

**Appendix 3e (formerly Appendix H)**

**Written and Verbal Comments Received in Response to  
Illinois Statewide Transition Plan  
Posted 2/5/2020 and State Responses**

	<b>TOPIC CATEGORY</b>	<b>TOPIC THEMES</b>	<b># Comments</b>	<b>Plan Modified?</b>
1	Assurance of available service options and information to enable participant choice and integration in the greater community	A. Need for true service options, not few choices based on what's currently available; give recipients a real choice, educate recipients regarding what those choices are and give them opportunities to see them.	38	
<b>STATE RESPONSE</b>				
<p><b>The Division of Developmental Disabilities (DDD) believes there is flexibility to create self-directed supports and individual choice within its current waiver. The DDD is working to communicate these flexibilities to individuals, families and Independent Service Coordination (ISC) Agencies, as well as to community-based waiver funded providers. The DDD will use the Rates Committee Report and the newly released Guidehouse (formerly Navigant Consulting) Rates Report that is based on stakeholder feedback about service needs to make additional changes and adjustments (subject to appropriation). The State is hopeful that this realignment will give individuals more flexibility with services and ultimately result in individuals having more choice.</b></p>				
		B. Availability of transportation (public or otherwise) and related supports (e.g. training for how to use, staff to accompany individuals if necessary) to/from jobs, volunteering, medical and other appointments, church, stores, etc. Suggestions from comments included: having door-to-door transport for day programming that is on time, reliable and assures safe pickup and drop off, as a fixed schedule of 8:30 am-2:30 pm is difficult for working parents; working with regional bus systems, school bus services (offsetting day programs' start and end times so it doesn't coincide with school times) to expand transportation availability.	30	
<b>STATE RESPONSE</b>				
		<p><b>The DDD is developing a Transportation Barriers &amp; Solutions Report; the DDD will utilize these suggestions as that work moves forward.</b></p>		
		C. Programs to help persons with disabilities prepare for future and be as independent as possible: having independent living coaches; learning independent living skills such as budgeting, cleaning one's living space, making meals.	6	

		<p><b>STATE RESPONSE</b></p> <p>These activities are encompassed in the current Direct Support Professional Training. The DDD will continue to evaluate this training to ensure that it provides training and support for staff to support individuals to attain independent living skills.</p> <p>Additionally, one of the main services provided through Personal Support is to teach adaptive skills to assist the participant to reach personal goals. Skill development could include money management, skills necessary to self-advocate and exercise civil rights, and exercising control and responsibility over their other support services. Similar to Personal Support, Community Day Services teaches adaptive skills that take place in a non-residential setting. The adaptive skills taught include motor development, attention span, safety problem solving and quantitative skills.</p>		
		D. Need more choices in medical doctors.	12	
		<p><b>STATE RESPONSE</b></p> <p>Nothing prevents individuals/families from using the doctor of their choice except where the program has authorized restrictions (such as managed care).</p> <p>A case manager's (ISCs) job is to help the individual and family become well-informed about all choices that may address the needs and outcomes identified in the plan.</p>		
2		Current Service Options need to be Reviewed and/or Expanded under Existing HCBS Waivers and Align with CMS Regulations		
	A. Prioritization of Urgency of Need for Services (PUNS)	1. Reduce the PUNS Wait List for adults.	35	
		<p><b>STATE RESPONSE</b></p> <p>Per the Reasonable Pace Agreement agreed to by the State and Plaintiffs in the Ligas Consent Decree, in Fiscal Years 21 through 25, the DDD agreed to serve a minimum of 630 adults from PUNS each year as outlined below. Per the Agreement, by FY25, the maximum wait time on PUNS (Seeking Services category) will be 60 months/5 years,</p>		

	<p>measured as of the date of enrollment on PUNS - or the individual's 18th birthday if they were enrolled prior to age 18).</p> <p><b>FY21: Initial Yearly Selection will be based on a maximum wait of 70 months;</b></p> <p><b>FY22: Initial Yearly Selection will be based on a maximum wait of 64 months;</b></p> <p><b>FY23: Initial Yearly Selection will be based on a maximum wait of 63 months;</b></p> <p><b>FY24: Initial Yearly Selection will be based on a maximum wait of 61 months;</b></p> <p><b>FY25 Initial Yearly Selection will be based on a maximum wait of 60 months.</b></p>		
	2. Pull children from PUNS list for services.	19	
<p><b>STATE RESPONSE</b></p> <p><b>The DDD would need an appropriation from the General Assembly and could need a waiver amendment in order to select additional children off the PUNS list for services. However, all children at risk of homelessness, abuse and/or neglect are able to access needed DD Waiver services through crisis funding. Individuals and families in any of these situations should contact the ISC in their area for assistance.</b></p>			
	3. Eliminate requirement for annual PUNS update to prove an individual still has a developmental disability, as it had to be confirmed originally in order to be put on the PUNS list.	1	
<p><b>STATE RESPONSE</b></p> <p><b>The annual requirement is for the ISC to update an individual's information on PUNS and to assess an individual's current situation; this is necessary to ensure the person's needs and desires are accurately reflected. The annual update does not require the ISC to assess eligibility.</b></p>			
	4. Help parents prepare for future – for “what’s next”: when children turn 22 or when they are notified about PUNS \$\$/being selected from PUNS list. Create supports for parents and caregivers so they do not feel alone; provide outreach so they are aware of their rights, know where to start, what to ask for, what services are out there.	13	

		<p><b>STATE RESPONSE</b></p> <p>ISCs are the frontline communicators for individuals with developmental disabilities and their families. The DDD also funds the Ligas Family Advocate Program which provides outreach and support to individuals and families, as well as helps them navigate the system and what they can expect as they move forward in the process. In early PUNS notification letters this year, the DDD included the connection to the Ligas Family Advocate Program as an additional reminder of this available support.</p> <p>The DDD will continue to work with the Illinois State Board of Education (ISBE) on smooth transition planning to adult services. The DDD is aware of a number of workgroups underway to make this process easier and more streamlined.</p>		
		<p>5. Use data collected through ISCs and PUNS list for future planning by identifying: whether an individual currently is receiving services or is awaiting access; the town/city where an individual currently lives and wants to live; what services and settings he or she is interested in; and what type of supports and staff training would be required for individuals with specialized needs.</p> <p>Such analysis allows planning to be person centered rather than based strictly on what options are available.</p>	5	
		<p><b>STATE RESPONSE</b></p> <p>The DDD has used the Rates Committee Report and the newly released Guidehouse Rates Report that is based on stakeholder feedback about service needs. In addition, last year the DDD conducted a number of listening sessions to hear about service needs in relation to a potential support waiver. As a result of both of these activities, the DDD has started working on expanding employment supports. In addition, the DDD annually reviews service utilization and compares it against projected usage, and is developing a Community Capacity Barriers &amp; Expansion Report that would address and assess system needs.</p>		
	B. Capacity Building – Smaller,	1. Building/expanding capacity for smaller, more individualized residential settings. Examples from comments: 3 or less housemates; 4 or less housemates; 2 person CILA for people with	50	X

