



MEDICAID AND SUPPORTIVE HOUSING – ILLINOIS INITIATIVES

2016

MEDICAID OVERVIEW

- Created in 1965 – Social Security Amendments of 1965
- Provides health coverage for the poor
- Federal & State partnership: 50/50 share in Illinois
- In Illinois, 3.2M people are on Medicaid (many with a behavioral health condition); 70M people nationally have Medicaid
- Eligibility: income, disability, dual eligible, waiver programs
- Need staff well versed in Medicaid benefits and eligibility
- Provide assistance with obtaining Medicaid and social security (for income).



WHY DOES MEDICAID MATTER IN HOUSING?

- Medicaid brings in dollars to the state budget from the federal government.
- You can obtain 50 cents for each dollar of services delivered.
- In recent years, the state has only funded services that are matched by Medicaid.
- The state reduced the funding of the supportive housing services they pay for in housing, services that was not matched by Medicaid. (Supportive Housing Services line item in budget).
- Many of the services that assist people in living in housing could be reimbursed by Medicaid if the services are defined in Medicaid plans, documented correctly and delivered by the right service provider.
- It can be expensive to become a Medicaid provider with considerable long term financial risk to the state and the provider.
- Not all populations are covered for all services by Medicaid.



MEDICAID EXPANSION

- The affordable care act allowed states to expand how many people are covered by Medicaid.
- Cook County Hospital, through a 1115 waiver, began expansion early. CountyCare has been a large success in improving care insuring 82,000 people in the first year.
- Illinois expanded their coverage in January 2014.
- More than 514,000 people have been enrolled in Medicaid as a result of this expansion. This is much higher than expected as there were more people uninsured and income eligible.
- With expansion, the federal government will cover 100% of the cost of the additional enrollments until 2016, and 90% thereafter, costing the state of Illinois to spend just 1.6% to 3.3% more than what Illinois would spend without Medicaid Expansion within that same time frame.



MEDICAID STATE COVERAGE

- Each state has a “state plan as to what is covered and who is covered when. Everyone is covered by the State Plan.
 - There are several rules in the state plan that cover those services (132, 2060, 590)
 - There are different eligibility rules for accessing those specific services that apply to all people on the state plan.
- Each state has waivers (or subsets of people who may get additional services instead of or in addition to state plan services) that save the state money for people in certain parts of the state or with a specific diagnosis. (TBI, Adults w/I/DD, County Care, etc.).



CURRENT RULE 132: MEDICAID REHABILITATION OPTION (MRO)

- **Need a diagnosed mental illness**
- **Credentialed staff: LPHA, QMHP, MHP, RSA**
- **Need a Mental Health Assessment (MHA), treatment plan with goals and objectives.**
- **All services must be related to a person's mental illness, be medically necessary and documented.**
- **Documentation, Documentation, Documentation**
- **Case notes must provide enough detail to support the service.**
- **Billing is conducted in 15 minute increments**



NEW STRATEGIES TO IMPROVE HEALTH OUTCOMES

The Current Administration is pursuing several new strategies to:

- 1. Strengthen coverage**
- 2. Reduce costs to the state and the providers**
- 3. Focus on health care outcomes**
- 4. Prevent people from needing more expensive institutional care by focusing on providing more flexible service strategies focused on person centered services.**



MEDICAID INNOVATION ACCELERATOR PROGRAM (IAP)

- **Centers for Medicare & Medicaid Services Informational Bulletin: Coverage of Housing-Related Activities and Services for Individuals with Disabilities released June 26, 2015.**
- **Medicaid IAP opportunity – Illinois applied**
- **Illinois was one of eight states selected**
- **Intensive and Hands-On Technical Assistance:**
 - **Increase state adoption of individual tenancy sustaining services to assist Medicaid beneficiaries.**
 - **Expand housing development opportunities for Medicaid community-based Long Term Services and Supports (LTSS) beneficiaries through facilitation of partnerships with housing agencies.**



MEDICAID INNOVATION ACCELERATOR PROGRAM (IAP)

