

Health Insurance Education Series: Medicaid Waivers

March 11, 2025 – Medically Fragile and Technology Dependent Waiver
April 8, 2025 – Department of Rehabilitation Services (DRS) Waivers
May 13, 2025 – Division of Developmental Disabilities (DD) Waivers



**Division of Specialized
Care for Children**

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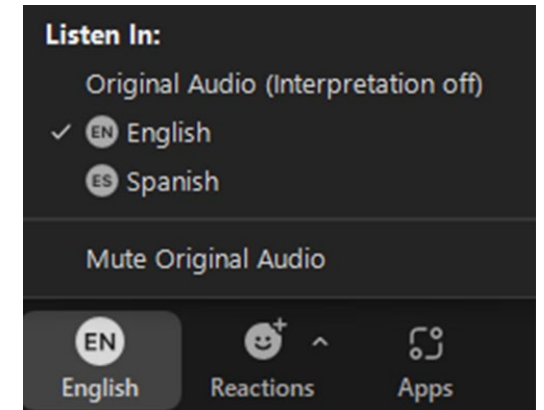
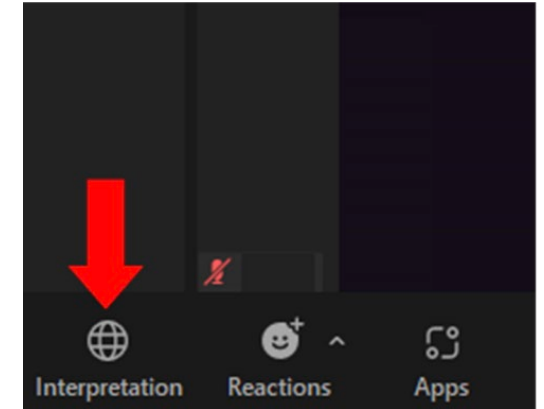
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Presentation Materials



Information will be presented in English. If you selected Spanish as your language, information will be translated verbally.



The slides are in English. The Spanish version of all materials are found on the DSCC website.