More Individualized Settings	DD, higher behavioral needs; have housemates of similar ages; set size limits on residential settings.		
	<b>STATE RESPONSE</b>  <b>The DDD agrees that expansion of smaller settings, as well as additional support for individuals with more intensive medical or behavioral needs, is necessary. The DDD recently completed a rate study process which resulted in the Guidehouse Rates Report that outlines new services and service rates that would address these needs (subject to appropriation and waiver amendment). In addition, the DDD is developing a Community Capacity Barriers &amp; Expansion Report to assess the system. This would also include needs around physical accessibility, high behavioral, and high medical needs.</b>		
	2. Development of more individualized settings close to where people currently live/home communities in order to preserve family/friend/community connections, jobs, etc.	36	
	<b>STATE RESPONSE</b>  <b>The DDD is developing a Community Capacity Barriers &amp; Expansion Report that would address and assess system needs. This would also include needs around physical accessibility, high behavioral, and high medical needs.</b>		
	3. Create individualized, flexible housing supports for individuals in own homes, for up to max of 3 persons; incentivize CILA providers to serve people in own homes (particularly in rural areas).	5	X
<b>STATE RESPONSE</b>  <b>There are currently four (4) types of CILA supports offered in Illinois: twenty-four-hour shift staff, Host Family (aka Foster Care), Intermittent, and Family Intermittent. Any of these types of CILA supports should be considered, depending on the needs and preferences of the individual, with the individual served accessing and controlling their own living environment. The DDD supports CILA services being provided to the individual living in their own home and, when applicable, with other individuals with whom they chose to live. Even though some types of CILA supports include housing allowances, it is up to the CILA provider and ISC to ensure CILA services are delivered in the living environment of the individual's choosing and that the individual/family knows all available housing options. The DDD also encourages all individuals served to seek, request and receive any and all subsidies available to assist with funding all available housing options.</b>			
4. Need to be clearer in STP regarding how State plans to make more resources available for community-based services and supports	53		

		(such as staff, transportation) including for non-disability-specific settings.		
		<p><b>STATE RESPONSE</b></p> <p><b>Funding is subject to appropriation. The Guidehouse Rates Report released in December 2020 gives recommendations for investment.</b></p>		
		5. Promote more independent and economical options for those who desire them.	34	
		<p><b>STATE RESPONSE</b></p> <p><b>Within the DD Adult Waiver, DDD currently offers a self-directed service – Home Based Supports (HBS). The HBS program provides a monthly allotment which individuals and families can use to purchase needed/desired services and supports. In addition, DDD also provides Family and Intermittent CILA services in which individuals can live in a family home or home on their own, while receiving provider-based CILA services.</b></p>		
	C. Capacity Building – Serving individuals with higher/more comprehensive needs	<p>1. Need more staffing, day and housing options to support people requiring customized arrangements, with staff trained to meet their unique needs.</p> <p>Examples from comments: availability of placements with wheelchair accessibility; services for persons across the autism spectrum; individuals leaving SODCs; flexible supports so individual can stay in place as needs/health change; individual support services for people with higher medical or behavioral needs; medical supports as needed, such as a person who needs suctioning or has a seizure disorder.</p>	70	X
		<p><b>STATE RESPONSE</b></p> <p><b>The DDD agrees that expansion of smaller settings, as well as additional support for individuals with more intensive medical or behavioral needs is necessary. The DDD recently completed a rate study process that resulted the Guidehouse Rates Report which outlines new services and service rates that would address these needs (subject to appropriation and waiver amendment). In addition, the DDD is developing a Community Capacity Barriers &amp; Expansion Report that would address system needs. This would also include needs around physical accessibility, high behavioral, and high medical needs.</b></p>		
		2. Need specialized community-based work program for participants who are non-speaking or minimally speaking.	3	

		<p><b>STATE RESPONSE</b></p> <p>Employment is a priority for the DDD. The DDD recently (fall 2020) finalized a Memorandum of Understanding (MOU) with DHS' Division of Rehabilitation Services (DRS). This MOU outlines the expectations for each Division as well as the way both Divisions can support the service system. The DDD is working in conjunction with the DRS to provide a more robust service array for individuals who are interested in work. The DDD has contracted a staff member dedicated to developing/improving the employment system for individuals with I/DD and hopes to hire a permanent individual during the current fiscal year.</p> <p>The finalized MOU can be found on the DDD Employment webpage: <a href="https://www.dhs.state.il.us/page.aspx?item=127996">https://www.dhs.state.il.us/page.aspx?item=127996</a>.</p>		
		<p>3. Address shortage of adult day programming for adults needing 1:1, 2:1 or 3:1 staffing ratio, including community-based services.</p>	5	

		<p><b>STATE RESPONSE</b></p> <p>The Guidehouse Rates Report that was released in December 2020 addresses the needs of smaller staffing ratios.</p>			
		<table border="1"> <tr> <td data-bbox="418 268 1268 422">4. Hire specialists for specific conditions such as autism. Provide Medicaid coverage for Applied Behavior Analysis across the life span.</td> <td data-bbox="1268 268 1401 422">3</td> <td data-bbox="1401 268 1552 422"></td> </tr> </table>	4. Hire specialists for specific conditions such as autism. Provide Medicaid coverage for Applied Behavior Analysis across the life span.	3	
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		<p><b>STATE RESPONSE</b></p> <p>Community-based residential providers are expected to coordinate care for the individuals they support, and provide referrals to specialists necessary to address the individual’s particular needs.</p> <p>Per <a href="#">Public Act 101-0010</a>, treatment of autism spectrum disorder (ASD) through applied behavior analysis (ABA) shall be covered under the medical assistance program for children with a diagnosis of ASD when ordered by a physician licensed to practice medicine in all its branches and rendered by a licensed or certified health care professional with expertise in ABA. HFS’ <a href="#">informational notice</a> issued 10/30/2020 announced coverage for ABA services for children age 0 through 20 years diagnosed with an ASD under both Medicaid fee-for-service and Medicaid managed care plans, subject to prior authorization.</p>			
		<table border="1"> <tr> <td data-bbox="418 1062 1268 1293">5. Increase use of Assistive Technology and related training for individuals and their families/DSPs/PSWs. Expand availability and use of Remote Technology/Supports and related training for individuals and their families/DSPs/PSWs. Coordinate and partner with the Illinois Assistive Technology Program.</td> <td data-bbox="1268 1062 1401 1293">23</td> <td data-bbox="1401 1062 1552 1293"></td> </tr> </table>	5. Increase use of Assistive Technology and related training for individuals and their families/DSPs/PSWs. Expand availability and use of Remote Technology/Supports and related training for individuals and their families/DSPs/PSWs. Coordinate and partner with the Illinois Assistive Technology Program.	23	
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		<p><b>STATE RESPONSE</b></p> <p>The DDD is currently in the midst of an Assistive Technology (AT) Pilot project with 7 organizations. In December 2020, the DDD submitted a waiver amendment adding Remote Supports as a new waiver service for individuals living in CILA settings. Remote Supports are intended to allow individuals residing in these settings to be more independent by not having staff present at all times.</p> <p>A webinar on the DD Waiver and assistive technology, adaptive equipment, and home and vehicle modifications, as well as remote supports, is being offered to community-based waiver-funded providers on 2/25/21. Registration information was sent out on 1/13/21.</p>			



		6. Include augmentative, alternative and eyegaze communication devices and related training as a waiver service. One commenter noted eyegaze technology for her daughter cost \$18,000, which exceeds the waiver’s 5 year cap of \$15,000 and was purchased through Medicare.	10	
		<p><b>STATE RESPONSE</b></p> <p><b>Service limits for the Adaptive Equipment/Assistive Technology waiver service are set based on appropriation.</b></p> <p><b>Through the HFS Prior Approval Policy, the Illinois State Medicaid Plan covers speech generating devices, including devices with eyegaze technology as well as software, mounting systems, and training needs. Coverage is dependent on a Speech Language Pathologist (SLP) successfully training the participant on use of the device, and the participant demonstrating successful use of the device. Prior Approval for SLP services is not required during the United States Public Health Emergency for Novel Coronavirus.</b></p>		
		7. Provide waiver access to children with complex medical conditions so they may have access to nursing services and health insurance coverage for hospitalizations and other medical costs.	4	
		<p><b>STATE RESPONSE</b></p> <p><b>The Medically Fragile, Technology Dependent (MFTD) Waiver operated by the University of Illinois at Chicago – Division of Specialized Care for Children (DSCC), provides an array of services for individuals who have a severe physical illness or disability that requires a level of care appropriate to a hospital or skilled nursing facility. Enrollment in the waiver must occur prior to an individual’s 21<sup>st</sup> birthday.</b></p>		
	D. Flexibility/Creativity re: Housing Possibilities and Day Programming	1. Separate ties between residential and community day services, so that individuals aren’t required to go to the day program of their residential provider.	9	
		<p><b>STATE RESPONSE</b></p> <p><b>Individuals who reside in CILAs or CLFs are not required to attend the CDS (Community Day Services) program associated with their residential provider. Individuals have the right to choose the service and provider they want to use. The ISCs are available to assist individuals and guardians with choosing alternative providers of their choice. The DDD will issue clarification to ISC agencies regarding choice in CDS providers.</b></p>		

