


State of Illinois
Department of Human Services
Developmental Disabilities

**DD MEDICAID WAIVERS
HBS SERVICE FACILITATION
TRAINING**


August - September 2008
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AGENDA

- Introduction and Overview
- Pending Waiver Amendments
- Adult and Children's Home-Based Support Services (HBS)
- Role of the Service Facilitator
- Role of ACES\$
- Other Important Information

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Medicaid Home and Community-Based Waivers - Overview

- Intergovernmental agreement between the State and the federal Centers for Medicare and Medicaid Services (CMS)
- Allows federal reimbursement (1/2 the cost) for covered community services for eligible individuals
- Individual eligibility tied to eligibility for Medicaid-funded long term care or hospital services

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Medicaid Home and Community-Based Waivers - Overview

- Many federal requirements:
 - All services and items must be specified in an Individual Service Plan
 - Service delivery must be documented
 - Individual health, welfare and safety must be ensured
 - Medicaid rules apply
 - Providers must meet qualifications and be enrolled

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Medicaid Home and Community-Based Waivers - Overview

Nine Waivers in Illinois:

- DHS Developmental Disabilities (Adult Waiver, Children's Support Waiver, Children's Residential Waiver)
- DHS DRS Home Services (Disabilities, Acquired Brain Injury, HIV/AIDS Waivers)
- Aging Community Care Program
- U of I DSCC Technology Dependent/Medically Fragile Waiver
- HFS Supportive Living Facilities Waiver


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Pending Adult Waiver Amendment

- Raises approved capacity to 15,225 (from 14,000)
- Removes the requirement for a high school diploma or GED for domestic employees providing Personal Support
- No change in requirements for agency-based services


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Pending Children's Support Waiver Amendment

- Increases approved capacity to 1,100 (from 600)
- Removes the requirement for a high school diploma or GED for domestic employees providing Personal Support
- Allows relatives to provide Personal Support (except legally responsible relatives)
- No change for agency-based services


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Children's Support Waiver Overview

- Designed to be similar to the adult HBS program
- Only the child's income and assets count in determining Medicaid eligibility
- Covered services differ – please see the Provider Waiver Manual
- 100% of federal funds garnered is dedicated to program expansion

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Home-Based Support Services (HBS) Overview

- HBS continues as an Adult Waiver option and the Children's Support Waiver
- 2008 monthly HBS service cost maximum:
 - \$1,274 for all children's HBS participants and for adult HBS participants who are in special education
 - \$1,911 for all other adult HBS participants

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HBS Overview – Self Direction

Individuals and families choose:

- How best to use the monthly budget to meet the individual's needs
- What services they want and need
- Which qualified providers to use
- Whether to choose agency-based staff or domestic employees (or a combination) to provide services

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Home-Based Support (HBS) Services

- Within the monthly maximum
- For both children and adults
 - Service Facilitation
 - Personal Support
 - Behavior Intervention & Treatment
 - Training and Counseling for Unpaid Caregivers

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HBS Services – Out-of-Home Respite (89D)

- Effective immediately, HBS participants may receive Out-of-Home Respite (89D)
- Outside the monthly maximum
- For both children and adults

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HBS One Time Funding - \$15,000 over Five Years

- For both children and adults
- Outside the monthly maximum
 - Adaptive equipment (53E)
 - Assistive technology (53T)
 - Home modifications (53H)
 - Vehicle modifications (53V)
- Require prior approval

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Individual Service and Support Advocacy (ISSA)

- For both children and adults
- Outside the monthly maximum
- Advocacy assistance
- First level of quality assurance
- Participation in Individual Service Plan development
- Quarterly visits in the home and day program

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Individual Service and Support Advocacy (ISSA) – cont.

- Provided by Independent Service Coordination agencies, also known as PAS agencies
- 25 hours per state fiscal year maximum
- Additional hours with prior approval

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HBS Services for Adults

Other Adult HBS services within monthly maximum:

- Day Habilitation programs including:
 - Developmental Training – DT
 - Supported Employment – SEP *
 - Regular Work/Sheltered Employment
 - Adult Day Care *

* These require prior approval

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HBS Services for Adults (cont.)

Other Adult HBS services within monthly maximum:

- Non-Medical Transportation
- Professional Therapies (Physical, Occupational and Speech) *
- Skilled Nursing
- Temporary Intensive DT Staffing *
- Emergency Home Response

* These require prior approval

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HBS Service for Adults (cont.)