- » <https://dsccl.uic.edu/family-education-webinars/>

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Chat



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Q&A



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Our Vision and Mission



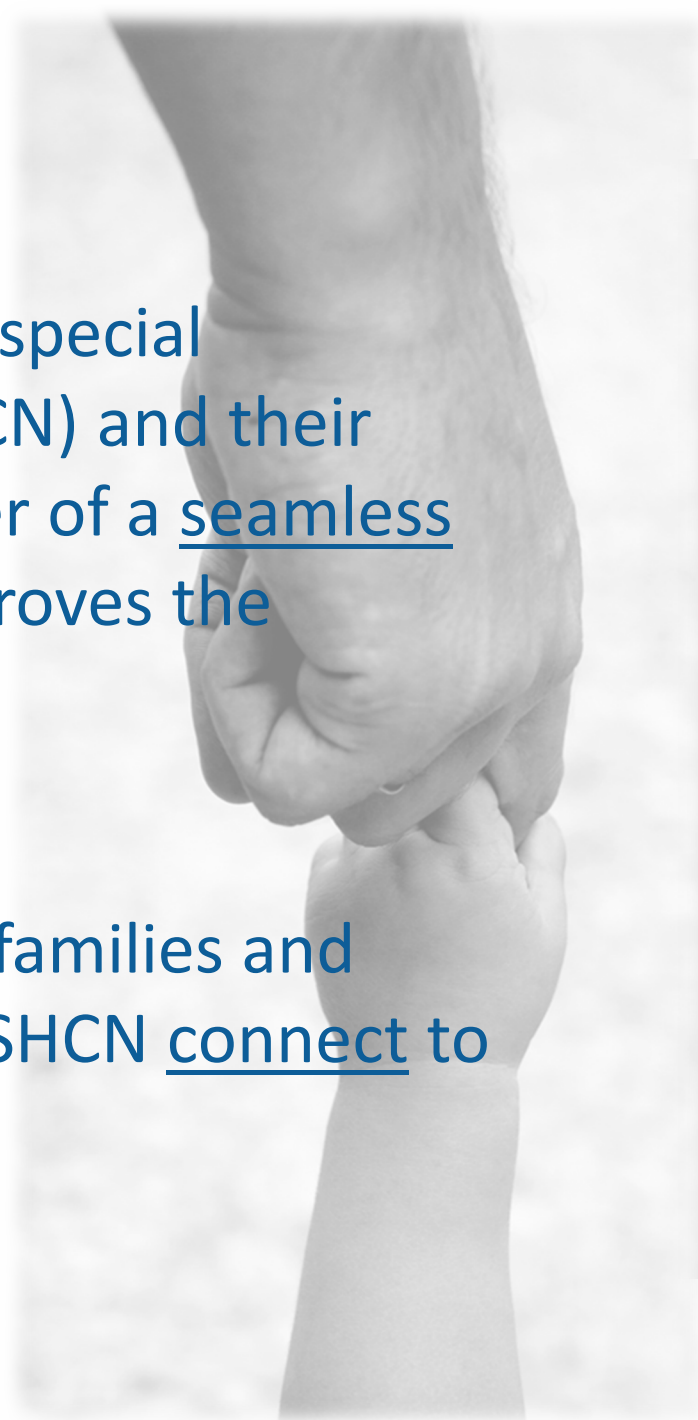
Vision

- » Children and youth with special healthcare needs (CYSHCN) and their families will be the center of a seamless support system that improves the quality of their lives.



Mission

- » We partner with Illinois families and communities to help CYSHCN connect to services and resources.



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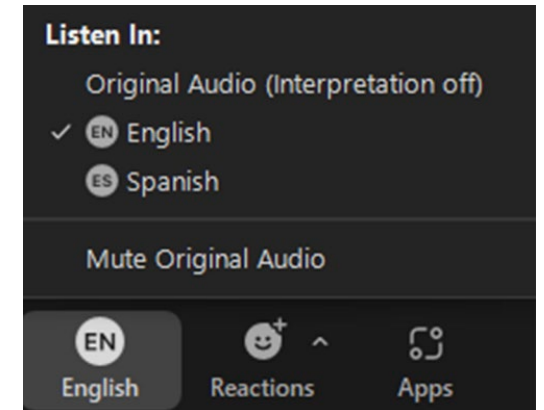
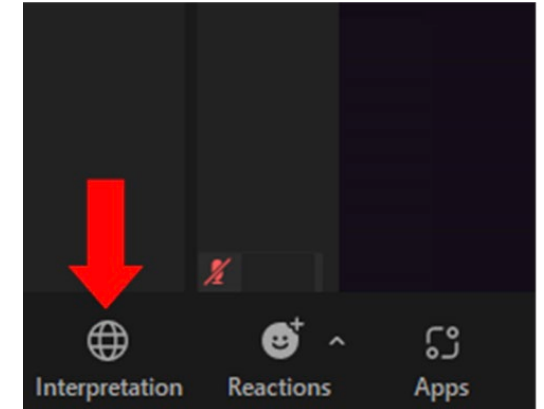
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Division of Developmental Disabilities

DDD Waiver Services

Topic Points

- What is a waiver?
- General eligibility requirements
- Applying for a DDD waiver
- Types of DDD waivers available
- Services available under each waiver

Please note that all waiver related information within this presentation is DDD Waiver specific and may not be applicable in other operating waivers.

What is a Waiver?

- Per Section 1915 of the Social Security Act:
- A 1915(c) waiver is a Medicaid provision that allows states to offer home and community-based services (HCBS) to individuals who would otherwise require institutional care.

Application for a §1915(c) Home and Community-Based Services Waiver

PURPOSE OF THE HCBS WAIVER PROGRAM

The Medicaid Home and Community-Based Services (HCBS) waiver program is authorized in §1915(c) of the Social Security Act. The program permits a state to furnish an array of home and community-based services that assist Medicaid beneficiaries to live in the community and avoid institutionalization. The State has broad discretion to design its waiver program to address the needs of the waivers target population. Waiver services complement and/or supplement the services that are available to participants through the Medicaid State plan and other federal, state and local public programs as well as the supports that families and communities provide.

