

CDS and At Home Day Program FAQ

July 17, 2020

Plan Development, Billing and Oversight

1. How is the Division ensuring individual choice is being respected? For example, individuals are not being kept at home when they would prefer to attend CDS or, conversely that an individual is being pushed to attend CDS when they would prefer to stay home.

DDD Response: The decision to remain home or return to CDS is an important decision that each CDS participant should make with input from their guardian, family, ISC, and providers. We expect providers will do what is in the best interest of the individuals and follow their wishes, absent some extenuating circumstance. If an individual feels their wishes are not being respected, they should discuss with their ISC, and if they disagree with a determination surrounding CDS, they continue to have appeal rights by which to challenge the decision. The DDD Bureau of Quality Management will also continue to conduct their regular reviews to ensure individual choice is maintained.

2. Does 37U reimburse at a ratio of 1:8?

DDD Response: No, it does not. There has been a misunderstanding surrounding the reimbursement ratio. As the Division uses a 1:8 ratio for calculating 1:1 support for CDS (31C, 31U), some providers have assumed this also applies to 37U. Because there is no rate methodology for CDS, the Division used the middle of the staffing ratios specified in Rule 119 (1:10, 1:8, or 1:5 based on a needs assessment) for 1:1 supports. Regardless, this does not specifically apply to 37U.

For 24-Hour residential services, sufficient staff must be provided to allow for each individual in At-Home Day program to participate in a structured, individualized program as they choose. For example, if a person in the home does not want to participate in At-Home Day program the provider must still provide sufficient supervision and support that individual while allowing the other individuals to participate in At-Home Day programming of their choosing. The Division expects there will be no fewer staff than those provided during second shift, evening shift, and/or weekend staffing models.

For Intermittent CILA (including Family CILA) the provider should provide a minimum of 1:4, staffing ratio.

3. What will BQM and nursing reviews look like in the future?

DDD Response: For the time being, BQM and nursing reviews will be conducted remotely through desk audits. IDHS is working with multiple state agencies to determine when travel and in-person reviews will resume.

4. If an individual resides at home, are families allowed to transport their loved ones to the CDS program? Would the CDS program be required to reimburse the family for the transportation cost?

DDD Response: If an individual's family chooses to transport their loved one to the CDS program, it would be at their own cost and there should be no expectation of the CDS provider reimbursing the family for this expense. The CDS reimbursement rate includes the cost of transportation.

5. Is documentation for 37U more intensive than documentation for 31C/31U?

DDD Response: At-Home Day Programs provide staff and other supports necessary to enable individuals to engage in a structured individualized program of in-home and community habilitation activities of his or her choosing. The documentation requirements are similar for all Day Programs.

Programming:

1. Can 31U, 31C be billed on any day and/or time?

DDD Response: Based on language in the administrative rule, the Waiver and the Waiver Manual, the Division has not found any language to indicate specific dates and/or times a provider must be open and providing services, with one exception: Per Rule 119, providers are required to provide a minimum of five hours of programming a day on a regular schedule. Individuals are able to choose how long they attend their programming based on their Personal Plan and Implementation Strategy. Providers should only bill for hours an individual attends the CDS.

2. Do CDS programs have to provide 5 hours of service each day?

DDD Response: Yes, per Rule 119, a CDS provider must be open and able to provide services for a minimum of 5 hours any day they are open. Individuals are not required to attend all 5 hours and should not if it is not in the individual's best interest. Some providers are dividing their day in half to accommodate more individuals (for example, 2 4-hour shifts totaling an 8-hour day). If this is done, the building must be completely sanitized before a new cohort attends programming. In all cases, the provider should only bill the hours an individual attends the CDS.

3. Can a CDS provider, that is not the individual's residential provider, provide virtual programming and bill 37U?

4. **DDD Response:** No, 37U funding is tied to the 60D provider. This does not prohibit the 60D provider from having a private pay arrangement with an external vendor (for example, a CDS provider) to provide virtual supports. The 60D provider remains responsible for ensuring that all supervision needs are met during virtual programming.