Outside the monthly maximum

- Temporary Assistance, formerly called Crisis Services
- Requires prior approval


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HBS Services – Service Facilitation (55A)

- For both children and adults
- Required service - every Waiver HBS participant must receive Service Facilitation
- Helps create and coordinate the Individual Service Plan
- More later


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HBS Services – Personal Support (55D)

- For children and adults
- Included in monthly maximum
- Assistance in performing activities of daily living
- Also short-term respite due to absence or need for relief of primary caregiver
- Does **not** include professional services

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HBS Personal Support (Cont.)

Examples of professional services that are **not** included are:

- Educational tutoring by certified teacher
- Music lessons, music therapy, art therapy
- Speech, occupational or physical therapy
- Mental Health or Behavior Counseling
- Massage therapy
- Other professional services used by the general public

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HBS Personal Support (Cont.)

- To provide Personal Support, participants may choose:
 - Domestic employees
 - Agency staff
 - A combination of both

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HBS Personal Support (cont.)

- If participants choose to hire domestic employees:
- Employer finds and hires the workers
 - Employer trains and supervises the workers
 - Employer cannot be either:
 - The domestic employee, or
 - A participant who has a legal guardian
 - ACES\$ enrolls the employer and employee and issues payroll


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HBS Personal Support – Domestic Employee Qualifications

- Age 18 or older
- Must pass background checks, if hired on or after July 1, 2007
- Initial name-based checks are done by ACES\$ - no charge
- High school diploma or GED (will no longer be required if and when CMS approves the amendment)


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HBS Personal Support – Domestic Employee Qualifications (cont.)

- Spouses of adult HBS participants may **not** be paid providers
- Parents, stepparents, and spouses or other “legally responsible relatives” may **not** be paid providers for participants in the Children’s Support Waiver
- Other family members will be allowed to provide Personal Support for children if and when CMS approves the amendment

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HBS Personal Support (cont.)

If participants choose to hire a local agency to:

- Provide direct support workers
- Find and hire the workers
- Train and supervise the workers
- Pay the worker directly – No ACES\$
- The hourly cost may be higher
- Agency must meet contractual requirements

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HBS Personal Support - Qualifications for Agency Staff

Requirements:

- Agency must have a DHS contract with Division of DD
- Staff must complete Direct Support Personnel (DSP) training
- Staff must pass background checks:
 - Criminal record
 - Health Care Workers Registry
 - CANTS – for children (17 or younger)


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HBS Personal Support - Qualifications for Agency Staff

Agency staff providing Waiver services must receive training on OIG abuse/neglect rule (Admin. Rule 50) requirements at the time of hire and every two years thereafter


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HBS Personal Support - Qualifications for Agency Staff

Agency staff providing Waiver services to individuals aged 17 and younger must receive training in DCFS reporting requirements for allegations of abuse, neglect or exploitation at the time of hire and every two years thereafter

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HBS Personal Support – Guidance (cont.)

- Personal Support rates are negotiated
- Rates must be related to the worker's skills and training
- Actual rates paid may **not** exceed the rate approved on the Service Agreement/ Service Authorization

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HBS Personal Support – Guidance (cont.)

- For children, may **not** be provided during normal school hours
- For adults, may **not** be provided in a day program
- If one-to-one staff are needed in DT, request either Temporary Intensive Staffing (53D) or a longer term DT rate add-on

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Behavior Intervention & Treatment (56U)

- For both children and adults
- Within the monthly maximum
- For adults, 66 hours maximum per year
- For children and young adults in CHBS, no maximum
- Two rate levels depending on provider qualifications

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Behavior Intervention & Treatment (Cont.)

- Definition includes services specific to autism
- Definition includes behavior assessments, service planning and monitoring
- Definition does **not** include general psychological evaluations
- Only services delivered personally by the enrolled professional are billable.

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Behavior Intervention & Treatment Provider Qualifications

Level 1 - \$77.86/hour

- Clinical psychologist licensed by the Illinois Department of Financial and Professional Regulation
or
- Board-Certified Behavior Analyst (BCBA) www.bacb.com
or

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Behavior Intervention & Treatment Provider Qualifications (cont.)

Level 2 - \$62.28/hour

- Board-Certified Associate Behavior Analyst (BCABA),
or

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Behavior Intervention & Treatment Provider Qualifications (cont.)

Level 2 - \$62.28/hour

- Professional with a bachelor's degree in a human service field who has completed at least 1,500 hours of training and/or supervised experience in the application of behaviorally-based therapy models consistent with best practice & research on individuals with autism spectrum disorder,
or

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Behavior Intervention & Treatment Provider Qualifications (cont.)

