p>	<ul style="list-style-type: none"> <li>• MCOs have implemented auditing processes to validate that Care Coordination staff are ensuring individual choice in selection of settings options</li> <li>• Some MCOs have platforms that allow for Care coordinators to search providers based on the individual’s region and location. The provider search will allow Care Coordinators to offer individuals provider options within their community or a center of their choice. Plans of Care also ensure that individuals understand that they have a choice in settings.</li> <li>• MCOs added questions to their Health Risk Assessments and Contact Tools that include asking individuals: <ul style="list-style-type: none"> <li>- Whether individuals were provided a choice of directing services received at the provider setting</li> <li>- Whether individuals had choice of providers as they develop their service plans</li> <li>- Individuals are asked if they feel they have the ability and comfort level in directing services</li> <li>- How they direct their services</li> <li>- Whether they are informed of available HCB service options and which service options they are interested in</li> </ul> </li> </ul>
<p><b>42 CFR 44.301(c)(4)(iii)—Performance Measure A5</b>  <i>The setting ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.</i></p>	<ul style="list-style-type: none"> <li>• Some MCOS require annual web-based training for providers that includes content on individual rights</li> <li>• Care coordination teams are required to educate individuals on their rights and responsibilities, including their acknowledgement that they can make decisions to remain independent to the greatest extent possible</li> <li>• MCOs added questions to their Health Risk Assessments and Contact Tools that include asking individuals: <ul style="list-style-type: none"> <li>- Whether provider settings ensure individual rights to privacy, dignity, respect, and freedom from coercion and restraint</li> </ul> </li> </ul>

<p><b>42 CFR 44.301(c)(4)(iv)—Performance Measure A5</b>  <i>Individuals have autonomy in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact at the setting.</i></p>	<ul style="list-style-type: none"> <li>• MCOs added questions to their Health Risk Assessments and Contact Tools that include asking individuals: <ul style="list-style-type: none"> <li>- Whether they can make independent choices at the provider setting regarding their care</li> <li>- Whether individuals require accommodations for entering or exiting the provider setting (wheelchair ramp, wide doorway, grab bars, etc.), and whether settings provide needed accommodations</li> <li>- Whether individuals feel supported in making decisions to remain independent to the greatest extent possible</li> <li>- Whether individuals can choose which activities they want to participate in</li> <li>- Whether the activities individuals participate in are meaningful, and whether those activities meet their needs (socialization, supervision, skill enhancement)</li> </ul> </li> </ul>
<p><b>42 CFR 44.301(c)(4)(v)—Performance Measure A6</b>  <i>The provider setting honors an individual’s right to choose which provider site staff facilitate their services.</i></p>	<ul style="list-style-type: none"> <li>• MCOs added questions to their Health Risk Assessments and Contact Tools that include asking individuals: <ul style="list-style-type: none"> <li>- Whether providers honor their right to choose which staff facilitate their services</li> <li>- Whether individuals can choose their caregiver</li> <li>- Whether individuals are treated well by their caregivers</li> </ul> </li> </ul>
<p><b>42 CFR 44.301(c)(4)(vi)(C)—Performance Measure A6</b>  <i>Individuals have freedom and support within the provider setting to control their own schedules and activities, and have access to food at any time.</i></p>	<ul style="list-style-type: none"> <li>• MCO Care Coordinators are required to review PCPOCs with individuals, asking individuals their preference regarding scheduling of service provision at the setting</li> <li>• MCOs added questions to their Health Risk Assessments and Contact tools that include asking individuals: <ul style="list-style-type: none"> <li>- Whether individuals can choose days/times to receive services</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>- Whether individuals have access to food at any time</li> <li>- Whether provider settings allow individuals to be independent in deciding their preferences while there</li> <li>- Whether individuals are provided with food options that meet their needs/preferences</li> <li>- Whether individuals participate in choosing activities, scheduling of services, and food options</li> <li>- Whether individuals are satisfied with their providers as well as their feelings regarding their freedom and support</li> </ul>
<p><b>42 CFR 44.301(c)(4)(vi)(D)—Performance Measures A5 and A6</b>  <i>Individuals can have visitors of their choosing at any time at the provider setting.</i></p>	<ul style="list-style-type: none"> <li>• MCOs review provider settings Visitor policies to ensure compliance</li> <li>• MCOS added questions to their Health Risk Assessments and Contact Tools that include asking individuals: <ul style="list-style-type: none"> <li>- Whether they can see or talk to their friends and family when they want to</li> <li>- Whether they can have visitors while they receive waiver services</li> </ul> </li> </ul>
<p><b>42 CFR 44.301(c)(4)(vi)(D)—Performance Measure A5</b>  <i>The setting is physically accessible.</i></p>	<ul style="list-style-type: none"> <li>• All HCBS Provider Settings are required to report on accessibility requirements through a Universal Roster Template (<a href="https://iamhp.net/providers">https://iamhp.net/providers</a>). Managed Care Organizations are required to review these templates to ensure compliance.</li> <li>• Some MCOs performs site visits for newly contracted providers and accessibility (ADA requirements) is evaluated as part of those on-site visits</li> <li>• MCOs added questions to their Health Risk Assessment and Contact Tools that include asking individuals:</li> </ul>

	<ul style="list-style-type: none"> <li>• Whether the provider setting is accessible (staff assist, accessible entrance/exit, restrooms, dining room, etc.)</li> </ul>
<p><b>42 CFR 44.301(c)(4)(vi)(A) *SLP only</b>  <i>Individuals have knowledge of applicable eviction processes and appeals.</i></p>	<ul style="list-style-type: none"> <li>• As part of the “Social Determinants of Health” portion of the Health Risk Assessment, MCO Care Coaches explore any eviction or housing issues with individuals.</li> <li>• Some MCOs created “SLP Member Checklists” that include affirmation individuals received copies of their resident agreement/contract, which provide information on discharge (eviction) and the appeals process. Care Coordination teams were trained on use of the checklists that included required actions Care Coordinators should take when individuals indicate they do not have information.</li> <li>• MCO Member handbooks contain information for the Supportive Living Complaint Hotline, along with information on how individuals can report grievances/formal complaints to the Health Plan and how to reach the Member Services team</li> <li>• MCOs added questions to their Health Risk Assessment and Contact Tools that include asking individuals: <ul style="list-style-type: none"> <li>- Whether SLP staff have reviewed what will result in eviction and the eviction process, and whether individuals are aware of the appeals process</li> <li>- Whether individuals are knowledgeable of the SLP’s evictions and appeals process</li> </ul> </li> </ul>
<p><b>42 CFR 44.301(c)(4)(vi)(B) *SLP only</b>  <i>Individuals receive privacy in their sleeping or living units, have lockable doors, have a choice of roommate (if living in a shared unit), and have freedom to furnish and decorate their living units.</i></p>	<ul style="list-style-type: none"> <li>• MCOs maintain all policies and procedures for compliance with state/federal laws governing confidentiality and privacy of health information through their Quality Improvement Committees.</li> <li>• MCOs added questions to their Health Risk Assessment and Contact Tools that include asking individuals:</li> </ul>

	<ul style="list-style-type: none"> <li>- Whether they receive privacy in their sleeping or living units, have lockable doors, have a choice of roommate (if living in a shared unit), and have freedom to furnish and decorate their living units</li> <li>- If they have roommates and whether they were able to choose their roommates</li> <li>- Whether they can lock their doors and receive privacy when they need it</li> <li>- Whether they can decorate/arrange the room to their preference</li> <li>- Whether they feel they have privacy in their room (do staff knock before they enter?)</li> </ul>
<p><b>42 CFR 44.301(c)(4)(vi)(F)—Performance Measures D2 and D3</b>  <i>Any modifications to the Settings requirements are supported by a specific individualized assessed need and justified in the person-centered service plan.</i></p>	<ul style="list-style-type: none"> <li>• MCOs train Care Coordinators upon hire and annually on Person-Centered Planning requirements and Motivational Interviewing.</li> <li>• MCOs conduct in-depth assessments of individualized needs that are addressed in the person-centered care planning process. The person-centered planning process involves families, friends, and healthcare professionals as the member desires or requires.</li> <li>• MCO Quality Assurance monitoring processes involve internal auditing practices that include the auditing of person-centered service plans in conjunction with the health risk assessment, case note documentation and evaluation of reported needs or goals from all tasks with the individual.</li> <li>• All needs and barriers are assessed annually and/or quarterly during care plan reviews. Needs identified, including any needed modifications, are discussed with Provider Setting staff and included in Care Plans.</li> </ul>

Appendix I-1: Illinois Department of Human Services' Division of Developmental  
Disabilities (IDHS-DDD)

