

TRANSITION PLAN

For Complying with the CMS Home- and Community-Based Services Medicaid Rule

FOR THE STATE OF ILLINOIS

The CMS-approved Illinois transition plan can be found at:

<https://www.medicaid.gov/medicaid/home-community-based-services/downloads/il-transition-plan-hcbs.pdf>

The CMS-approved Illinois Corrective Action Plan can be found at:

<https://www.medicaid.gov/medicaid/home-community-based-services/downloads/il-appvd-cap.pdf>

SITE-SPECIFIC ASSESSMENTS

The Centers for Medicare & Medicaid Services (CMS) required states to conduct validated, site-specific assessments of all provider-owned or controlled settings.

Types of Settings/ Residents and Funding Authorities	<p>Illinois Department of Healthcare and Family Services (IDHFS) provides administrative oversight and management of nine 1915(c) HCBS waiver programs. IDHFS delegates operations of eight of the nine waiver programs to sister state agencies including the University of Illinois at Chicago-Division of Specialized Care for Children (UIC-DSCC), the Illinois Department on Aging (IDoA), and the Illinois Department of Human Services' Division of Developmental Disabilities (IDHS-DDD) or Division of Rehabilitation Services (DRS). IDHFS operates one waiver program.</p> <p>The waiver programs and their operating agencies are:</p> <ul style="list-style-type: none">• Under UIC-DSCC:<ul style="list-style-type: none">○ HCBS waiver for Children Who Are Medically Fragile, Technology-Dependent• Under IDHS-DDD:<ul style="list-style-type: none">○ HCBS waiver for Adults with Developmental Disabilities○ Residential Services for Children and Young Adults with Developmental Disabilities○ Support waiver for Children and Young Adults with Developmental Disabilities• Under IDHS-DRS:<ul style="list-style-type: none">○ HCBS waiver for Persons with HIV or AIDS○ HCBS waiver for Persons with Brain Injury○ Persons with Disabilities• Under IDoA:<ul style="list-style-type: none">○ HCBS waiver for Persons who are Elderly• Under IDHS:<ul style="list-style-type: none">○ Illinois Supportive Living Program (IDHFS)
Compliant/Non-Compliant	<p>From April through September 2022, the State conducted HCBS Settings compliance validation reviews for 2,345 HCBS provider settings.</p> <ul style="list-style-type: none">• Fully compliant HCBS provider setting: 1,016 (43%)