		<p>2. Various suggestions for housing scenarios: provision of non-residential waiver services and supports to individuals who own, rent or lease where they live; shared living options where funding structure is individualized, not combined with roommates; multiple smaller CILAs in same building for specialized populations such as persons with autism, and share specialized staff between the units; retirement community with assisted living options for individuals with disabilities.</p>	5	
<p><b>STATE RESPONSE</b></p> <p><b>The DDD is in the process of revising Rule 115 to address current language that may impact housing flexibility. Once complete, the revision will be submitted through the typical rule-making process and will be available for comment.</b></p>				
<p>3. Have a waiver-wide philosophy centered on portable self-directed funding.</p>		8		
<p><b>STATE RESPONSE</b></p> <p><b>Individuals currently enrolled in a DD Waiver program are not only offered choices in services and providers when entering the Waiver, but can also use their Waiver funding for services from another willing and qualified Medicaid provider of their choosing. This applies to authorized services within a DD Waiver (i.e. individual in DD Adult Waiver/Community Day Services, can leave provider A and can move to provider B). The ISC is available to assist with finding alternative providers.</b></p>				
<p>4. Enable flexibility for community-based day program activities that may occur in in evenings or on weekends, for individuals of all functioning levels. Allow flexibility in start and end times. Enable community-based day program activities to occur in non-licensed program settings such as park district or fitness classes in the community.</p> <p>One commenter suggests a “Hub and Spoke” model, where an individual starts and ends the day at the licensed program (or home), and then is driven by agency staff to and from the program of the individual’s choice for the day.</p>		10		
<p><b>STATE RESPONSE</b></p>				

		<p>The DDD has issued clarification since February 2020 (when the STP was released and comments gathered) that day programs have flexibility both in start and end times, as well days of the week and operating hours in which services are provided. In addition, further clarification can be found here:  <a href="https://www.dhs.state.il.us/page.aspx?item=125597">https://www.dhs.state.il.us/page.aspx?item=125597</a></p> <p>Park Districts are already able to seek and become qualified as a certified day program. However, while individuals may attend a fitness class in the community, waiver funding would not be available unless the class is held by a certified provider.</p>
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<b>STATE RESPONSE</b>			
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E. Housing		1. Offer resource hub for individuals and families to learn about supportive housing, how to apply for those supports; educate ISC's about the Statewide Referral Network, the IDHS Statewide Housing Coordinator based in DHS and other opportunities so they have this knowledge when working with families.	9	X
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**STATE RESPONSE**

Information and resources about supportive housing are currently available online on the [IDHS](#) and [Illinois Housing Development Authority \(IHDA\)](#) websites. The IDHS will work with IHDA to evaluate how better to guide individuals and providers more directly to those resources. The IDHS and IHDA will continue to regularly host trainings and information sessions about the Statewide Referral Network for all service providers. The DDD will also discuss training targeted to ISCs and others within the I/DD system.

2. Develop Interagency agreement w/IL State Housing Authority, engage IL State Association of Housing and local Workforce Boards for both affordable and accessible housing.	9	
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**STATE RESPONSE**

While there is no State Public Housing Authority in Illinois, IDHS does work closely with and has intergovernmental agreements with the IHDA, the State's Housing Finance Agency. IHDA is the designated lead agency in coordinating, developing and distributing the Consolidated Plan for the State of Illinois, and receives input from an advisory committee, state agencies, and the general public in developing and updating the Plan. Through the planning process, IHDA assesses the affordable housing and community development needs and market conditions to make data-driven, place-based investment decisions. IHDA is also leading the effort to build a Housing Blueprint to ensure the State understands and can meet the housing needs of communities across the state both now and in the future. The IDHS encourages every advocate and every resident of Illinois to visit the ancillary website at <https://ilhousingblueprint.org/> and contribute to that plan.

		<p>The IDHS will also continue to collaborate with its statewide housing advocacy partners that include Housing Action Illinois, Illinois Supportive Housing Providers Association, Corporation for Supportive Housing, and the Illinois Housing Council.</p>		
		<p>3. Establish system of specialists assigned regionally and/or support ISCs in helping individuals to find housing supports.</p>	<p>9</p>	
		<p><b>STATE RESPONSE</b></p> <p>The IDHS is currently exploring ways to increase the capacity of its existing network and better connect it with other state networks to provide the regional/local housing support needed. There are previously established statewide entities that provide housing supports for persons with disabilities, but it is important to acknowledge there is a serious lack of affordable and accessible housing statewide for all populations. There is not always an easy pathway toward finding the housing supports needed when the demand is so much greater than the supply. The DDD continues to identify ways to better connect the I/DD population with all the existing housing resources in addition to advocating for more housing resources. The DDD is currently working with the Illinois Council on Developmental Disabilities, as well as the IDHS Statewide Housing Coordinator on opportunities to expand available housing resources. The IDHS and IHDA will continue to regularly host trainings and information sessions about the Statewide Referral Network for all service providers. DDD will discuss additional training targeted to ISCs and others within the I/DD system.</p>		
		<p>4. Develop regional approach for connections so that housing being built has some available to individuals with developmental disabilities.</p>	<p>10</p>	
		<p><b>STATE RESPONSE</b></p> <p>All non-elderly Low-Income Housing Tax Credit (LIHTC) projects funded by IHDA are required to dedicate a minimum of 10% of the total units to the Statewide Referral Network (SRN) with competitive preferences for some projects that dedicate additional units. Residents of SODCs and ICF/DDs, as well those selected from the PUNS list for services with active SRN applications, receive priority for available units along with individuals with other disabilities or illness, or individuals who are homeless or at risk of homelessness. Developments funded through the 100+ local Public Housing Agencies (PHAs) and community development entities within the local government structures across the state that do not receive state funding, are outside the scope of state governance. The DDD can provide data and support to local advocacy efforts as requested, but local providers, residents, and advocacy groups are better connected to lead advocacy efforts within their local governing structures.</p>		

		5. Provide state funded housing subsidies for rent and initial apartment start-up costs, similar to DHS' Division of Mental Health's Bridge Subsidy, as an alternative to institutional options used because there is a lack of affordable housing.	8	
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		<p><b>STATE RESPONSE</b></p> <p>The DDD is evaluating the feasibility of supportive housing options including bridge funding, which would be subject to appropriation and statutory change. The DDD does not currently have the legislative authority or budgetary appropriation to implement such a model.</p>		
		<p>6. Need to be clearer in STP regarding how State plans to make more resources available for community-based housing and supportive housing, including for non-disability-specific settings.</p>	50	
		<p><b>STATE RESPONSE</b></p> <p>The IDHS and IHDA will continue to regularly host trainings and information sessions about the Statewide Referral Network for all service providers. Our next training <i>Supportive Housing: Supportive Housing Waitlists 101 and How You Can Use the Existing DD Waiver to Fund Supports</i> will be held on 3/11/21. In addition, the Statewide Housing Coordinator will be providing an ISC specific training on 3/10/21.</p>		
		<p>7. Make supported housing/supported living a permanent waiver option for all service recipients. Increase flexibility in how the waiver can be used and services can be procured.</p>	5	
		<p><b>STATE RESPONSE</b></p> <p>Individuals receiving waiver funded services are currently able to receive services in their own home or living environment and self-direct their services. Please see the following Information Bulletins: <a href="https://www.dhs.state.il.us/page.aspx?item=83431">https://www.dhs.state.il.us/page.aspx?item=83431</a></p> <p><a href="https://www.dhs.state.il.us/page.aspx?item=78890">https://www.dhs.state.il.us/page.aspx?item=78890</a></p> <p>The DDD will continue to educate individuals and providers on the expansion of supportive housing/supported living utilizing existing waiver structures.</p>		
F. Home Based Support Services		<p>1. Increase funding for HBS to build in automatic annual/bi-annual increases for cost of living, and to pay for provider increases, rather than families having to absorb provider increases as part of their HBS money.</p>	2	
		<p><b>STATE RESPONSE</b></p> <p>The DDD has built in annual COLAs to HBSS funding by tying it to the SSI amount. The DDD budget is based on appropriation, therefore, the DDD budget would need an increased appropriation in order to address the issue of HBSS monthly budgets. Additionally, the HBSS funding is set in statute so any change to the current funding structure would require a change to legislation through the General Assembly.</p>		

