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Reference Guide to Independent
A Guide for People with Disabilities
2022-2023

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Options CIL

Options CIL (OCIL) was established in 1989. Our board and our staff are comprised of more than 51% of people with disabilities. We are funded by state and federal grants, private donations, private foundation grants, United Way allocations, memberships and proceeds from fundraisers.

Our main office is located in Bourbonnais, Illinois serving Kankakee County. Our satellite office in Watseka, Illinois serves Iroquois

County. OCIL serves individuals of all ages, races, faiths, genders, and disabilities.

We provide five core services, which are: advocacy, information and referral, independent living skills, peer mentoring, and transition.

Through peer support and role modeling, Options team teaches consumers that persons with disabilities have the right and the responsibility to pursue goals of self-determination and self-sufficiency. We serve as a resource and mentor, empowering consumers with the skills to direct their own lives, set their own goals, and plan the necessary steps to achieve those goals.

Options CIL works to bring about positive change in attitudes and accessibility and provides our community with the information and knowledge needed to accept, respect, and accommodate citizens with disabilities.

MISSION STATEMENT:

**OPTIONS CENTER FOR INDEPENDENT LIVING PARTNERS
WITH PERSONS WITH DISABILITIES WHO WANT TO LIVE
INDEPENDENTLY
AND PARTICIPATE FULLY IN SOCIETY.**

VISION STATEMENT:

**CREATING A BARRIER FREE COMMUNITY WHERE
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815-432-1361 (TTY)

815-432-1360 (Fax)

KANKAKEE COUNTY

22 Heritage Drive, Suite 107

Bourbonnais IL 60914

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All membership contributions will be used to support the mission of Options and are tax deductible according to federal income tax laws. All donors will receive a written acknowledgment.

Individual and Consumer – Contributions of \$10 or more. *No consumer will be denied membership for inability to pay.* All individuals and consumers will be entitled to: Membership Cards, voting privileges at the Options annual meeting*.

Agencies and Businesses – Contributions of \$25 or more (not-for-profit) or \$50 or more (small businesses). Benefits include: Membership certificates, voting privileges at Options annual meeting*, acknowledgement at Options annual meeting.

Corporate Membership – Contributions of \$100 to \$299. Benefits include: Membership certificates, voting privileges at Options annual meeting*, acknowledgement at Options annual meeting, Company name listed in the Options annual *Reference Guide to Independence*, Company name listed on the Options website.

Philanthropic – Contributions of \$300 or more. Benefits include: Membership certificates, voting privileges at Options annual meeting*, acknowledgement at Options annual meeting, a free business card size ad in our annual Reference Guide to Independence, Company name listed on the Options website with a link to your company website, your company logo on the Options website.

**Members must have been in good standing for at least thirty (30) days prior to any meeting at which ballots are to be cast.*

**Please complete our Membership Application
or call Dan Brough at (815) 936-0100, ext. 226 for more
information.**

Ed Roberts, the Father of the Independent Living Movement

*“If I’m a vegetable, I’ll be an artichoke,
prickly on the outside, with a big heart in the middle.”*

Ed Roberts was a pioneer in disability rights. He was the first student with significant disabilities to attend the University of California, Berkeley and graduated with a Masters’ Degree in Political Science. He was a founder of the University’s Physically Disabled Students Program, which became the model for the first Center for Independent Living and over 400 other independent living centers across the country. As the first California State Director of Rehabilitation with a disability, Ed Roberts personified the Independent Living Movement.

At the age of 14, Ed Roberts contracted Polio, along with his parents and siblings. Ed was left with significant respiratory, muscle, and limb weakness and atrophy. As a result, he slept in an iron lung (a breathing machine used prior to the development of our modern ventilators) and developed breathing techniques in order to function independently of his iron lung during the day.

Ed sued the State of California to gain admission to UC Berkeley and successfully convinced the university to go on to accept more students with disabilities and become one of the most physically accessible campuses in the United States. Ed would be the first student with a severe disability to attend the campus, and upon his arrival found the University totally unprepared to accommodate

him. Ed boarded in the campus hospital to house the massive weight of his iron lung.

Unsatisfied with his access to post-secondary education, Ed learned of a Federal funding opportunity for college campuses and led an effort to gain funding for a physically disabled student program at Cal. This program helped disabled students live independently in dorms or the community and was the model for forming the first Center for Independent Living (TheCIL in Berkeley, CA) in 1972.

