

APPENDIX K: Emergency Preparedness and Response and COVID-19 Addendum

Background:

This standalone appendix may be utilized by the state during emergency situations to request amendments to its approved waiver, to multiple approved waivers in the state, and/or to all approved waivers in the state. It includes actions that states can take under the existing Section 1915(c) home and community-based waiver authority in order to respond to an emergency. Other activities may require the use of various other authorities such as the Section 1115 demonstrations or the Section 1135 authorities.¹ This appendix may be applied retroactively as needed by the state. Public notice requirements normally applicable under 1915(c) do not apply to information contained in this Appendix.

Appendix K-1: General Information

General Information:

A. State: ILLINOIS

B. Waiver Title(s):

Persons who are Elderly
Persons with Disabilities
Persons with HIV/AIDS
Persons with Brain Injury
Persons who are Medically Fragile, Technology Dependent
Supportive Living Program
Adults with Developmental Disabilities
Support Waiver for Children and Young Adults with Developmental Disabilities (CSW)
Residential Waiver for Children and Young Adults with Developmental Disabilities (CRW)

C. Control Number(s):

IL.0143.R06.05
IL.0142.R06.05
IL.0202.R06.03
IL.0329.R04.04
IL.0278.R05.03
IL.0326.R04.04
IL.0350.R04.05
IL.0464.R02.06
IL.0473.R02.06

D. Type of Emergency (The state may check more than one box):

<input checked="" type="radio"/>	Pandemic or Epidemic
<input type="radio"/>	Natural Disaster
<input type="radio"/>	National Security Emergency
<input type="radio"/>	Environmental
<input type="radio"/>	Other (specify):

E. Brief Description of Emergency. *In no more than one paragraph each, briefly describe the: 1) nature of emergency; 2) number of individuals affected and the state’s mechanism to identify individuals at risk; 3) roles of state, local and other entities involved in approved waiver operations; and 4) expected changes needed to service delivery methods, if applicable. The state should provide this information for each emergency checked if those emergencies affect different geographic areas and require different changes to the waiver.*

COVID-19 pandemic. This amendment will apply waiver-wide for each waiver included in this Appendix, to all individuals impacted by the virus or the response to the virus (e.g. closure of day programs, etc.)

F. Proposed Effective Date: Start Date: January 27, 2020 **Anticipated End Date:** January 26, 2021

G. Description of Transition Plan.

All activities will take place in response to the impact of COVID-19 as efficiently and effectively as possible based upon the complexity of the change.

H. Geographic Areas Affected:

These actions will apply across all nine waivers to all individuals impacted by the COVID-19 virus.

I. Description of State Disaster Plan (if available) Reference to external documents is acceptable:

Appendix K-2: Temporary or Emergency-Specific Amendment to Approved Waiver

Temporary or Emergency-Specific Amendment to Approved Waiver:

These are changes that, while directly related to the state’s response to an emergency situation, require amendment to the approved waiver document. These changes are time limited and tied specifically to individuals impacted by the emergency. Permanent or long-ranging changes will need to be incorporated into the main appendices of the waiver, via an amendment request in the waiver management system (WMS) upon advice from CMS.

a. ___ Access and Eligibility:

i. X Temporarily increase the cost limits for entry into the waiver.

[Provide explanation of changes and specify the temporary cost limit.]

Adults with Developmental Disabilities (0350), CSW (0464):
For new applicants and participants currently enrolled in the waivers
Appendix B-2:

- Because school-based services are temporarily suspended and the participant won't be receiving services through the local school district, we are increasing the annual cost limit to not exceed more than 300% of the monthly federal Supplemental Security Income (SSI) payment for an individual residing alone during the time period of this crisis.
- The specific annual dollar amount may increase beyond the currently specified amount of \$17,592 but we're unable to determine a new ceiling because the duration of the emergency is unknown. Therefore, we will set the cost limit for services to a monthly cost limit of 300% of SSI.
- Because of the increase in monthly allotment, the OA may decide to suspend carry-over temporarily in the Children's Homebased waiver if their monthly allotment increases.

ii. ___ Temporarily modify additional targeting criteria.