		2. Develop improved standards for program expectations for HBS clients to continue working on skills and achieve outcomes.	2

		<p><b>STATE RESPONSE</b></p> <p><b>The Independent Service Coordination (ISC) Agency is responsible for ensuring appropriate progress towards the achievement of skill development and outcomes. The DDD is working on an updated training for ISCs. The DDD Bureau of Quality Management (BQM) also reviews individual personal plans and implementation strategies as part of their review process. This review process continues to be reviewed by DDD.</b></p>	
		3. Allow for movement from HBS to CILA in the adult waiver.	3
		<p><b>STATE RESPONSE</b></p> <p><b>The DDD currently allows for movement from HBS to CILA in the adult waiver. The DDD is currently working on an Information Bulletin to clarify the process for moving between waiver services.</b></p>	
		<p>4. Several comments dealt with the economic impact of choosing to keep their adult child at home rather than placing them in an institution because no other choices are available.</p> <p>A commenter spoke of the impact on siblings if parents are unable to continue caring for their child with a developmental disability. Another commenter noted that HBS depends on family members to serve as case managers, stating there was a need for proper supports if parents are or as they become seniors or develop health issues.</p>	3
		<p><b>STATE RESPONSE</b></p> <p><b>Information and Assistance in Support of Participant Direction by a Self-Direction Assistant (SDA) is a waiver service intended to support families to arrange for, direct, and manage services. The extent of the assistance furnished to the individual or family will be dependent on the needs/wants of the individual and their family. More information can be found here: <a href="#">Consumer Handbook for HBS</a></b></p>	

G. Employment	1. Add a new waiver service for community work incentives, including Community Work Incentive coordinators.	2	
<p><b>STATE RESPONSE</b></p> <p><b>Employment is a priority for the DDD. The DDD is working in conjunction with the DRS to provide a more robust service array for individuals who are interested in work, and a Memorandum of Understanding (MOU) with DHS’ Division of Rehabilitation Services (DRS) was finalized in fall, 2020. This MOU outlines the expectations for each Division as well as the way both Divisions can support the service system. The DDD has a staff member on contract dedicated to developing/improving the employment system for individuals with I/DD and hopes to hire a permanent individual during the current fiscal year.</b></p> <p><b>The MOU can be found at DDD’s Employment page:  <a href="https://www.dhs.state.il.us/page.aspx?item=127996">https://www.dhs.state.il.us/page.aspx?item=127996</a>.</b></p>			
	2. Need various kinds of employment as waiver services – Integrated, Customized, Competitive, Supported – for individuals of all functioning levels. Require competency-based certification for customized employment personnel. Need to be clearer in STP regarding how State plans to make more resources available to expand capacity.	81	X
<p><b>STATE RESPONSE</b></p> <p><b>Employment is a priority for the DDD. The DDD is currently working with the State Employment Leadership Network (SELN) for support in system transformation. In addition, the DDD is working in conjunction with the DRS to provide a more robust service array for individuals who are interested in work, and finalized a Memorandum of Understanding (MOU) with the Division of Rehabilitation Services (DRS) in fall, 2020. This MOU outlines the expectations for each Division as well as the way both Divisions can support the service system.. The DDD has a staff member on contract dedicated to developing/improving the employment system for individuals with I/DD and hopes to hire a permanent individual during the current fiscal year.</b></p>			
	3. Supports individuals working in the community being paid fair and competitive wages; be able to keep money made from work; should have policies in place to ensure earned income does not create eligibility problems if it accumulates beyond allowed Medicaid thresholds.	16	



		<p><b>STATE RESPONSE</b></p> <p>The IDHS Division of Family and Community Services (“DFCS”) is responsible for determining eligibility for Medicaid based on federal guidance. The Department of Healthcare and Family Services (“HFS) also plays a role as the State’s Medicaid agency. The DDD will continue to work with both DFCS and HFS on this issue. In addition the Division is exploring the “earned income” issue within its rate methodology.</p>
	4. Want more work hours, more job opportunities in the community.	37
		<p><b>STATE RESPONSE</b></p> <p>Employment is a priority for the DDD. The DDD is working in conjunction with the DRS to provide a more robust service array for individuals who are interested in work, and finalized a Memorandum of Understanding (MOU) with the Division of Rehabilitation Services (DRS) in fall, 2020. This MOU outlines the expectations for each Division as well as the way both Divisions can support the service system.. The DDD has a staff member on contract dedicated to developing/improving the employment system for individuals with I/DD and hopes to hire a permanent individual during the current fiscal year.</p> <p>The MOU can be found at DDD’s Employment page:  <a href="https://www.dhs.state.il.us/page.aspx?item=127996">https://www.dhs.state.il.us/page.aspx?item=127996</a>.</p>
	5. Want more educational opportunities, such as learning how to read and write, going to personal enrichment activities and attending college classes. Have supports (fees, transportation, staff etc.) as needed in order to participate.	30

		<p><b>STATE RESPONSE</b></p> <p>An HCBS waiver is not intended to replace the education system. Some of the current waiver services are intended to assist in the acquisition, retention, or improvement in socialization, adaptive skills, and activities of daily living. Legislation was introduced in the Illinois General Assembly during the 101<sup>st</sup> GA (<a href="#">SB 2333</a>) that would allow a PSW/DSP to attend a college class with a waiver participant in order to provide them the support they need during the class. The legislation passed only one chamber before the 101<sup>st</sup> session ended; the DDD will monitor the 102<sup>nd</sup> GA in the coming months for a new bill to be introduced. Community Day Service program do offer personal enrichment activities and skill building.</p>		
		<p>6. Need sufficient supports for individuals to ensure successful employment engagement, to live independently. Examples from comments: provide training to agencies, help in finding community partners; cross-train DSPs as job coaches.</p>	25	
		<p><b>STATE RESPONSE</b></p> <p>Employment engagement and independent living are separate focus areas. The DDD currently has a waiver service, Supported Employment (SEP), which provides supports for individuals to prepare for and achieve employment. The DDD is in the process of reviewing and possibly revising this waiver service to better clarify the intent and outcomes of the service. The Guidehouse Rates Report has a recommendation for 6 levels of service within the SEP program based on the support needs of the individual. The DDD's ability to implement these changes would be subject to appropriation and potentially a waiver amendment.</p>		
		<p>7. Create a formal Intergovernmental Agreement with the DHS Division of Rehabilitation Services regarding customized employment.</p>	5	
		<p><b>STATE RESPONSE</b></p> <p>The Division recently (fall 2020) finalized a Memorandum of Understanding (MOU) with the Division of Rehabilitation Services. It does not include specific criteria around customized employment but does outline the expectations for each Division as well as the way both Divisions can support the service system. This was finalized after the release of the STP and comment period. In addition, DRS has a customized employment pilot that will employ 30 individuals in FY 21. We look forward to the results of this pilot.</p>		
3	Reduce reliance on Institutions,	A. Need to rebalance funding toward community-based services. Examples from comments: make planned increases in community	89	