Non-Residential Community Day Services (CDS) Non-Compliance Summary

**Total Compliance Action Plans (CAPS): 208**

<b>Settings Requirement</b>	<b>Level of Non-Compliance</b>
1b. Engagement in Community Life	<b>24%</b> (49/208)
1c. Control of Personal Resources	<b>30%</b> (62/208)
1d. Same Degree of Access to Community Services	<b>46%</b> (95/208)
3a. Right to Privacy	<b>47%</b> (97/208)
3b. Right to Dignity and Respect	<b>51%</b> (107/208)
3c. Freedom from Coercion	<b>37%</b> (76/208)
3d. Freedom from Restraint	<b>43%</b> (90/208)
4a. Initiative/Autonomy/Independence—Daily Activities	<b>28%</b> (59/208)
4b. Initiative/Autonomy/Independence—Physical Environment	<b>46%</b> (95/208)
4c. Initiative/Autonomy/Independence—Whom to Interact	<b>39%</b> (82/208)
5a. Individual Choice—Services and Supports	<b>47%</b> (97/208)
6a. Choice Over Schedule/Activities	<b>37%</b> (76/208)
6b. Access to Food at Any Time	<b>66%</b> (138/208)
7a. Right to Visitors at Any Time	<b>52%</b> (109/208)
8a. Setting is Physically Accessible	<b>40%</b> (79/208)

**Highest Areas of Non-compliance:**

- *Right to Dignity and Respect* (51% non-compliance)
- *Access to Food at Any Time* (67% non-compliance)
- *Right to Visitors at Any Time* (57% non-compliance)



**Appendix I-2: Illinois Department of Human Services' Division of Developmental  
Disabilities (IDHS-DDD)**

**Residential Community Living Facility (CLF) Non-Compliance Summary**

**Total Compliance Action Plans (CAPS): 13**

<b>Settings Requirement</b>	<b>Level of Non-Compliance</b>
1b. Engagement in Community Life	<b>8%</b> (1/13)
1c. Control of Personal Resources	<b>0%</b>
1d. Same Degree of Access to Community Services	<b>15%</b> (2/13)
3a. Right to Privacy	<b>0%</b>
3b. Right to Dignity and Respect	<b>0%</b>
3c. Freedom from Coercion	<b>0%</b>
3d. Freedom from Restraint	<b>0%</b>
4a. Initiative/Autonomy/Independence—Daily Activities	<b>15%</b> (2/13)
4b. Initiative/Autonomy/Independence—Physical Environment	<b>38%</b> (5/13)
4c. Initiative/Autonomy/Independence—Whom to Interact	<b>23%</b> (3/13)
5a. Individual Choice—Services and Supports	<b>15%</b> (2/13)
6a. Choice Over Schedule/Activities	<b>8%</b> (1/13)
6b. Access to Food at Any Time	<b>38%</b> (5/13)
7a. Right to Visitors at Any Time	<b>38%</b> (5/13)
8a. Setting is Physically Accessible	<b>15%</b> (2/13)
9a. Lease/Residency Agreement	<b>0%</b>
10a. Privacy in Sleeping/Living Unit	<b>8%</b> (1/13)
10b. Lockable Doors	<b>0%</b>
10c. Choice of Roommate	<b>15%</b> (2/13)
10d. Freedom to Furnish/Decorate	<b>8%</b> (1/13)
11a. Person-Centered Planning Compliance with Modifications	<b>0%</b>
11b. Education on Consent for Modifications	<b>0%</b>

**Highest Areas of Non-compliance:**

- *Initiative/Autonomy/Independence—Physical Environment* (38% non-compliance)
- *Access to Food at Any Time* (38% non-compliance)
- *Right to Visitors at Any Time* (38% non-compliance)

**Appendix I-3: Illinois Department of Human Services’ Division of Developmental Disabilities (IDHS-DDD)**

**Residential Children’s Group Homes (CGH) Non-Compliance Summary**

**Total Compliance Action Plans (CAPS): 21**

<b>Settings Requirement</b>	<b>Level of Non-Compliance</b>
1b. Engagement in Community Life	<b>14%</b> (3/21)
1c. Control of Personal Resources	<b>48%</b> (10/21)
1d. Same Degree of Access to Community Services	<b>38%</b> (8/21)
3a. Right to Privacy	<b>71%</b> (15/21)
3b. Right to Dignity and Respect	<b>48%</b> (10/21)
3c. Freedom from Coercion	<b>100%</b> (21/21)
3d. Freedom from Restraint	<b>38%</b> (8/21)
4a. Initiative/Autonomy/Independence—Daily Activities	<b>29%</b> (6/21)
4b. Initiative/Autonomy/Independence—Physical Environment	<b>76%</b> (16/21)
4c. Initiative/Autonomy/Independence—Whom to Interact	<b>86%</b> (18/21)
5a. Individual Choice—Services and Supports	<b>48%</b> (10/21)
6a. Choice Over Schedule/Activities	<b>52%</b> (11/21)
6b. Access to Food at Any Time	<b>33%</b> (7/21)
7a. Right to Visitors at Any Time	<b>48%</b> (10/21)
8a. Setting is Physically Accessible	<b>67%</b> (14/21)
9a. Lease/Residency Agreement	<b>10%</b> (2/21)
10a. Privacy in Sleeping/Living Unit	<b>76%</b> (16/21)
10b. Lockable Doors	<b>14%</b> (3/21)
10c. Choice of Roommate	<b>71%</b> (15/21)
10d. Freedom to Furnish/Decorate	<b>52%</b> (11/21)
11a. Person-Centered Planning Compliance with Modifications	<b>10%</b> (2/21)
11b. Education on Consent for Modifications	<b>10%</b> (2/21)

**Highest Areas of Non-compliance:**

- *Right to Privacy* (71% non-compliance)
- *Freedom from Coercion* (100% non-compliance)
- *Initiative/Autonomy/Independence—Physical Environment* (76% non-compliance)
- *Initiative/Autonomy/Independence—Whom to Interact* (86% non-compliance)
- *Choice Over Schedule/Activities* (52% non-compliance)
- *Setting is Physically Accessible* (67% non-compliance)
- *Privacy in Sleeping/Living Unit* (76% non-compliance)
- *Choice of Roommate* (71% non-compliance)
- *Freedom to Furnish/Decorate* (52% non-compliance)

**Appendix I-4: Illinois Department of Human Services’ Division of Developmental Disabilities (IDHS-DDD)**

**Residential Community Integrated Living Arrangement (CILA) Non-Compliance Summary**

**Total Compliance Action Plans (CAPS): 1,077**

<b>Settings Requirement</b>	<b>Level of Non-Compliance</b>
1b. Engagement in Community Life	<b>35%</b> (374/1077)
1c. Control of Personal Resources	<b>33%</b> (359/1077)
1d. Same Degree of Access to Community Services	<b>48%</b> (522/1077)
3a. Right to Privacy	<b>32%</b> (340/1077)
3b. Right to Dignity and Respect	<b>35%</b> (379/1077)
3c. Freedom from Coercion	<b>36%</b> (390/1077)
3d. Freedom from Restraint	<b>37%</b> (394/1077)
4a. Initiative/Autonomy/Independence—Daily Activities	<b>43%</b> (462/1077)
4b. Initiative/Autonomy/Independence—Physical Environment	<b>52%</b> (558/1077)
4c. Initiative/Autonomy/Independence—Whom to Interact	<b>45%</b> (488/1077)
5a. Individual Choice—Services and Supports	<b>53%</b> (566/1077)
6a. Choice Over Schedule/Activities	<b>36%</b> (391/1077)
6b. Access to Food at Any Time	<b>57%</b> (619/1077)
7a. Right to Visitors at Any Time	<b>44%</b> (475/1077)
8a. Setting is Physically Accessible	<b>48%</b> (516/1077)
9a. Lease/Residency Agreement	<b>6%</b> (60/1077)
10a. Privacy in Sleeping/Living Unit	<b>39%</b> (420/1077)
10b. Lockable Doors	<b>8%</b> (82/1077)
10c. Choice of Roommate	<b>44%</b> (469/1077)
10d. Freedom to Furnish/Decorate	<b>28%</b> (305/1077)
11a. Person-Centered Planning Compliance with Modifications	<b>5%</b> (58/1077)
11b. Education on Consent for Modifications	<b>5%</b> (55/1077)

**Highest Areas of Non-compliance:**

- *Initiative/Autonomy/Independence—Physical Environment* (52% non-compliance)
- *Individual Choice—Services and Supports* (53% non-compliance)
- *Access to Food at Any Time* (57% non-compliance)

## Appendix J—Illinois Heightened Scrutiny Locations

### Illinois Department on Aging (IDoA)

#### Adult Day Service (ADS) Settings

**Total: 2**

*Locations also utilized by Illinois Department of Human Services' (IDHS) Division of Rehabilitation Services (DRS)*

Agency Name	Address	City	Zip	Residential/Non-Residential	Prong
Cherished Place	800 West Oakton Street	Arlington Heights	60004	Non-Residential	Prong 3
OSF Senior World Peoria	719 N. William Kumpf Blvd., Suite 300	Peoria	61605	Non-Residential	Prong 3

### Illinois Department of Human Services' (IDHS) Division of Developmental Disabilities (DDD)

#### Community Day Service (CDS) Settings

**Total: 184**

Agency Name	Address	City	Zip	Residential/Non-Residential	Prong
A Step Forward	5310 E. William St.	Decatur	62521	Non-Residential	Prong 3
Abilities Plus	1100 N. East St.	Kewanee	61443	Non-Residential	Prong 3
Ada S. McKinley Community Service, Inc.	1112 E 87th	Chicago	60619	Non-Residential	Prong 3
Ada S. McKinley Community Service, Inc.	1863 S. Wabash Ave.	Chicago	60616	Non-Residential	Prong 3
Ada S. McKinley Community Service, Inc.	6033 S. Wentworth Ave.	Chicago	60621	Non-Residential	Prong 3
Arc of Quad Cities Area, The	4016 9th Street	Rock Island	61201	Non-Residential	Prong 3
Arc of Quad Cities Area, The	5101 52nd Ave	Moline	61265	Non-Residential	Prong 3
Arc of Quad Cities Area, The	610 37th Ave.	Rock Island	61201	Non-Residential	Prong 3
Arrowleaf	100 Oliver Street	Vienna	62995	Non-Residential	Prong 3