More students with disabilities started to arrive on the UC Berkley campus, and Ed assembled the first disability-led student organization in the United States. The organization, The Rolling-Quads, provided disability services including transportation, wheelchair repair, attendant referral, peer counseling, and advocacy for services that would enable them to live in the community and gain greater access to their campus.

Ed became Executive Director of the first Center for Independent Living, TheCIL, in 1974. In 1976 he was appointed the State Director of Vocational Rehabilitation by California Governor Jerry Brown. As Director of an agency that in 1962 had deemed him too disabled to hold a job, Roberts established independent living centers throughout the state. He traveled to lobby for disability rights in the United States and internationally. Ed Roberts was an influential and revered advocate for people with disabilities. He was heavily involved in the Disability Rights 504 sit-ins in 1977 which was the longest non-violent occupation of a federal building in United States history. In 1983, received a MacArthur "Genius" Fellowship, which he used to help establish the World Institute on Disability.

In his work and life, Ed firmly believed in empowering others to be advocates and activists. In this spirit, Centers for Independent Living nationwide celebrate his legacy and his memory.

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CSL Behring is a global biotherapeutics leader driven by our promise to save lives. Focused on serving patients' needs by using the latest technologies, we discover, develop and deliver innovative therapies for people living with conditions in the immunology, hematology, cardiovascular and metabolic, respiratory, and

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Worldwide, CSL employs more than 25,000 people and delivers its life-saving therapies to people in more than 100 countries. The Kankakee site has been producing life-saving medicines for 69 years and currently employs more than 1,500 people.

As the county's top manufacturing employer, CSL Behring's Kankakee site provides plasma-based therapies for those with rare and serious conditions.

Innovation is in our DNA and is the core of everything we do at CSL Behring. Our worldwide team of over 1,700 R&D experts are dedicated to developing and delivering new therapies to solve unmet medical needs and save lives. Our product portfolio focuses on innovation in new products, improved products and manufacturing expertise thereby ensuring our continued growth. We have a robust R&D pipeline with therapies in various stages of development across our immunology, hematology, cardiovascular and metabolic, respiratory, and transplant therapeutic areas.

We have created one of the largest and most efficient plasma collection networks in the world and strive to be the best at delivering safe and effective medicines for our patients.

CSL Behring is honored to support the communities in which we live and work. We are proud of and continue to support the work Options does to help individuals with disabilities remain independent and participate fully in society.

For more than a century, CSL has earned a reputation as a passionate, yet responsible organization driven to care for its patients. We look forward to a bright future for our patients, our stakeholders, and the communities where we live and work. We are driven by our promise at CSL Behring.

Do You See What I See?

Learn how vision problems can affect you and your loved ones, and what you can do to keep your eyes healthy.

In 2015, approximately 12 million people in the United States had vision impairment, weakening their vision. Women, minority groups, and people with a chronic disease like diabetes are at higher risk for vision impairment. Many people think vision impairment is an unavoidable part of aging, but it doesn't have to be. Some conditions can be easily corrected with glasses or contact lenses, and some eye diseases can be detected and treated at their very early stages.

Get a comprehensive eye exam from an eye care professional, during which each eye is closely examined for signs of common vision problems and eye diseases. Eye care professionals are the only ones who can really determine if your eyes are healthy.

A Woman's Vision

As much as 2/3 of blindness and visual impairment occur in women. However, when proper prevention and eye care practices are followed, vision health can be achieved. Here are some eye-opening facts:

- Women are at greater risk for vision loss than men.
- Women generally live longer than men, and because many eye conditions such as cataracts and age-related macular degeneration (AMD) are more common with age, women are more likely to be affected.

- Some eye conditions, such as dry eye syndrome, which can result in decreased vision, irritation, redness, and pain, are linked to hormonal changes across the life span of women, from pregnancy to post menopause. As women age, especially as they reach menopause, they can experience hormonal imbalances that can contribute to dry eye syndrome.

An Eye on the Future

Here are some tips to get you started on a journey of improved lifelong vision health:

- **Schedule a comprehensive dilated eye exam**, especially if it's been some time since your last one.
- Use it or lose it: **use protective eyewear** or risk losing your vision. Sunglasses, goggles, or other protective eyewear should be used during high-risk indoor activities like working in a lab and outdoor activities like playing sports.
- Talk to your family to **learn about your history of eye disease**. Many eye diseases are hereditary, and it is important to share your family history with your eye care professional.
- **Quit or never start smoking**. Research has linked smoking to many eye conditions, such as AMD, cataracts, and glaucoma, which all can lead to blindness.
- **Eat a vision-healthy diet**. You might have heard carrots are good for your sight. But did you know that a diet rich in leafy greens, fruits, and even fish also has eye health benefits?
- **Reach and maintain a healthy weight** to decrease your chances not just for eye disease, but for developing other chronic conditions such as diabetes.

