**Section 676.30 Definitions**

For the purposes of this Subchapter, unless otherwise stated, the following terms shall have the following meanings.

Activities of Daily Living or ADLs − those tasks an individual must do, or that an individual must have provided for them, in order to prevent institutionalization (i.e., bathing, dressing, shopping, cooking, housekeeping, etc.).

Brain Injury – conditions including traumatic brain injury, infection (encephalitis, meningitis), anoxia, stroke, aneurysm, electrical injury, malignant neoplasm, and toxic encephalopathy. Congenital disabilities such as cerebral palsy or epilepsy are not eligible diagnoses, nor are degenerative or neurological disorders due to aging, such as dementia or Parkinson's or Alzheimer's Disease.

Brain Injury Habilitation Assessment – assessment that incorporates the results of neuropsychological, occupational therapy, and/or other appropriate clinical evaluations; this assessment reviews a brain injury Customer's ability to independently and safely complete activities for daily living. This does not replace or duplicate the current HSP eligibility assessment tool (DON).

CMMS – the federal Centers for Medicare & Medicaid Services (formerly HCFA, the federal Health Care Financing Administration).

Customer

A Customer is anyone who:

has been referred to HSP for a determination of eligibility for services;

has applied for services through HSP;

is receiving services through HSP; or

has received services through HSP.

If the Customer is unable to satisfy some or all of their obligations under the HSP, including, without limitation, the obligation to serve as the employer of the IP or PA, the Customer's parent, family member, guardian, or duly authorized representative may act on behalf of the Customer and is included within the definition of "Customer," as used throughout this Part.

For purposes of the IP or PA services performed pursuant to the HSP, the Customer shall serve as the employer of the IP or PA. In this capacity, the Customer is responsible for aspects of the employment relationship between the Customer and the IP or PA, including, without limitation, locating and hiring the IP or PA, training the IP or PA, directing, evaluating and otherwise supervising the work performed by the IP or PA, imposing (when, in the opinion of the Customer, it is appropriate or necessary) disciplinary action against the IP or PA, and terminating the employment relationship between the Customer and the IP or PA.

Collective Bargaining Agreement (CBA) – A signed agreement between the union representing Individual Providers and the State of Illinois as a result of a negotiation regarding topics such as wages, hours, and terms and conditions of employment by the Customer. The current CBA is published on the Illinois Department of Central Management Services’ Website.

Counselor − the DHS-DRS staff person or contractual Case Manager who helps to ensure that the funds available under the HSP are properly distributed in accordance with the Service Plan, any applicable waiver programs, and all applicable laws.

Determination of Need or DON − the assessment tool used to determine an individual's non-financial eligibility for HSP services based on the individual's impairment and need for care. This form measures the level of risk of institutionalization for the individual.

DHS − Illinois Department of Human Services.

Electronic Visit Verification (EVV) System – an electronic system that records authorized HSP services were performed, the Customer received the services, the location of the service delivery, the worker performing the service, and the precise time the service begins and ends.

Electronic Visit Verification Identification Number or EVV ID – a unique identification number that is assigned to each Service Provider for use with the HSP EVV system. Service Providers enter their unique EVV ID each time they record their time in or out of the EVV system.

Family − anyone related by blood, marriage, or adoption to the individual seeking services through HSP or anyone with whom the individual has a close inter-personal relationship and who resides with the individual.

Family Unit − for the purposes of determining financial eligibility, the number of persons derived when counting the individual seeking services through HSP and the number of persons in the household who are legally responsible for the individual seeking services and for whom the individual seeking services is legally responsible.

HFS – Illinois Department of Healthcare and Family Services.

Home Services Program or HSP − a State and federally funded program designed to allow Illinois residents, who are at risk of unnecessary or premature institutionalization, to receive necessary care and services in their homes, as opposed to being placed in an institution.

Home − a private residence where the Customer lives that is not an intermediate care or skilled nursing facility as defined at 77 Ill. Adm. Code 300, or a residential program operated by, or for which funding is provided by, the Illinois Department of Human Services, Division of Mental Health and Division of Developmental Disabilities as defined at 59 Ill. Adm. Code 120. For the purposes of this Subchapter, the term "home" shall include domestic violence shelters as defined in Section 1(c) of the Domestic Violence Shelter Act [20 ILCS 2210/1(c)] and publicly or privately administered shelters designed to provide temporary living accommodations for persons who are homeless.

Individual Provider or IP – an individual selected, employed, and supervised by the Customer to provide varied services that are identified on the Customer's approved HSP Service Plan. An Individual Provider may be a Personal Assistant, Registered Nurse, Licensed Practical Nurse, Certified Nursing Assistant, Occupational Therapist, Physical Therapist or Speech Therapist.

