Community-Based Medicaid Services Waivers, HSP also offers State plan only services to eligible individuals who do not qualify for Medicaid. HSP State plan only services are identical to the waiver services, but the State is not able to seek matching federal funds.

HSP services offer choices and self-directed options for customers of the program. Services are based on unmet needs that help customers with everyday living activities such as dressing, eating, bathing, housekeeping and laundry. The unmet needs are identified during an interview and assessment with the customer. Services can include personal assistant, homemaker, maintenance home health, emergency home response, home delivered meals, assistive equipment, home modifications, respite services and more depending on the waiver.

TRANSITIONS

HSP works closely with IDoA to assist potentially eligible HSP customers in exploring the option of transitioning to CCP. HSP counselors notify customers, aged 60 and above, to inform them of availability of case management and other services that may be more appropriate for older adults. HSP supports customers who want to explore this option by facilitating a referral to IDoA. If determined eligible by IDoA, customers may begin receiving services through IDoA, at which time HSP services are suspended.

Customers have 60 days after IDoA services begin to determine if they want to remain with IDoA, but can return to HSP within that time frame, if desired. After the 60 day window has passed the HSP case is closed because customers are only eligible for services from a single home care program at a time. During FY21, DRS facilitated 15 referrals for customers choosing to explore IDoA services.



STATE OF ILLINOIS DEPARTMENT ON AGING

One Natural Resources Way, Suite 100 Springfield, Illinois 62702-1271

Senior HelpLine: 1-800-252-8966, 1-888-206-1327 (TTY) 8:30 a.m. to 5:00 p.m. Monday through Friday

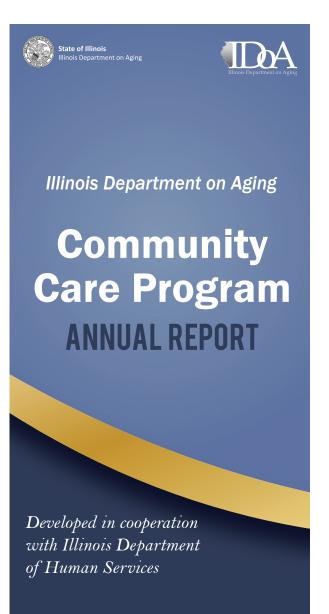
> 24-Hour Adult Protective Services Hotline: 1-866-800-1409, 1-888-206-1327 (TTY) www.illinois.gov/aging

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Illinois Department on Aging's

COMMUNITY CARE PROGRAM

The Department on Aging (IDoA) administers the Community Care Program (CCP). The CCP is a major initiative to prevent the unnecessary institutionalization of people in Illinois who are 60 years of age and older. The program is designed to meet the needs of older adults who have difficulty with household and personal care tasks. CCP is a viable and cost-effective alternative to nursing facility care and the number of individuals it serves has increased significantly in the past years.

CCP is supported by General Revenue Funds as appropriated by the General Assembly. A portion of the cost for Medicaid-eligible participants is reimbursed through a federal Medicaid Home and Community-Based Services Waiver. CCP complies with the Centers for Medicare and Medicaid Services' (CMS) requirements for operation of a 1915(c) waiver for the elderly. Participants are evaluated through an initial comprehensive care assessment to determine their need for service and a person-centered plan is developed in collaboration with the individual. Annual reassessments ensure ongoing needs are identified and met.

In addition to the 41,000 individuals receiving waiver services through a Managed Care Organization, in State Fiscal Year (FY) 20, CCP served approximately 63,900 elderly individuals each month. CCP includes adult day, automated medication dispenser, emergency home response and in-home services.

ADULT DAY SERVICE

Adult Day Service (ADS) is designed specifically for older adults who want to remain in the community but who cannot be home alone during the day due to a physical, social and/or mental impairment. ADS also provide respite for family caregivers, especially those who are employed outside the home, and socialization for isolated adults. Services offered in ADS Centers include health monitoring, medication supervision, personal care and recreational/ therapeutic activities. During FY20, there were 73 ADS sites that provided community-based services to approximately 2,000 participants per month.

Due to COVID-19, effective 3/16/2020, Illinois Executive Orders suspended in-person programming for ADS providers. To preserve access for clients in consideration of the Public Health Emergency, ADS Providers began offering remote services based on the participants' plan of care. ADS Providers offered various services such as meals, wellness checks, medication monitoring, transportation to doctor appointments and grocery shopping. IDoA provided capacity grants to ADS providers for reimbursement.

AUTOMATED MEDICATION DISPENSER

Automated Medication Dispenser (AMD) is a portable, mechanical system that can be programmed to alert the participant to take non-liquid oral medications through auditory, visual or voice reminders; to provide tracking and caregiver notification of a missed medication dose; and to provide 24-hour technical assistance.

EMERGENCY HOME RESPONSE

Emergency Home Response Service (EHRS) is a 24-hour emergency communication link to assistance outside the home for older adults with documented health and safety needs and mobility limitations. This service is provided by a two-way voice communication system consisting of a base unit and an activation device worn by the participant that will automatically link the older adult to a professionally staffed support center. In FY20, an average caseload of 29,700 participants utilized the service each month.

IN-HOME SERVICE

In-Home Service helps with general household activities such as cleaning, planning and preparing meals, doing laundry, shopping and running errands. In-Home Service Aides assist participants with personal care tasks such as dressing, bathing, grooming and following special diets. IDoA contracted with 101 home care agencies to meet the needs of an average monthly caseload of 57,500 older adults in FY20.

The Illinois Department of Human Services'

HOME SERVICES PROGRAM

The Illinois Department of Home Services, Division of Rehabilitation (DRS), administers the Home Services Program (HSP) that helps individuals with severe disabilities who may be at risk of institutionalization remain in their homes and live independently in their communities. In addition to operating three of Illinois' nine 1915(c) Home and