Large Group Homes and Large Congregate Day Programs	services in balance with reduction in institutional care; share data regarding shifts in funding toward person-centered services; build capacity for and focus on Customized Employment and use of Assistive Technology.		
	<b>STATE RESPONSE</b>  <b>The DDD the Guidehouse Rates Report where the DDD received recommendations on improvements and revisions for reimbursement rates for community-based services. These recommendations encourage smaller settings for both group homes and community day service programs.</b>		
	B. Make more affordable and accessible housing options available for community supported living rather than group homes.	63	
	<b>STATE RESPONSE</b>  <b>Individuals receiving waiver funded services are currently able to receive services in their own home or living environment and self-direct their services. The DDD will continue to educate individuals and providers on the expansion of supportive housing/supported living utilizing existing waiver structures. Affordable and accessible housing is a challenge for many individuals, including those with and without disabilities, across the State of Illinois. The DDD will continue to work with the DHS Statewide Housing Coordinator and IHDA on expanding opportunities for accessible and affordable housing for individuals with I/DD. See supportive housing section above.</b>		
	C. Home and Community-Based Services (HCBS) monies should not go to settings that have isolating characteristics.	10	
	<b>STATE RESPONSE</b>  <b>The DDD agrees and will assess this during the heightened scrutiny process.</b>		
	D. A number of commenters stated they do not want campus-type settings to take away from true HCBS.	10	
	<b>STATE RESPONSE</b>  <b>The DDD agrees and will assess this during the heightened scrutiny process.</b>		

		E. A number of commenters supported smaller community day programs, not large workshops. One commenter stated that sheltered workshops should be phased out; another, that Illinois should move from facility-based day habilitation to entirely community-based services.	16	
		<p><b>STATE RESPONSE</b></p> <p>The DDD agrees that expansion of smaller settings would better meet individuals' needs. The Guidehouse Rates Report outlines new rates for day services, with smaller ratios of individuals to staff which would address this comment (subject to appropriation and Waiver amendment).</p>		
4	Comments or questions in support of the HCBS Settings Rules	A. Supports Individuals being able to make choices for their own lives: where to live, with whom; Supports individuals' rights to having own bedroom/apartment/home.	116	
		<p><b>STATE RESPONSE</b></p> <p>The Division continues to incorporate Person-Centered Planning and Settings rule (Federal CMS Home and Community Based Waiver) requirements that emphasize individual choice. The ISC informs individuals and families of available service options and qualified providers through the Person-Centered Planning process. The Plan must reflect that the setting in which the individual lives was chosen by the individual or guardian, if applicable, and include individually identified outcomes the individual would like to accomplish.</p>		
		B. Supports individuals being able to choose what sort of job/volunteering/day program they want to pursue, being able to choose where they work, hobbies, community events to attend.	71	
		<p><b>STATE RESPONSE</b></p> <p>One of the fundamental rights of individuals in a HCBS Waiver is their right to choose living arrangements, services, service provider, and what they do outside of waiver services. Individuals have the right to speak up and advocate on their own behalf or they can have family, friends, guardian, etc. advocate for them. An individual's wants and needs should be communicated as part of the Person-Centered Planning process with their ISC agency.</p>		

		C. Supports individuals having control of personal resources, control over their own schedules, having more food choices; supports other general aspects of the HCBS settings rule requirements.	57	
		<p><b>STATE RESPONSE</b></p> <p><b>The DDD will work to develop Information Bulletins this fiscal year to address and clarify the concerns around personal resources, schedules, and food choices.</b></p>		
		D. Supports individuals living a full life, being members of a community based on natural connections through common interests, providing adaptations that allow for true inclusion in the community. Four commenters were not in favor of reverse integration, a term for when individuals from the community come onto the grounds of a setting to participate in services or activities.	61	
		<p><b>STATE RESPONSE</b></p> <p><b>The DDD agrees that true integration is necessary. Community integration is screened through the BQM’s review process as well as the heightened scrutiny process. The heightened scrutiny process, created by federal CMS, is a review process to determine whether settings have the qualities of an institution or of a home and community-based setting.</b></p>		
5	Process needs to be strengthened for inclusion of participants and their plans of care.	A. Need real person-centered planning, real discovery about interests. Planning process for individuals participating in programs needs reviewed to ensure personal plan reflects necessary changes. Individuals need to be included in the planning and in meetings.	60	X
		<p><b>STATE RESPONSE</b></p> <p><b>The DDD has worked with the Illinois Council on Developmental Disabilities and stakeholders from the DD Advisory Committee to develop a self-advocate survey. The survey includes questions relating to satisfaction, feedback on the PCP process and issues relating to Settings requirements.</b></p> <p><b>The DDD is also reviewing its Discovery Tool and Personal Planning Process. This will include a survey of ISCs and Providers on the process. The process will involve making specific recommendations for process changes as well as create documentation processes for the ISCs to ensure progress towards outcomes. ISCs and providers will receive training on the new, updated process.</b></p>		

B. Need to have interdisciplinary team meetings to provide better communication regarding an individual's personal changes. Presently, there isn't a requirement to have a community support/interdisciplinary team meeting.	3	
<p><b>STATE RESPONSE</b></p> <p><b>The ISC Agency is required to meet/gather information from all parties for the development of the Personal Plan. Attendees of the meetings should include the ISC as the conflict free case management entity, the participant, the participant's family and/or legal guardian, and other individuals from the participant's support network as the participant or family or guardian chooses. The DDD will follow up with the ISCs to gain a better understanding of the concern and address issues as they occur.</b></p>		
C. Change the person-centered plan form so that it focuses on the individual, uses language and is in a format the individual understands. Use dignity of risk/risk assessment tools.	7	
<p><b>STATE RESPONSE</b></p> <p><b>The DDD is considering a revision to the Personal Plan form and will take these comments into consideration.</b></p>		
D. Need to be able to get info to/input from participants who are nonverbal and/or don't have access to communication supports.	4	
<p><b>STATE RESPONSE</b></p> <p><b>For individuals who do not communicate verbally or don't have access to communication supports, the ISC must rely on people who know the individual best (family, guardian, friends, caregivers, service and medical providers, etc.). The ISC should also review records regarding the person.</b></p>		
E. Provide ongoing education and training opportunities to service providers in detailing and implementing service activities that lead individuals to achieving person-centered plans.	4	
<p><b>STATE RESPONSE</b></p> <p><b>The DDD will work with the ISCs and service providers to present additional training/information to ensure providers understand their part in supporting individuals to experience/achieve identified outcomes in the Personal Plan and to detail their supports through the Implementation Strategy they develop.</b></p>		

6	Process needs to be strengthened in State Oversight of HCBS providers to ensure compliance	<p>A. Need technical assistance and guidance for providers, cannot just tell them they need to comply. Need to have mechanism for providers to be able to talk and problem solve on issues with one another. Need to put system into place for ongoing assistance and guidance for those agencies not currently in compliance.</p>	12	
		<p><b>STATE RESPONSE</b></p> <p><b>BQM conducts annual reviews. The review identifies ongoing issues, works with the provider to both understand and resolve the issue. As a part of the resolution of any issues, BQM offers technical assistance to resolve any ongoing issues. Technical assistance is always available and can include visits to the provider.</b></p>		
		<p>B. Train on PCP and Settings Rules, STP Expectations and Compliance Process, choice and dignity of risk for all stakeholders: ISC case managers, Office of State Guardian, provider agency leaders, DSPs/PSWs/other support staff, DHS BALC, BQM and OIG staff, parents, communities, etc.</p> <p>Describe compliance components for residential and non-residential sites. Include participant discussions as part of such training. Have recorded trainings available online.</p>	16	
		<p><b>STATE RESPONSE</b></p> <p><b>As noted in the STP, as part of its work moving forward, in conjunction with DHS-Bureau of Accreditation, Licensure and Certification (BALC), HFS and others as needed, the DDD will develop and implement training to educate providers about settings requirements (both residential and non-residential), as well as additional requirements for provider-controlled residential settings. Training materials and any webinar recordings will be posted on the DDD's training and webinar websites.</b></p> <p><b>The Division provided recorded and face-to-face discussions on Person Centered Planning expectations in 2018 and 2019, to families, provider agencies, ISC agencies, Office of State Guardian, and Statewide provider and advocacy organizations. The DDD is currently working on a review of the Person-Centered Planning process, including a survey of ISCs and providers, to gather input on the process for potential updates. Once potential updates are identified, ISCs and providers will receive additional training on the new, updated process.</b></p>		

