



Opportunities for OT Practice  
within the Illinois Medicaid Home  
and Community Based Waivers  
ILOTA Conference Conversations that Matter Session  
Home & Community Health Special Interest Section





# Medicaid 101

Medicaid is the nation's major publicly-financed health insurance program, covering

**Acute** and **Long-Term services and Supports (LTSS)** needs of millions of

low-income (in IL \$1,215 / month) Americans of all ages.

ACUTE NEEDS - ALL STATE PLANS

LTSS

INCLUDES: INPATIENT, OUTPATIENT,  
LAB TESTS, SCREENINGS,  
PRESCRIPTIONS. STATE HAVE OPTIONS  
TO INCLUDE: PT, OT, SP, DENTAL,  
VISION.

MEDICARE DOES NOT PAY FOR LONG TERM  
SERVICES AND SUPPORTS - PRIMARILY  
COVERED BY MEDICAID

ELIGIBILITY FOR MEDICAID IS DEPENDENT ON:  
INCOME & FUNCTIONAL LIMITATIONS



# LTSS can be in an institution OR offered in the community

Medicaid **Institutional** Care - nursing facility & intermediate care facilities vs. **Non-Institutional**

Medicaid in the community (HCBS): Residential Care Facilities, Medicaid Home Health services 1915(i) and **Medicaid Waiver Services** 1915(c)

Monthly plan for Adult Waiver services in IL: \$2,523 for all services (PA, Day Services, transportation....OT)



# The Basics: What are Home and Community Based Service (HCBS) Waivers?

## **Purpose:**

Keeping vulnerable populations in the community to avoid institutionalization

## **Eligibility:**

- Meets Medicaid financial requirements
- US Citizen or legal alien, IL resident
- Requires institutional level care
- Cost of services are equal or less than institution

## **9 Types of Waivers in IL:**

- Specific to age, disability, or condition
- Different services based on needs of that group

# Types of IL Medicaid Waivers

- \* = Occupational Therapy services are included under the waiver
- Fee rate has been increased to \$111.00 per session, specific requirements or limitations to number of sessions may apply, dependent on waiver
- Identified as “Extended State Plan Therapy Services”

Children & Young Adults with Developmental Disabilities (2 Waivers: Support & Residential)

People who are Medically Fragile, Technology Dependent

Persons with Disabilities \*

Persons with Brain Injuries \*

Adults with Developmental Disabilities \*

Persons who are Elderly

Persons with HIV or AIDS \*

Supportive Living Program



# Process of Entering Waiver as Provider for DD

## APPLY AS MEDICAID PROVIDER

- Access the webpage to becoming a provider under the waiver:

<https://www.dhs.state.il.us/page.aspx?item=47336> , enroll in IMPACT

- Eligibility requirements:  
<https://www.dhs.state.il.us/page.aspx?item=47502>
- Updated Medicaid DD Waiver Manual (8/11/23):  
<https://www.dhs.state.il.us/page.aspx?item=144890>
- Enroll as Medicaid Waiver provider in addition to being a Medicaid provider

## AUTHORIZATION FOR SERVICES

- Authorization process:  
<https://www.dhs.state.il.us/page.aspx?item=144932>
- Current Rate Schedule for Adult DD Waiver:  
<https://www.dhs.state.il.us/page.aspx?item=146866>
- Distinction between state plan services for restorative care versus waiver -based habilitation focus that are considered extended state plan services.

### **Email Questions:**

**[DHS.DDDMedProv@illinois.gov](mailto:DHS.DDDMedProv@illinois.gov)**

# Implications for OT Providers

These services are important for these populations.

Become a participating provider so we can create a network, develop resources, & provide needed services for these vulnerable populations

# Opportunities for OT Practice

Opportunities for community based practice

OTs can help with program development to focus on skill development/maintenance vs. filling time







# Challenges for OT Practice

## Knowledge & Access

- Referral sources (either providers or service coordinators) are generally not aware of these waivers
- OTs are not participating in these programs
  - Difficult due to lack of funding & resources
- Not a clear understanding of what is “covered”; habilitative vs restorative care

## Sustainability:

- Lack of structure & understanding at the State level makes access to funding difficult
  - Confusing approval process often results in an increased length of time to gain approval
  - Structured utilizing a medical model vs community-based model; therefore, additional documentation needed for approval
    - Limits ability to provide immediate, consultative services

## Ethical Considerations:

- Current system makes it easier to get approval for more “complex” clients

Questions?