The Centers for Medicare & Medicaid Services (CMS) recognizes that the design and operational features of a waiver program will vary depending on the specific needs of the target population, the resources available to the state, service delivery system structure, state goals and objectives, and other factors. A State has the latitude to design a waiver program that is cost-effective and employs a variety of service delivery approaches, including participant direction of services.

Request for an Amendment to a §1915(c) Home and Community-Based Services Waiver

What does that mean?

- It means that Illinois has asked CMS to use some of our designated Medicaid funds in a ‘different way’
- In this type of program, Medicaid restrictions are “waived” allowing a state to use Medicaid funds to cover non-medical services.
 - States have flexibility in designing waiver programs within CMS guidelines
 - Can target specific populations of consumers
 - Cost Neutrality: The average cost of services should not exceed institutional settings like Hospitals, Nursing Homes, or ICF/DDs.
- Waiver programs are not entitlement programs.

Medicaid Waivers in Illinois

- There are 9 Medicaid waivers currently operating in Illinois
- DDD operates 3 of those waivers:
 - Residential Services Waiver for Children and Young Adults
 - Support Waiver for Children and Young Adults with Developmental Disabilities
 - Adults with Developmental Disabilities Waiver

Basic Eligibility Requirements

To qualify for services a participant must meet the following criteria:

- 3 years of age or older (Children's Waiver)
- 18+ (Adult Waiver)
- U.S citizen or legal alien
- Resident of Illinois
- Enrolled in Medicaid or Medicaid eligible
 - Parental income is not assessed when considering a child's eligibility for waiver programs
- Not be in need of 24-hour nursing care or supervision
- Determined to have an intellectual disability or a related condition

Diagnosis of Intellectual Disability

- “Significantly sub average general intellectual functioning” (generally IQ of 70 or below)
- Must be diagnosed by a licensed psychologist based on formal assessment results
- Deficits in adaptive behavior present
 - limitations in a person's ability to effectively manage daily tasks and social situations, which are essential for independent living.
- May be diagnosed after the age of 18 but must manifest before the individual reaches 18 years of age

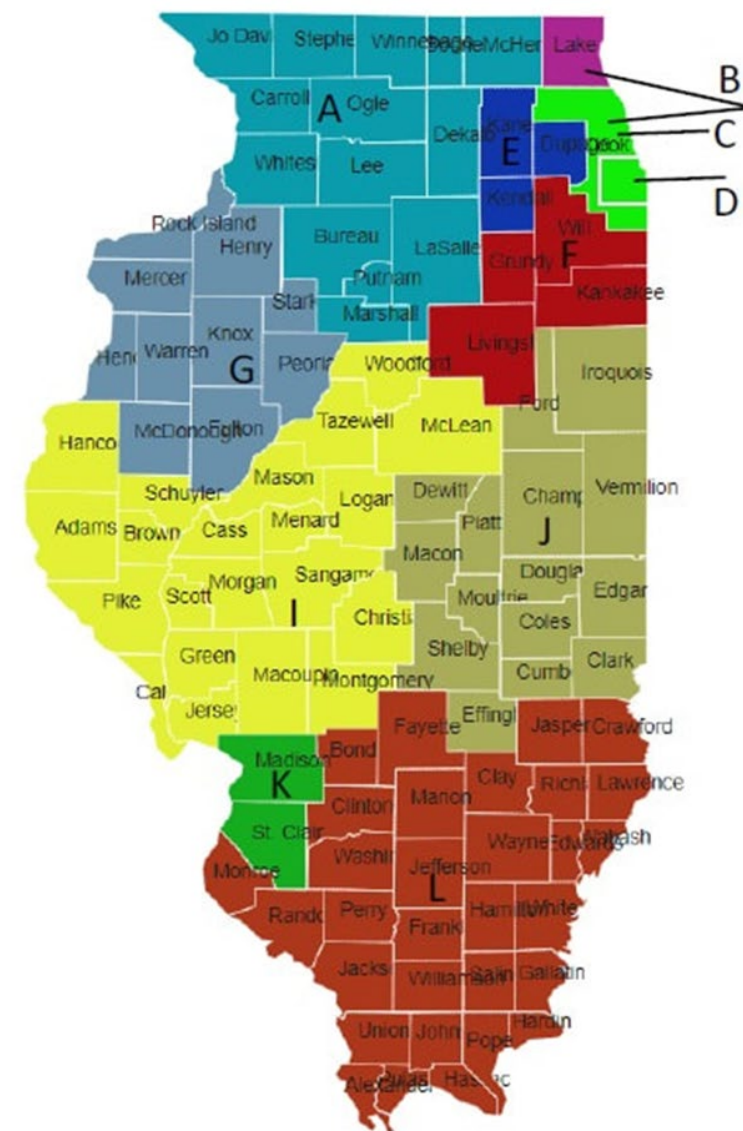
Related Condition(s)

