



Frequently Asked Questions

Regarding Emergency Home Response Service Certification

Emergency Home Response Service (EHRS) is defined as a 24-hour emergency communication link to assistance outside the client's home for clients based on 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 client that will automatically link the client to a professionally staffed support center. The support center assesses the situation and directs an appropriate response whenever this system is engaged by a client. The purpose of providing EHRS is to improve the independence and safety of clients in their own homes in accordance with the authorized plan of care, and thereby help reduce the need for nursing home care.

Q: Upon reviewing the application, I came to the rates section where it states that if we currently have a contract with another state agency, and we are approved, those rates will become the Dept. on Aging (IDOA) rates. We have a contract with the Dept. of Human Services, Division of Rehabilitation Services (IDHS-DRS). Will our rates be affected?

A. The rate of reimbursement set by IDOA will be the new rate for all EHRS services funded by the State of Illinois, including the IDHS-DRS program. IDHS-DRS will be required to reduce their rates upon implementation of the Aging project. So, yes, your IDHS-DRS rates will be affected regardless of your status as an IDOA service provider.

Q: If current Dept. of Human Services EHRS providers do not apply, will they be excluded from future IDHS referrals?

A. The rate of reimbursement set by IDOA will be the new rate for all EHRS services funded by the State of Illinois, including the DHS program. DHS will be required to reduce their rates upon implementation of the IDOA project. All providers, regardless of their status as an IDOA service provider, will be reimbursed at this new rate.

Q: Was there any other notice other than this application?

A. No, there wasn't. This is being piloted as a demonstration project. The public will have an opportunity to submit comments when IDOA actually begins to promulgate rules.

Q: Just to confirm—upon implementation of the IDOA project, DHS rates will change, correct? If so, what is the timeline? Will new provider contracts be issued? What about existing clients who are currently on service with the old rates. Will the old rates be grandfathered in for those clients?

A. I believe that DHS is still working out the process that they will use for this. You will probably be contacted soon by DHS, or you can contact them directly. The contact person is Joe Hamlett: joseph.hamlett@illinois.gov.

Q: What will be the billing process for EHRS—prorated or half-month increments? DHS-DRS does it both ways. We bill the DHS-DRS offices a prorated rate on a daily basis. In other words, if services start on the 25th, then we only bill for the days in the month the client received service. This is how we do all of our billing, would that be acceptable?

A. We will be doing our billing a bit different. We will not do a daily billing. If service starts after the 15th of the month then its half-a-month billing (\$14 instead of the full unit rate of \$28). This will be outlined in a PIM to the providers upon certification.

Q: Is there a reason why this is a demonstration project? I thought this was in the Medicaid Waiver as a deliverable service?

A. The demonstration status is due to the testing of the new “all willing and qualified status” for the procurement process. This is new to us, and testing is required before we utilize it for Homemaker and Adult Day services. We expect the demonstration status to last between a few months to a year. Because it will be statewide and is a service currently included in our waiver, we will still be claiming Medicaid match for it.

Q: On page 3 of the Standards Section, Part E. c), it states: “train the client and ...responders” ...”at the time of installation.” Are you requiring the emergency responders to be present at the time of the installation? This is often not possible, since most responders are family or friends who work, or perhaps even live, out of town. Would a written instruction sheet sent to each responder be sufficient? Please Clarify.

A. We plan to provide training to responders at a time that is based on each provider's policy. We understand that the responders are not usually present upon installation. We will clarify this in the PIM, also.

Q: The cost for production of adaptive devices can be well over \$100 each. Would IDOA consider a pre-approval reimbursement for this type of specialized equipment?

A. The adaptive devices we recommend are the **sip and puff** and the **rocking lever**. We do not anticipate that our clients will have a big demand for the sip and puff, which is more appropriate for DHS-DRS clients. Because our case managers must verify that there is a need for the rocking lever before it is provided, we do not expect to have many clients for this either. However, only time will tell for sure. If it becomes a financial hardship for the providers, then in the future we may need to revisit our policy on adaptive devices and look into special authorization. For now, we have no funds for that.