Arrowleaf	216 North Market Street	Golconda	62938	Non-Residential	Prong 3
Aspire	1530 S Shields Dr	Waukegan	60085	Non-Residential	Prong 3
Association for Individual Development	1135 Bowes Road	Elgin	60123	Non-Residential	Prong 3
Association for Individual Development	3000 Liberty Street	Aurora	60502	Non-Residential	Prong 3
Association for Individual Development	309 New Indian Tr. Ct.	Aurora	60506	Non-Residential	Prong 3
Association for Individual Development	31 Main Street	Sugar Grove	60554	Non-Residential	Prong 3
Association for Individual Development	409 New Indian Tr. Ct.	Aurora	60506	Non-Residential	Prong 3
Association for Individual Development	708 N. Bridge Street	Yorkville	60560	Non-Residential	Prong 3
Association for Individual Development	8 S. Lincoln	Batavia	60510	Non-Residential	Prong 3
Association House of Chicago	1116 N. Kedzie Ave.	Chicago	60651	Non-Residential	Prong 3
Avenues to Independence	444 Mercantile Court	Wheeling	60090	Non-Residential	Prong 3
Barbara Olson Center of Hope	3206 N. Central Ave.	Rockford	61101	Non-Residential	Prong 3
Beverly Farm Foundation	812 Airport Rd.	Godfrey	62035	Non-Residential	Prong 3
Blue Island Citizens For Persons w/DD	1962 Broadway	Blue Island	60406	Non-Residential	Prong 3
Blue Island Citizens For Persons w/DD	2155 Broadway	Blue Island	60406	Non-Residential	Prong 3
Bridgeway, Inc.	2077 Edgewater Dr.	Pekin	61554	Non-Residential	Prong 3
Bridgeway, Inc.	900 S. Deer Rd.	Macomb	61455	Non-Residential	Prong 3
Broadstep (formerly Willowglen and Bethesda)	701 Lamm Rd.	Freeport	61032	Non-Residential	Prong 3
Career Development Center	2120 West Delaware	Fairfield	62837	Non-Residential	Prong 3
CCAR Industries	1530 Lincoln Avenue	Charleston	61920	Non-Residential	Prong 3
CCAR Industries	1600 East Lincoln, Building B	Charleston	61920	Non-Residential	Prong 3
CCAR Industries	1600 Lincoln Ave.	Charleston	61920	Non-Residential	Prong 3
CCAR Industries	200 West Locust St.	Charleston	61920	Non-Residential	Prong 3
Challenge Unlimited	109 Corporate Drive	Swansea	62226	Non-Residential	Prong 3

Challenge Unlimited	1701 Locust St.	Quincy	62301	Non-Residential	Prong 3
Challenge Unlimited	4452 Industrial Drive	Alton	62002	Non-Residential	Prong 3
Chamness Care, Inc.	504 E 7th	Karnak	62956	Non-Residential	Prong 3
Cherubim DTP and CILA Programs	1753 South Blanchard	Wheaton	60189	Non-Residential	Prong 3
Clay County Rehabilitation Center, Inc.	#1 Commercial Drive, Bldg 1, & 2	Flora	62839	Non-Residential	Prong 3
Clay County Rehabilitation Center, Inc.	500 W. 4th St. (Seniors Center)	Flora	62839	Non-Residential	Prong 3
Clay County Rehabilitation Center, Inc.	530 W. 4th St. (Main Bldg).	Flora	62839	Non-Residential	Prong 3
Coleman Tri-County Services	10155 Highway 13	Shawneetown	62984	Non-Residential	Prong 3
Coleman Tri-County Services	509 W. Poplar	Harrisburg	62946	Non-Residential	Prong 3
Community Link	1665 N. Fourth	Breese	62230	Non-Residential	Prong 3
Community Link	8510 Old U.S. Hwy. 50	Breese	62230	Non-Residential	Prong 3
Community Link	9815 Bunkum Road	Fairview Heights	62208	Non-Residential	Prong 3
Community Support Systems	223 N Harvester	Teutopolis	62467	Non-Residential	Prong 3
Community Support Systems	618 West Main	Teutopolis	62467	Non-Residential	Prong 3
Community Workshop and Training Center	3215 N. University St.	Peoria	61604	Non-Residential	Prong 3
Comprehensive Connections, (dba)	16338 N. IL Hwy 37	Mt. Vernon	62864	Non-Residential	Prong 3
ComWell	10257 State Rt. 3, Bldg L & P	Red Bud	62278	Non-Residential	Prong 3
Cornerstone Services, Inc.	1475 Harvard Drive	Kankakee	60901	Non-Residential	Prong 3
Cornerstone Services, Inc.	2401 W. Jefferson	Joliet	60435	Non-Residential	Prong 3
Cornerstone Services, Inc.	777B Joyce Road	Joliet	60436	Non-Residential	Prong 3
Crosspoint Human Services	210 Avenue C	Danville	61832	Non-Residential	Prong 3
CTF ILLINOIS	1400 Reynolds Drive	Charleston	61920	Non-Residential	Prong 3
CTF ILLINOIS	17459 S. Oak Park Avenue	Tinley Park	60477	Non-Residential	Prong 3
CTF ILLINOIS	18230 Orland Parkway	Orland Park	60467	Non-Residential	Prong 3
CTF Illinois	4735 w 135th St	Crestwood	60445	Non-Residential	Prong 3
CTF ILLINOIS	503 B Jefferson	Charleston	61920	Non-Residential	Prong 3

CTF ILLINOIS	511 E Main	Olney	62450	Non-Residential	Prong 3
CTF ILLINOIS	6081 Developmental Drive	Charleston	61920	Non-Residential	Prong 3
CTF Illinois	6800 & 6820 Centenniel	Tinley Park	60477	Non-Residential	Prong 3
Douglas Center	3445 W. Howard Avenue	Skokie	60076	Non-Residential	Prong 3
Elim Christian Services	13063 South Monitor	Palos Heights	60463	Non-Residential	Prong 3
Elim Christian Services	15565 S. 70th Court	Orland Park	60462	Non-Residential	Prong 3
Elm City Rehabilitation Center	1314 W. Walnut	Jacksonville	62650	Non-Residential	Prong 3
Encore Developmental Services	10840 Route 10 East	Clinton	61727	Non-Residential	Prong 3
Envision Unlimited	1801 N. Spaulding Ave.	Chicago	60647	Non-Residential	Prong 3
Epic	1913 Townline Rd.	Peoria	61615	Non-Residential	Prong 3
Esperanza Community Services	520 N. Marshfield Avenue	Chicago	60622	Non-Residential	Prong 3
FAYCO Enterprises, Inc.	1114 West Jefferson Street	Vandalia	62471	Non-Residential	Prong 3
FAYCO Enterprises, Inc.	1313 Sunset Dr.	Vandalia	62471	Non-Residential	Prong 3
FAYCO Enterprises, Inc.	2022 Wagner Street	Vandalia	62471	Non-Residential	Prong 3
FAYCO Enterprises, Inc.	2112 Schram Av.	Hillsboro	62049	Non-Residential	Prong 3
FAYCO Enterprises, Inc.	538 W Harris Ave	Greenville	62246	Non-Residential	Prong 3
Five Star Industries, Inc.	1308 Wells St. Rd.	DuQuoin	62832	Non-Residential	Prong 3
Fulton County Rehabilitation Center Inc.	500 N. Main	Canton	61520	Non-Residential	Prong 3
Futures Unlimited, Inc.	210 E. Torrance, Bldg A	Pontiac	61764	Non-Residential	Prong 3
Futures Unlimited, Inc.	401 Waupansie St.	Dwight	60420	Non-Residential	Prong 3
Garden Center Services	8333 S. Austin Ave.	Burbank	60459	Non-Residential	Prong 3
Gateway Services, Inc.	511 School Street	Henry	61537	Non-Residential	Prong 3
Genesis DTC, LLC	350 Sycamore	Genoa	60135	Non-Residential	Prong 3
Glenkirk	1962 Greenbay Road	Highland park	60035	Non-Residential	Prong 3
Glenkirk	3504 Commercial Ave	Northbrook	60062	Non-Residential	Prong 3
Good Shepherd Manor, Inc.	4129 N Rt 1-17	Momence	60954	Non-Residential	Prong 3
Helping Hand	6160 East Avenue	Hodgkins	60525	Non-Residential	Prong 3
Horizon House of Illinois Valley, Inc.	2000 Plank Road	Peru	61354	Non-Residential	Prong 3