Severe, Chronic Disability that meets all four of the following:

- ✓ attributable to (a) cerebral palsy or epilepsy; or (b) any other condition, other than mental illness, found to be closely related to ID/DD because the condition results in impairment of general intellectual functioning or adaptive behavior similar to someone with ID/DD and requires treatment similar to those for ID/DD.
- ✓ Manifested or diagnosed before the age of 22
- ✓ Likely to continue indefinitely
- ✓ Results in substantial functional limitations in 3 or more of the following life areas: *self-care, language, learning, mobility, self-direction, and/or capacity for independent living.*

How to apply for services

- Contact your local Independent Service Coordinator (ISC) Office
 - Online office locator: [IDHS: Office Locator](#)
 - Calling Division of Developmental Disabilities Hotline at **1-888-DD-PLANS** and **1-866-376-8446 (TTY)** during business hours. When prompted by the recording, type in your ZIP Code and you will be connected with your local ISC agency.



What is an ISC?

- An ISC is a DDD contracted agency that serves as the primary connection between individuals (and guardians) who are seeking or receiving DD services
- Provides conflict free case management services
 - Eligibility review
 - Personal Plan development
 - Appeals/Complaints
 - Assists in locating services/supports
- Will assist with placing interested individual(s) on the PUNS list

PUNS List

- Database that registers individuals who want or need DD Waiver Services
 - Based on presumptive eligibility
 - Assessment of eligibility will occur when PUNS selection occurs
- PUNS categories
 - Seeking services (currently need or want supports)
 - Planning for services (want services in the future)
 - PUNS selection is generally based on a person's cumulative length in Seeking Services category
 - Crisis situations and other designated groups will take priority
 - Individuals are selected from PUNS as funding becomes available

Waiver Placement

Waivers

- Children and Young Adults Residential Waiver *crisis selection only
 - 3-21 years old
- Children and Young Adults Support Waiver (CHBS)
 - 3-21 years old
- Adults HCBS Waiver
 - 18+ and older

CHBS and Children's Residential waiver participants are automatically granted Adult Waiver services. Families must plan to transition into adult services no later than the consumer's 22nd birthday.

Person Centered Plan

- ISC will meet with the consumer and relevant team members to determine needed supports and services
- Person Centered Plan is developed and updated annually
- Includes progress tracking, service responsibilities, and outcomes/goals
- Services should not be implemented without being added to the Person-Centered Plan

Review of Application and Selection Process

Contact ISC- General
eligibility review

Individual is placed
on the PUNS list

Individual is selected
from the PUNS list as
waiver capacity
becomes available

ISC will complete
screening of
eligibility

ISC will develop
Personal Plan and
services begin

Children's Residential Waiver

The Children's Residential Waiver provides 24-hour residential supports to eligible children and young adults with developmental disabilities from age three through age twenty-one who meet functional and financial eligibility.