[Explanation of changes]

b. ___ Services

i. X Temporarily modify service scope or coverage.

[Complete Section A- Services to be Added/Modified During an Emergency.]

Persons who are Elderly (0143), Persons with Disabilities (0142), Persons with HIV/AIDS (0202), Persons with Brain Injury (0329):

- Effective 3/16/2020, temporarily suspend Adult Day Services (ADS) for 30 days. Care coordinators will increase the hours of in home supports for those participants impacted by the closure of ADS

Adults with Developmental Disabilities (0350)
Modify Community Day Program Services:

- Temporarily suspend Community Day Services.
- Temporarily modify access to any other day program services in the event the health and safety of individuals is at risk.

ii. X Temporarily exceed service limitations (including limits on sets of services as described in Appendix C-4) or requirements for amount, duration, and prior authorization to address health and welfare issues presented by the emergency.

[Explanation of changes]

Persons with Disabilities (0142), Persons with HIV/AIDS (0202), Persons with Brain Injury (0329):

- The maximum number of hours of respite per calendar year is 240. The State requests to allow additional hours in an amount dependent up on the specific needs of the participant.

Persons who are Medically Fragile, Technology Dependent (0278):

- The current maximum number of respite hours per calendar year is 336. The State requests to allow up to 672 hours per year, authorizing an amount dependent upon participant specific needs.

Supportive Living Program (0326)

- Temporarily allow 24 hour skilled nursing care for services and monitoring of ill residents. Additionally, for the required ongoing assessments of all residents and staff, per CDC guidelines. Increased nursing services may help reduce hospitalizations, which could reduce potential exposure for residents. Services by a licensed nurse are already a waiver service.

Adults with Developmental Disabilities (0350), CRW (0474)

- Service definition limitations on the number of people served in each licensed home may be exceeded.
- Up to an additional 25 hours per week of billable staff hours will be authorized for individuals authorized for intermittent and family/intermittent CILA. These additional billable hours will be available for providers to use as needed to help assure the health, safety and wellbeing of people with intermittent supports who will not be attending a CDS.
- Additional Staff - Residential can be provided, without requesting prior approval, during the provision of licensed residential habilitation to address the increased needs of individuals affected by the epidemic/pandemic or increased number of individuals served in a service location. Additional Staff - Residential may be used to supplement staffing in the residential home itself or support a participant while the participant stays in the home of friends or family.

iii. ___ Temporarily add services to the waiver to address the emergency situation (for example, emergency counseling; heightened case management to address emergency needs; emergency medical supplies and equipment; individually directed goods and services; ancillary services to establish temporary residences for dislocated waiver enrollees; necessary technology; emergency evacuation transportation outside of the scope of non-emergency transportation or transportation already provided through the waiver).

[Complete Section A-Services to be Added/Modified During an Emergency]

iv. X Temporarily expand setting(s) where services may be provided (e.g. hotels, shelters, schools, churches). Note for respite services only, the state should indicate any facility-based settings and indicate whether room and board is included:

[Explanation of modification, and advisement if room and board is included in the respite rate]:

Supportive Living Program (0326)

- Temporarily allow settings to be expanded in the event it is determined by local public health authorities that SLP participants need to be transferred to another setting for their health and safety; either to prevent contraction of COVID-19 or to be treated separately from the healthy population. The same waiver services would be required for transferred participants. The State will notify CMS if such changes will occur. The State will ensure participants effected will continue to receive the necessary services as authorized in their person centered plan of care and that services provided are in the best interest of the individual.

Adults with Developmental Disabilities (0350)

- Temporarily allow CILA group homes to be fully reimbursed for services rendered during an emergency evacuation to an unlicensed site (as deemed appropriate by the Department) where the evacuating service provider continues to render services. The State will notify CMS when such changes will occur. The State will ensure participants effected will continue to receive the necessary services as authorized in their person centered plan of care and that services provided are in the best interest of the individual.

