

**Bureau of Managed Care
Managed Care Organizations
Policy / Procedures**

Waiver Guidance

**Persons with Brain Injury, Persons with HIV/AIDS, and Persons with Disabilities Waivers:
Legally Responsible Individuals**

Effective March 1, 2024, legally responsible individuals (LRIs) may be paid to provide personal care services to customers in the Persons with Disabilities, HIV/AIDS, and Brain Injury waivers when the services are considered extraordinary in nature.

An LRI is any person who has a legal duty to provide care for a customer. This includes a customer's spouse, a parent, stepparent, or foster parent of a customer who is under age 18; or a legal guardian of a customer who is under age 18.

Customers who utilize an LRI must identify a representative to sign the LRI's timesheet and the Customer's annual Service Plan. This person cannot be the LRI.

Extraordinary care refers to personal care services that exceed the range of activities that the LRI would ordinarily perform in the household on behalf of the customer is necessary to assure the health and welfare of the customer to avoid institutionalization. These personal care services are limited to the activities of daily living and include: eating, bathing, grooming, dressing, transferring, incontinence care, routine health, and special health. When using an LRI, the following must be documented in the customer's Person-Centered Plan:

- Define how the customer meets the criteria for extraordinary care.
- The personal care services to be delivered by the LRI and the number of hours assigned to each. LRI may not work more than 40 hours per week. An additional IP or homemaker agency must be employed to work the remaining hours in the Person-Centered Plan.
- No other qualified Individual Provider is available to provide the services required under the customer's Person-Centered Plan.
- The LRI has the ability and the skill to provide the extraordinary care services to the customer to meet the needs of the customer.
- The services provided by the LRI are in the best interest of the customer.
- The LRI was chosen by the customer to deliver personal care services.

The LRI must meet all qualifications for enrollment as an Individual Provider, including IMPACT enrollment. LRIs may not be employed by an agency.

The MCO Care Coordinator must complete a case note in the customer's case in WebCM and email the HSP Counselor's email address available in WebCM, cc'ing DHS.HSPmanagedcare@illinois.gov when an LRI when has been selected as an IP by the customer, and/or when the LRI was removed from a case, the reason removed, and the effective end date.

Both the MCO and DRS shall track LRI assignments.

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The MCO Care Coordinator will monitor service provision by the LRIs during the in-person home visits as required in the Managed Care Contract. During these visits, the customer's hygiene, nourishment status, general condition and cleanliness of the home, etc., should be documented in the customer record along with validation that services are being rendered by the LRI for according to the Person-Centered Plan and are being paid for according to the Person-Centered Plan. If concerns are identified, the MCO Care Coordinator will discuss the issues with the customer and the LRI. If concerns are not addressed to the satisfaction of the MCO Care Coordinator, the customer will no longer be able to utilize their LRI to provide services. The MCO Care Coordinator will recommend a new IP who is not an LRI, or an in-home service (homemaker) agency for a new placement of a homecare aide who is not their LRI. MCOs should follow their appeal policies for the change of service.

Additionally, the MCO Care Coordinator will conduct a quarterly review of WebCM case notes and Electronic Visit Verification data (once available to the MCOs) for hours worked compared to the Person-Centered Plan to ensure appropriate utilization and management of LRI hours by the customer. MCO staff should follow their internal policies for reporting overages and suspected fraud.

LRIs with a history of ANE, who have committed HSP or Medicaid fraud, or who have been identified as billing unauthorized hours are not eligible.

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**Policy History
General Contract Monitoring**

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Policy Revisions

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