The supports provided are designed to prevent or delay the need for residential services in an ICF/DD

How does it work?

- 24 Hour Residential Care (Child Group Home)
 - Licensed by DCFS and overseen by DDD
- Crisis placement
 - This means that the child cannot be safely maintained in the family home
 - Staffed by Direct Support Professionals (DSPs)
 - Nursing Supports/ Medication Management
 - Case Management Supports
 - Behavioral Supports
 - Educational Supports

Children and Young Adult Support Waiver

Provides services to eligible children and young adults who live at home with their families. This is often referred to as Home Based Supports.

Designed to prevent or delay out-of-home residential services.

How does it work?

- Self-Direction
 - Allows consumers/families to use Employer Authority to hire/terminate personal support workers and direct service provision within the waiver.
- Families are awarded a monthly budget or 'service maximum' (2x SSI)
- Utilize that budget to select from a menu of service options listed under the waiver.
 - Current 2025 monthly budget is \$1,934 to equal an annual maximum of \$23,208
 - Flexible Budget allows for families to use funds as needed throughout the year.
 - Unused funds will 'roll over' to the next service month
 - Cannot exceed a monthly maximum of \$3,868 in services
 - Any funds unused will NOT 'roll over' to the next calendar year
- Agency Based Models also available

Who is ACCESS\$?

- ACCESS\$ is the contracted Fiscal Management Entity for Illinois
- Assists Self-Directed families in hiring and paying Personal Support Workers (PSWs)
- Personal Support Workers can be anyone you designate (within waiver guidelines) to provide personal care: relatives, family friends, neighbors, etc.
- ACCESS\$ responsibilities:
 - IMPACT Medicaid provider enrollment
 - Background Checks
 - Maintains payroll (including tax withholdings if applicable)
 - Maintains EVV system requirements for PSW
- Remember: ACCESS\$ is not the employer... You are!
- ACCESS\$ is provided to you as the employer (at no cost) to ensure fiscal and legal requirements are met.

*If you choose to utilize Agency Based PSWs: The provider agency assumes payroll responsibilities for that PSW. The provider agency would bill DDD directly and you would not require ACCESS\$ services.

Available CHBS Services

- Self-Direction Assistance
- Behavioral Services and Supports
- Personal Support Worker (PSW)
- Temporary Assistance (Crisis Supports)*
 - Additional PSW supports/budget in the event of an emergency absence of primary unpaid caregiver

*Requires prior DDD approval

Available CHBS Services (Awards)

- Home or Vehicle Modification Award
- Adaptive Equipment Award
- Assistive Technology Award
 - Consumers should contact their ISC to request these awards/services as they are subject to DDD approval
 - \$15,000 maximum per customer per five-year period for any combination of the awards listed above. Within the five-year maximum, there is also a \$5,000 maximum per address for permanent home modification for rented homes.
 - Service must be completed or filled by a Medicaid approved vendor or contractor.

Adults with Developmental Disabilities Waiver

The Waiver for Adults with Developmental Disabilities provides supports to eligible adults with developmental disabilities ages 18 and over.

The supports provided are designed to prevent or delay out-of-home residential services for customers or to provide residential services in the least restrictive community setting for customers who would otherwise need ICF/DD level of care.

How does it work?

- Customers can choose between 2 primary support types: Residential Supports or Home-Based Supports
 - Personal Choice
 - Participant can transition from one choice to another if circumstances change

Adult Home-Based Services

- Similar to Children's HBS in program layout but with more service options
- Consumer or designated 'Employer of Record' purchases supports from available waiver services utilizing a monthly budget
- Home based consumers self-direct services and exercise employer authority.
- Adult consumer's can receive these supports in their family's home or their own home/apartment
- Adult monthly service maximum budget
 - Set monthly budget (No flexibility/Use it or lose it)
 - Still attending school: \$1,934 per month (2x SSI)
 - No longer attending school: \$2,901 per month (3x SSI)