Take steps towards protecting your eyes and the vision health of your loved ones by learning about your risk for eye disease. Look out for those eyes!

For more information go to
<https://www.cdc.gov/visionhealth/resources/features/healthy-vision-month.html>

Content source: Division of Diabetes Translation, National Center for Chronic Disease Prevention and Health Promotion

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Whether traveling around town or to a Chicago area destination, all River Valley Metro buses are wheelchair accessible. And, if you have a disability that prevents you from using our local fixed route buses, Metro Plus can pick you up!

Metro Plus origin-to-destination service provides local transportation by appointment for people who have a disability

that prevents them from using our local fixed route service. Eligibility must be verified through a simple application process. For details, please visit RiverValleyMetro.com or call 815-935-1403.

Our buses run 365 days a year. Whether going to an appointment, visiting friends, or going out for the evening, Go Where You Want To Go With River Valley Metro!

River Valley Metro Mass Transit District

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River Valley Metro Mass Transit District**

What is it, and what do they do?

River Valley Metro Mass Transit District is a public service agency that offers three types of bus services for the residents of Kankakee County.

1. Traditional, or “fixed route”, bus service in the urbanized area of Kankakee County. This includes Aroma Park, Kankakee, Bradley, Bourbonnais and Manteno.
2. Commuter shuttle service to Midway Airport.
3. Service for individuals with disabilities who are unable to independently use fixed route service. This is referred to as Metro Plus service.

Fixed route buses serve more than 300 bus stops from 5:00 am to 9:30 pm Monday through Friday, 7:00 am to 9:30 pm on Saturdays, and 8:00 am to 4:00 pm on Sundays and major

holidays. Most stops are served once each hour, but a few are served every half hour. All buses are wheelchair accessible. Fare is \$1.00 per trip.

The Midway Airport commuter shuttle departs from the Metro Centre in Bourbonnais and makes one stop in Manteno. It then runs non-stop to Midway Airport. Our Bus Stop at Midway is located in the area designated for Regional Buses near the Baggage Claims exit.

Free parking for Midway Airport commuters is available at both the Bourbonnais and the Manteno departures points. Fare is \$2.00 each way.

Metro Plus service requires pre-qualification and operates by appointment. Metro Plus buses will pick you up at your home and take you to your destination. This is a shared ride service, meaning that multiple individuals' trips are grouped together in an effort to meet all trip requests and improve efficiency. Ride time on Metro Plus is comparable to travel time on the fixed route system, including transfers and wait times. Fare is \$2.00 each way.

Additional details about each of these services are available at RiverValleyMetro.com or by calling 815-937-4287

Why Is Accessible or ADA Play Equipment Important?

“All work and no play will make Jack a dull boy” This quote is often used by many to refer to the importance of playing with children. It promotes physical activities, mental stimulation and facilitates learning.

These are the reasons why a lot of communities, day care centers, schools and churches started putting playgrounds at their

vicinities. Though, despite that these play areas are open to every child, many of them are not accessible.

According to a recent census, out of the 53.9 million children ages 5-17, about 2.8 million were reported to have a disability. These numbers include children with hearing, vision, ambulatory, and self-care difficulties. Most often, these children are denied access of many playground equipment areas that are available in their community. That is the reason why the U.S. Access Board has developed the accessibility guidelines in the American Disability Act (ADA). The guidelines seek freedom for children with disabilities to plan and interact with other children.

HOW DOES ADA APPLY TO PUBLIC PLAY AREAS?

Outdoor play areas for children ages 2 or older should be given equal opportunity to play. Playground equipment and facilities constructed or altered on or after March 15, 2012, must comply with the 2010 ADA Standards for Accessible Design. According to ADA, an accessible playground is one that offers a range of play experiences to children of varying abilities. There must be:

- An accessible path from the building or parking lot to the edge of the play area.
- An accessible path from the edge of the play area to the play equipment.
- Surfacing that complies with ASTM 1951 (Determination of Accessibility of Surface Systems Under and Around Playground Equipment).
- A ground level play component is a play component that is approached and exited at the ground level. Examples include swings, spring rockers, sand boxes, and panels with educational toys.

