



October 17, 2014

You are likely aware that the Centers for Medicare & Medicaid Services (CMS) issued new federal home and community based services (HCBS) requirements that went into effect on March 17, 2014. The new requirements reflect CMS' intent to ensure that individuals receiving services and supports through Medicaid's HCBS programs have full access to the benefits of community living and are able to receive services in the most integrated setting.

States that operate Medicaid HCBS Waiver Programs are required to submit a Transition Plan to CMS outlining the strategy for compliance with the new regulations. Illinois' Transition Plan is due on March 17, 2015. The Illinois Department of Healthcare and Family Services, along with the Department of Human Services and the Department on Aging, have developed a survey to assess the State's current compliance with the new regulations specific to the residential and non-residential settings requirements. The intent of the survey is to provide the State with a snapshot of our current HCBS system in order to inform the development of the Transition Plan, and not to evaluate any program or service.

Illinois is sending out surveys to residential and non-residential settings. While your agency and its program locations may have recently received a survey for HCBS settings that are residential in nature, this letter is being sent to providers of services in non-residential settings. These types of settings are sites where participants come and receive their service(s). Services delivered to participants in a private residential environment are considered to be integrated community settings, you do not need to respond to the survey regarding services you provide to a person in their own home or apartment.

You will be receiving this survey either by United States mail or e-mail from the University of Illinois at Springfield (UIS). UIS has been asked to collect the data and provide reports to state departments and divisions. Participation in the survey is mandatory. There will be no right or wrong answers to the questions.

It is recognized that your agency may have numerous settings where services are provided. When you receive the survey you will see that it is designed to provide an overview of your agency and then asks questions that need responses regarding each individual service setting or site. We know that this is a time consuming task, but it is essential that every site is reviewed in order to develop a strategy for moving forward. While sites may have similar policies and procedures, no two locations are exactly the same. Your cooperation is greatly appreciated.

You may find additional resources on the new CMS Waiver Rule at <http://www.medicaid.gov/medicaid-chip-program-information/by-topics/long-term-services-and-supports/home-and-community-based-services/home-and-community-based-services.html>. The new rule can be found at 42 CFR 441.301(c) (4)-(5).

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