CRW (0474)

- Temporarily allow Child Group Homes to be fully reimbursed for services rendered during an emergency evacuation to an unlicensed site where the evacuating service provider continues to render services. The State will notify CMS if such changes will occur. The State will ensure participants effected will continue to receive the necessary services as authorized in their person centered plan of care and that services provided are in the best interest of the individual.

v. X **Temporarily provide services in out of state settings (if not already permitted in the state's approved waiver).** [Explanation of changes]

Adults with Developmental Disabilities (0350), CSW (0464):

- During this emergency period, DDD may permit receipt of services in another state. This would apply to clients receiving support from Personal Support Workers and would be approved through DDD protocol.

c. ___ **Temporarily permit payment for services rendered by family caregivers or legally responsible individuals if not already permitted under the waiver.** Indicate the services to which this will apply and the safeguards to ensure that individuals receive necessary services as authorized in the plan of care, and the procedures that are used to ensure that payments are made for services rendered.

d. ___ **Temporarily modify provider qualifications (for example, expand provider pool, temporarily modify or suspend licensure and certification requirements).**

i. X **Temporarily modify provider qualifications.**

[Provide explanation of changes, list each service affected, list the provider type, and the changes in provider qualifications.]

Elderly (0143)

- Temporarily suspend the requirements in 89 Ill Admin Code 240, that require homecare aides to have a high school or general education diploma, or one year employment in a comparable human services field, or demonstration of continued progress towards meeting the requirements of a general education diploma.
- Temporarily allow delays with the collection of fingerprints for criminal background checks (CBC) for all unlicensed persons not already included on the Health Care Worker Registry. Many contracted vendors that collect fingerprints have closed their business due to the COVID-19 outbreak. Vendors must check the Health Care Worker Registry (which includes information from the Adult Protective Services Registry) for all new hires. Agencies will not be allowed to hire staff who show as ineligible on the Health Care Worker Registry. Agencies hiring staff pending fingerprint collection would need to document attempts to be compliant with fingerprint collection. Suspending the qualifications, 24-hour pre-service requirements, and delay in the CBCs must be thoroughly documented in the homecare aide employee file. Fingerprint collection would resume immediately when operations return to normal. Agencies must ensure arrangements for qualifications, proper training, fingerprint background checks of HCAs resume upon notice from the Operating Agency when the suspension is no longer in effect.
- Request temporary flexibility on the following requirements of the Emergency Home Response Service and Automated Medication Dispenser providers:
 1. Temporarily waive the requirement that providers install and provide training to the participant during a face-to-face visit.
 2. Allow for providers to deliver equipment to the participant in accordance with recommended CDC social distancing guideline. For example, leaving the equipment on participant's doorstep.
 3. Allow for providers to provide installation instructions and training to participant over the phone or allow for home care aide and/or family member to assist participant with installation of equipment telephonically with provider.
 4. Temporarily waive background checks for providers when they are hiring new technicians and installers.

Persons who are Medically Fragile, Technology Dependent (0278)

- Home Health Nursing Agency Providers provide the majority of services to waiver participants. During this interim time, nurses whose CPR certification expire, will be allowed to continue to provide services. Once the current crisis has been lifted the certification will be obtained. Illinois nurse licenses are set to expire in May 2020. The Illinois Department of Financial and Professional Regulation has extended this to September.
- Home Medical Providers will suspend all in-person visits. The State will also suspend in-person supervisory visits that currently occur every 60 days. Exceptions will be considered when there are health and safety concerns.
- Temporarily allow delays with the collection of fingerprints for criminal background checks for all unlicensed persons not already included on the Health Care Worker Registry. The Health Care Worker Background Check Act requires fingerprints be collected within 10 days of signing an authorization form or the employee is suspended. If fingerprints are not collected within 30 days, the employee is terminated. Many contracted vendors that collect fingerprints have closed their business due to the COVID 19 outbreak. All new hires will still need to be checked on the Registry to determine if they have a disqualifying conviction. Providers hiring staff pending fingerprint collection would need to document attempts to be compliant with the Act. Fingerprint collection would resume immediately when operations return to normal.