Level 2 - \$62.28/hour

- Professional who is certified to provide relationship development assessment
- Information is at rdiconnect.com, or

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Behavior Intervention & Treatment Provider Qualifications (cont.)

Level 2 - \$62.28/hour

- Early intervention specialist with a developmental therapy credential
(Approved for the Children's Waivers only)

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Behavior Intervention & Treatment Provider Qualifications (cont.)

- New edit implemented July 1, 2008 to ensure providers have the appropriate professional credentials (New Reject Code 72)
- If bills are rejected for this reason, check provider qualifications section of the Provider Waiver Manual
- If qualified, contact Provider Enrollment to update/correct credentials

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HBS Training for Unpaid Caregivers (55B)

- Both children and adults
- Within monthly allocation
- Covers tuition and fees
- Does **not** include transportation, food, lodging
- Provider must be enrolled in the participant's waiver
- Medicaid rules prohibit payment before the service is rendered.
- May designate an alternate payee

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HBS Counseling for Unpaid Caregivers (55C)


- For both children and adults
- Within monthly allocation
- Provider must be enrolled in the participant's waiver
- Provider qualifications are the same as Counseling for adults (57G, 57U)

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HBS Day Programs for Adults

- Within monthly maximum
- Providers must have a DHS contract with the Division of DD
- Supported Employment – SEP (39U, 39G, 36U, 36G) and Adult Day Care (35U) require prior approval
- Developmental Training (31U & 31A) and Regular work/Sheltered Employment (38U) are available without prior approval


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HBS Day Programs for **Adults** - Guidance

- Recommend 92 hours per month for day services to individuals in Adult HBS services
- 92 hours per month times 12 months is 1,104 - just over the fiscal year maximum of 1,100


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HBS Non-Medical Transportation for **Adults** (55T)

- Within monthly maximum
- For adults only
- Provider must have valid license and proof of insurance
- Transportation to and from medical appointments is covered by the Medicaid State Plan.

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HBS Transportation and Day Programs

- Family fees and HBS Transportation (55T) billing are **not** allowed
- Transportation is the responsibility of day program provider and is included in the day program rate

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Temporary Intensive Staffing – DT for Adults (53D)

- Within monthly maximum
- For adults only
- Requires written prior approval
- Provides temporary one-on-one staffing in the DT program

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HBS Therapies for Adults

- Within monthly maximum
- For adults only
 - Occupational Therapy (52O)
 - Physical Therapy (52P)
 - Speech Therapy (52S)
- Written prior approval is required
- Fiscal year maximums apply (see Manual)

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HBS Nursing for Adults

- Within monthly maximum
- For adults only
- Services:
 - Skilled Nursing – RN (55N)
 - Skilled Nursing – LPN (55P)
- Fiscal year maximums apply (see Manual)

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HBS Temporary Assistance (53C) for Adults (formerly Crisis Services)

- For adults only
- Outside the monthly maximum
- For emergencies due to the absence or incapacity of the primary unpaid caregiver
- Requires written prior approval
- Up to \$2,000/mo. for up to 2 months for additional Personal Support
- More than one occurrence per year permitted

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HBS Emergency Home Response for Adults (55W)

- Within monthly maximum
- For adults only
- Electronic device to call for help
- Installation (Level 1) and monthly fee (Level 2)
- Provider must have a contract with the Department on Aging and accept the State rate

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HBS Service Facilitation - Overview

- Develops Individual Service Plan (ISP)
- Balances the needs and wants of the participant with program requirements
- Locates potential providers
- Coordinates all services
- Ensures participant health, welfare & safety
- Documents response to ISP in QMRP notes every two months
- Ensures compliance with program requirements

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HBS Service Facilitation (55A) – Provider Qualifications

To provide Service Facilitation, agencies:

- Must have a DHS contract with the Division of DD
- Must ensure that Service Facilitators meet all qualifications for a QMRP in the DHS contract Attachment A

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HBS Service Facilitation - Initial Activities

Discuss with participant and family:

- Covered services
- Monthly budget
- Service delivery and provider options, including domestic employees
- Service Facilitation role
 - Advocacy and Planning
 - Monitoring
 - Administrative Activities

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HBS Service Facilitation - Initial Activities – Waiver Rights

Notify participant and family of their rights:

- Waiver rights and right to appeal (document on forms 1201 and 1202)
- Right to confidentiality (document on form 1214)

Note: All three forms are in the Manual appendices

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Waiver Appeal Rights

- Waiver participants have the right to appeal adverse decisions under Medicaid, including:
 - Determination of ineligibility, denial of services, and discharge/ suspension/ reduction of waiver services
- Waiver rule (59 Ill. Adm. Code 120) describes requirements and appeal process.
- Note address change:
 - HFS Bureau of Administrative Hearings
 - 401 South Clinton 6th Floor
 - Chicago IL 60607

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Waiver Appeal Rights (cont.)