Human Resources Center of Edgar and Clark Counties	753 East Court Street	Paris	61944	Non-Residential	Prong 3
Human Support Services	988 N. Illinois Rte 3	Waterloo	62298	Non-Residential	Prong 3
Illinois Center for Autism	1306 Wabash Ave.	Belleville	62221	Non-Residential	Prong 3
Illinois Valley Economic Development Corporation	217 E. Walnut St.	Gillespie	62033	Non-Residential	Prong 3
Illinois Valley Economic Development Corporation	405 Mounds Street	Jerseyville	62052	Non-Residential	Prong 3
Illinois Valley Industries, Inc.	1011 Third Avenue	Morris	60450	Non-Residential	Prong 3
Illinois Valley Industries, Inc.	1033 Third Avenue	Morris	60450	Non-Residential	Prong 3
JRs Centre, Inc.	100 Florsheim Dr.	Anna	62906	Non-Residential	Prong 3
Kaskaskia Workshop, Inc.	299 Swan Avenue	Centralia	62801	Non-Residential	Prong 3
KCCDD, Inc.	2015 Windish Dr.	Galesburg	61401	Non-Residential	Prong 3
Kreider Services, Inc.	500 Anchor Rd.	Dixon	61021	Non-Residential	Prong 3
Lambs Farm	14100 Lambs Lane, Unit 1	Green Oaks	60048	Non-Residential	Prong 3
Lambs Farm	14100 Lambs Lane, Unit 2	Green Oaks	60048	Non-Residential	Prong 3
Land of Lincoln Goodwill Industries, Inc.	2001 W. Wabash	Springfield	62704	Non-Residential	Prong 3
Lansing Association for Retarded Citizens	19043 Wentworth Avenue	Lansing	60438	Non-Residential	Prong 3
Lawrence/Crawford Assn. for Exceptional Citizens	2222 Lexington Avenue	Lawrenceville	62439	Non-Residential	Prong 3
Lawrence/Crawford Assn. for Exceptional Citizens	905 W. Mulberry	Robinson	62454	Non-Residential	Prong 3
Little City Foundation	1610 Community Way	Palatine	60067	Residential	Prong 3
Little City Foundation	2360 Palmer Drive	Schaumburg	60173	Non-Residential	Prong 3
Luthern Social Services of Illinois	16248 S. Parker Rd.	Homer Glen	60491	Non-Residential	Prong 3
Macon Resources, Inc.	2121 Hubbard Ave.	Decatur	62524	Non-Residential	Prong 3
Malcolm Eaton Enterprises	570 W. Lamm Road	Freeport	61032	Non-Residential	Prong 3
Marklund Childrens Home	1 S450 Wyatt Dr.	Geneva	60134	Non-Residential	Prong 3
Mental Health Centers of Central Illinois	760 S. Postville Dr.	Lincoln	62656	Non-Residential	Prong 3



Mental Health Centers of Western Illinois	607 Buchanan Street	Carthage	62321	Non-Residential	Prong 3
Milestone, Inc.	4060 McFarland Rd	Loves Park		Non-Residential	Prong 3
Milestone, Inc.	4504 Shepard Tr.	Rockford	61103	Non-Residential	Prong 3
Misericordia Heart of Mercy	6300 N Ridge	Chicago	60660	Non-Residential	Prong 3
Moultrie County Beacon, Inc.	203 Graham	Sullivan	61951	Non-Residential	Prong 3
Moultrie County Beacon, Inc.	300 W. Water	Sullivan	61951	Non-Residential	Prong 3
Moultrie County Beacon, Inc.	401 W. Water St.	Sullivan	61951	Non-Residential	Prong 3
New Opportunities, Inc.	1510 West Seventh Street	Granite City	62040	Non-Residential	Prong 2
New Star, Inc.	1005 W End Ave	Chicago Heights	60411	Non-Residential	Prong 3
New Star, Inc.	1021 W End Ave	Chicago Heights	60411	Non-Residential	Prong 3
North Center for Handicapped	5104 W. Belmont Ave.	Chicago	60641	Non-Residential	Prong 3
Oak/Leyden Developmental Services, Inc.	320 Chicago	Oak Park	60302	Non-Residential	Prong 3
Open Door Rehabilitation Center	217 South West Street	Sandwich	60548	Non-Residential	Prong 3
Opportunity House, Inc.	357 N. California	Sycamore	60178	Non-Residential	Prong 3
Orchard Village	7651 Marmora	Skokie	60077	Non-Residential	Prong 3
Ottawa Friendship House	1718 N. 2525 Road, Training Center	Ottawa	61350	Non-Residential	Prong 3
Our Directions, Inc.	800 E. Herrin Rd.	Herrin	62948	Non-Residential	Prong 3
Park Lawn School & Activity Center	10833 S. LaPorte Ave.	Oak Lawn	60453	Non-Residential	Prong 3
Park Lawn School & Activity Center	5040 W. 111th St.	Oak Lawn	60453	Non-Residential	Prong 3
Pathway Services Unlimited	1905 W. Morton	Jacksonville	62650	Non-Residential	Prong 3
Piatt County Mental Health Center	1921 North Market	Monticello	61856	Non-Residential	Prong 3
Pioneer Center for Human Services	4001 Dayton St.	McHenry	60050	Non-Residential	Prong 3
Progressive Therapeutic Services	1141 W. 175th Street	Homewood	60430	Non-Residential	Prong 3

Progressive Therapeutic Services	4002 S. Western Avenue	Chicago	60609	Non-Residential	Prong 3
Ray Graham Association for People w/Disabilities	1108 N. Main St.	Lombard	60148	Non-Residential	Prong 3
Ray Graham Association for People w/Disabilities	420 W. Madison	Elmhurst	60126	Non-Residential	Prong 3
Rehabilitation and Vocational Education, Inc.	214 W. Davie St.	Anna	62906	Non-Residential	Prong 3
Riverside Foundation	935 Lakeview Parkway	Vernon Hills	60061	Non-Residential	Prong 3
Rock River Valley Self Help Enterprises, Inc.	2300 W. LeFevre	Sterling	61081	Non-Residential	Prong 3
Rolling Hills Progress Center, Inc.	201 Illinois Route 64	Lanark	61046	Non-Residential	Prong 3
Rolling Hills Progress Center, Inc.	801 E. IL. Rt. 64, Plant #2	Lanark	61046	Non-Residential	Prong 3
Search Inc	4930 N. Lincoln Ave.	Chicago	60625	Non-Residential	Prong 3
Search Inc	625 Slawin Court	Mt. Prospect	60056	Non-Residential	Prong 3
Sertoma Centre, Inc.	4343 W. 123rd St.	Alsip	60803	Non-Residential	Prong 3
Shelby County Community Services, Inc.	1810 W.S. 3rd	Shelbyville	62565	Non-Residential	Prong 3
SHORE Community Services, Inc.	8035 N. Austin	Morton Grove	60053	Non-Residential	Prong 3
SHORE Community Services, Inc.	8350 Laramie Avenue	Skokie	60077	Non-Residential	Prong 3
South Chicago Parents & Friends	10241 South Commercial	Chicago	60617	Non-Residential	Prong 3
South Chicago Parents & Friends	11207 S. Ewing Ave.	Chicago	60617	Non-Residential	Prong 3
Specialized Training for Adult Rehabilitation	1201 Hanson Street	Murphysboro	62966	Non-Residential	Prong 3
Specialized Training for Adult Rehabilitation	125 N. 13th Street	Murphysboro	62966	Non-Residential	Prong 3
Specialized Training for Adult Rehabilitation	1308 Manning St.	Murphysboro	62966	Non-Residential	Prong 3

Specialized Training for Adult Rehabilitation	220 N. 12th St.	Murphysboro	62966	Non-Residential	Prong 3
Springfield Developmental Center, Inc.	4595 Laverna Rd.	Springfield	62707	Non-Residential	Prong 2
St. Clair Associated Vocational Enterprises, Inc.	3001 Save Rd., Bldg 301	Belleville	62221	Non-Residential	Prong 3
St. Clair Associated Vocational Enterprises, Inc.	3001 Save Rd., bldg. # 122	Belleville	62221	Non-Residential	Prong 3
St. Clair Associated Vocational Enterprises, Inc.	3001 Save Rd., Bldg. # 203	Belleville	62221	Non-Residential	Prong 3
St. Clair Associated Vocational Enterprises, Inc.	3001 Save Rd., Bldg. # 303	Belleville	62221	Non-Residential	Prong 3
St. Clair Associated Vocational Enterprises, Inc.	3001 Save Rd., Bldg. #201	Belleville	62221	Non-Residential	Prong 3
St. Clair Associated Vocational Enterprises, Inc.	3001 Save Rd., Bldg. 310	Belleville	62221	Non-Residential	Prong 3
St. Colettas of Illinois, Inc.	18350 Crossing Dr.	Tinley Park	60487	Non-Residential	Prong 3
St. Mary of Providence	4200 N. Austin Ave.	Chicago	60634	Non-Residential	Prong 3
St. Mary of Providence	4250 N. McVicker	Chicago	60634	Non-Residential	Prong 3
Tazewell County Resource Centers, Inc.	21310 Illinois Rt. 9	Tremont	61568	Non-Residential	Prong 3
Tazewell County Resource Centers, Inc.	3251 Barney Ave	Pekin	61554	Non-Residential	Prong 3
Tazewell County Resource Centers, Inc.	3263 Barney Avenue	Pekin	61554	Non-Residential	Prong 3
Tazewell County Resource Centers, Inc.	501 E. Highland St.	Morton	61550	Non-Residential	Prong 3
Tazewell County Resource Centers, Inc.	81A E. Queenwood Rd.	Morton	61550	Non-Residential	Prong 3
TRADE Industries	505 S. McCoy	Mcleansboro	62859	Non-Residential	Prong 3
Transitions of Western Illinois	631 N. 48th	Quincy	62305	Non-Residential	Prong 3
Trinity Services, Inc.	11858 Zimmerman Road	Mascoutah	62258	Non-Residential	Prong 3
Trinity Services, Inc.	17128 W. Hoff Road, Suites A & B	Elwood	60442	Non-Residential	Prong 3
Trinity Services, Inc.	17154 Hoff Road	Elwood	60442	Non-Residential	Prong 3