Supportive Living Program (0326)

- Temporarily allow delays with the collection of fingerprints for criminal background checks for all unlicensed persons not already included on the Health Care Worker Registry. The Health Care Worker Background Check Act requires fingerprints be collected within 10 days of signing an authorization form or the employee is suspended. If fingerprints are not collected within 30 days, the employee is terminated. Many contracted vendors that collect fingerprints have closed their business due to the COVID-19 outbreak. All new hires will still need to be checked on the Registry to determine if they have a disqualifying conviction. SLP providers hiring staff pending fingerprint collection would need to document attempts to be compliant with the Act. Fingerprint collection would resume immediately when operations return to normal.
- Temporarily suspend required initial staff orientation, excluding job-specific training, and annual training except for infection control and abuse, neglect and exploitation.

Adults with Developmental Disabilities (0350), CRW (0473), CSW (0464), CRW (0474)

- To allow redeployment of direct support and clinical staff to needed service settings during the emergency, staff qualified under any service definition in the waivers or any other DHS Medicaid waiver program may be used for provision of any non-professional service under another service definition in C-1/C-3.

Adults with Developmental Disabilities (0350), CRW (0474)

- For the duration of this emergency period, hiring credentials for direct support professional staff (DSP) and Personal Support Workers (PSW) may be modified and these DSPs may undergo an abridged training curriculum as approved by the OA.
- For the duration of this emergency period, training procedures and requirements for DSPs to pass medications may be modified as seen appropriate by the OA. For the duration of this emergency period, the OA may modify requirements for Qualified Intellectual Disability Professional.
- For the duration of this emergency period, hiring credentials for Personal Support Workers (PSW) may be modified and these PSWs may undergo an abridged training curriculum approved by the Department for Agency-Based providers.
- The Department may temporarily waive the requirement that physicians and other healthcare professionals including nurses be licensed in the State where they are providing services so long as they have equivalent licensing in good standing in another state.
- PSWs may be allowed to begin work prior to the completion of the background check. In the event the background check reveals a disqualifying offense, the staff would be immediately terminated.

CSW (0464):

- For the duration of this emergency period, hiring credentials for Personal Support Workers (PSW) may be modified and these PSWs may undergo an abridged training curriculum approved by the Department for Agency-Based providers.
- Parents/legal guardians may forgo receiving a background check/fingerprints if they live in the same house as their child. They would still have to complete the IMPACT screening and CANTS checks. This would only be during the crisis period.

ii. ___ Temporarily modify provider types.

[Provide explanation of changes, list each service affected, and the changes in the provider type for each service].

iii. X Temporarily modify licensure or other requirements for settings where waiver services are furnished.

[Provide explanation of changes, description of facilities to be utilized and list each service provided in each facility utilized.]

Supportive Living Program (0326)

Assisted Living

- Maximum number of individuals served in a service location may be exceeded to address staffing shortages or accommodating use of other sites as quarantine sites.
- Minimum staffing ratios may not be met as required by licensure, service definition and personal plan due to staffing shortages.
- Residents may share apartments certified for single occupancy if ill residents need to be cohorted following CDC guidelines.

Adults with Developmental Disabilities (0350), CRW (0474)

- Maximum number of individuals served in a service location may be exceeded to address staffing shortages or accommodating use of other sites as quarantine sites.
- Staffing ratios may not be met as required by licensure, service definition and personal plan due to staffing shortages.
- Temporarily extend all associated deadlines with certification licensure, life safety code, quality assessment, audits, fiscal reporting requirements, etc. for service providers during the pendency of the emergency period

e. Temporarily modify processes for level of care evaluations or re-evaluations (within regulatory requirements). [Describe]

f. X Temporarily increase payment rates.