- Waiver participants have the right to a written notice of any adverse action.
- Notices must include:
 - 1) The action to be taken;
 - 2) The reason and policy basis for the action;
 - 3) A complete statement of the individual's right to appeal, including the provider's grievance process, Department review and Dept. of Healthcare and Family Services hearing.

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HBS Service Facilitation - Initial Responsibilities (cont.)

- Discuss responsibilities with participant and family:
- Requirement to obtain and maintain Medicaid enrollment
 - May **not** receive services from another waiver or additional respite while authorized for HBS
 - Services in conflicting waiver must be terminated when HBS services actually begin (not always the effective date of the HBS award letter)

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HBS Service Facilitation - Initial Responsibilities (cont.)

Medicaid Spenddown - If the individual has a spenddown obligation:

- May use the costs of HBS services received to meet the obligation
- Complete the HFS-2653 to document costs of services authorized
- Submit form to the DHS Family Community Resource Center

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HBS Service Facilitation - Initial Responsibilities (cont.)

If considering hiring domestic employees, discuss:

- Employee qualifications, including passing background checks
- Definition of Personal Support – what may be included based on service definition
- Role of fiscal/employer agent (ACES\$)


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HBS Service Facilitation - Initial Responsibilities (cont.)

IMPORTANT If family chooses to hire domestic employees,

- Refer employer and employees **immediately** to ACES\$ for enrollment
- Payroll for domestic employees **cannot** be issued before the date ACES\$ obtains an Employer ID Number (EIN or FEIN)

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HBS Service Facilitation – Ongoing – Service Plan

Update Individual Service Plan (ISP) at least annually

- For every service billed, the ISP must state the participant's need for the service, how much service is needed, who is to provide it, when and how often


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HBS Service Facilitation – Ongoing – Providers

- As service providers change, verify service provider qualifications
- Submit Medicaid Waiver provider enrollments to DDD for qualified providers (ACES\$ submits for domestic employees)

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HBS Service Facilitation – Ongoing – Prior Approval

- Submit a prior approval request with required attachments to DDD Network staff after the planning team has identified and documented the need for the item/service.
- If approved, an official award letter or other written notice will be issued


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Waiver HBS Services Subject to Prior Approval

- Home/Vehicle Modifications, Adaptive Equipment/Assistive Technology
- Adult Therapies (OT, PT, Speech)
- Adult HBS Temporary Assistance (formerly Crisis Services)
- Adult Supported Employment (SEP)
- Adult Day Care
- Adult Temporary Intensive Staffing - DT


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HBS Service Facilitation – Ongoing - Monitoring

- Visit the individual face-to-face at least six times per year (approximately once every two months).
- For children, all six visits must be in the home
- For adults, two of the six required visits are in the day program (if person attends a day program)


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HBS Service Facilitation – Ongoing - Monitoring

- Additional visits may include supporting the child or young adult at the IEP meeting (to help coordinate waiver services with the IEP)
- Additional visits, such as the service planning meeting, may be in the home, day program (for adults), or other mutually agreed location

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HBS Service Facilitation – Ongoing - Budget

Service Agreements / Service Authorizations

- Important tools to manage budget
- The total authorized may **NOT** exceed the HBS monthly maximum
- Service Facilitator is responsible for “making it fit”


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HBS Service Facilitation – Ongoing – Service Agreements

- Completes and updates Service Agreements for all waiver services (except domestic employees)
- Waiver services provided to an HBS participant without a Service Agreement may be recouped in post-payment reviews


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HBS Service Facilitation – Ongoing – Service Authorizations

- Complete and update Service Authorizations for domestic employees
- Sign and FAX Service Authorization forms to ACES\$
- Update Service Authorizations as needed when monthly service cost maximum changes, hours change, rates change or tax rates change


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HBS Service Facilitation – Ongoing – Service Authorizations