Once a child is in the play area, they must be able to access the play equipment by either moving out of their mobility device onto the playground structure (such as a transfer station) or by direct play structure access in their mobility device (such as a ramp).

WHY IS ACCESSIBLE PLAYGROUND EQUIPMENT IMPORTANT?

Promotes equality: Despite disabilities, all people want to live normally and do the things others can do. Accessible play equipment enables children with a disability to access what other kids enjoy. It normalizes their development and growth. Having accessible play equipment in the same playground area involves all children playing together to facilitate social engagement and interaction. Accessible play equipment changes the psychology of the children with disabilities. It develops their self-confidence and reduces shyness and feelings of being inferior. Accessible equipment can aid in therapy for young children. It will allow them to move, use their mind and socialize. Play equipment can enhance their different skills and assist them with learning something new. We should all advocate for accessible play in our own communities to make playgrounds accessible to all so there will be no one left out.

Information: ADA Playground equipment guidelines

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Disabled Tenants' Right to Accommodations
by the Landlord

Landlords must accommodate the needs of disabled tenants,
within reason, at the landlord's own expense. As a disabled tenant,

you may expect your landlord to reasonably adjust rules, procedures, or services in order to give you an equal opportunity to use and enjoy your dwelling unit or a common space.

Accommodations can include parking: If the landlord provides parking in the first place, providing a close-in, spacious parking space would be an accommodation for a tenant who uses a wheelchair.

Does your landlord's duty to accommodate disabled tenants mean that you can expect every rule and procedure to be changed at your request? No. Although landlords are expected to accommodate "reasonable" requests, they need not undertake changes that would seriously impair their ability to run their business. For example, if an applicant who uses crutches prefers the third-story apartment in a walk-up building to the one on the ground floor, the landlord does not have to rip the building apart to install an elevator. That expense would be unreasonable.

DISABLED TENANTS' RIGHT TO MAKE MODIFICATIONS

Landlords must allow disabled tenants to make reasonable modifications to their living unit or common areas at their expense, if needed for the person to comfortably and safely live in the unit. You have the right to modify your living space to the extent necessary to make the space safe and comfortable, as long as the modifications will not make the unit unacceptable to the next tenant, or if you agree and are financially able to undo the modification when you leave.

Examples of modifications undertaken by a disabled tenant include:

- lowering countertops for easier access from a wheelchair
- installing special faucets or door handles due to limited hand use

- modifying kitchen appliances to accommodate poor vision or blindness, and
- installing a ramp to allow wheelchair access to a raised living room.

These modifications must be reasonable and made with prior approval. A landlord is entitled to ask for a description of the proposed modifications, proof that they will be done in a workman-like manner, and evidence that you are obtaining any necessary building permits.

In addition, if you propose to modify the unit in a way that will require restoration when you leave (such as the repositioning of lowered kitchen counters), the landlord may require you to pay into an interest-bearing escrow account the amount estimated for the restoration. (The interest earned will belong to you.)

PROVING THE NEED FOR AN ACCOMMODATION OR MODIFICATION

Landlords are entitled to ask for proof that the accommodation or modification you have requested will address your needs. For some disabilities—for example, installing a ramp to accommodate a wheelchair—the solutions are obvious. But other disabilities, especially mental ones, are not obvious, and the accommodation isn't either—for example, removing doors to accommodate a person who is fearful of closed spaces. Without some proof, your landlord has no way of knowing whether your request is legitimate or a ruse to obtain special treatment.

If you want a specific accommodation or modification and your disability is not obvious (or if you anticipate an argument with your landlord regarding the necessity of what you have proposed), have your proof ready before you make your request. Ask your physician or therapist for a letter attesting that you need what you are asking for and that it will meet your needs. To protect your privacy,

carefully explain to the physician or other writer that it is not necessary to explain the disability; it is only necessary to certify that the changes you would like are appropriate to your situation.

For all the legal and practical information, you need to protect your rights as a renter, no matter what state you live in, get *Every Tenant's Legal Guide*, by Marcia Stewart and Janet Portman (Nolo).

To learn more or for more information go to:

<https://www.nolo.com/legal-encyclopedia/disabled-renters-housing-rights-30121.html>

Community Reintegration Program

Options CIL supports community living for all individuals with disabilities.