[Provide an explanation for the increase. List the provider types, rates by service, and specify whether this change is based on a rate development method that is different from the current approved waiver (and if different, specify and explain the rate development method). If the rate varies by provider, list the rate by service and by provider.]

Supportive Living Program (0326)

- The rate for Assisted Living services may be increased to account for the temporary provision of 24 hour skilled nursing care for services and monitoring of ill residents and for the required ongoing assessments of all residents and staff per CDC guidelines.

Persons with Disabilities (0142), Persons with HIV/AIDS (0202), Persons with Brain Injury (0329)

- The following service costs may be increased to account for excess overtime of service providers to cover staffing needs and to account for additional infection control supplies and service costs: Homemaker, Maintenance Home Health, Home Delivered Meals, TBI Day Habilitation, TBI Pre-Vocational, and TBI Behavioral Health Services.

Persons who are Medically Fragile, Technology Dependent (0278)

- Temporarily increase the rate paid for respite to the current hourly shift nursing rate for RN and LPN.

Adults with Developmental Disabilities (0350)

- The rate for Residential Habilitation will be changed to account for time in residential service locations by people who will not be attending a community day services program. Rates may also be increased to account for excess overtime of direct support professionals to cover staffing needs.
- The rate setting methodology will change by adding additional Prime and Non-Prime staff up to 7 hours of direct care staff per weekday to the CILA Rate for people authorized for 24-hour shift staff and Host Family/Foster Care levels of CILA supports. The current rate methodology deducts up to 7 hours of staff coverage per weekday because the expectation is the individual would be at a community day program. Resulting temporary rate increases are not expected to exceed 40%.
- The Community Living Facility (16 beds or under) will receive the same increase as the CILA providers not to exceed 40%.

CRW (0474)

- The rate for Children's Group Home will be changed to account for time in residential service locations by people who will not be attending school-based services. The CGH rates are currently determined by expenses submitted through Consolidated Financial Reports. Because of the immediate need to increase funding to meet the current obligation, the residential habilitation rates in CGH will be increased by 20 percent to cover the additional staff time children will be home and not participating in a school program. These increased rates will be in effect until the OA deems sufficient resolution of crisis to allow reinstatement of actual rates.

g. X Temporarily modify person-centered service plan development process and individual(s) responsible for person-centered service plan development, including qualifications.

[Describe any modifications including qualifications of individuals responsible for service plan development, and address Participant Safeguards. Also include strategies to ensure that services are received as authorized.]

Supportive Living Program (0326)**Participant Rights:**

- Suspend requirements for allowing visitors (providers may prohibit/restrict visitation in-line with CMS recommendations for long term care facilities). The modification of this right is not required to be justified in the personal plan.
- Suspend requirements for right to choose with whom to share an apartment. The modification of this right is not required to be justified in the personal plan.
- Suspend requirements for the Plan to be developed at times and locations convenient to the individual and their representatives.
- Modify the requirement to ensure the delivery of services in a manner reflecting personal preferences, by including to extent possible given the temporary amendments in this Appendix.

Social and health promotion activities:

- Temporarily suspend required weekly social activities both in and out of the SLP provider setting.
- Temporarily suspend required three times weekly health promotion activities.
- Temporarily suspend ancillary services to include shopping trips and activities in the community.
- Temporarily suspend congregate dining services. Meal delivery to residents' apartments will be provided.

Adults with Developmental Disabilities (0350)**Participant Rights:**

- Suspend requirements for allowing visitors (providers may prohibit/restrict visitation in-line with CMS recommendations for long term care facilities). The modification of this right is not required to be justified in the personal plan.
- Suspend requirements for right to choose who to share a bedroom with. The modification of this right is not required to be justified in the personal plan.
- Suspend requirements for right to choose community day service provider. The modification of this right is not required to be justified in the personal plan.
- Suspend requirements for the Plan to be developed at times and locations convenient to the individual and their representatives.
- Modify the requirement to ensure the delivery of services in a manner reflecting personal preferences.