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	<ul style="list-style-type: none">• Compliance Action Plans (CAPs) were disseminated to 1,325 (57%) Illinois HCBS provider settings with one or more non-compliance concerns. <p>For IDHFS-SLP:</p> <ul style="list-style-type: none">• Fully compliant HCBS provider settings: 155• Non-compliant HCBS provider settings: 0 <p>For IDHS-DRS and IDoA programs:</p> <ul style="list-style-type: none">• Fully compliant HCBS settings:<ul style="list-style-type: none">○ 17 ADS settings○ 1 TBI Habilitation provider setting○ 1 TBI Pre-Vocational Service provider setting○ 46 non-residential ADS provider settings evaluated by IDoA• 2 IDHS-DRS Adult Day Service settings received CAPs and submitted evidence of remediating all non-compliance issues by August 19, 2022. <p>For IDHFS-SLP</p> <ul style="list-style-type: none">• All 155 SLP settings are fully compliant. <p>For SEP:</p> <ul style="list-style-type: none">• Fully compliant HCBS settings: 12• Partial or full non-compliance: 5 <p>For IDHS-DDD Community Day Services (CDS) programs:</p> <ul style="list-style-type: none">• Fully compliant HCBS settings: 75 (22 of which underwent Heightened Scrutiny review)• Partial or full non-compliance: 46 required CAPs<ul style="list-style-type: none">○ A total of 163 CDS Heightened Scrutiny locations required CAPs <p>IDHS-DDD Children’s Group Homes (CGH):</p> <ul style="list-style-type: none">• Fully compliant HCBS settings: 6 (all of which underwent Heightened Scrutiny review)• Partial or full non-compliance: 16 CGH Heightened Scrutiny locations required CAPs <p>IDHS-DDD Community Living Facilities (CLF):</p> <ul style="list-style-type: none">• Fully compliant HCBS settings: 3 (all of which underwent Heightened Scrutiny Review)• Partial or full non-compliance: 9 CLF locations required CAPs <p>IDHS-DDD Community Integrated Living Arrangements (CILA):</p> <ul style="list-style-type: none">• Fully compliant HCBS settings: 701 (24 of which underwent Heightened Scrutiny review)
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	<ul style="list-style-type: none"> • Partial or full non-compliance: 798 non-Heightened Scrutiny received CAPs and 272 Heightened Scrutiny locations required CAPs <p>NOTE: Illinois received CMS approval of its state corrective action plan on June 21, 2023. The Corrective Action Plan provides updated timeframes for completion of site-specific assessments and the heightened scrutiny review process. Therefore, setting classifications in the STP may be out of date. The updated Corrective Action Plan set April 14, 2023, as the completion date to submit information to CMS on presumptively institutional settings selected by CMS for a sampled heightened scrutiny review. According to the Corrective Action Plan, teams will address heightened scrutiny findings related to CMS’ heightened scrutiny review by 12 months post the date CMS issues a determination and findings to the state. The state has until October 31, 2023, to address findings related to CMS heightened scrutiny site visits. Final compliance statewide with HCBS settings rule will take place 12 months post the date CMS issues a heightened scrutiny determination and findings to the state.</p>
<p>Reasons for Non-Compliance</p>	<p>Agencies and settings received CAPs for one or more non-compliance concerns in the following areas:</p> <ul style="list-style-type: none"> • Optimizing, but not regimenting, individual initiative, autonomy, and independence in making live choices including: <ul style="list-style-type: none"> ○ Daily activities ○ Physical environment ○ With whom to interact • Ensuring individual choice regarding services, supports, and who provides them • Individuals have access to food at any time • Individuals can have visitors of their choosing at any time • Ensuring an individual’s right to privacy • Ensuring an individual’s right to freedom from coercion • Ensuring individuals have the freedom and support to control their own schedules and activities • Ensuring the setting is physically accessible • Ensuring privacy in Sleeping/Living unit • Ensuring individual choice of roommate • Ensuring individual freedom to furnish/decorate
<p>Transition plans</p>	<p>In 2014, the State collaborated with the University of Illinois at Springfield (UIS) to develop and disseminate two provider self-assessment surveys- one for Residential and one for Non-residential HCBS provider settings. The surveys were sent to 2,266 HCBS provider settings and solicited feedback from providers on level of compliance with the Federal Settings requirements. The State conducted 446 on-</p>

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	<p>site visits to validate responses on compliance with Federal Settings requirements. After, the State started the remediation process in order to bring settings and programs into compliance with the rule.</p> <p>Any settings presumed to have institutional quality(ies) went through a heightened scrutiny review. If a provider could not or would not comply, the State worked with waiver agencies to transition participants to compliant settings. No participants were required to transition. The State will continue to conduct ongoing monitoring and quality assurance activities. Monitoring efforts will take place at the individual and provider level. For quality assurance, assessments will be conducted and training enhanced.</p>
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SETTINGS PRESUMED INSTITUTIONAL

CMS presumes some settings have qualities that are institutional or isolating in nature. These settings must go through a heightened scrutiny review by CMS.

CMS presumes the following types of settings have institutional or isolating qualities:

- *Category 1: Located in a hospital, nursing facility, or other institutional setting.*
- *Category 2: Located adjacent to a public hospital, nursing facility, or other institutional setting.*
- *Category 3: Have the effect of isolating people from the broader community.*

<p>Type of Setting/Residents</p>	<p>Total Illinois Heightened Scrutiny locations in 2022: 529</p> <ul style="list-style-type: none"> • 11 Category 1 Residential Heightened Scrutiny locations, all Supportive Living settings managed by Illinois Department of Healthcare and Family Services’ (IDHFS) Supportive Living Program (SLP) • Two Category 2 IDHS-DDD Non-Residential CDS Heightened Scrutiny Locations • One Category 2 IDHS-DDD Residential CILA • One Category 2 IDHFS-SLP Residential Supportive Living Program • Two Category 3 IDoA and IDHS-DRS Non-Residential Adult Day Service (ADS) locations • 183 Category 3 IDHS-DDD Non-Residential CDS locations • 22 Category 3 IDHS-DDD Residential CGH locations • 296 Category 3 IDHS-DDD Residential CILA locations • 1 Category 3 IDHS-DDD Residential CLFs
<p>Reason for Presumption</p>	<p>All three categories that show an institution is institutional or isolating in nature were reasons for presumption for the settings detailed above.</p>
<p>Heightened Scrutiny Process</p>	<p>In the heightened scrutiny process, the State may present evidence to CMS to argue that such sites are community-based and, if CMS accepts the State’s presentation, those sites will be allowed to continue as HCBS waiver settings. Thus, the State’s inclusion of a setting on the heightened scrutiny list is the State’s declaration that it believes the</p>