We receive state and federal funding dedicated to providing services that support qualifying individuals with disabilities transition out of nursing facilities into home and community-based settings.

For more information or to speak to our Community Living Advocate please call 815-936-0100 ext. 225

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Or learn more at one of our upcoming webinars:
HealthAlliance.org/Events

Health Alliance Medicare is a Medicare Advantage Organization with a Medicare contract. Enrollment in Health Alliance Medicare depends on contract renewal. Out-of-network/non-contracted providers are under no obligation to treat Health Alliance Medicare members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to

out-of-network services. For accommodations of persons with special needs at meetings call (888) 382-9771 (TTY 711).

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You should have access to the trusted healthcare you need, so as a provider-driven health plan, we partnered with doctors and hospitals in our communities to give you seamless Medicare Advantage plans close to home.

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See the Person Not the Disability 2022

By Elisabeth Schnebele

Imagine that a person is diagnosed with a disability, but instead of receiving care, accommodations or support, they are instead segregated from society. As horrific as this sounds, this was the reality a mere 40 years ago.

In the early 1970s, there was legalized segregation. Children with disabilities were denied a free appropriate public education and were treated as second-class citizens. Dr. Mo West, associate teaching professor in the University of Washington Bothell's School of Nursing & Health Studies, not only lived through this time period — she also suffered from its harm as her brother is disabled.

“To me, he was always my brother Mark, but to everyone else he was ‘different,’” she said. “He was always excluded from activities, made fun of and treated as less than. By middle school, I started getting treated differently, too. I stopped getting invited to sleepovers and was teased because my brother was ‘weird.’ It really hurt and opened my eyes to ableism.”

But from this pain, West found her passion. “I became bound and determined to make disability scholarship my life and dismantle oppression against people with disabilities.”

She went on to work in the United States Senate as a professional staff member on the passage of the Americans with Disabilities Act, received her doctorate in Nursing with a focus on Critical Disability Studies, and now teaches a Discovery Core class at the UW Bothell called Disability Representation in Society.

CHANGING WHAT SOCIETY SEES

West's course is part of UW Bothell's Discovery Core, a series of interdisciplinary seminars that help first-year and pre-major students transition to college life. The class provides students with

introductory knowledge of critical disability studies, which is an expanding, multi-disciplinary field that investigates, critiques and enhances society's understanding of disability. "It makes for a perfect Discovery Core class because we are an institution that embraces diversity and values difference. It gives first-year students a sense for what UW Bothell stands for," West said.

"Moreover, disability is not limited to just this field. The knowledge they gain from this class will translate to whichever career they end up in and offer new ways of advancing inclusion, ensuring workplaces and communities accommodate, augment and emphasize the qualities we hold as human beings."

Throughout the quarter, students read the work of scholars and activists such as trailblazers Simi Linton and Patti Berne who are part of the growing disability-justice movement. While the justice movement builds on the success of the disability rights movement, it takes a more expansive approach by recognizing the intersectionality of disabled people belonging to multiple, marginalized communities.

These activists' efforts have had a cascading effect with more and more people coming out as disabled, taking pride in their identities and advocating for more accurate representation. It is in part because of these scholars and activists that the entertainment industry has started hiring more people with disabilities to be in television series and films. Entertainment media is a major focus of society as a result of this class.

"It can be extremely powerful for people who come from historically underrepresented or marginalized communities to see themselves in positions of power as change agents to challenge cultural misrepresentation and reshape the disability narrative." West said. "We still have a long road ahead of us, but we have definitely made a start."

STUDENTS SEE INJUSTICE

West integrates films and television series that cast people with disabilities into the course work. For the midterm, students choose one to view and analyze, using the framework outlined by the scholars and activists they study.

First-year student Alisha Sohi selected “Music,” a film created by Australian singer and songwriter Sia. The movie is centered around a recovering drug addict who is left to take care of her younger sister, Music, after their grandmother passes away.

“In the film, Music has a nonverbal form of autism, yet she is played by a neurotypical actress,” Sohi said. “It is unfair to individuals with autism to have a neurotypical actress portray their lived experiences — it’s a classic example of ableism.”

She said that while this movie was meant to represent the autism community, it did not make any effort to include the community or be mindful of them.

“There are individuals on the autism spectrum who cannot handle certain forms of overstimulation, and bright and flashing visual effects can sometimes be a trigger. Yet, in the movie, there are several long musical numbers with bright and flashing colors that some autistic viewers found distressing.”