	C. Use ICDD video resources from CQL website, federal CMS toolkit for training and education of all stakeholders.	4	
<p><b>STATE RESPONSE</b></p> <p><b>As noted in the STP, as part of its work moving forward, in conjunction with DHS-BALC, HFS and others as needed, the DDD will develop and implement training to educate providers about settings requirements (both residential and non-residential), as well as additional requirements for provider-controlled residential settings. Links to the above-referenced materials will be included as part of the training as appropriate.</b></p> <p><b>The ICDD videos and federal CMS Settings Requirements toolkit are publicly available online . <a href="https://www.c-q-l.org/resources/projects/the-hcbs-act-project/">https://www.c-q-l.org/resources/projects/the-hcbs-act-project/</a></b></p>			
	D. Retrain ISCs regarding discovery process, getting to know individual in multiple environments as part of PCP; monitor for competency.	6	
<p><b>STATE RESPONSE</b></p> <p><b>The DDD is currently working on a review of the Person-Centered Planning process including a survey of ISCs and providers to gather input on the process for potential updates. Once potential updates are identified, ISCs and providers will receive additional training on the new, updated process.</b></p>			
	E. Adopt DSP certificate of competency program and provide online training opportunities; monitor for competency.	13	
<p><b>STATE RESPONSE</b></p> <p><b>The DDD currently has a training program for the DSPs. A DSP certification program will be taken under advisement.</b></p>			
	F. Be clearer in STP regarding the resources that will be dedicated to oversight and quality measurement activities. Adopt CQL 21 Outcome Measures to measure success. Include specific language in plan about how implementation of the HCBS Settings Rule, including requirements for provider-owned or controlled sites, will be evaluated. Track progress and outcomes at the state level by tracking if there is an increase in residential and day options focused on community engagement; the provider level by measuring the extent each HCBS	6	



	<p>participant has community access and integration; and the individual level by tracking outcomes related to increasing self-determination and community participation of HCBS participants.</p>		
	<p><b>STATE RESPONSE</b></p> <p><b>The DDD will take the CQL suggestion under advisement. The DDD’s process for complying with the Settings rule is outlined in the STP. DDD will report on its progress regularly to HFS.</b></p>		
	<p>G. Provide ongoing monitoring of compliance with PCP/Settings rule. Ensure assessments are applied equally across providers. Ensure that settings assessments performed by various DHS entities and the guidance they provide are consistent across the agency. Need to be clearer in STP regarding what is meant by the STP’s statement that the majority of settings are compliant.</p>	<p>17</p>	
	<p><b>STATE RESPONSE</b></p> <p><b>The IDHS agrees that the Settings rule should be applied uniformly across all Waiver providers, and that guidance regarding rule requirements should be consistent across IDHS.</b></p> <p><b>Specific to the Person-Centered Planning process, the DDD is currently working on a review of the process including a survey of ISCs and providers to gather input on the process for potential updates. Once updates are identified, ISCs and providers will receive training on the new, updated process.</b></p> <p><b>In January 2015, the Survey Research Office in the University of Illinois-Springfield’s Center for State Policy &amp; Leadership issued its reports summarizing assessments of HCBS agencies providing residential and non-residential services. Data, analysis, and results were based on the agencies’ responses. The reports can be found at:</b>  <a href="https://www.illinois.gov/hfs/MedicalClients/HCBS/Transition/Pages/default.aspx">https://www.illinois.gov/hfs/MedicalClients/HCBS/Transition/Pages/default.aspx</a>.</p> <p><b>The IDHS and DDD are working on a new process for Settings Rule Compliance that will include a provider self-survey, an onsite provider assessment, and a self-advocate survey. Information on the 3 tools will be announced in Spring 2021. Compliance data as reflected in the STP will be updated based on information gathered through these tools.</b></p>		
	<p>H. A number of commenters referenced the Ligas Consent Decree, several of whom expressed concern regarding the State’s ability to</p>	<p>6</p>	

		comply with the federal Settings rule given its struggles to meet the requirements of the Ligas Consent Decree.		
		<b>STATE RESPONSE</b> <b>The DDD is dedicated to providing quality services and improving its delivery system.</b>		
7	Better stakeholder engagement	A. Need to have broader involvement of consumers, family members and other stakeholders in the STP process, including but not limited to advocacy and self-advocacy organizations, families, ISCs, provider agencies, DSPs etc. Describe in STP how outreach through multiple access points will occur, in addition to the existing listserv process, how consumer-friendly updates will be provided.	27	
		<b>STATE RESPONSE</b> <b>In January 2020 the DDD established a DD Advisory Committee (DDAC) comprised of self-advocates, families, provider agencies and advocacy groups. DDAC member bios can be found at: <a href="https://www.dhs.state.il.us/page.aspx?item=125259">https://www.dhs.state.il.us/page.aspx?item=125259</a>. The DDAC has discussed and provided initial input on the Division’s process for approaching the Settings requirements; it also reviewed and provided feedback on a draft self-advocate survey. Additional information will be incorporated into the next STP update.</b>		
		B. Describe in STP how the State will keep stakeholders, particularly service providers and family members, up to date on rule and policy changes, updates of assessment tools, and how the State will seek input from them.	23	
		<b>STATE RESPONSE</b> <b>The DDD already uses the DDD Comments listserv to keep stakeholders engaged in the process. In addition, the DD Advisory Committee (DDAC) has, and will continue, to review documents, assessments and other changes that may impact the service system. The DDAC is made up of a diverse group of stakeholders (see State’s Response to 7.A above). HFS, Illinois’ state Medicaid Agency, uses its Provider Notice webpage to communicate with the broader public. The Provider Notice webpage can be found at: <a href="https://www.illinois.gov/hfs/MedicalProviders/notices/Pages/default.aspx">https://www.illinois.gov/hfs/MedicalProviders/notices/Pages/default.aspx</a>.</b>		
		C. Describe in STP how support will be provided to individuals with intellectual or developmental disabilities as needed, so they may	4	

		actively participate as stakeholders in reviewing materials that are in a format they understand and in communicating their feedback.		
		<p><b>STATE RESPONSE</b></p> <p><b>The DDD partners with self-advocacy organizations and has developed the Developmental Disability Advisory Committee as described above..</b></p>		
8	Review of state statutes, policies, procedures and practice to ensure compliance	A. Need consistent assessments, person-centered planning that includes models outside usual home-based, CILA options. Develop/implement dignity of risk/risk assessment tools. Review and update implementation strategy tool/process as needed. Update assessments used by DHS BALC and DHS-DDD BQM to incorporate settings rule requirements. Have a metric for informed choice.	15	
		<p><b>STATE RESPONSE</b></p> <p><b>The DDD has been working to update the DDD BQM assessment to incorporate the Settings Rule; the FY21 assessment should reflect those updates. BALC also is working to update the DHS BALC survey to incorporate Settings Rule requirements. The FY22 survey should reflect all of the updates, though many of them have been included for some time as part of BALC's survey process.</b></p>		
		B. Focus on helping adults with disabilities have meaningful/true inclusion in their communities. Better define what community inclusion, community integration mean.	39	
		<p><b>STATE RESPONSE</b></p> <p><b>The DDD agrees that continued training is necessary to ensure all community providers are knowledgeable in community inclusion and community integration. Technical assistance is given to providers who demonstrate difficulty operationalizing this philosophy.</b></p>		
		C. Need guidelines for providers for: determining an individual's capability to make choices; balancing choice and risk; dealing with disagreements between individuals and their family or guardian about certain choices; potential liability for providers of allowing independence based on the assessments. Need more clear and specific info about how choices will be given to individuals, how they will have more choices in the future.	5	