CSW (0464), CRW (0474)

- Suspend requirements for allowing visitors (providers may prohibit/restrict visitation in-line with CMS recommendations for long term care facilities). The modification of this right is not required to be justified in the personal plan.
- Suspend requirements for right to choose who to share a bedroom with. The modification of this right is not required to be justified in the personal plan.
- Suspend requirements for the Plan to be developed at times and locations convenient to the individual and their representatives.
- Modify the requirement to ensure the delivery of services in a manner reflecting personal preferences.

h. X Temporarily modify incident reporting requirements, medication management or other participant safeguards to ensure individual health and welfare, and to account for emergency circumstances. [Explanation of changes]

Supportive Living Program (0326)**Incident Management Changes:**

- Critical Incidents will be reported as described in the approved waiver. The requirement for the State Medicaid Agency (SMA) to respond and perform the appropriate follow up may be completed remotely, unless an onsite visit is deemed necessary by the SMA.
- Complaint investigations will be prioritized by the SMA. If SMA staff determines immediate resident health and safety issues are present, an onsite review will be initiated. The review will be completed remotely if deemed appropriate.

Adults with Developmental Disabilities (0350), CRW (0474)

- Critical Incidents will be reported as outlined in the Critical Incident Reporting and Analysis System (CIRAS) Manual. The requirement of the ISC to respond and perform the appropriate follow up may be completed remotely unless an onsite visit is deemed necessary by the Division.
- The 8 hour medication training class required for DSPs to be authorized to pass medications will be transferrable from other agencies.
- The Division will be able to modify the current CBTA guidelines to allow additional ADSPs to be trained on new clients.
- There are various nursing assessments and medication checks that are required on a weekly, monthly and quarterly basis. Each of these activities will be evaluated on an individual basis to determine if continuation puts client health and safety at risk (for example, annual medication reauthorizations, quarterly medication checks, annual nursing assessments) Department-approved electronic or modified assessments and checks may be used during this emergency period after the completion of appropriate training.

CSW (0464)**Incident Management Changes:**

- Critical Incidents will be reported as outlined in the Critical Incident Reporting and Analysis System (CIRAS) Manual. The requirement of the ISC to respond and perform the appropriate follow up may be completed remotely unless an onsite visit is deemed necessary by the OA.

i. X Temporarily allow for payment for services for the purpose of supporting waiver participants in an acute care hospital or short-term institutional stay when necessary supports (including communication and intensive personal care) are not available in that setting, or when the individual requires those services for communication and behavioral stabilization, and such services are not covered in such settings.

[Specify the services.]

Persons with Disabilities (0142), Persons with HIV/AIDS (0202), Persons with Brain Injury (0329):

- Currently, Individual Provider (IP) services may be provided in hospital settings if the participant has a Determination of Need (DON) score of 75 or higher. DRS is requesting that IP services be provided to all participants who are hospitalized. Personal care tasks include eating, bathing grooming, dressing, incontinence, and transferring will be provided. Routine Health and Special Health tasks in the person centered plan of care will be completed by hospital personnel.

Adults with Developmental Disabilities (0350)

Participants that require hospitalization due to COVID19 may receive the following services in a hospital setting:

- Personal Support Worker
- Additional staff – residential

CSW (0464)

Participants that require hospitalization due to COVID19 may receive the following services in a hospital setting:

- Personal Support Worker

Supportive Living Program (0326):

Participants who require hospitalization due to COVID19 may receive additional paid temporary absence days while hospitalized. Currently 30 days per state fiscal year are allowed. FFP is not use for temporary absence days.

j. X Temporarily include retainer payments to address emergency related issues.

[Describe the circumstances under which such payments are authorized and applicable limits on their duration. Retainer payments are available for habilitation and personal care only.]

Adults with Developmental Disabilities (0350)

Agencies who provide day habilitation services (facility based day habilitation, community based day habilitation, adult day care, regular work/sheltered employment, job development, pre-vocational training and supported employment) will be eligible to receive retainer payments. Retainer payment can only be billed for members who are not receiving planned services and only for the amount authorized.

k. ___ Temporarily institute or expand opportunities for self-direction.