5. Can you clarify where services can be provided?

DDD Response: 37U is authorized to be provided in a residential setting licensed through the Residential Habilitation Service in the Waiver and Rule 115 (CILA or CLF) and can include community activities of the individual's choosing. Providing 37U does not certify you as a CDS provider. 31U is only authorized to be provided in Community Day Service setting certified by BALC. 31C can be billed for services provided by a CDS provider at a community location which enables the participant to access and participate in relationships, activities, and functions of community life.

6. We're a CDS provider but would like to provide agency based Personal Support Workers to Home Based Support individuals. What is the process?

DDD Response: The process to begin providing agency based PSWs is here:

<https://www.dhs.state.il.us/page.aspx?item=47499>. Please note that PSWs are only available for individuals receiving HBS services. They are meant to be 1:1 support for an individual. These services can be delivered in the individual's home or at community locations. They should not be provided at the site of a CDS.

7. If we have contracts for employment with community businesses, such as janitorial services, are we able to continue with these services?

DDD Response: Yes. The Division has not provided any guidance that limits or restricts Supported Employment. However, the Division continues to recommend that all providers and participants follow CDC and IDPH guidelines pertaining to COVID-19.

Screening and Safety:

1. Is the Division's Provider Preparedness Assessment Tool required prior to reopening? When is it due?

DDD Response: The Provider Preparedness Assessment Tool must be completed prior to the reopening of the CDS program. As providers complete the Tool, they should take in to account the results of the Individual Benefit/Risk Tool (or similar assessment if an alternate tool is used) for all individuals who are interested in returning to their agency's CDS program. By doing this, providers can ensure that they are collectively evaluating a broader picture that includes each person's service needs and risk mitigation strategies. BQM will maintain the provider's tool on record with the Division. Note: Provider submitted tools will not be "approved" by BQM and may consider the process complete upon submission of the tool. BQM will retain the submitted tool, which may be reviewed in instances of an outbreak of COVID-19 to ensure appropriate policies and procedures were both established and followed. The provider should retain a copy for their records.

2. Is the Division's Individual Benefit/Risk Assessment Tool required?

DDD Response: All individuals should be assessed for the benefits and risks of returning to a CDS program. Based on feedback from providers we are not requiring this specific tool to be completed; however, if a provider elects not to use the tool provided, they will need to develop their own tool to measure the benefits and risks for each individual's return to CDS. This is consistent with the individual assessments and risk assessments that all individuals receive to participate in Waiver-funded services. Providers should consider the Division's tool as the minimum of what would be required should they decide to develop their own tool. As a reminder, any planning tool should be used to weigh the benefits and risks of an individual's return to CDS-it is not a tool to determine eligibility for Waiver-funded CDS.

3. Which entity has the final decision about an individual's return to CDS site if there is disagreement?

DDD Response: The provider, individual, guardian, family and the ISC should meet to discuss the situation. Ultimately, the provider must agree that they can mitigate the risks of serving an

individual safely in order for the individual to return. If the individual or guardian and ISC disagrees, the individual does have right to appeal that their services are being restricted by the provider.

4. Are all individuals expected to socially distance while attending CDS? Does everyone have to wear a mask while attending CDS?

DDD Response: IDPH and the CDC recommends that 6 feet of social distancing and masking be maintained, with accommodations as appropriate, for all individuals, not just individuals with I/DD attending CDS. Individuals who attend CDS should have discussions with their provider about whether the individual will be able to follow safety guidelines, and this should be reflected in the assessment with potential risk mitigation strategies included.

5. Is there a need to socially distance in a vehicle if the only individuals being transported are from the same home?

DDD Response: No, as long as all occupants of the vehicle (including the driver) live in the same home, social distancing is not required.

6. Will there be testing at CDS sites? Should individuals be tested prior to attending?

DDD Response: Providers and individuals should work with their local health departments regarding testing options. The Division continues to work with IDPH on the expansion of testing possibilities for DD providers.