



*Where Reality is Respect,  
Appreciation, and Fulfillment*



## ***Pending Changes may be on the Horizon in Illinois for those with Developmental Disabilities***

The State of Illinois has been working for many months to design an alternative way of providing funded services to its citizens who qualify for Medicaid Waiver services. These are services where the State has contracts with the Federal government to provide that service and the Federal government reimburses the State for a portion of the cost. Currently, that Federal match is about half the cost of the services. Those who benefit from these waiver programs include adults with developmental disabilities; children and young adults with developmental disabilities; elderly; medically fragile/technology dependent children; persons with brain injury; persons with disabilities; persons with HIV or AIDS; supportive living facilities; and those who support children and young adults with developmental disabilities.

What the state is desiring to do is take these nine separate waiver contracts and roll them into one different kind of waiver program (a five year Section 1115 research and demonstration waiver). This would “encompass all services and eligible populations served under a single authority, with broad flexibility to manage the programs more efficiently and to align and coordinated programs where possible.”

Per the draft proposal now being discussed, “through the *Path to Transformation*” waiver, Illinois seeks to become a national leader in Medicaid payment and delivery system innovation, transforming from a largely volume-driven, fee-for-service system to an advance system of care where patient outcomes and provider payments are aligned.” Among the goals of creating one waiver program is to “rationalize service arrays and choices so that beneficiaries will remain as independent as possible, and based on needs defined by a functional/medical needs tool, rather than based on disability of condition.” Other goals are to decrease the State’s waiting list size, move the state away from sheltered work programs, foster greater community integration, and create provider incentives through the outcomes they show.

The State has all of the details (summarized very succinctly in this newsletter) available on its website (all 78 pages!). They are also seeking public comment on the draft proposal and are holding stakeholder meetings ongoing. Should you have a desire to learn more a public hearing will be held at the date, time and location listed below. Please note that registration is required - this can be done online.

Thursday, February 20, 2014  
2:00 PM to 5:00 PM  
Assembly Hall Auditorium  
James R. Thompson Center  
100 W. Randolph Street  
Chicago, IL 60601

Page two gives a summary of the draft service programs that are most comparable to the programming and needs of those we serve through the current Medicaid Waiver funding pathways. The draft report also discusses the “development of integrated delivery systems” similar to managed care models that will be a part of this overall process. All of the key details? We will need to learn this together. As always - more change. We will have to wait and see if this is once again one step forward and two steps back - or - a positive next step for those in Illinois.

**Day Habilitation** - Services include assistance with the acquisition or, retention of, or improvement in self-help, socialization and adaptive skills that takes place outside of the persons home. Activities and environments are designed to foster the acquisition of skills, appropriate behavior, greater independence, personal choice and are intended to build relationships and natural supports. Services are furnished four or more hours per day on a regularly scheduled basis as specified in the service plan. Transportation between the residence and day habilitation location is provided as a part of the service. There are two types defined:

1. Community-Based: Activities may consist of job exploration (not paid employment) or volunteer work, recreation, educational experiences in natural community settings, maintaining family contacts and purposeful activities and services where persons without disabilities are present. Services are held primarily in the community alongside those with disabilities.
2. Facility-Based: Activities similar to #1 but which take place within a building for the duration of the service rather than being out in the community. Individuals served typically all have similar disabilities.

**Service Facilitation** - Services that assist individuals in gaining access to funded services, as well as medical, social, educational and other services, regardless of the funding source. A Service Facilitator assists the individual and/or guardian in designing an array of services to meet the persons needs. The service plan must set aside two hours per month for ongoing Service Facilitator activities.

**Adult Day Health Services** - This is the direct care and supervision of adults aged 60 or over in a community-based setting for the purpose of providing personal attention; and promoting social, physical and emotional well-being in a structured setting. Activity programming shall take into consideration individual differences in age, health status, sensory deficits, lifestyle, ethnicity, religious affiliation, values, experiences, needs, interests and abilities by providing for a variety of types and levels of involvement. Ongoing health monitoring and an approved mid-day meal are also to be included. Transportation is to be arranged, however, is billed as a separate service.

**Assistance in the Home** - Several options are noted as being available. Two of these are defined as:

1. Personal Assistant - Those who provide assistance with eating, bathing, personal hygiene, and other activities of daily living in the home and at work (if applicable). Services can also include meal preparation and housekeeping chores. Personal care will only be provided when it has been determined by the case manager that the consumer has the ability to supervise the personal care provider. The personal assistant is the employee of the consumer and the state acts as the fiscal agent for the consumer.
2. Homemaker - Services will consist of general household activities (meal preparation and routine household care) and personal care provided by a trained homemaker. Service is limited by cost maximums and there is a maximum of 100 hours per month.

