

## Illinois Community Day Services Provider Survey

8/12/20

A consortium of Illinois statewide associations that work with community providers of I/DD services sponsored a recent survey of Community Day Services (CDS) providers to assess their actions, expectations and concerns regarding resumption of CDS programming for adults with I/DD living in family, HCBS Community Integrated Living Arrangement (CILA) settings, ICFDDs and state-operated developmental centers. Survey sponsors included:

- The Arc of Illinois
- The Center
- Don Moss and Associates
- IARF
- SIARF
- McManus Consulting
- The Institute on Public Policy for People with Disabilities.

CDS programming in Illinois was suspended effective 3/17/20 due to the COVID-19 pandemic. The Illinois Department of Human Services (IDHS) continued payment to CDS providers first as Retention payments then as Reinvention payments which will end 8/31/20. Retention/Reinvention payments were based on the average monthly payment for the period September 2019 through February 2020. Retention payments required maintenance of CDS staffing and payroll and were reduced by the amount of PPP funding an organization may have received. Reinvention payments began 7/1/20 – 8/31/20 and did not require payroll or staffing maintenance.

A summary of survey results along with some analysis and context is detailed below.

### Response

54 organizations responded to the survey representing 36% of CDS providers. Respondents CDS census accounts for 54% of CDS participants statewide. While not scientific, the survey results do provide an impression of the CDS provider landscape and mindset in Illinois.

### CDS Closure

- 25% of Organizations are Considering Permanent Closure of 1 or More CDS Locations
- 7.5% of Organizations are Considering Permanent Closure of All CDS Operations

### Pre-Covid-19 vs. 9/1/20 Anticipated CDS Census by Funding Source

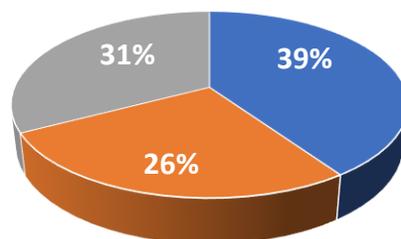
Funding Source	Pre-Covid Census	Anticipated 9/1 Census	Return Rate
CILA	5,087	2943	58%
ICFDD	1453	399	27%
HBS*	1638	909	55%
CDS-Only	1821	662	36%
SODC**	770	25	3%
	10,769***	4938	46%

\*HBS = Home Based Services (Self Directed)

\*\*SODC = State Operated Developmental Center

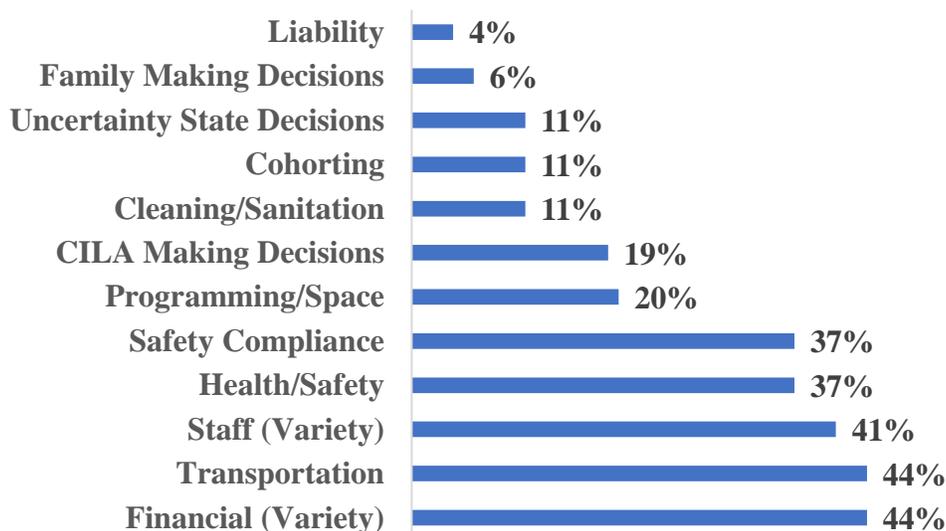
\*\*\*FY19 4<sup>th</sup> Quarter Persons Served in CDS (31U, SODC, ICFDD) = 20,110

## CDS Providers Reporting Downsizing Personnel



■ No ■ Yes ■ Considering

## Top 3 Challenges in Resuming CDS Programming



In addition to above issues, survey respondents shared other comments regarding the future of the CDS system:

- CILA providers will be challenged to honor individual choice of residents regarding whether to receive in-home programming or attend a site based program, due to health/safety concerns associated with people living in the same home co-mingling with non-roommates, as well as the fiscal challenge of staffing a home with daytime staff for only a few people who choose to remain home.
- “We are troubled by the State's apparent willingness to let this critical capacity be destroyed. Millions of tax-payer dollars have created this valuable system, supporting the needs of thousands of individuals. While it's far from perfect, it's the best starting point for a re-invented system. Letting that starting point go fallow will be a tragic, and hopefully avoidable, outcome of the pandemic.”
- “CDS services are at risk of collapsing if providers cannot sustain operations due to number of people willing to return in September. Laying off CDS staff further creates a worse staffing crisis for when providers are ready to reopen. Families without other supports and not ready to return due to COVID are at risk of going into crisis e.g. losing their jobs to become care givers, exhaustion that can lead to mental health issues etc. People that only attend CDS are at risk of social isolation, behavioral and skill regression if no creative supports can be offered to them until they are ready to return. DHS should strongly consider use of technology/virtual programming as a billable service for providers so that people can remain connected with their friends and bridge this gap until they can resume their normal schedules.”

- “We are proud of our CDS capacity – our large and small-scale sites epitomize the community-based nature of this service. We have invested State and taxpayer dollars very wisely in these high-quality offerings, which are now at risk. Fully realizing that the State is also facing resource pressure, it remains tragic that this critical aspect of our service system could be partially or fully eliminated in the face of Covid-19. Continued retention payments are a must – reinvention of services for those we serve is moot at this point given the issues highlighted previously in this survey.”

### **Financial Perspective**

Below data reflects FY19 (7/1/18 – 6/30/19) CDS enrollment and statewide expenditures. FY20 (7/1/19 – 6/30/20) data is not yet available.

- Total CDS enrollment = 21,171
  - 15,932 = CILA + people living at home with families
  - 4,433 = ICFDD residents
  - 896 = SODC residents
- Total CDS expenditures = \$242,077,415
  - \$166,006,454 = CILA + people living at home with families
  - \$64,863,868 = ICFDD residents
  - \$11,185,911 = SODC residents

Based on total expenditure data regarding the HBS program and the limited pool of CDS-only funded individuals, it appears the majority of CDS expenditures are for people living in HCBS-funded CILA group home settings, followed by people living in ICFDD settings.

- Per the IDHS FY19 DD Service Summary, 78% of HBS funds (approximately \$229,819,680) are spent on non-CDS services leaving approximately \$27,578,439 as likely expended on CDS services
- Per IDHS communication, there are 1,617 CDS-only funded participants which account for an additional (approximate) \$20,673,345 in CDS expenditures
- HBS and CDS-only participants account for approximately \$48,251,784 or 29% of CDS expenditures

Given the above calculations, CILA participants account for the vast majority of CDS expenditures. Effective 7/1/20, CILA participants have the option of resuming CDS onsite programming (effective 9/1/20) or diverting CDS resources to in-home programming offered by their CILA provider. Survey response data as well as other provider communication indicate that a significant number of CILA residents will not be returning to CDS onsite programming effective 9/1/20, significantly impacting CDS revenue for likely the first half of FY21 if not longer. Survey respondents projected an estimated \$39+ million in lost CDS revenue during FY21, although some of the anticipated loss may be a diversion from CDS revenue to in-home programming for CILA participants. Organizations that exclusively provide CDS services are likely to be most significantly impacted by lost CDS revenue, although all CDS providers will experience some decrease in revenues which will affect CDS as well as overall organization operations.

Both CDS and CILA providers will face the same challenge of recouping payment for the full value of full-time participation in CDS and/or in-home programming. The state annual maximum of 1,100 hours/year leaves most organizations in a position of absorbing 10 weeks of annual programming for full-time attendees.

### **Summary**

While the survey data does not yield a definitive prognosis for the Illinois CDS system, it does provide our best available impression of what the future may hold and the issues that will be challenging provider organizations in the coming months. Anecdotally, several survey respondents have shared that their initial return rate assumptions are proving to be overly optimistic, based on more recent conversations with individuals, families and residential providers. The likely system-wide decline in CDS revenues for at least the first half of FY21 combined with the additional expenses associated with service delivery will significantly increase the unit cost of delivering CDS services. While the option of reassigning direct support staff to other programs in organizations that have multiple service lines is available, CDS-only

providers will have limited ability to retain staff for an indefinite period. Regardless of whether a provider is CDS-only or has multiple service lines, the overall organizational infrastructure that CDS revenues help to sustain will be impacted. Further, organizations are beginning to plan for what they will do with capital assets such as buildings, vehicles, office furnishings, etc. associated with CDS service delivery in the event of long-term significantly diminished participation rates.

We will be requesting billing data from the state in both mid-September and mid-October to evaluate CDS attendance as well as CILA in-home daytime service delivery to better quantify actual return rates and identify whether any specific populations/regions/provider types are disproportionately negatively affected.

Illinois' commitment to sustaining the CDS system during the pandemic has been substantial and essential. We will work toward continued collaboration with state officials, stake holders and legislators to assure that people with I/DD will continue to have meaningful opportunities and necessary options available to them.

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