		<p><b>STATE RESPONSE</b></p> <p>Development of a training program on risk and the mitigation of risk to DD stakeholders, including ISCs, providers, individuals, and families, is currently under consideration by DDD. The ISC agency, as the conflict-free case management entity, should be involved when there is a disagreement in choice between a provider and participant. If the ISC is unable to resolve the dispute, it should be brought to the DDD after the steps outlined in the conflict resolution process. The Person Centered Planning process also includes a process for addressing disagreements within the planning process.</p>		
		<p>D. Need to have lease in plain language, or versions for people who don't have language. Need protections for provider if a renter leaves without notice.</p>	3	
		<p><b>STATE RESPONSE</b></p> <p>The DDD will issue an Information Bulletin on the Settings Rule requirements for leases.</p>		
		<p>E. Need guidance for providers, individuals and their families that explains right restrictions within the context of the Settings requirements, and what it means for the person-centered planning process.</p>	6	
		<p><b>STATE RESPONSE</b></p> <p>The DDD is currently working on a review of the Person-Centered Planning process that will address rights restrictions within the context of the Settings requirements. This will be communicated to stakeholders throughout the I/DD system.</p>		
		<p>F. Need to be clearer in STP about consequences for providers that fail to comply with Settings requirements. Include more detail in plan regarding notification of individuals, families and relocation of individuals being served by these providers.</p>	3	
		<p><b>STATE RESPONSE</b></p> <p>Moving forward, HFS will work with the sister waiver agencies to develop more detailed processes as it relates to: (1) coordinating with providers who ultimately cannot comply with the Settings requirements; (2) notifying individuals, families and guardians of this outcome; and (3) relocating individuals who are being served by these providers to other providers who are compliant. This will enable the State to have consistency across the waiver agencies in the handling of these important issues.</p>		

		G. Review, revise, update or replace the ICAP assessment (example of Supports Intensity Scale)	8	
		<p><b>STATE RESPONSE</b></p> <p>Use of a different tool was explored prior to the Guidehouse Rates Report. The DDD surveyed various states to get a better understanding of assessment options available, but alternative tools identified did not provide a full picture of individual functioning. The Guidehouse Rates Report recommends the DDD use a combination of ICAP and HRST assessment tools. The DDD is taking this recommendation under advisement.</p>		
		H. Provide estimated timeframes for proposing and adopting DHS DDD rule changes to reflect federal requirements? What is the estimated time for updating DSP Training Modules to reflect federal requirements? For example, Module 5 Service Plans needs modified to incorporate changes relating to conflict free case management requirements.	1	
		<p><b>STATE RESPONSE</b></p> <p>The DDD, in conjunction with the DDD Regulatory Advisory Board, has drafted proposed amendments to Rule 115 for CILA and Rule 119 for Community Day Services to include Person-Centered Planning and Settings Rule requirements. These Rules are currently under administrative review with the Department and expected to be posted for public comment in Winter and Spring 2021. The Board is currently reviewing Rule 120 (for all DD Waivers) and then will address Rule 117 for HBS; amendments to these Rules also include the Settings Rules requirements and Person-Centered Planning.</p>		
9.	Provider reimbursement rates and adequacy of funding levels may be barriers to compliance with the CMS regulations	A. Need funding that reflects true cost of services/restores funding cuts from the previous administration. Make clear in Action Steps portion of the STP how the issues of rate inadequacy will be addressed.	35	
		<p><b>STATE RESPONSE</b></p> <p>The Guidehouse Rates Report addresses shortfalls in reimbursements and offers recommendations to address such shortfalls. The recommendations will better reflect the true cost of services, subject to appropriation and waiver amendment.</p>		

	B. Raise wages for DSP/other front-line workers above minimum wage.	38	
<p><b>STATE RESPONSE</b></p> <p><b>The Guidehouse Rates Report addresses shortfalls in reimbursements. The Report recommends an average DSP wage higher than minimum wage. However, implementation of this recommendation is subject to appropriation and waiver amendment.</b></p> <p><b>Since the public comment period, the Division has been able to secure, through Waiver Amendment and legislative appropriation, additional funding for wages: (1) \$0.58/\$0.62 per hour rate increase effective January 1, 2020; (2) \$1.00 per hour rate increase effective July 1, 2020; and (3) \$0.50 per hour effective January 1, 2021.</b></p>			
	<p>C. Need more funding for community integration services and inclusive community living: services; staffing levels sufficient to enable individualized choices and provide more individualized support; and increased reimbursement for transportation.</p> <p>A commenter recommended replacing the standard monthly maximum for transportation with a model that takes into account the hours of support being provided, the range of activities an individual is engaged in, etc.</p>	61	
<p><b>STATE RESPONSE</b></p> <p><b>The Guidehouse Rates Report addresses shortfalls in reimbursements and contains recommendations to address such shortfalls. Implementation of the recommendations will improve the service array options for individuals and improve staffing levels for individuals who require increased staffing, but are subject to appropriation and waiver amendment.</b></p>			
	D. Provide funding to help bring providers into compliance through model changes.	5	
<p><b>STATE RESPONSE</b></p> <p><b>The Guidehouse Rates Report addresses shortfalls in reimbursements. Subject to budget appropriation and waiver amendment, these recommendations will improve the service array options across the system.</b></p>			

		E. Address rate inadequacies that favor larger not smaller settings. One commenter noted that their current 4 bed CILA rate is operating at a loss.	9	
		<p><b>STATE RESPONSE</b></p> <p><b>The Guidehouse Rates Report addresses shortfalls in reimbursements. Subject to budget appropriation and waiver amendment, these recommendations will improve the service array options across the system.</b></p>		
		F. Need a funding model to reflect support needs for persons with moderate to profound needs, higher medical needs, higher behavioral health needs.	30	
		<p><b>STATE RESPONSE</b></p> <p><b>The Guidehouse Rates Report addresses shortfalls in reimbursements. Subject to budget appropriation and waiver amendment, these recommendations will improve support options for individuals who have increased needs.</b></p> <p><b>Additionally, the DDD is developing a Community Capacity Barriers &amp; Expansion Report that would address and assess individuals' needs for current and future planning. This would also include needs around physical accessibility, high behavioral, and high medical needs. It would include a survey of ISCs and providers, as well as review best practices from other states to guide the DDD.</b></p>		
		G. Stabilization of Agencies; stabilization and retention of staff.	49	
		<p><b>STATE RESPONSE</b></p> <p><b>The Guidehouse Rates Report addresses shortfalls in reimbursements. Subject to budget appropriation and waiver amendment, the recommendation for an average DSP wage will be higher than minimum wage which would improve retention.</b></p>		
		H. Higher funding rates for ISCs to reduce caseload size adequately educate, train, and reimburse Independent Service Coordination	11	

		(ISC) agencies to ensure they have the staff bandwidth needed to engage in meaningful person-centered planning.		
		<p><b>STATE RESPONSE</b></p> <p>Specific to the Person-Centered Planning process, the DDD is currently working on a review of the process including a survey of ISCs and providers, as well as a specific set of recommendations for changes to the process. ISCs and providers will receive training on the new, updated process once the review is complete.</p>		
		I. Improve funding model for intermittent CILA, be flexible to needs beyond 15 DSP hours per week.	7	
		<p><b>STATE RESPONSE</b></p> <p>The Guidehouse Rates Report resulted in a recommendation and pathway to revise how the non-24-hour CILA rates are billed and paid. This recommendation is under review with DDD. In addition, individuals can already receive more than 15 DSP hours per week. In June 2015 the Division issued Information <a href="#">Bulletin</a> DD.15.060: <a href="#">Clarification of DSP Hours for Family and Intermittent CILAs</a>, which addresses the 15 hours per week of DSP services. Although the standard number of DSP hours in Family and Intermittent CILAs is 15, the hours are not limited to 15. Requests for hours above the 15 hours receive special scrutiny from the Division during the approval process but can be awarded based on an individual's needs.</p>		
10	General comment or concern about the quality of a program and/or choice options	A. Do not allow institutions to self-monitor their own quality and safety.	30	
		<p><b>STATE RESPONSE</b></p> <p>All providers go through the same survey/auditing/review process by outside entities (the DDD, BALC, OIG, IDPH, etc.).</p>		
		B. Providers are not reporting critical incidents as they should.	2	
		<p><b>STATE RESPONSE</b></p> <p>The DDD would need more context in order to be able to assess this statement. The DDD has issued a draft Information Bulletin on CIRAS and is in the process of revising the CIRAS manual</p>		