Intermediate Care Facility or ICF − a nursing facility that provides regular health related care to its residents, as well as those services necessary for safe and adequate living.

Legally Responsible Family Member − a spouse, parent of a child who is under age 18 or a legal guardian of an individual who is under age 18.

Medicaid − the Medicaid program administered by HFS under the Public Aid Code [305 ILCS 5/11].

Medicaid Waiver − the waiver allowing HSP to claim federal reimbursement for approved levels of in-home care for individuals who would otherwise be placed in institutions for that care. The Medicaid Waiver is overseen at the federal level by CMMS.

Non-Waivable Conviction – Criminal convictions listed within the current Collective Bargaining Agreement Provider Screening Policy for which the Customer may not consent to working with an Individual Provider with a criminal history.

Overtime – the time worked by an Individual Provider for an HSP Customer or Customers that exceeds 40 hours in a work week.

Pay Period – a semi-monthly period that runs from either the first day of the month through the 15th day of the month or from the 16th day of the month through the last day of the month.

Personal Assistant or PA − an individual employed by the Customer to provide varied HSP services as described in 89 Ill. Adm. 686.20. A personal assistant may also be referred to as an Individual Provider.

Personal Assistant or Individual Provider Backup Plan − the plan developed by the Customer and designed to ensure that the Customer receives the necessary care and services under the HSP in the event that the Customer’s regular PA or IP is unavailable or unwilling to perform their obligations under the HSP. The Customer is responsible for designating the backup personal assistant or backup Individual Provider.

Person-Centered Planning ( PCP) – a service planning process directed by the Customer or their representative that is intended to identify the Customer’s strengths, capacities, preferences, needs, and desired outcomes. PCP includes participants freely chosen by the Customer who assist in identifying and accessing a personalized mix of services and supports in an inclusive community setting.

Physician − a Doctor of Medicine (M.D.) or Doctor of Osteopathy (D.O.) licensed pursuant to the Medical Practice Act [225 ILCS 60].

Prescreening − an assessment to determine an individual's need for institutional care at the ICF or SNF level and to ensure Medicaid payment for such a placement is appropriate, and the assessment of whether HSP services are an appropriate alternative to institutional care for the individual.

Revalidation – The process whereby a person or entity currently enrolled in the Illinois Medicaid Program Advanced Cloud Technology (IMPACT) verifies and updates their enrollment information on file in accordance with 89 Ill. Adm. Code 140.11 and 42 CFR 455.414.

Service Cost Maximum or SCM − the maximum monthly amount that may be expended for HSP services for an eligible individual. This amount is determined based on the individual's DON score and the specific programmatic component of HSP through which the individual is being served.

Service Plan − specifically, the Home Services Program Service Plan (IL 488-1049), Home Services Program Service Plan Addendum (IL 488-1050) or the Interim Agreement (IL 488-2344) forms, on which all services to be provided to an individual through HSP are listed. The Service Plan is developed with the individual's consent and participation.

Service Provider – an individual or agency, defined within 89 Ill. Adm. Code 676.40, approved to provide services that are identified on the Customer's approved HSP Service Plan. A Service Provider may be a Maintenance Home Health Agency, Homemaker Agency, Personal Assistant/Individual Provider, Registered Nurse, Licensed Practical Nurse, Certified Nursing Assistant, Occupational Therapist, Physical Therapist, or Speech Therapist.

Services − the necessary tasks provided to an individual, in one or more of the areas listed in Section 676.40 and listed on the individual's Service Plan, through HSP with the intent of preventing the unnecessary institutionalization of the individual.

Skilled Nursing Facility or SNF − a facility that provides regular and on-going nursing level care to its residents due to the residents' medical conditions, as well as those services necessary for safe and adequate living.

Task Identification Number or Task ID – a number which identifies an HSP service. A Task ID is entered by a Service Provider when the Service Provider calls out of the EVV system.

Travel Time – the time an Individual Provider spends traveling between two or more different HSP Customers addresses on the same workday.

An IP will not be paid travel time for any trip to or from their home; if an IP lives with an HSP Customer, the IP cannot be paid for travel time to another Customer's home if the trip begins or ends at the IP’s home.

Travel time does not include the time an IP spends traveling on personal business between Customer work visits (e.g., lunch, breaks, errands, etc.).

Waivable Conviction – Criminal convictions listed within the current Collective Bargaining Agreement Provider Screening Policy where the Customer may consent to working with an Individual Provider with a criminal history.

Work Week – a work week begins each Sunday at 12:00 a.m. (midnight) and ends each Saturday at 11:59 p.m.

(Source: Amended at 46 Ill. Reg. 20840, effective December 19, 2022)