[Provide an overview and any expansion of self-direction opportunities including a list of services that may be self-directed and an overview of participant safeguards.]

l. ___ Increase Factor C.

[Explain the reason for the increase and list the current approved Factor C as well as the proposed revised Factor C]

m. **X** Other Changes Necessary [For example, any changes to billing processes, use of contracted entities or any other changes needed by the State to address imminent needs of individuals in the waiver program]. [Explanation of changes]

Persons with Disabilities (0142), Persons with HIV/AIDS (0202), Persons with Brain Injury (0329): DRS utilizes Electronic Visit Verification in conjunction with a paper timesheet to determine reimbursement for Individual Provider (personal assistance, skilled nursing care) services provided to participants. DRS will move to automatic approval of Individual Provider payments utilizing the EVV system until which time the paper time sheets are available for reconciliation.

Appendix K Addendum: COVID-19 Pandemic Response

1. HCBS Regulations

- a. Not comply with the HCBS settings requirement at 42 CFR 441.301(c)(4)(vi)(D) that individuals are able to have visitors of their choosing at any time, for settings added after March 17, 2014, to minimize the spread of infection during the COVID-19 pandemic.

2. Services

- a. Add an electronic method of service delivery (e.g., telephonic) allowing services to continue to be provided remotely in the home setting for:
 - i. Case management
 - ii. Personal care services that only require verbal cueing
 - iii. In-home habilitation
 - iv. Monthly monitoring (i.e., in order to meet the reasonable indication of need for services requirement in 1915(c) waivers).
 - v. Other *[Describe]*:

- b. Add home-delivered meals
- c. Add medical supplies, equipment and appliances (over and above that which is in the state plan)
- d. Add Assistive Technology

3. Conflict of Interest: The state is responding to the COVID-19 pandemic personnel crisis by authorizing case management entities to provide direct services. Therefore, the case management entity qualifies under 42 CFR 441.301(c)(1)(vi) as the only willing and qualified entity.

- a. Current safeguards authorized in the approved waiver will apply to these entities.
- b. Additional safeguards listed below will apply to these entities.

4. Provider Qualifications

- a. Allow spouses and parents of minor children to provide personal care services
- b. Allow a family member to be paid to render services to an individual.
- c. Allow other practitioners in lieu of approved providers within the waiver. *[Indicate the providers and their qualifications]*

- d. Modify service providers for home-delivered meals to allow for additional providers, including non-traditional providers.

5. Processes

- a. Allow an extension for reassessments and reevaluations for up to one year past the due date.
- b. Allow the option to conduct evaluations, assessments, and person-centered service planning meetings virtually/remotely in lieu of face-to-face meetings.
- c. Adjust prior approval/authorization elements approved in waiver.
- d. Adjust assessment requirements
- e. Add an electronic method of signing off on required documents such as the person-centered service plan.

Contact Person(s)

A. The Medicaid agency representative with whom CMS should communicate regarding the request:

First Name:	Pamela
Last Name	Winsel
Title:	Senior Public Service Administrator
Agency:	Department of Healthcare and Family Services
Address 1:	201 South Grand Avenue East
Address 2:	Click or tap here to enter text.
City	Springfield
State	IL
Zip Code	62763
Telephone:	217-782-6359
E-mail	Pamela.Winsel@illinois.gov
Fax Number	217-557-2780

B. If applicable, the State operating agency representative with whom CMS should communicate regarding the waiver is:

Persons who are Elderly (0143)

First Name:	Lora
Last Name	McCurdy
Title:	Deputy Director
Agency:	Illinois Department on Aging
Address 1:	100 Natural Resources Way
Address 2:	
City	Springfield
State	Illinois
Zip Code	62702
Telephone:	217-558-3925
E-mail	Lora.McCurdy@illinois.gov
Fax Number	

Persons with Disabilities (0142), Persons with HIV/AIDS (0202), Persons with Brain Injury (0329)

