	DoA		DHS-DRS		HFS			
Service	Persons who are Elderly	Persons with Disabilities	Persons with HIV/AIDS	Persons with Brain Injury	Supportive Living Facilities (SLF)	Definition	Standards	Service Limits
Adult Day Service	x	x	x	x		Adult day service is the direct care and supervision of adults aged 60 and over in a community-based setting for the purpose of providing personal attention; and promoting social, physical and emotional well-being in a structured setting.  The DD version of adult day service also includes transportation.	DOA:  99 II.Adm.Code 240.1505-1590 Contract with Department on Aging, Contract requirements, DD: 59 II.Adm.Code 120.70 Contract with Department on Aging, Contract requirements, DRS: 99 II.Adm.Code 686.100	DOA, DRS The amount, duration, and scope of services is based on the service plan and is included in the service cost maximum/monthly cost limt. This service will not be duplicative of other services in the Waiver.  DD For participants who chose home-based supports, this service is included in the participant's monthly cost limit. The annual rate is spread over a State fiscal year maximum of 1,100 hours for any combination of day programs.
Adult Day Service Transportation	х	х	х	х			DOA: 89 II.Adm.Code 240.1505-1590 DRS: 89 II.Adm.Code 686.100	No more than two units of transportation shall be provided per MFP participant in a 24 hour period, and shall not include trips to a physician, shopping, or other miscellaneous trips.
Case Management (Administrative Claim)	x	x	х	x		Case management includes services that assist participants in gaining access to needed MFP, waiver and state plan services, as well as medical, social, educational and other services, regardless of the funding source for the services. Responsibilities include assessment, care plan development and ongoing monitoring and review.	DOA:  39 II.Adm.Code 240.1430  39 II.Adm.Code 220.605  DD:  Community-based agencies - Entity under contract with the Operating Agency that provides Individual Service and Support Advocacy. Services must be provided personally by a professional defined in federal regulations as a Qualified Mental Retardation Professional. 59 II.Adm.Code 120.70  DRS: Required to have at least a GED or CNA as well as experience in working with individuals with disabilities, independent living services, and home care, and a background in the medical aspects of disabilities social workers, or other health care professionals (audiologists and speech pathologists	

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Community Transition Services	X (MFP only)	X (MFP only)				Community transition services are non- recurring set-up expenses for MFP participants who are transitioning from an institutional or another provider-operated living arrangement to a living arrangement in a private residence where the person is directly responsible for his or her own living expenses.  Allowable expenses are those necessary to establish a basic household but that do not constitute room and board.	Enrolled vendor approved by the Service Facilitator and the participant/guardian	One-time transition services are viewed mainly to be one-time costs. In the event that the MFP participant should need the services after the twelve (12) month period of Money Follows the Person eligibility, Flexible Senior Spending (FSS) funds are available for the MFP participant's needs.  No more than \$4,000 maximum may be spent per participant on Community Transition Services without the prior apprival of the Community Reintegration Program (CRP) Manager or designee.
Environmental Accessibility Adaptations- Home	x	x	x	x		Those physical adaptations to the home, required by the individual's plan of care, which are necessary to ensure the health, welfare and safety of the individual, or which enable the individual to function with greater independence in the home, and without which, the individual would require institutionalization.  Excluded are those adaptations or improvements to the home that are of general utility and are not of direct remedial benefit to the participant.  DSCC  Vehicle modifications (wheelchair lifts and tie downs) are also provided under environmental modifications.	DOA and DRS: 39 II.Adm.Code 686.608 DSCC: DSCC Home Care Manual, 53.20.30, (Rev.9/01) &53.43 (Rev.9/01) DD: 59 II.Adm.Code 120.70 Independent contractor -Enrolled vendor approved by the Service Facilitator and participant/ guardian Construction companies-Enrolled vendor approved by the Service Facilitator and participant/ guardian.	DOA Requests for Home Modifications in excess of the \$3,000 limit will be considered on a case-by-case basis by IDOA. Requests for Assistive technology in excess of the \$1,000 limit will be considered on a case-by-case basis by IDOA.  DRS The cost of environmental modification, when amortized over a 12 month period and added to all other monthly service costs, may not exceed the service cost maximum.  DSCC All environmental modifications will be limited in scope to the minimum necessary to meet the participant's medical needs.  DD This service is subject to prior approval by the Operating Agency.