Before taking this class, Sohi said she likely wouldn’t have grasped just how problematic the film was. “In a way, I feel like I have gone through life blind. I never truly saw all the injustices people with disability face,” she said. “This class opened my eyes.”

AND THEY ACT ON IT

First-year student Ayla Badr chose the film “Edward Scissorhands” for her midterm essay. “I saw it as a metaphor for the disabled community who are commonly treated as outcasts,” she said.

Badr signed up for the class to educate herself, and her community, on ways to be a better ally to disabled people. “I had been struggling a lot mentally during the pandemic, and it made me more cognizant of the struggles people with mental disabilities like depression and anxiety face,” she said.

“A lot of times, they don’t have the voice to advocate for themselves because they are so shut down and their energy is already depleted. Having had a window into what that is like motivated me to really step up and do my part in being a better supporter.”

She hopes to start a club on campus filled with fellow advocates. “Dr. West isn’t just a really good professor — she is a really good person. Learning from her motivated me to follow in her footsteps, and like her, I want to do what I can to make sure people with disabilities lead a fulfilling life,” Badr said.

“I have only been on campus less than a year, but thanks to this class I have already grown so much.”

LIVING LESSONS

West said that what she loves most about teaching this class is being able to center the history, perspectives and voices of people with disabilities.

“That is how we move forward toward a more inclusive society,” she said. “If our students are going to leave UWB with a great liberal arts education, they must learn to think critically about difference and engage in the histories of marginalized communities.

“My hope is that students take what they learn and apply it in their professional life to think critically, advance the world and, ultimately, to be responsive citizens.”

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Persons With Disabilities Resources

Administrative Agency:

Illinois Healthcare and Family Service (HFS), the State Medicaid Agency

A component of the DHS-DRS Home Services Program (HSP)

Operating Agency:

Illinois Department of Human Services-Division of Rehabilitation Services (DHS-DRS)

Managed Care Organization:

For those persons receiving Medical services through a managed care organization, see contact information and links below

Eligible Population:

Individuals with disabilities who are under age 60 at the time of application and are at risk of placement in a nursing facility

Individuals 60 years or older, who began services before age 60, may choose to remain in this waiver

Eligibility Criteria:

U S. citizen or legal alien

Resident of the State of Illinois

Under age 60 at time of application

Medicaid eligible or enrolled in the Health Benefits for Workers with Disabilities (HBWD) program.

Medical determination of a diagnosed, severe disability, which is expected to last for 12 months or for the duration of life

Be at risk of nursing facility placement as measured by the Determination of Need (DON) assessment.

Estimated cost to the State for home care is less than estimated cost for institutional care.

Can be safely maintained in the home or community-based setting with the services provided in the plan of care.

Services: (Descriptions)

- Personal Assistant
- Home Health Aide
- Homemaker
- Adult Day Care
- Environmental Accessibility Adaptations
- Specialized Medical Equipment
- Home Delivered Meals
- Personal Emergency Response System
- Respite
- Intermittent Nursing
- Nursing
- Extended State Plan Therapy Services (Physical, Occupational, Speech)

How to Access Services:

Point of Entry- Local DHS–DRS Offices or the DHS-DRS
Springfield office

- Local offices can be found using DHS Office Locator
Or Call: 1-800-843-6154 (#3 on menu) or 1-800-447-
6404 (TTY)

Select Rehabilitation Services from the drop-down box DHS
Offices by county

- Rehabilitation Services: Apply Online
Or Call: 1-800-843-6154 (#4 on menu) or 1-800-447-
6404 (TTY)
or the DHS-DRS Springfield office: 1-217-782-2722

Managed Care

Persons who have medical services through a Medicaid managed care organization may contact their care coordinator about the need for in home services and for assistance with a referral.

Aetna Better Health: – 2851-212-866-1 member services line, press 1

IlliniCare Health Plan: 1-866-329-4701 – member services line, state ‘member’ at the prompt

**If requesting a referral directly from DHS-DRS, please tell the DHS-DRS Local Office person that you have managed care, give them the name of the managed care organization, and have your identification number available.