**Residential Habilitation** - Individually tailored supports that assist with the acquisition, retention, or improvement in skills related to living in the community. These supports include case management, adaptive skills development, assistance with activities of daily living, community inclusion, transportation, adult educational supports, social and leisure skill development, that assist the person to reside in the most integrated setting appropriate to their needs. Sites are limited in size, no more than four individuals. Homes currently in operation and funded under programs such as CILA will need to create a plan for downsizing to four person settings.

**Other Service Areas Mentioned:**

Home Health Aide	Personal Support Services	Emergency Support
Medically Supervised Day Care	Home Accessibility Modifications	Vehicle Modifications
Specialized Medical Equipment/Supplies	Assistive Technology/Adaptive Equipment	Home Delivered Meals
Respite	Emergency Home Response Service	Prevocational Services
Supported Employment	Non Medical Transportation	Nursing
Intermittent Nursing	Training/Counseling for Unpaid Caregivers	Skilled Nursing
Behavior Intervention and Treatment	Cognitive Behavioral Therapies	Behavioral Services

**For more information on this  
Path to Transformation draft proposal you can go to ...**

**<http://www2.illinois.gov/gov/healthcarereform> .. then click on the link to “1115 Waiver”**

**You can also register for the public hearing on this web page, too.**

**UNRESTRICTED CONTRIBUTIONS: (December 16, 2013 through January 31, 2014)**



**IN  
MEMORY**

**Brandi Jalowiec**  
Roger and Sandy Davis  
Dan and Shirley Dudek  
Jim and Percy Jalowiec  
Ron and Gloria Jalowiec

**Mary Lou Johnson**  
Roger and Sandy Davis

**William Segrue**  
Roger and Sandy Davis

**Roberta G. Terrien**  
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Rita Vrona

**Georgia Bartels**  
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**Mark Bingaman**  
Roger and Sandy Davis

**Grant Ellington**  
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**Steve Stojanovic**  
Al and Judi Stojanovic  
Stacy Stojanovic



**FROM THE  
PRESIDENT:**

From reading the first two pages of this newsletter I think you get the idea that the times “they are a changing.” Throughout this country organizations such as ours are struggling with the same issues we and others here in Illinois are. The entry of managed care, which means the health care field and insurance companies, into our lives. The move to medically targeted assessments instead of the social service oriented ones now in place. The coordination of services being handled and monitored by outside entities whose employees don’t see the day to day or the interplay between persons served and so then make decisions that don’t fully deal with the “reality” we as providers and care givers see. Funding being available today - and then yanked out from under a person the next day. Service hours being decreased. I could go on and on. Suffice it to say that in almost every organization I visit the conversations are not all about the positive things in this field. Rather it is about the issues we are facing. Greater bureaucracy, more paperwork, more audits, being further removed from the role of decision maker, and wondering how we are going to make the decisions we need to in order to stay alive.

Strategic planning is the key. Is what we are today and who we serve and how we serve them going to take us into the future? Parents getting no funding for their children exiting out of the school system are opening their own agencies. Families are starting residential programs just so their loved one has a place to live. Programs targeting private pay even on a part-time basis are being implemented more frequently. Different and new funding sources are being considered. Even different living arrangements as slots in group homes dry up or no longer meet the needs. Everyone knows the status quo is not sustainable and that alternatives are needed. That’s just fact.

RRAF has to address these things head on - just like other agencies are doing. Should we add programs such as adult day care that could blend with out folks and help build stronger relationships with those managed care organizations? Do we rework our normal programming routine so that more part-time individuals can get full benefits in fewer hours per day or days per week? Do we create programming routines that aren’t even based on a facility, but serve people fully in the community? Do we consider residential options like host families or roommate apartments? We need ideas. We need answers. We too need to change to be relevant. Help us do that.

*Thank you,  
Marilyn Flanagan*

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**Newsletter**  
**February, 2014**

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**THROUGH DECEMBER 2015**

**Mark The Date!**

*Please join us for our*  
*Annual Fall Benefit*  
*October 5, 2014, 11:30 am - 3:30 pm,*  
*at the Empress Banquets, 200 East Lake*  
*Street, Addison, IL*

*Admission and Raffle Tickets*  
*will go on sale soon!*

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