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Supported Employment				x		intensive, ongoing supports that enable	89 II.Adm.Code 530 DD: 59 II.Adm.Code 120.70	BI When supported employment services are provided at a work site where persons without disabilities are employed, payment is made only for the adaptations, supervision and training required by participants receiving waiver services as a result of their disabilitiesand will not include payment for the supervisory activities rendered as a normal part of the business setting. The amount, duration, and scope of services is based on the determination of need assessment conducted by the case manager and the service cost maximum determined by the DON score.  DD For participants who chose home-based supports, this service is included in the participant's monthly cost limit. Services are subject to prior approval.
Home Health Aide		x	x	x			Individual: 210 ILCS 45/3-206 Agency: 210 ILCS 55	Services provided are in addition to any services provided through the State Plan. The amount, duration, and scope of services is based on the determination of need assessment conducted by the case manager and the service cost maximum determined by the DON.

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Nursing, Intermittent		x	х	х		Nursing services that are within the scope of the State's Nurse Practice Act and are provided by a registered professional nurse, or a licensed practical nurse, licensed to practice in the state. Nursing through the waiver focuses on long term habitiative needs rather than short-term acute restorative needs. Intermittent nursing waiver services are in addition to any Medicaid State Plan nursing services for which the participant may qualify.	DRS: Home Health Agency: 210 ILCS 55 Licensed Practical Nurse: 225 ILCS 65 Registered Nurse: 225 ILCS 65	The amount, duration, and scope of services is based on the determination of need assessment conducted by the case manager and the service cost maximum determined by the DON score. All waiver clinical services require a prescription from a physician. The duration and/or frequency of these services are dependent on continued authorization of the physician, and relevance to the customer's service plan.
Nursing, Skilled (RN and LPN)		x	x	x		Service provided by an individual that meets illinois licensure standards for nursing services and provides shift nursing services.	DRS: Home Health Agency: 210 ILCS 55 Licensed Practical Nurse: 225 ILCS 65 DD: Registered Nurse or Licensed Practical Nurse, under supervision by a registered nurse: 225 ILCS 65 BB: BB: Adm.Code 1300 59 II.Adm.Code 120.70	DRS The amount, duration, and scope of services is based on the service plan and is included in the service cost maximum/monthly cost limt. This service will not be duplicative of other services in the Waiver.  DD There is a State fiscal year maximum of 365 hours of service by a registered nurse and 365 hours of service by a licensed practical nurse.  For participants who chose home-based supports, this service is included in the participant's monthly cost limit.
Occupational Therapy		×	x	×		Service provided by a licensed occupational therapist that meets Illinois standards. Services are in addition to any Medicaid State Plan services for which the participant may qualify. Occupational therapy through the waiver focuses on long term habilitative needs rather than short-term acute restorative needs	DRS: Occupational Therapist: 225 ILCS 75 Home Health Agency: 210 ILCS 55 DD: Occupational Therapist may directly supervise a Certified Occupational Therapist Assistant 225 ILCS 75 68 II.Adm.Code 1315 59 II.Adm.Code 120.70	All waiver clinical services require a prescription from a physician. The duration and/or frequency of these services are dependent on continued authorization of the physician, and relevance to the customer's service plan. The amount, duration, and scope of services is based on the service plan and is included in the service cost maximum DD This service is included in the participant's monthly cost limit for home-based supports. Services are subject to prior approval by the Operating Agency.

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Physical Therapy		x	x	x		Service provided by a licensed physical therapist that meets Illinois standards. Services are in addition to any Medicaid State Plan services for which the participant may qualify. Physical therapy through the waiver focuses on long term habilitative needs rather than short-term acute restorative needs.	DRS: Physical Therapist 225 ILCS 90 Home Health Agency: 210 ILCS 55 DD: Physical Therapist may directly supervise a certified physical therapist assistant. 225 ILCS 90 68 II.Adm.Code 1340 59 II.Adm.Code 120.70	DRS All waiver clinical services require a prescription from a physician. The duration and/or frequency of these services are dependent on continued authorization of the physician, and relevance to the customer's service plan. The amount, duration, and scope of services is based on the service plan and is included in the service cost maximum  DD This service is included in the participant's monthly cost limit for home-based supports. Services are subject to prior approval by the Operating Agency.
Speech Therapy		x	x	х		Service provided by a licensed speech therapist that meets Illinois standards. Services are in addition to any Medicaid State Plan services for which the participant may qualify. Speech therapy through the waiver focuses on long term habilitation needs rather than short-term acute restorative needs.	DRS: Speech Therapist 225 ILCS 110 Home Health Agency: 210 ILCS 55 DD: Speech/Language Pathologist 225 ILCS 110 68 II.Adm.Code 1465 59 II.Adm.Code 120.70	DRS  All waiver clinical services require a prescription from a physician. The duration and/or frequency of these services are dependent on continued authorization of the physician, and relevance to the customer's service plan. The amount, duration, and scope of services is based on the service plan and is included in the service cost maximum  DD  This service is included in the participant's monthly cost limit for home-based supports. Services are subject to prior approval by the Operating Agency.
Prevocational Services				x		Prevocational services are aimed at preparing an individual for paid or unpaid employment, but are not job-task oriented. This can include teaching concepts such as compliance, attendance, task completion, problem solving and safety. Prevocational services are provided to persons expected to be able to join the general work force or participate in a transitional sheltered workshop within one year (excluding supported employment programs).	<u>89 II.Adm.Code 530</u>	The amount, duration, and scope of services is based on the determination of need assessment conducted by the case manager and the service cost maximum determined by the DON score.  All prevocational services will be reflected in the individual's plan of care as directed to habilitative, rather than explicit employment objectives.