Medicaid Agency Contact Information

HFS Bureau of Long Term Care
1915 (c) Home and Community-Based Waiver Administrative
Section

Phone: 1-217-557-1868

HFS HCBS Waivers

Service Descriptions

- **Personal Assistant (PA):** Services provided by individuals who are selected, employed and supervised by the customer. These individuals may assist with or perform household tasks, personal care and, with the permission of a physician, certain health care procedures.
- **In Home Service) Homemaker(:** Services consisting of general household activities (meal preparation and routine household care) and personal care provided by a trained homemaker aide, when the individual regularly responsible for these activities is unable to manage the home and care for himself or herself. Homemaker aides shall meet such standards of education and training as are established by the State for the provision of these activities. This service will only be provided if personal care services are not available or are insufficient to meet the care plan or the consumer cannot manage a personal assistant.
- **Adult Day Care (ADC):** Provides direct care and supervision in community-based setting for the purpose of providing personal attention, and promoting social, physical and emotional well being in a structured setting.
- **Environmental Accessibility Adaptations:** Services to physically modify the participant's home to accommodate the participant's loss of function in the completion of his/her Activities of Daily Living.
- **Specialized Medical Equipment:** Includes devices, controls, or appliances, specified in the plan of care, which enable

individuals to increase their abilities to perform activities of daily living, or to perceive, control, or communicate with the environment in which they live. This service also includes items necessary for life support, ancillary supplies and equipment necessary to the proper functioning of such items and durable and non-durable medical equipment not available under the State Plan.

- **Home Delivered Meals:** One or more ready-to-eat meals per day which are delivered to the home. This service is provided to individuals who can feed themselves but are unable to prepare a meal.
- **Personal Emergency Response System:** A 24-hour emergency communication link to assistance outside the participant's home for participants based on health and safety needs and mobility limitations.
- **Respite:** Services provide relief for unpaid family or primary care givers, who are currently meeting all service needs of the customer. Services may include personal assistant, homemaker, nurse, or adult day care. Services are available for a maximum of 240 hours per year.
- **Nursing:** Nursing is provided within the scope of the State's Nurse Practice Act by a registered nurse, licensed practical nurse, or vocational nurse.
- **Intermittent Nursing:** Used for purposes of evaluating customer needs (including assessments and wellness checks) and monitoring.
- **Home Health Aide:** Provided within the State's standards for a Certified Nursing Assistant.

- **Therapies:** Provided by a licensed therapist. May be approved under the waiver if the individual is no longer eligible for therapies under the State Plan but continues to need long-term habilitative services.

Article from the Illinois Department of Healthcare and Family Services. For more information, please visit at:
<https://www2.illinois.gov/hfs/MedicalClients/HCBS/Pages/disabilities.aspx>

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Brittany's Law
By Heather Long

High School graduation is a rite of passage the majority of young adults experience in life. It is an official ending to one chapter in life and the beginning of the next. This is true for high schoolers with or without disabilities even if the path to their next step in life is very different.

Students with disabilities are typically placed on an Individual Educational Plan (IEP) when they are in K-12. The IEP outlines what services the student needs to be successful in school. Depending on the needs of the student it may require for them to stay additional years in school even after they have attained the same degree and met the 4 years' worth of requirements their non-disabled classmates have. So, should those students be required to wait until their transition services have been completed to participate? The Illinois General Assembly has said no and in 2005 they passed Brittany's Law. Previously, it is well established, under federal law, that the awarding of a high school diploma and the graduation of a student with a disability leads to the termination of Special Education eligibility and loss of services. Although this can be a monumental stress in the student's life, the scar of basically being left behind and not graduating with their same cohort since kindergarten can be just as big of a stress.

Brittany's Law states that beginning March 1, 2005, each school district that operates a high school must have a policy and procedures that allow a student with a disability who have completed 4 years of high school at the end of the school year to participate in the graduation ceremony of the student's high school graduating class and receive a certificate of completion if the student's IEP prescribes special education, transition planning, transition services, or related services beyond the student's 4 years of high school. The student would receive their actual diploma upon completing their transition services or aging out the day before their 22nd birthday. The policies and procedures must require timely and meaningful written notice to the students and parents or guardians of the students with disabilities about the school district's policy and procedures adopted. The State Board of Education is to monitor and enforce compliance with Brittany's law. This law has allowed students with disabilities to continue receiving needed services but still allowing them to experience important milestones with their classmates they started school with in kindergarten.

Fast Track Transition Program

The Fast Track Transition Program is a pre-employment transition service provided to eligible students 14 – 21 years of age to prepare them for employment or post-secondary education upon leaving school.