Adult HBS Services

- Self-Direction Assistance
- PSW Services
- Community Day Services
- Supported Employment Services (in collaboration with DRS)*
- Adult Day Services (Senior focused)
- Behavioral Services and Supports
- Occupational, Physical, and Speech Therapy (State Plan Extension)*
- Counseling/Therapy
- Non-Medical Transportation
- Nursing Services
- Temporary Assistance*
- Home and Vehicle Modification Award*
- Adaptive Equipment/Assistive Technology Award*
 - The monetary service limitations are the same as the CHBS waiver awards

*Requires prior authorization

Adult Residential (Habilitation Services)

- Adult Residential Services are agency-based supports
- Community Integrated Living Arrangements (CILAs): Supported through community-based group homes, individual controlled home or apartment
 - Max capacity 8 persons
 - Licensed and regulated by DDD
 - Varying levels of supports and services available
- Consumers still exercise choice of supports and services but do not have monthly service budgets, self-directed employer authority.
- Supports include adaptive skill development, community inclusion, adult educational support, social and leisure skills/activities, personal care, behavior management, nursing assessment, etc.

Adult Residential Options

24 Hour CILA

- These homes have on-site shift staff available during all times when individuals are present.
- Staff provide both scheduled and unscheduled supports and services as needed by individuals.

Host Home CILA

- Host Home CILAs consist of one or more persons who are unrelated to the individual and who are under contract with the provider agency to provide services. No more than two individuals may reside with any single host family.
- The two support models are:
 - Standard Host Family: a residence where the paid care giver(s) live on a full-time basis. Either the paid care giver(s) or individual served own, lease or rent the residence.
 - Comprehensive Host Family: may house either full or part-time paid care giver(s) in which individuals other than shift staff employees provide more than 50% of the residential coverage. The individual(s), care giver(s) or provider agency own, lease or rent the residence.
 - The difference between Standard and Comprehensive models is shift employees routinely share supervision, care and training responsibilities with the host family care giver(s) in the Comprehensive model.

Intermittent CILA

- Typically serves individuals whose Personal Plan documents they do not require 24-hour, on-site staff presence and documents the situations in which individuals may safely be away from direct staff supervision.
 - Can be provided in an agency-controlled home or individually controlled home
- Intermittent residential services in apartments or family homes have staff available on call 24 hours per day
 - On-call staff are available to provide both scheduled and unscheduled supports and services as needed and as specified in each individual's Personal Plan.

Residential Services include:

- Direct Support Professionals (DSPs)
- Nursing oversight/assessment
- Day Program/Vocational opportunities
 - CDS/DT
 - Adult Day Services
 - Supported Employment*
- Behavioral Supports (BCBA)
- Case Management Services (QIDP)
- Agency Transportation
- STAT (Specialty Telehealth services) in 24-hour CILA
- Therapy/Counseling
- Assistive Technology/Adaptive Equipment/Home Modification Awards*
- Occupational/Physical/Speech Therapies*

*Requires prior authorization

General Waiver Service Limitations

- Individuals can only participate in one 1915(c) waiver at a time
- PSW services
 - cannot be rendered by a legally responsible adult if consumer is under 18 years of age
 - PSW must undergo required background checks prior to hire and annually thereafter (no exceptions for family members, parents, etc.)
- Waiver services cannot be rendered at school or for the benefit of the school
- Adaptive Equipment/Assistive Technology cannot be paid for via waiver funds if it is coverable under the state Medicaid plan.



Resources

- [Home and Community Based Services Waiver Programs | HFS](#)
- [IDHS: Illinois PUNS - Division of Developmental Disabilities](#)
- [IDHS: Office Locator](#)
- [IDHS: Consumer Handbook for Home-Based Services](#)
- [IDHS: DDD Waiver Manual UPDATED 8/11/23](#)

Contacts:

Presenter: Linda McCluskey

linda.mccluskey@illinois.gov

General Inquiries: DHS.DDDComments@Illinois.gov

Thank you!

Survey



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