	DoA		DHS-DRS		HFS			
Service	Persons who are Elderly	Persons with Disabilities	Persons with HIV/AIDS	Persons with Brain Injury	Supportive Living Facilities (SLF)	Definition	Standards	Service Limits
Habilitation-Day				×		to reinforce skills or lessons taught in school, therapy, or other settings.  DD  Assistance with acquisition, retention, or improvement in self-help, socialization and adaptive skills that takes place in a non-residential setting, separate from the participant's private residence or other residential living arrangement. Activities and environments are designed to foster the acquisition of skills, appropriate behavior, greater independence, and personal choice. Services are furnished four or more hours per day on a regularly scheduled basis for one or more days per week or as specified in the participant's support plan.	BI 59 II.Adm.Code 119 DD Community-Based Agencies: 59 II.Adm.Code 119 (Developmental Training); 59 II.Adm.Code 50 (DHS OlG) 59 II.Adm.Code 120.70 (DD Waiver Rule) Contract requirements Special Recreation Associations 59 II.Adm.Code 119 59 II.Adm.Code 50 59 II.Adm.Code 120 Contract requirements	BI The amount, duration, and scope of services is based on the determination of need assessment conducted by the case manager and the service cost maximum determined by the DON score.  This service shall be furnished 4 or more hours per day on a regularly scheduled basis, for 1 or more days per week unless provided as an adjunct to other day activities included in the individual's plan of care.  DD The annual rate is spread over a State fiscal year maximum of 1,100 hours for any combination of day programs. Monthly payment is limited to a maximum of 115 hours for any combination of day programs. Meals provided as part of these services shall not constitute a "full nutritional regimen" (three meals per day). Day Habilitation does not include special education and related services which otherwise are available to the participant through a local education and related services which otherwise are available to the participant through a local education and pency or vocational rehabilitation services which otherwise are available to the participant through a program funded under Section 110 of the Rehabilitation Act of 1973.
Homemaker	x	x	x	x		Homemaker service is defined as general non-medical support by supervised and trained homemakers. Homemakers are trained to assist individuals with their activities of daily living, including personal care, as well as other tasks such as laundry, shopping, and cleaning. The purpose of providing homemaker service is to maintain, strengthen and safeguard the functioning of MFP participants in their own homes in accordance with the authorized plan of care.	DOA: 89 II.Adm.Code 240 DRS: 89 II. Adm. Code 686.200	DOA, DRS: The amount, duration, and scope of services is based on the determination of need assessment conducted by the case manager and the service cost maximum determined by the DON score.