- Do **not** submit Service Authorization form to ACES\$ if provider is **not** qualified
- Do **not** submit Service Authorizations to ACES\$ if the total authorized (when combined with the Service Agreements) exceeds the monthly maximum


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HBS Service Facilitation – Ongoing - Service Authorizations

Service Authorizations may **not** be reduced retroactively after payroll has been issued

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HBS Service Facilitation – Ongoing – Service Authorizations

- For flexibility, Service Authorizations may be temporarily adjusted upward as necessary to reflect needed changes
- All changes must be done promptly (within a month of payroll) and documented in a supplemental or new Service Authorization

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HBS Service Facilitation – Ongoing - Timesheets

- Help families FAX employee timesheets to ACES\$ if needed (many participants and employers don't have ready access to a FAX machine)
- For those with internet access, timesheets can be sent via the ACES\$ website
- E-mail to timesheets@accessfea.org

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HBS Service Facilitation – Ongoing – Timesheets

- If necessary to correct billing errors, the worker may submit a corrected timesheet
- If corrected after payroll has been issued, the worker must also refund the payroll amount to ACES\$


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HBS Service Facilitation – Ongoing - Correcting Billing Errors

- Check status of bills on a monthly basis (using the Mobius CR340091 exception report)
- Identify any billing errors based on the ISP or rejected bills
- Work with providers and ACES\$ as necessary to adjust bills that are incorrect

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HBS Service Facilitation – Ongoing - Correcting Billing Errors

If over budget (Reject Code 71):

- Compare bills with Service Agreements/ Authorizations to identify which provider went over
- Contact that provider to reduce the bill as necessary so that all legitimate bills can be paid
- Providers resubmit changed and rejected bills
- Make it fit!

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HBS Service Facilitation – Ongoing - Correcting Billing Errors

If domestic worker payroll is over budget:

- Check Service Authorization to identify if ACES\$ exceeded amount authorized
- Contact ACES\$ and the employer to revise the timesheet and repay ACES\$ as necessary so that all legitimate bills can be paid

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HBS Service Facilitation – Transition Responsibilities

CHBS participants may transition to adult services on or after the child's 18th birthday,

- Transition from CHBS to AHBS **not** subject to PUNS selection process
- Refer to Independent Service Coordination (AKA PAS) agency for determination of eligibility for adult services between age 17½ and 21½

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HBS Service Facilitation – Transition Responsibilities (cont.)

- Children’s Support Waiver (CSW) services end on the day before the young adult’s 22nd birthday
- Must transition into adult services on or before the 22nd birthday to avoid interruption in services

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HBS Service Facilitation – Transition Responsibilities (cont.)

When a child transitions to adult services:

- Coordinate termination date on the STAR form for current CHBS with the start date for the new services (adult HBS or CILA) with **all** providers
- If any provider bills for CHBS services after the agreed termination date, the bill will reject or it could block new adult service authorizations

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HBS Service Facilitation Guidance

- Minimum of 2 hours/month on Service Agreement
- Providers may negotiate additional hours if necessary
- No service maximum
- Within the monthly maximum
- Bill for actual services delivered and documented up to the agreed amount in the Service Agreement

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Fiscal Employer/Agent – Role of ACES\$

For Personal Support workers hired by the participant/family (domestic employees):

- Conducts required initial name-based background checks
- Submits waiver enrollment for workers
- Handles employer and employee paperwork

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Fiscal Employer/Agent – Role of ACES\$ (cont.)

- Issues paychecks to domestic employees
- Calculates and files employee taxes (FICA and IRS)
- Calculates and files employer FICA & unemployment taxes (SUTA & FUTA)
- Website: acesfea.org

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Fiscal Employer/Agent – Role of ACES\$ (cont.)

Most common problems:

- Missing or incorrect Service Authorization
- Timesheet exceeds the amount authorized on the Service Authorization
- Tardy employer or employee paperwork

These can be corrected by the Service Facilitator working with the employer of record, the worker and ACES\$

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Other Important Information

- Provider Medicaid Enrollment
- Policy for Long Term Care and Hospital Stays
- Audit Trail Requirements
- DCFS CANTS Process

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Waiver Provider Enrollment

- All providers must enroll as Medicaid Waiver providers to be paid for services delivered
- Provider Medicaid enrollments must be submitted directly to DDD, except domestic employees are submitted to ACES\$ first

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Provider Enrollment Provider Types

- Adult DD Waiver - Provider Type 91
- Children's Support Waiver (CSW) - Provider Type 94
- Children's Residential Waiver (CRW) - Provider Type 97