Trinity Services, Inc.	18100 W. Oak Ave	Lockport	60440	Non-Residential	Prong 3
Trinity Services, Inc.	9419 Corsair	Frankfort	60423	Non-Residential	Prong 3
UCP Seguin of Greater Chicago	1136 Maple	LaGrange Park	60525	Non-Residential	Prong 3
UCP Seguin of Greater Chicago	5601 West Ogden Avenue	Cicero	60804	Non-Residential	Prong 3
Village of Progress, Inc.	710 S. 13th St.	Oregon	61061	Non-Residential	Prong 3
Wabash Area Vocational Enterprises	1420 West 3rd Street	Mt. Carmel	62863	Non-Residential	Prong 3
Warren Achievement Center, Inc.	1314 S. Main St.	Monmouth	61462	Non-Residential	Prong 3
Washington County Vocational Workshop	781 East Holzhauer Dr.	Nashville	62263	Non-Residential	Prong 3
William M. BeDell Achievement and Resource Center	3521 Culp Ln.	Alton	62002	Non-Residential	Prong 3
Workshop, The	706 West St.	Galena	61036	Non-Residential	Prong 3

## Illinois Department of Human Services' (IDHS) Division of Developmental Disabilities (DDD)

### Children's Group Homes (CGH)

**Total: 22**

*The State of Illinois considers all CGH addresses confidential. These provider settings are considered as homes. Providing a CGH address may identify someone as a recipient of Mental Health or Developmental Disabilities services which is a violation of the Illinois Mental Health and Developmental Disabilities Code:*

<https://www.ilga.gov/legislation/ilcs/ilcs5.asp?ActID=1496&ChapterID=34>

Agency Name	City	Zip	Residential/Non-Residential	Prong
Hope Institute, The "A"	Springfield	62703	Residential	Prong 3
Hope Institute, The "B"	Springfield	62712	Residential	Prong 3
Hope Institute, The "C"	Springfield	62712	Residential	Prong 3
Hope Institute, The "D"	Springfield	62704	Residential	Prong 3
Hope Institute, The "E"	Springfield	62704	Residential	Prong 3
Hope Institute, The "F"	Springfield	62704	Residential	Prong 3
Hope Institute, The "G"	Springfield	62711	Residential	Prong 3
Hope Institute, The "H"	Springfield	62703	Residential	Prong 3
Hope Institute, The "I"	Springfield	62703	Residential	Prong 3
Hope Institute, The "J"	Springfield	62703	Residential	Prong 3
Hope Institute, The "K"	Springfield	62703	Residential	Prong 3
Hope Institute, The "L"	Springfield	62703	Residential	Prong 3
Little City Foundation "A"	Palatine	60067	Residential	Prong 3
Little City Foundation "B"	Palatine	60067	Residential	Prong 3
Little City Foundation "C"	Palatine	60067	Residential	Prong 3
Little City Foundation "D"	Palatine	60067	Residential	Prong 3
Little City Foundation "E"	Palatine	60067	Residential	Prong 3
Little City Foundation "F"	Palatine	60067	Residential	Prong 3
Little City Foundation "G"	Palatine	60067	Residential	Prong 3
Little City Foundation "H"	Palatine	60067	Residential	Prong 3
RocVale Childrens Home (Milestone, Inc) "A"	Rockford	61103	Residential	Prong 3

RocVale Childrens Home (Milestone, Inc) "B"	Rockford	61103	Residential	Prong 3
--	----------	-------	-------------	---------

**Illinois Department of Human Services' (IDHS) Division of Developmental Disabilities (DDD)**

**Community Integrated Living Arrangements (CILA)**

**Total: 296**

*The State of Illinois considers all CILA addresses confidential. These provider settings are considered as homes. Providing a CILA address may identify someone as a recipient of Mental Health or Developmental Disabilities services which is a violation of the Illinois Mental Health and Developmental Disabilities Code:*

<https://www.ilga.gov/legislation/ilcs/ilcs5.asp?ActID=1496&ChapterID=34>

Agency Name	City	Zip	Residential/Non-Residential	Prong
Achievement Unlimited, Inc.	Rockford	61101	Residential	Prong 3
Anixter Center, Lester and Rosalie "A"	Chicago	60659	Residential	Prong 3
Anixter Center, Lester and Rosalie "B"	Chicago	60659	Residential	Prong 3
Anixter Center, Lester and Rosalie "C"	Chicago	60618	Residential	Prong 3
Anixter Center, Lester and Rosalie "D"	Chicago	60707	Residential	Prong 3
Anixter Center, Lester and Rosalie "E"	Chicago	60626	Residential	Prong 3
Arrowleaf "A"	Golconda	62938	Residential	Prong 3
Arrowleaf "B"	Rosiclare	62982	Residential	Prong 3
Arrowleaf "C"	Elizabethtown	62931	Residential	Prong 3
Arrowleaf "D"	Golconda	62938	Residential	Prong 3
Association for Individual Development	St. Charles	60174	Residential	Prong 3
Association House of Chicago	Chicago	60651	Residential	Prong 3
Aurora Home Care, Inc. "A"	Wheeling	60090	Residential	Prong 3
Aurora Home Care, Inc. "B"	Prospect Heights	60070	Residential	Prong 3

Aurora Home Care, Inc. "C"	Mt. Prospect	60056	Residential	Prong 3
Aurora Home Care, Inc. "D"	Wheeling	60090	Residential	Prong 3
Austin Special Chicago	Chicago	60630	Residential	Prong 3
Avancer Homes, LLC	De Kalb	60115	Residential	Prong 3
Avancer Homes, LLC "A"	Genoa	60135	Residential	Prong 3
Avancer Homes, LLC "B"	Genoa	60135	Residential	Prong 3
Avancer Homes, LLC "C"	Cortland	60112	Residential	Prong 3
Avancer Homes, LLC "D"	Genoa	60135	Residential	Prong 3
Avancer Homes, LLC "E"	Genoa	60135	Residential	Prong 3
Avancer Homes, LLC "F"	Cortland	60112	Residential	Prong 3
Avancer Homes, LLC "G"	Sycamore	60178	Residential	Prong 3
Avancer Homes, LLC "H"	Cortland	60112	Residential	Prong 3
Avancer Homes, LLC "I"	Davis Junction	61020	Residential	Prong 3
Avancer Homes, LLC "J"	Davis Junction	61020	Residential	Prong 3
Avancer Homes, LLC "K"	Genoa	60135	Residential	Prong 3
Avancer Homes, LLC "L"	Genoa	60135	Residential	Prong 3
Avancer Homes, LLC "M"	Genoa	60135	Residential	Prong 3
Avenues to Independence	Park Ridge	60068	Residential	Prong 3
Beverly Farm Foundation "A"	Alton	62002	Residential	Prong 3
Beverly Farm Foundation "B"	Alton	62002	Residential	Prong 3
Beverly Hills Home Care, Inc."A"	Chicago	60643	Residential	Prong 3
Beverly Hills Home Care, Inc."B"	Chicago	60643	Residential	Prong 3
Bridgeway, Inc.	Macomb	61455	Residential	Prong 3
Broadstep (formerly Willowglen and Bethesda) "A"	Marengo	60152	Residential	Prong 3
Broadstep (formerly Willowglen and Bethesda) "B"	Freeport	61032	Residential	Prong 3
Broadstep (formerly Willowglen and Bethesda) "C"	Marengo	60152	Residential	Prong 3
Broadstep (formerly Willowglen and Bethesda) "D"	Freeport	61032	Residential	Prong 3

Broadstep (formerly Willowglen and Bethesda) "E"	Springfield	62712	Residential	Prong 3
Broadstep (formerly Willowglen and Bethesda) "F"	Chatham	62629	Residential	Prong 3
Broadstep (formerly Willowglen and Bethesda) "G"	Freeport	61032	Residential	Prong 3
Broadstep (formerly Willowglen and Bethesda) "H"	Plainfield	60586	Residential	Prong 3
Broadstep (formerly Willowglen and Bethesda) "I"	Naperville	60563	Residential	Prong 3
Broadstep (formerly Willowglen and Bethesda) "J"	Springfield	62711	Residential	Prong 3
Broadstep (formerly Willowglen and Bethesda) "K"	Freeport	61032	Residential	Prong 3
Broadstep (formerly Willowglen and Bethesda) "L"	Freeport	61032	Residential	Prong 3
Broadstep (formerly Willowglen and Bethesda) "M"	Cortland	60112	Residential	Prong 3
Broadstep (formerly Willowglen and Bethesda) "N"	Sugar Grove	60506	Residential	Prong 3
Broadstep (formerly Willowglen and Bethesda) "O"	Freeport	61032	Residential	Prong 3
Broadstep (formerly Willowglen and Bethesda) "P"	Chatham	62629	Residential	Prong 3
Broadstep (formerly Willowglen and Bethesda) "Q"	Springfield	62712	Residential	Prong 3
Broadstep (formerly Willowglen and Bethesda) "R"	Sherman	62684	Residential	Prong 3
Broadstep (formerly Willowglen and Bethesda) "S"	Plainfield	60544	Residential	Prong 3
Broadstep (formerly Willowglen and Bethesda) "T"	Cortland	60012	Residential	Prong 3
Broadstep (formerly Willowglen and Bethesda) "U"	Yorkville	60560	Residential	Prong 3