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Home Delivered Meals		x	х	х		Prepared food brought to the client's residence that may consist of a heated luncheon meal and/or a dinner meal which can be refrigerated and eaten later. This service is designed primarily for the client who cannot prepare his/her own meals but is able to feed him/herself.	89 II. Adm. Code 686.500	The amount, duration, and scope of services is based on the determination of need assessment conducted by the case manager and the service cost maximum. This service will be provided as described in the service plan and will not duplicate any other services.
Personal Assistant		x	х	x		Personal Assistants provide assistance with eating, bathing, personal hygiene, and other activities of daily living in the home and at work (if applicable). When specified in the plan of care, this service may also include such housekeeping chores as bed making, dusting, vacuuming, which are incidental to the care furnished, or which are essential to the health and welfare of the consumer, rather than the consumer family. Personal care providers must meet state standards or this service. The personal assistant is the employee of the consumer. The state acts as fiscal agent for the consumer.	89 II. Adm. Code 686.10	The amount, duration, and scope of services is based on the determination of need assessment conducted by the case manager and the service cost maximum as determined by the DON score.  These services may include assistance with preparation of meals, but does not include the cost of the meals themselves.  Personal care will only be provided when it has been determined by the case manager that the consumer has the ability to supervise the personal care provider and the service is not otherwise covered.
Personal Emergency Response System (PERS)	x	x	х	х		PERS is an electronic device that enables certain individuals at high risk of institutionalization to secure help in an emergency. The individual may also wear a portable "help" button to allow for mobility. The system is connected to the person's phone and programmed to signal a response center once a "help" button is activated. Trained professionals staff the response center.	DOA: Standards for Emergency Home Response 89 II.Adm.Code 240 DD: Vendor certified by the Department on Aging to provide this service or approved by the Department of Human Services with a current written rate agreement. 59 II.Adm.Code 120.70 DRS: 89 II. Adm. Code 686.300	PERS services are limited to those individuals who live alone, or who are alone for significant parts of the day, and have no regular caregiver for extended periods of time, and who would otherwise require extensive routine supervision.
Respite		×	х	x		DRS Respite services provide relief for unpaid family or primary care givers, who are currently meeting all service needs of the customer. Services are limited to personal assistant, homemaker, nurse, adult day care, and provided to a consumer to provide his or her activities of daily living during the periods of time it is necessary for the family or primary care giver to be absent.  DSCC Respite care services allow for the needed level of care and supportive services to enable the participant to remain in the community, or home-like environment, while periodically relieving the family of care-giving responsibilities. These services will be provided in the participant or bress ervices will be provided in the participant or Ense services will be provided in the participant of Care Center Model, licensed by the Illinois Department of Public Health.	Adult Day Care 89 II. Adm. Code 686.100 Home Health Aide 210 ILCS 45/3-206 RN/LPN 225 ILCS 65 Home Health Agency: 210 ILCS 55 Homemaker 89 II. Adm. Code 686.200 PA 89 II. Adm. Code 686.10 DSCC: Health Care Center 77 II. Adm. Code 260 Nursing Agency: Meet DSCC nursing agency requirements-DSCC Home Care Manual, 53.09	DRS The amount, duration, and scope of services is based on the determination of need assessment conducted by the case manager and the service cost maximum determined by the DON score  FFP will not be claimed for the cost of room and board except when provided as part of respite care furnished in a facility approved by the State that is not a private residence. It may be provided in an individual's home or in an adult day care setting.  DSCC Respite care services will be limited to a maximum of 14 days or 336 hour annual limit. Exceptions may be made on an individual basis based on extraordinary circumstances.  FFP will not be claimed for the cost of room and board except when provided as part of respite care furnished in a facility approved by the State that is not a private residence.

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Specialized Medical Equipment and Supplies		x	x	×		Specialized medical equipment and supplies to include devices, controls, or appliances, specified in the plan of care, which enable individuals to increase their abilities to perform activities of daily living, or to perceive, control, or communicate with the environment in which they live. This service also includes items necessary for life support, ancillary supplies and equipment necessary to the proper functioning of such items, and durable and non-durable medical equipment not available under the Medicaid State plan. All items shall meet applicable standards of manufacture, design and installation.	DRS:  88 II. Adm. Code 1253 Pharmacies 225.ILCS.85 Medical Supplies 225.ILCS.51 DSC: 225.ILCS.51 If not licensed under 225 ILCS 51, must be accredited by the Joint Commission on Accreditation of Healthcare Organizations, or other accrediting organization.  Meet DSCC Home Medical Equipment requirements for the waiver  A Medicaid enrolled pharmacy or durable medical equipment provider that provider stems not available from a DSCC approved home medical equipment (HME) provider, (such as special formula).	DRS:  Items reimbursed with waiver funds shall be in addition to any medical equipment and supplies furnished under the State plan and shall exclude those items, which are not of direct medical or remedial benefit to the individual.  DSCC:  Medical supplies, equipment and appliances are provided only on the prescription of the primary care physician as specified in the plan of care.
Behavioral Services (M.A. and PH.D)				x		Behavioral services provide remedial therapies to decrease maladaptive behaviors and/or to enhance the cognitive functioning of the recipient. These services are designed to assist customers in managing their behavior and cognitive functioning and to enhance their capacity for independent living.	Speech Therapist 225 ILCS 110/ Social Worker 225 ILCS 20/ Clinical Psychologist 225 ILCS 15/ Licensed Counselor 225 ILCS 107/	The amount, duration, and scope of services is based on the determination of need assessment conducted by the case manager and the service cost maximum determined by the DON score.  The services are based on a clinical recommendation and are not covered under the State Plan.
Nursing Services, Personal Care, Medication Management, including administration, Social & Recreational Programming, Health Promotion & Exercise Programs, 24-hr. response/security, Emergency Call System, Daily Checks, Laundry, Housekeeping, Maintence, Ancillary Services					x	An SLF is a residential setting in Illinois that provides or coordinates flexible personal care services, 24 hour supervision and assistance (scheduled and unscheduled), activities, and health related services with a service program and physical environment designed to minimize the need for residents to move within or from the setting to accommodate changing needs and preferences. Participants must be age 65+ or ages 22-64 with a physical disability.	89 IL. Admn. Code 146 200- 310 & 600	