		<b>and updating the process to make it more streamlined. The DDD will follow up with training on the new manual once complete.</b>		
11	Settings rules may not recognize value of a particular setting in terms of impact and support to specific populations	A. Supports campus with CILAs larger than 4 persons, for individuals with higher needs.	2	
		<b>STATE RESPONSE</b>  <b>The Settings Rule requires waiver settings to be integrated in and support full access to the community.</b>  <b>For individuals with higher needs, the DDD is developing a Community Capacity Barriers &amp; Expansion Report that would address and assess individuals needs for current and future planning. This would also include needs around physical accessibility, high behavioral, and high medical needs. It would include a survey of ISCs and providers, as well as review best practices from other states to guide the DDD.</b>		
		B. Supports keeping SODC facilities open in order to safely protect individuals and people in the community.	4	
		<b>STATE RESPONSE</b>  <b>The Settings Rule specifically addresses HCBS Waivers. SODC facilities are not Waiver-funded settings.</b>		
		C. Supports preserving sheltered workshop as a choice for individuals who are not able to work independently, or who don't want to work in the community.	3	
<b>STATE RESPONSE</b>  <b>The Settings Rule requires waiver settings to be integrated in and support full access to the community.</b>				
		D. Need additional options as it relates to overnight visitors, concerned about the safety of other individuals and staff. Feels language	2	

		regarding freedom to decorate would be difficult to implement in a multi-resident setting.		
		<p><b>STATE RESPONSE</b></p> <p><b>The Settings Rule requires that individuals receiving waiver-funded services be allowed to have choice in their roommates and in the furnishing and decorating of their home, to control their own schedule, and to have access to visitors at any time.</b></p>		
12	General Comments Regarding Statewide Transition Plan Process	<p>A. Need to strengthen process for settings assessments: providers should not self-report on compliance; the assessment tool should be updated, with input from service recipients, families and providers; service recipients and families should be part of the assessment process, with their input able to be provided in a confidential manner.</p>	29	
		<p><b>STATE RESPONSE</b></p> <p><b>All providers are evaluated by the DDD through annual BQM reviews as well as through BALC surveys.</b></p> <p><b>The IDHS and DDD are working on a new process for Settings Rule compliance that will include a provider self-survey, an onsite provider assessment, and a self-advocate survey. Information on the 3 tools will be announced in Spring 2021.</b></p>		
		<p>B. Need to redo the settings surveys for I/DD sites: many felt the STP's reference to using 100 persons in a day program building as a threshold for review was too high. Many felt all sites should be redone, regardless of setting size, due to their concerns about relying on information that is now 5 years old. A commenter suggested 50 people as a threshold, though they felt it might not meet federal intent. Another suggested assessing at least 2-3 random sites from each CILA provider.</p> <p>Provide training to providers so they know what to expect. Need to have more detail in plan about how each category of settings will be scheduled for review and be assessed, how quality of services being provided will be assessed, etc.</p> <p>Recommend posting all categories (1-4) of provider site compliance for public/stakeholder review and comment, not only posting information on heightened scrutiny sites as noted in the STP.</p>	31	

		<p><b>STATE RESPONSE</b></p> <p><b>The IDHS and DDD are working on a new process for Settings Rule Compliance that will include a provider self-survey, an onsite provider assessment, and a self-advocate survey. Information on the 3 tools will be announced in Spring 2021.</b></p>		
		<p>C. Need to have more than one person with I/DD involved in the assessment review process. Need to include self-advocates and family members in all assessment and heightened scrutiny review teams, who have familiarity with various types of service options and have been trained on the rules. Explain who determines membership on these review teams.</p>	18	
		<p><b>STATE RESPONSE</b></p> <p><b>The IDHS and DDD are working on a new process for Settings Rule Compliance that will include a provider self-survey, an onsite provider assessment and a self-advocate survey. The self-advocate survey will include questions relating to both their residential site and their day program. Information on the 3 surveys will be announced in Spring 2021.</b></p>		
		<p>D. Need heightened scrutiny reviews to be consistent with the federal Settings rule and related guidance. Suggest using metrics to measure isolation factors/effects of isolating individuals from broader communities. Need better and more frequent communication with providers regarding heightened scrutiny reviews and designation. Build Heightened Scrutiny reviews into existing group processes, such as DHS Division of Developmental Disabilities' Bureau of Quality Management, to avoid duplication. Another commenter shared their concern that BQM already has plenty of work to do.</p>	13	
		<p><b>STATE RESPONSE</b></p> <p><b>The DDD agrees the Heightened Scrutiny reviews should be consistent with the federal settings rule and related guidance.</b></p>		
		<p>E. Need to make STP more transparent by making it readily available on all state waiver agency websites. Allow more time between when informational town halls and webinars on the STP are held and when comments on it are due. Suggest providing consumer friendly updates for stakeholders through the state's HCBS website: feedback provided by federal CMS on the STP; public comments submitted by stakeholders and</p>	12	

		the State’s responses; and key milestone reports submitted to federal CMS.		
		<b>STATE RESPONSE</b> <b>HFS will ensure all Waiver agencies have the STP link on their websites. The State will allow more time between any future webinars and when comments are due.</b>		
		F. Several commenters identified areas for the State to work toward in the future as part of preparing its Final Statewide Transition Plan for federal approval. (the current plan is being submitted as an Initial STP for federal approval)	3	
		<b>STATE RESPONSE</b> <b>The DDD appreciates the suggestions relating to the State’s work toward the Final Statewide Transition Plan, and will take the suggestions under review for possible revisions.</b>		
13	Comments or Questions not related to Statewide Transition Plan	A. Reduce administrative burden of Rule 119 on agencies.	7	
		<b>STATE RESPONSE</b> <b>The DDD, in conjunction with the DDD Regulatory Advisory Board, has completed the first level of review and proposed revisions of Rule 119. The revisions will be available for review when posted for public comment. We hope to post for public comment by July 1, 2021. The administrative burden feedback has been taken into consideration.</b>		
		B. Update, simplify DHS-DDD website; remove references to mental retardation from website.	7	
		<b>STATE RESPONSE</b> <b>Since the STP public comment period, the IDHS, including the DDD, completed a review of and launched a redesign of the <a href="#">website</a>. The DDD will ensure that all mentions of mental retardation are removed from the website.</b>		
		C. Invest in real transition planning services, more education and training for teachers and transition coordinators in high school. Improve transparency in transition planning, hold districts	5	

	<p>accountable. Start the discovery process early to identify individuals during their transition years for customized employment.</p>		
	<p><b>STATE RESPONSE</b></p> <p><b>The DDD will continue to work with the Illinois State Board of Education (ISBE) on smooth transition planning to adult services. The DDD is aware of a number of workgroups that are working to make this process easier and more streamlined.</b></p>		
	<p>D. Commenters offered suggestions for tax/ownership scenarios. Examples: Real estate tax protection for staying in own homes; family/guardian owner of condo/house, be landlords with guarantee of rent.</p>	<p>2</p>	
	<p><b>STATE RESPONSE</b></p> <p><b>The DDD appreciates the feedback received and will review.</b></p>		