Broadstep (formerly Willowglen and Bethesda) "V"	Springfield	62712	Residential	Prong 3
Brooke Hill Management, Inc.	Harrisburg	62946	Residential	Prong 3
Brooke Hill Management, Inc.	Eldorado	62930	Residential	Prong 3
Brooke Hill Management, Inc.	Mt. Carmel	62863	Residential	Prong 3
Caring Hands of Illinois, Inc.	Sauk Village	60411	Residential	Prong 3
Cherubim DTP and CILA Programs	West Chicago	60185	Residential	Prong 3
Cherubim DTP and CILA Programs	Winfield	60190	Residential	Prong 3
CILA Corporation	Flora	62839	Residential	Prong 3
Community Alternatives Illinois, Inc. "A"	Danville	61832	Residential	Prong 3
Community Alternatives Illinois, Inc. "B"	Louisville	62858	Residential	Prong 3
Community Alternatives Illinois, Inc. "C"	Danville	61832	Residential	Prong 3
Community Alternatives Illinois, Inc. "D"	Kankakee	60901	Residential	Prong 3
Community Alternatives Illinois, Inc. "E"	Kankakee	60901	Residential	Prong 3
Community Alternatives Illinois, Inc. "F"	Bourbonnais	60914	Residential	Prong 3
Community Alternatives Illinois, Inc. "G"	Kankakee	60901	Residential	Prong 3
Community Alternatives Illinois, Inc. "H"	Olney	62450	Residential	Prong 3
Community Alternatives Illinois, Inc. "I"	Olney	62450	Residential	Prong 3
Community Alternatives Illinois, Inc. "J"	Centralia	62801	Residential	Prong 3
Community Alternatives Illinois, Inc. "K"	Carbondale	62901	Residential	Prong 3
Community Alternatives Illinois, Inc. "L"	Danville	61832	Residential	Prong 3

Community Alternatives Illinois, Inc. "M"	Anna	62906	Residential	Prong 3
Community Alternatives Illinois, Inc. "N"	Bourbonnais	60914	Residential	Prong 3
Community Alternatives Illinois, Inc. "O"	DeSoto	62924	Residential	Prong 3
Community Alternatives Illinois, Inc. "P"	Bridgeport	62417	Residential	Prong 3
Community Alternatives Illinois, Inc. "Q"	Centralia	62801	Residential	Prong 3
Community Alternatives Illinois, Inc. "R"	Centralia	62801	Residential	Prong 3
Community Alternatives Illinois, Inc. "S"	Kankakee	60901	Residential	Prong 3
Community Alternatives Illinois, Inc. "T"	Danville	61832	Residential	Prong 3
Community Alternatives Illinois, Inc. "U"	Murphysboro	62966	Residential	Prong 3
Community Alternatives Illinois, Inc. "V"	Murphysboro	62966	Residential	Prong 3
Community Alternatives Illinois, Inc. "W"	Kankakee	60901	Residential	Prong 3
Community Alternatives Illinois, Inc. "X"	DeSoto	62924	Residential	Prong 3
Community Alternatives Illinois, Inc. "Y"	Anna	62906	Residential	Prong 3
Community Alternatives Illinois, Inc. "Z"	Centralia	62801	Residential	Prong 3
Community Alternatives Illinois, Inc. "AA"	Danville	61832	Residential	Prong 3
Community Alternatives Illinois, Inc. "BB"	Murphysboro	62966	Residential	Prong 3
Community Alternatives Illinois, Inc. "CC"	Danville	61832	Residential	Prong 3

Community Alternatives Illinois, Inc. "DD"	Danville	61832	Residential	Prong 3
Community Alternatives Illinois, Inc. "EE"	Danville	61832	Residential	Prong 3
Community Alternatives Illinois, Inc. "FF"	Danville	61832	Residential	Prong 3
Community Alternatives Illinois, Inc. "GG"	Danville	61832	Residential	Prong 3
Community Alternatives Illinois, Inc. "HH"	Carbondale	62901	Residential	Prong 3
Community Alternatives Illinois, Inc. "II"	Lawrenceville	62439	Residential	Prong 3
Community Alternatives Illinois, Inc. "JJ"	Centralia	62801	Residential	Prong 3
Community Alternatives Illinois, Inc. "KK"	Danville	61832	Residential	Prong 3
Community Alternatives Illinois, Inc. "LL"	Olney	62450	Residential	Prong 3
Community Alternatives Illinois, Inc. "MM"	Anna	62906	Residential	Prong 3
Community Alternatives Illinois, Inc. "NN"	Tilton	61833	Residential	Prong 3
Community Alternatives Illinois, Inc. "OO"	Lawrenceville	62439	Residential	Prong 3
Community Alternatives Illinois, Inc. "PP"	Murphysboro	62966	Residential	Prong 3
Community Alternatives Illinois, Inc. "QQ"	Kankakee	60901	Residential	Prong 3
Community Alternatives Illinois, Inc. "RR"	Danville	61832	Residential	Prong 3
Community Alternatives Illinois, Inc. "SS"	Danville	61832	Residential	Prong 3
Community Alternatives Illinois, Inc. "TT"	Mt. Vernon	62864	Residential	Prong 3

Community Alternatives Illinois, Inc. "UU"	Danville	61832	Residential	Prong 3
Community Integrated Living, Inc. "A"	Anna	62906	Residential	Prong 3
Community Integrated Living, Inc. "B"	Anna	62906	Residential	Prong 3
Community Integrated Living, Inc."C"	Anna	62906	Residential	Prong 3
Community Integrated Living, Inc."D"	Anna	62906	Residential	Prong 3
Community Integrated Living, Inc."E"	Anna	62906	Residential	Prong 3
Community Integrated Living, Inc. "F"	Anna	62906	Residential	Prong 3
Community Integrated Living, Inc."G"	Anna	62906	Residential	Prong 3
Destiny Housing	Park Forest	60466	Residential	Prong 3
Divine Touch CILA Homes, Inc. NFP	Chicago	60620	Residential	Prong 3
Elm City Rehabilitation Center	Jacksonville	62650	Residential	Prong 3
Envision Unlimited	Chicago	60647	Residential	Prong 3
Esperanza Community Services "A"	Chicago	60641	Residential	Prong 3
Esperanza Community Services "B"	Chicago	60641	Residential	Prong 3
Esperanza Community Services "C"	Chicago	60647	Residential	Prong 3
Families Building Dreams, LLC "A"	Waukegan	60087	Residential	Prong 3
Families Building Dreams, LLC "B"	Waukegan	60087	Residential	Prong 3
Families Building Dreams, LLC "C"	Waukegan	60085	Residential	Prong 3
Families Building Dreams, LLC "D"	Waukegan	60085	Residential	Prong 3

Families Building Dreams, LLC "E"	Waukegan	60085	Residential	Prong 3
Family Association Plus, Inc.	Harvey	60426	Residential	Prong 3
FAYCO Enterprises, Inc. "A"	Vandalia	62471	Residential	Prong 3
FAYCO Enterprises, Inc. "B"	Vandalia	62471	Residential	Prong 3
Five Star Industries, Inc. "A"	DuQuoin	62832	Residential	Prong 3
Five Star Industries, Inc. "B"	DuQuoin	62832	Residential	Prong 3
Five Star Industries, Inc. "C"	DuQuoin	62832	Residential	Prong 3
Five Star Industries, Inc. "D"	DuQuoin	62832	Residential	Prong 3
Five Star Industries, Inc. "E"	DuQuoin	62832	Residential	Prong 3
Garden Center Services "A"	Oak Lawn	60453	Residential	Prong 3
Garden Center Services "B"	Oak Lawn	60453	Residential	Prong 3
Genesis CILA Homes	Glenwood	60425	Residential	Prong 3
Glen Brook of Vienna, Inc. "A"	Vienna	62995	Residential	Prong 3
Glen Brook of Vienna, Inc. "B"	Vienna	62995	Residential	Prong 3
Glen Brook of Vienna, Inc. "C"	Vienna	62995	Residential	Prong 3
Goldie Floberg "A"	Rockford	61114	Residential	Prong 2
Goldie Floberg "B"	Rockford	61108	Residential	Prong 3
Goldie Floberg "C"	Machesnay Park	61115	Residential	Prong 3
Goldie Floberg "D"	Cherry Valley	61016	Residential	Prong 3
Goldie Floberg "E"	Machesney Park	61115	Residential	Prong 3
Goldie Floberg "F"	Loves Park	61111	Residential	Prong 3
Goldie Floberg "G"	Roscoe	61073	Residential	Prong 3
Goldie Floberg "H"	Loves Park	61111	Residential	Prong 3
Goldie Floberg "I"	Rockford	61114	Residential	Prong 3
Goldie Floberg "J"	Rockford	61108	Residential	Prong 3
Goldie Floberg "K"	Rockford	61108	Residential	Prong 3
Goldie Floberg "L"	Rockford	61107	Residential	Prong 3
Goldie Floberg "M"	Rockton	61072	Residential	Prong 3
Goldie Floberg "N"	Loves Park	61111	Residential	Prong 3