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Provider Enrollment Categories of Service

- 95 Habilitation - CILA, DT, SEP, Personal Support
- 47 Service Facilitation
- 55 Non-Medical Transportation (Adult HBS)
- 94 Adult Day Care (Adult Waiver)
- 10 Nursing (Adult HBS)
- 97 Other professional services & Training for Unpaid Caregivers
- 32 Home/Vehicle Modifications
- 41 Adaptive Equipment/Assistive Technology
- 98 Emergency Home Response (Adult HBS)

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Provider Enrollment - Non-Medical Transportation

- Domestic employees who **also** provide Transportation (55T) must submit an IRS W-9 form to DDD Provider Enrollment with a note that they want to enroll as a transportation provider
- No change in 55T billing process (submitted via ROCS by the Service Facilitation agency)
- Check issued by the State Comptroller (subject to 1099 misc. income statement)

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Provider Enrollment - National Provider ID # (NPI)

- Providers of HIPAA-covered health care and behavior health services must have an NPI on file.
- NPI required on the waiver provider enrollment form (HFS-2243).
- Non-Waiver health care providers send NPI to Marie Havens

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Payment Policy in a Long Term Care Facility (LTC) or Hospital

- Waivers are a community-based alternative to institutional services
- Therefore; individuals may **not** receive Waiver services while admitted to a hospital or long term care facility (LTC)
- LTC includes ICF/DD, nursing facility (NF) and State-Operated Facilities

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Payment policy in Long Term Care (LTC) or Hospital (cont.)

Three Exceptions:

Exception #1: Service Facilitation (55A)

- May bill to notify other waiver providers of hospital or LTC admission
- May bill to assist with discharge and return home, if needed

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Payment policy in a Long Term Care (LTC) or Hospital (cont.)

Exception #2: ISSA (50D)

- May bill to assist with discharge and return home, if needed

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Payment policy in a Long Term Care (LTC) or Hospital (cont.)

Exception #3: Behavior Intervention and Treatment (56U)

- May bill to plan for behavioral interventions, if needed, so that the individual can return home

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Audit Trail/Documentation Requirements

- Who was served
- Who provided service
- Type of service delivered
- Amount of service
- Date and time services began
- Date and time services ended
- For transportation, destination

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Audit Trail/Documentation Requirements

Service Facilitators must also document:

- Results of visits
- Response to the Service Plan
- Any concerns about individual health, welfare and safety and efforts to resolve

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Audit Trail/Documentation Requirements (cont.)

- DHS will continue to conduct desk audits and documentation reviews
- DDD may recoup payment when there is a lack of adequate documentation of service delivery
- All services must be included in the Individual Service Plan (ISP)

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DCFS CANTS Process

- CANTS - Department Of Children and Family Services (DCFS) background check of the Child Abuse and Neglect Tracking System
- Agencies must conduct a CANTS check on all employees providing Waiver services to children aged 17 and younger (no charge to provider)

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DCFS CANTS Process (cont.)

- Non-DCFS licensed providers can obtain the required form by downloading (printing) the background check form (CFS 689) from the DCFS website at: www.state.il.us/dcfs
- Link to form is also on the DHS website as an appendix to the manual

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DCFS CANTS Process (cont.)

- Mail all CANTS forms to:
 - DCFS
 - 406 E. Monroe, Station #30,
 - Springfield, IL 62701
- Allow approximately two weeks for a reply
- Faxes are not accepted

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We made it through the whole thing

Thank you for coming today to learn more about the Waivers, HBS services and program updates

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Resources: DHS Contract, Attachment A and Program Manual

For details on DHS contract requirements:

www.dhs.state.il.us

(Click on "For Providers", then "Contracts")

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Resources: Provider Waiver Manual

Website now includes links to forms and attachments

www.dhs.state.il.us

(Click on "For Providers", then "By Division", then "DD Provider Information")

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Resources: Contact Information

Chicago Network: Direct Lines or (312) 814-2735

Greater IL Network: Direct Lines or (217) 524-2515

OR

For network staff direct telephone numbers, go to:

www.dhs.state.il.us

(Click on "About DHS", "Divisions", "Developmental Disabilities", "Contacts for Services")

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Resources: Contact Information (cont.)

DDD:

56U provider qualifications (217) 557-6260

Provider enrollment (217) 782-3719

FAX # (217) 558-2799
(for enrollments and diplomas)

ACES\$: (877) 223-7781

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