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	setting to be community-based, and that it will present evidence to make that case to CMS.
NON-COMPLIANCE COMMUNICATION	
% Cannot/Will Not Comply (No. of Residents Affected)	No IDHS-DDD customers will need to transition to alternate provider settings.
Type of Setting/Residents	Not applicable.
Reason for Determination	Not applicable.
Communication Strategy	<p>The State developed a Beneficiary Resolution process as required for final CMS approval of the State’s final STP. If the State had determined by November of 2022 that any IDHS-DDD HCBS provider setting could not achieve full compliance, the agency would be notified that their site was non-compliant and therefore, the State would no longer fund HCBS at their site after March 17, 2023.</p> <p>IDHS-DDD worked with HCBS provider organizations that were determined fully compliant with HCBS Settings to take over management. After identifying new management, the State worked closely with the provider to ensure solid transitions and visit with the new provider once they had acquired the site to confirm compliance. Transitioning to new management spanned from November 2022 through January 2023. The proposed timeframe included on-site visits after new management assumed the site. At this stage, the State addressed any lingering programmatic non-compliance concerns such as assurance of Residency/Lease agreements. If by mid-December 2022, IDHS-DDD had determined that IDHS-DDD HCBS provider settings with new management could still not comply with all applicable HCBS Settings requirements, IDHS-DDD collaborated with Independent Service Coordination (ISC) case managers and customers to select alternate compliant provider settings that met customer needs and preferences before March 2023.</p>
Assistance to Residents?	IDHS-DDD talked with waiver customers about their settings preferences and looked to identify possible alternative compliant providers who could take over the site and ensure its compliance. The remediation process included frequent meetings with the current provider and potential providers as well as the independent service coordination agencies and the people receiving services. The State worked with customers receiving services at the locations to consider alternate HCBS settings for service provision. Regional staff from the Division’s Bureau of Community Services Programs worked with the non-compliant agencies to collect documentation related to individual services needed for transitioning individuals to alternate settings. If

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	customers were interested in staying, the State looked to identify alternative compliant organizations to take over a site.
ONGOING MONITORING	
<p>Monitoring Procedures</p>	<ul style="list-style-type: none"> • The IDHFS maintains a centralized e-mail inbox for individuals to relay questions, concerns, and comments. • IDHS-DDD annually monitors compliance of all IDHS-DDD HCBS provider settings customers through surveys conducted by IDHS-DDD’s Bureau of Quality Management (BQM). BQM collects a sample of Personal Plans from Independent Service Coordination (ISC) case managers and surveys the providers organizations, including Group and Individual Supported Employment Program (SEP) provider organizations utilized by IDHS-DDD waiver customers. All IDHS-DDD HCBS provider organizations are surveyed at least once every three years. • IDHFS Waiver Operations staff meet quarterly with Illinois Waiver Operating agencies and managed care organizations (MCOs) to ensure programs are adequately capturing compliance through their case management platforms and compliance monitoring tools.
<p>Quality Assurance Measures</p>	<ul style="list-style-type: none"> • All Illinois Waiver Operating agencies have updated their compliance monitoring tools to assess for compliance with HCBS Settings criteria. • Once every two years or in response to compliance concerns, IDHS-DRS Rehabilitation Services Advisors conduct quality assurance assessments of ADS provider settings utilized by IDHS-DRS waiver customers. • IDHS-DRS Rehabilitation Services Advisors also conduct quality assurance assessments of Traumatic Brain Injury (TBI) Pre-Vocational Service and Day Habilitation provider settings. The assessments include interviews with customers to ensure compliance with HCBS Settings requirements. Once every three years, IDoA conducts quality assurance assessments of ADS provider settings, unless the agency fields compliance concerns prior to the assessment due date. • IDHFS has also trained MCOs on HCBS Settings requirements and updated Waiver Performance measures. MCOs were tasked with enhancing their training processes, case management platforms, and internal quality assurance processes to align with HCBS Settings and Person-Centered Planning requirements. <p>More information about quality assurance measures can be found in Illinois’s Jan 1st submission here.</p>