Good Shepherd Manor, Inc. "A"	Momence	60954	Residential	Prong 3
Good Shepherd Manor, Inc. "B"	Momence	60954	Residential	Prong 3
Good Shepherd Manor, Inc. "C"	Momence	60954	Residential	Prong 3
Good Shepherd Manor, Inc. "D"	Momence	60954	Residential	Prong 3
Good Shepherd Manor, Inc. "E"	Momence	60954	Residential	Prong 3
Good Shepherd Manor, Inc. "F"	Momence	60954	Residential	Prong 3
Good Shepherd Manor, Inc. "G"	Momence	60954	Residential	Prong 3
Good Shepherd Manor, Inc. "H"	Momence	60954	Residential	Prong 3
Good Shepherd Manor, Inc. "I"	Momence	60954	Residential	Prong 3
Good Shepherd Manor, Inc. "J"	Momence	60954	Residential	Prong 3
Good Shepherd Manor, Inc. "K"	Momence	60954	Residential	Prong 3
Habilitative Systems "A"	Chicago	60644	Residential	Prong 3
Habilitative Systems "B"	Chicago	60644	Residential	Prong 3
Habilitative Systems "C"	Chicago	60644	Residential	Prong 3
Habilitative Systems "D"	Chicago	60624	Residential	Prong 3
Hawkins CILA Care Corporation	Chicago	60620	Residential	Prong 3
Hawkins CILA Care Corporation	Chicago	60619	Residential	Prong 3
Hawkins CILA Care Corporation	Chicago	60615	Residential	Prong 3
Homes of Hope, Inc.	Normal	61761	Residential	Prong 3
Horizon House of Illinois Valley, Inc.	Peru	61354	Residential	Prong 3

Human Support Services "A"	Hecker	62248	Residential	Prong 3
Human Support Services "B"	Waterloo	62298	Residential	Prong 3
Human Support Services "C"	Waterloo	62298	Residential	Prong 3
ILLINOIS HOUSING & DISABILITY SERVICES, INC.	Park Forest	60466	Residential	Prong 3
Independent Living Services, Inc. "A"	Cobden	62920	Residential	Prong 3
Independent Living Services, Inc. "B"	Metropolis	62960	Residential	Prong 3
Independent Living Services, Inc. "C"	Cobden	62920	Residential	Prong 3
Independent Living Services, Inc. "D"	Jonesboro	62952	Residential	Prong 3
Independent Living Services, Inc. "E"	Anna	62906	Residential	Prong 3
Independent Living Services, Inc. "F"	Anna	62906	Residential	Prong 3
Independent Living Services, Inc."G"	Anna	62906	Residential	Prong 3
Independent Living Services, Inc. "H"	Anna	62906	Residential	Prong 3
Independent Living Services, Inc. "I"	Anna	62906	Residential	Prong 3
Kankakee County Training Center for the Disabled "A"	Bourbonnais	60914	Residential	Prong 3
Kankakee County Training Center for the Disabled "B"	Kankakee	60901	Residential	Prong 3
Kankakee County Training Center for the Disabled "C"	Kankakee	60901	Residential	Prong 3
Kankakee County Training Center for the Disabled "D"	Bourbonnais	60914	Residential	Prong 3
Kankakee County Training Center for the Disabled "E"	Bourbonnais	60914	Residential	Prong 3

Kankakee County Training Center for the Disabled "F"	Kankakee	60901	Residential	Prong 3
Kankakee County Training Center for the Disabled "G"	Bourbonnais	60914	Residential	Prong 3
Kankakee County Training Center for the Disabled "H"	Kankakee	60901	Residential	Prong 3
Kankakee County Training Center for the Disabled "I"	Bradley	60915	Residential	Prong 3
Kankakee County Training Center for the Disabled "J"	Kankakee	60901	Residential	Prong 3
Lansing Association for Retarded Citizens "A"	Lansing	60438	Residential	Prong 3
Lansing Association for Retarded Citizens "B"	Lansing	60438	Residential	Prong 3
Lansing Association for Retarded Citizens "C"	Lansing	60438	Residential	Prong 3
Lansing Association for Retarded Citizens "D"	Lansing	60438	Residential	Prong 3
Lansing Association for Retarded Citizens "E"	Lansing	60438	Residential	Prong 3
Lansing Association for Retarded Citizens "F"	Lansing	60438	Residential	Prong 3
Lansing Association for Retarded Citizens "G"	Lansing	60438	Residential	Prong 3
Lansing Association for Retarded Citizens "H"	Lansing	60438	Residential	Prong 3
Lansing Association for Retarded Citizens "I"	Lansing	60438	Residential	Prong 3
Lansing Association for Retarded Citizens "J"	Lansing	60438	Residential	Prong 3
Lawrence/Crawford Assn. for Exceptional Citizens	Robinson	62454	Residential	Prong 3
Little City Foundation "A"	Palatine	60067	Residential	Prong 3
Little City Foundation "B"	Palatine	60067	Residential	Prong 3
Little City Foundation "C"	Palatine	60067	Residential	Prong 3



Moultrie County Beacon, Inc."A"	Sullivan	61951	Residential	Prong 3
Moultrie County Beacon, Inc. "B"	Sullivan	61951	Residential	Prong 3
Moultrie County Beacon, Inc."C"	Sullivan	61951	Residential	Prong 3
Moultrie County Beacon, Inc."D"	Sullivan	61951	Residential	Prong 3
Moultrie County Beacon, Inc. "E"	Sullivan	61951	Residential	Prong 3
Moultrie County Beacon, Inc."F"	Sullivan	61951	Residential	Prong 3
Moultrie County Beacon, Inc."G"	Sullivan	61951	Residential	Prong 3
NuCare, Inc. "A"	Hazel Crest	60409	Residential	Prong 3
NuCare, Inc. "B"	Hazelcrest	60429	Residential	Prong 3
NuCare, Inc."C"	Hazel Crest	60429	Residential	Prong 3
Oak/Leyden Developmental Services, Inc.	Oak Park	60302	Residential	Prong 3
Ohana Community Services "A"	Chicago	60639	Residential	Prong 3
Ohana Community Services "B"	Chicago	60651	Residential	Prong 3
Ohana Community Services "C"	Chicago	60651	Residential	Prong 3
Open Door Rehabilitation Center	Sandwich	60548	Residential	Prong 3
Opportunity House, Inc.	Sycamore	60178	Residential	Prong 3
Orchard Village	Skokie	60077	Residential	Prong 3
Pathway House, Inc.	Johnson City	62951	Residential	Prong 3
Pathway House, Inc.	Herrin	62948	Residential	Prong 3
Pilot House "A"	Anna	62906	Residential	Prong 3
Pilot House "B"	Cairo	62914	Residential	Prong 3
Pilot House "C"	Cairo	62914	Residential	Prong 3

Progress Management, Inc. "A"	West Frankfort	62896	Residential	Prong 3
Progress Management, Inc. "B"	Carterville	62918	Residential	Prong 3
Progress Management, Inc. "C"	Colp	62921	Residential	Prong 3
Progress Management, Inc. "D"	Johnston City	62951	Residential	Prong 3
Progress Management, Inc. "E"	Carterville	62918	Residential	Prong 3
R&J Country Living "A"	Anna	62906	Residential	Prong 3
R&J Country Living "B"	Anna	62906	Residential	Prong 3
R&J Country Living "C"	Anna	62906	Residential	Prong 3
R&J Country Living "D"	Jonesboro	62952	Residential	Prong 3
R&J Country Living "E"	Anna	62906	Residential	Prong 3
R&J Country Living "F"	Jonesboro	62952	Residential	Prong 3
R&J Country Living "G"	Jonesboro	62952	Residential	Prong 3
R&J Country Living "H"	Jonesboro	62952	Residential	Prong 3
R&J Country Living "I"	Anna	62906	Residential	Prong 3
Rehabilitation and Vocational Education, Inc. "A"	Jonesboro	62952	Residential	Prong 3
Rehabilitation and Vocational Education, Inc. "B"	Jonesboro	62952	Residential	Prong 3
Rehabilitation and Vocational Education, Inc. "C"	Jonesboro	62952	Residential	Prong 3
Royal Living Center, Inc.	New Baden	62265	Residential	Prong 3
Sertoma Centre, Inc. "A"	Olympia Fields	60461	Residential	Prong 3
Sertoma Centre, Inc. "B"	Olympia Fields	60481	Residential	Prong 3
Sertoma Centre, Inc. "C"	Homewood	60430	Residential	Prong 3
Sertoma Centre, Inc. "D"	Flossmoor	60422	Residential	Prong 3
Sertoma Centre, Inc. "E"	Homewood	60430	Residential	Prong 3
Sertoma Centre, Inc. "F"	Midlothian	60445	Residential	Prong 3