First Name:	Lyle
Last Name	VanDeventer
Title:	Waiver Manager, Home Services Program
Agency:	Department of Human Services, Division of Rehabilitation Services
Address 1:	100 S Grand Ave E, 1 st Floor
Address 2:	PO Box 19429
City	Springfield
State	Illinois
Zip Code	62794-9429
Telephone:	(217) 557-1875
E-mail	lyle.vandeventer@illinois.gov
Fax Number	(217) 558-0083

Persons who are Medically Fragile, Technology Dependent (0278)

First Name:	Mary
Last Name	Cole
Title:	Assistant Director of Operations

Agency:	UIC Division of Specialized Care for Children
Address 1:	3135 Old Jacksonville Road
Address 2:	
City	Springfield
State	Illinois
Zip Code	62704
Telephone:	(217) 558-2350
E-mail	mmilbu2@exchange.dsc.uic.edu
Fax Number	(217) 782-9444

Supportive Living Program (0278)

First Name:	Mark
Last Name	McCurdy
Title:	Chief, Bureau of Long Term Care
Agency:	Department of Healthcare and Family Services
Address 1:	201 South Grand Avenue East – 3rd Floor
Address 2:	
City	Springfield
State	Illinois
Zip Code	62763
Telephone:	(217) 782-0545
E-mail	Mark.mccurdy@Illinois.gov
Fax Number	(217) 557-5061

Adults with Developmental Disabilities (0350), Support Waiver for Children and Young Adults with Developmental Disabilities (CSW) (0464), Residential Waiver for Children and Young Adults with Developmental Disabilities (CRW) (0473)

First Name:	Derek
Last Name	Hedges
Title:	Public Service Administrator
Agency:	Department of Human Services, Division of Developmental Disabilities
Address 1:	600 East Ash Street, Building 400
Address 2:	
City	Springfield
State	Illinois
Zip Code	62703
Telephone:	(217) 782-5919
E-mail	Derek.Hedges@Illinois.gov
Fax Number	(217) 782-9444

8. Authorizing Signature

Signature: 

Date: 3-27-2020


State Medicaid Director or Designee

First Name:	Kelly
Last Name	Cunningham
Title:	Acting Medicaid Director
Agency:	Department of Healthcare and Family Services
Address 1:	201 South Grand Avenue East
Address 2:	Click or tap here to enter text.
City	Springfield
State	IL
Zip Code	62763
Telephone:	217-524-7023
E-mail	Kelly.Cunningham@illinois.gov
Fax Number	Click or tap here to enter text.

Section A---Services to be Added/Modified During an Emergency

Complete for each service added during a time of emergency. For services in the approved waiver that the state is temporarily modifying, enter the entire service definition and highlight the change. State laws, regulations and policies referenced in the specification should be readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Specification					
Service Title:					
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>					
Service Definition (Scope):					
Specify applicable (if any) limits on the amount, frequency, or duration of this service:					
Provider Specifications					
Provider Category(s) <i>(check one or both):</i>	<input type="checkbox"/>	Individual. List types:	<input type="checkbox"/>	Agency. List the types of agencies:	
Specify whether the service may be provided by <i>(check each that applies):</i>		<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian
Provider Qualifications <i>(provide the following information for each type of provider):</i>					
Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>		
Verification of Provider Qualifications					
Provider Type:	Entity Responsible for Verification:		Frequency of Verification		
Service Delivery Method					
Service Delivery Method <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input type="checkbox"/>	Provider managed	



ⁱ Numerous changes that the state may want to make may necessitate authority outside of the scope of section 1915(c) authority. States interested in changes to administrative claiming or changes that require section 1115 or section 1135 authority should engage CMS in a discussion as soon as possible. Some examples may include: (a) changes to administrative activities, such as the establishment of a hotline; or (b) suspension of general Medicaid rules that are not addressed under section 1915(c) such as payment rules or eligibility rules or suspension of provisions of section 1902(a) to which 1915(c) is typically bound.