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Who is Eligible:

- Students between the ages of 14 - 21 enrolled in an educational program
- Student not already receiving Vocational Rehab services
- Students with a current IEP or 504 plan or other documentation of a disability
- Parental permission

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Fast Facts of Common Eye Disorders

- Approximately 12 million people 40 years and over in the United States have vision impairment, including 1 million who are blind, 3 million who have vision impairment after correction, and 8 million who have vision impairment due to uncorrected refractive error.
- As of 2012, 4.2 million Americans aged 40 years and older suffer from uncorrectable vision impairment, out of which 1.02 million who are blind; this number is predicted to more than double by 2050 to 8.96 million due to the increasing epidemics of diabetes and other chronic diseases and our rapidly aging U.S. population.
- Approximately 6.8% of children younger than 18 years in the United States have a diagnosed eye and vision condition. Nearly 3 percent of children younger than 18 years are blind or visually impaired, defined as having trouble seeing even when wearing glasses or contact lenses.
- The National Institute for Occupational Safety and Health (NIOSH) reports that every day about 2,000 U.S. workers sustain job-related eye injuries that require medical treatment. However, safety experts and eye doctors believe the right eye protection can lessen the severity or even prevent 90 percent of these eye injuries.
- An estimated 93 million adults in the United States are at high risk for serious vision loss, but only half visited an eye doctor in the past 12 months.
- The annual economic impact of major vision problems among the adult population 40 years and older is more than \$145 billion.

- Vision disability is one of the top 10 disabilities among adults 18 years and older and one of the most prevalent disabling conditions among children.
- Early detection and timely treatment of eye conditions such as diabetic retinopathy has been found to be efficacious and cost effective.
- 90% of blindness caused by diabetes is preventable.
- Vision loss causes a substantial social and economic toll for millions of people including significant suffering, disability, loss of productivity, and diminished quality of life.
- National and state data show that more than half of adult Americans who did not seek eye care are due to lack of awareness or costs, which are often exacerbated by lack of adequate health insurance.
- More than 70% of survey respondents from National Eye Health Education Program (NEHEP) 2005 Public Knowledge, Attitudes, and Practices survey consider that the loss of their eyesight would have the greatest impact on their day-to-day life; however, less than 11% knew that there are no early warning signs of glaucoma and diabetic retinopathy.

For more information go to:
www.cdc.gov/visionhealth/basics/ced/fastfacts.htm

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In 2018 Riverside established Orthopedic Specialists in an ongoing commitment to provide complete care to the region. Now in 2021, Riverside celebrates the opening of the River-side Orthopedic and Spine Center in Bourbonnais. The building aims to connect key Riverside service lines in one centralized location.

“Our aim was to create a facility that would bring the entirety of our orthopedic and neurosurgery teams along with our physical therapist under one roof to best serve our patients,” said Phil Kambic, President and CEO of Riverside Healthcare. “Healthcare can be very tough to navigate for patients. If we can create a system that makes it easier for them by having everything in one location, that’s all the better.”

Boasting 50,000 square feet of space over two floors, the new Riverside Orthopedic and Spine Center is designed to help patients by offering all of their needs under one roof.

RELIEF RIGHT INSIDE THE DOOR

Riverside’s orthopedic walk-in clinic is immediately accessible to visitors upon entering the new building. The clinic is open Monday through Friday from 9am to 5pm.

Since the clinic is focused on orthopedic needs, it will offer treatment and assessment of sprains/strains, closed fractures, minor dislocations, painful joints, sports injuries, foot and ankle injuries, and other pains. Headed up by Mary Brandenburg, FNP-BC, the orthopedic clinic is able to focus on quickly identifying patient’s treatment needs and getting them back to normal as quickly as possible.

“We’re really excited to provide this level of access to care to patients, whether they’re athletes or weekend warriors,” commented Mary Brandenburg, FNP-BC.

Mary said the clinic isn't just intended for athletes. Anyone with bone or muscular issues can get treatment at the space.

"Someone may just sleep wrong and wake up with terrible back or neck pain, we're definitely able to offer treatment," said Mary.

THErapy FOR THOSE IN NEED

The new center also features two therapy areas—one for occupational therapy and another for physical therapy and sports training.

With more than 50 exam rooms, the Center will serve as a home for Riverside's Orthopedic, Podiatry, and Interventional Pain services. Neurosurgery will also have an established presence in the building to treat and see patients with back and head concerns right in the Bourbonnais area.

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