Sertoma Centre, Inc."G"	Alsip	60803	Residential	Prong 3
Sertoma Centre, Inc."H"	Garden Homes	60803	Residential	Prong 3
Sertoma Centre, Inc. "I"	Alsip	60803	Residential	Prong 3
Shelby County Community Services, Inc. "A"	Shelbyville	62565	Residential	Prong 3
Shelby County Community Services, Inc. "B"	Shelbyville	62565	Residential	Prong 3
South Chicago Parents & Friends "A"	South Holland	60473	Residential	Prong 3
South Chicago Parents & Friends "B"	South Holland	60473	Residential	Prong 3
SPARC	Springfield	62711	Residential	Prong 3
SPARC	Springfield	62703	Residential	Prong 3
St. Clair Associated Vocational Enterprises, Inc. "A"	Belleville	62221	Residential	Prong 3
St. Clair Associated Vocational Enterprises, Inc. "B"	Belleville	62221	Residential	Prong 3
St. Clair Associated Vocational Enterprises, Inc. "C"	Belleville	62221	Residential	Prong 3
St. Clair Associated Vocational Enterprises, Inc. "D"	Belleville	62221	Residential	Prong 3
St. Clair Associated Vocational Enterprises, Inc. "E"	Belleville	62221	Residential	Prong 3
Streator Unlimited, Inc. "A"	Streator	61364	Residential	Prong 3
Streator Unlimited, Inc. "B"	Streator	61364	Residential	Prong 3
Support Systems and Services "A"	DeSoto	62924	Residential	Prong 3
Support Systems and Services "B"	DeSoto	62924	Residential	Prong 3
Support Systems and Services "C"	DeSoto	62924	Residential	Prong 3
TASH Incorporated	Murphysboro	62966	Residential	Prong 3
TDL Group, Inc.	Belleville	62226	Residential	Prong 3

Trinity Services, Inc."A"	Mascoutah	62258	Residential	Prong 3
Trinity Services, Inc."B"	Mascoutah	62258	Residential	Prong 3
UCP Seguin of Greater Chicago	Cicero	60804	Residential	Prong 3
UCP Seguin of Greater Chicago	Oak Park	60302	Residential	Prong 3
Wabash Area Vocational Enterprises	Mt. Carmel	62863	Residential	Prong 3
Warren Achievement Center, Inc."A"	Monmouth	61462	Residential	Prong 3
Warren Achievement Center, Inc. "B"	Monmouth	61462	Residential	Prong 3
Warren Achievement Center, Inc."C"	Monmouth	61462	Residential	Prong 3
Warren Achievement Center, Inc."D"	Monmouth	61462	Residential	Prong 3
Warren Achievement Center, Inc."E"	Monmouth	61462	Residential	Prong 3
Warren Achievement Center, Inc."F"	Monmouth	61462	Residential	Prong 3
Washington County Vocational Workshop	Nashville	62263	Residential	Prong 3
Achievement Unlimited, Inc.	Rockford	61101	Residential	Prong 3

## Illinois Department of Human Services' (IDHS) Division of Developmental Disabilities (DDD)

### Community Living Facilities (CLF)

**Total: 12**

*The State of Illinois considers all CLF addresses confidential. These provider settings are considered as homes. Providing a CLF address may identify someone as a recipient of Mental Health or Developmental Disabilities services which is a violation of the Illinois Mental Health and Developmental Disabilities Code:*

<https://www.ilga.gov/legislation/ilcs/ilcs5.asp?ActID=1496&ChapterID=34>

Agency Name	City	Zip	Residential/Non-Residential	Prong
Avenues to Independence	Park Ridge	60068	Residential	Prong 3
Glenkirk	Highland Park	60035	Residential	Prong 3
Lambs Farm "A"	Libertyville	60048	Residential	Prong 3
Lambs Farm "B"	Libertyville	60048	Residential	Prong 3
Lambs Farm "C"	Libertyville	60048	Residential	Prong 3
Lambs Farm "D"	Libertyville	60048	Residential	Prong 3
Lambs Farm "E"	Libertyville	60048	Residential	Prong 3
Lambs Farm "F"	Libertyville	60048	Residential	Prong 3
Lambs Farm "G"	Libertyville	60048	Residential	Prong 3
Lambs Farm "H"	Libertyville	60048	Residential	Prong 3
Lambs Farm "I"	Libertyville	60048	Residential	Prong 3
Lambs Farm "J"	Libertyville	60048	Residential	Prong 3

**Illinois Department of Healthcare and Family Services' (IDHFS)**

**Supportive Living Program (SLP)**

**Supportive Living Facilities**

**Total: 12**

<b>Agency Name</b>	<b>Address</b>	<b>City</b>	<b>Zip</b>	<b>Residential/Non-Residential</b>	<b>Prong</b>
Asbury Court	1750 S Elmhurst Rd	Des Plaines	60018	Residential	Prong 1
Asbury Gardens	210 Airport Road	North Aurora	60542	Residential	Prong 1
Evergreen Place-Beardstown	8570 St. Luke's Dr.	Beardstown	62618	Residential	Prong 1
Evergreen Place-Streator	1529 East Main Street	Streator	61364	Residential	Prong 1
Hawthorne Inn of Clinton	1 Park Lane West	Clinton	61727	Residential	Prong 1
Hawthorne Inn of Freeport	2140 West Navajo Drive	Freeport	61032	Residential	Prong 1
Hawthorne Inn of Princeton	136 North 6th Street	Princeton	61356	Residential	Prong 1
Heritage Woods of DeKalb	2626 North Annie Glidden Road	DeKalb	60115	Residential	Prong 2
Magnolia Terrace	623 Hamacher Street	Waterloo	62298	Residential	Prong 1
Maple Point	1000 Union Drive	Monticello	61856	Residential	Prong 1
Park Point Supportive Living	1221 South Edgewater	Morris	60450	Residential	Prong 1
Symphony Residences of Lincoln Park	2437 North Southport	Chicago	60614	Residential	Prong 1

## Appendix K—2022 Settings Compliance Validation Analysis

Provider Type & HCBS Waiver Operating Agency	Fully Compliant (FC)	Will Become Compliant During Transition Period (T)	Cannot Comply (CC)	Application of Heightened Scrutiny		
				Total: 529		
				Prong 1	Prong 2	Prong 3
<b><i>Non-Residential</i></b>						
<b>Adult Day Service (ADS)</b> <i>IDoA, also utilized by IDHS-DRS</i>	62					2
Total: 62						
<b>Community Day Services (CDS)</b> <i>IDHS-DDD</i>	75	209			2	183
Total: 284						
<b>Group Supported Employment (SEP)</b> <i>IDHS-DDD</i>	12	5	3			
Total: 20						
<b>Traumatic Brain Injury (TBI) Pre-Vocational/Day Habilitation</b> <i>IDHS-DRS</i>	2		1			
Total: 3						
<b><i>Residential</i></b>						
<b>Community Integrated Living Arrangement (CILA)</b> <i>IDHS-DDD</i>	701	1,077			1	295
Total: 1,778						
<b>Children's Group Homes (CGH)</b> <i>IDHS-DDD</i>	6	21				22
Total: 27						
<b>Community Living Facility (CLF)</b> <i>IDHS-DDD</i>	3	13				12
Total: 16						
<b>Supportive Living Program</b>	155			11	1	

<i>IDHFS-SLP</i>						
Total: <b>155</b>						
Total Locations Statewide: <b>2,345</b> Transitioning to Compliance: <b>1,325</b> (57%) Not Compliant: <b>4</b> (.2%)                      Total Compliant: <b>1,016</b> (43%)						



## Appendix L—HEIGHTENED SCRUTINY ADJUSTMENT FORM

\*for use by state agency staff **ONLY**\*

**Heightened Scrutiny may apply to provider settings for one of three reasons, or “prongs.”**

***Prong 1:** Setting is located in a building that is also a publicly or privately operated facility, which provides inpatient institutional treatment.*

***Prong 2:** Setting is located in a building located on the grounds of, or immediately adjacent to, a public institution.*

***Prong 3:** Setting has the effect of isolating individuals receiving Medicaid HCBS services from the broader community of individuals not receiving Medicaid HCBS.*

To ensure accurate reporting of Heightened Scrutiny sites to Federal CMS and assist with the development of evidentiary packages for public comment, please complete this form and submit it to **HFS.SWTransitionPlan@illinois.gov**.

**TODAY’S DATE** (month, day, year):

**CHOOSE WAIVER PROGRAM:** Choose an item.

**CHOOSE SETTING TYPE:** Choose an item.

**CHOOSE APPROPRIATE PRONG:** Choose an item.

**SITE NAME:**

**DESIGNATED SITE CONTACT PERSON:**

**PHONE NUMBER AND E-MAIL ADDRESS FOR SITE CONTACT PERSON:**

**SITE LOCATION** (address, city, zip):

**SELECT WHETHER TO ADD OR DROP SITE?** Choose an item.

**IF DROPPING, PLEASE SELECT REASON:** Choose an item.

**PLEASE DOCUMENT CLOSURE/WITHDRAWAL DATE** (month, day, year):

**IF THE PROVIDER SETTING HAS OVERCOME ANY INSTITUTIONAL OR ISOLATING QUALITIES AND IS IN COMPLIANCE WITH FEDERAL SETTINGS REQUIREMENTS, PLEASE LIST IN DETAIL THE ACTIONS TAKEN TO ACCOMPLISH THIS:**