- **Medicaid IAP Team is led by the Illinois Department of Healthcare and Family Services (HFS) and includes the Illinois Department of Human Services' Divisions of Developmental Disabilities, Mental Health, Alcohol and Substance Abuse, Rehabilitation Services, Family and Community Services as well as the Illinois Housing Development Authority and the Corporation for Supportive Housing (CSH).**
- **A cross walk of currently available housing services has been developed.**
- **An affordable housing policy & resource allocation assessment has been completed.**
- **A definition of Supportive Housing Services has been agreed upon (see draft 1115 waiver handout) which includes:**
 - **Pre-Tenancy Services and Tenancy Support Services**



MEDICAID INNOVATION ACCELERATOR PROGRAM (IAP)

What's Next:

- **Decide on Eligible Populations (beyond the proposed 1115 Waiver population of persons with a Serious Mental Illness (SMI) who are either currently residing in institutions or at risk of entering one or homeless)**
- **Decide Who is Eligible to Deliver the Services**
- **Decide How the Service Will Be Paid For (fee for service or daily rate?)**
- **Ask for appropriate Medicaid authority approval**
- **Train providers and roll out new service definition**



HHS TRANSFORMATION UPDATE:1115 WAIVER



- Behavioral health is a pressing issue that transcends agencies and populations across Illinois
- Disproportionate level of spend on members with behavioral health needs
- Large undiagnosed or untreated subpopulations
- Rapid increase in opioid-related deaths



GOVERNOR'S OFFICE AND 12 ILLINOIS AGENCIES WITH SHARED SENSE OF MISSION

Healthcare and Family Services (HFS)

Children and Family Services (DCFS)

Human Services (DHS)

Juvenile Justice (DJJ)

Corrections (DOC)

Aging

Public Health (IDPH)

Veterans' Affairs (VA)

Innovation and Technology (DoIT)

State Board of Education (ISBE)

Criminal Justice Information Authority (ICJIA)

Housing Development Authority (IHDA)



INFORMED BY STAKEHOLDERS, ILLINOIS ENVISIONS A MEMBER-CENTRIC BEHAVIORAL HEALTH SYSTEM ENABLED BY TEN KEY ELEMENTS

- 1. Enhanced identification, screening & access**
- 2. Integrated, digitized member data**
- 3. Core and preventative behavioral health services**
- 4. Behavioral health support services**
- 5. Workforce and system capacity**
- 6. High intensity assessment, care planning and care coordination/integration**



INFORMED BY STAKEHOLDERS, ILLINOIS ENVISIONS A MEMBER-CENTRIC BEHAVIORAL HEALTH SYSTEM ENABLED BY TEN KEY ELEMENTS

- 7. Low-intensity assessment, care planning and care coordination/integration**
- 8. Data inter-operability and transparency**
- 9. Best practice vendor and contract management**
- 10. Structure, budgeting , and policy support**



AN 1115 WAIVER WOULD HELP ILLINOIS ACHIEVE THE BEHAVIORAL HEALTH STRATEGY BY ALLOWING ILLINOIS TO REINVEST FEDERAL DOLLARS

WHAT 1115 WAIVERS ARE

- Opportunities to test and implement innovative approaches to Medicaid coverage that do not fall within current federal rules
- States commonly enact waivers to:
 - Incorporate additional services not coverable under Medicaid state plan
 - Test and evaluate innovative initiatives to improve care, increase efficiency, and/or reduce costs
 - Integrate care or streamline service delivery across populations, services, or providers

WHY ILLINOIS NEEDS AN 1115 WAIVER

- Desire not to let federal dollars Illinois finds “go to waste,” ensuring reinvestment of federal and non-federal shares in the behavioral health transformation (though IL must stick to its commitments)
- Need for catalytic investments to create the nation’s leading behavioral health system
- Desire to make payment and delivery system reforms

- 1115 waivers must be budget neutral to CMS but allow IL the opportunity and flexibility to reinvest identified federal dollars back into the system

ILLINOIS HAS IDENTIFIED 6 GOALS IT HOPES TO ACHIEVE THROUGH THIS WAIVER

1. Rebalance behavioral health system, shifting members from institutional care to community-based care
2. Promote integrated delivery of behavioral and physical health care for behavioral health members with high needs
3. Promote integration of behavioral health and primary care for behavioral health members with low needs
4. Support the development of robust and sustainable behavioral health services that provide both core and preventative care to ensure that members receive the full complement of high-quality treatment they need
5. **Invest in additional support services to address the larger needs of behavioral health patients, such as housing and employment services**
6. Create an enabling environment to move behavioral health providers toward outcomes- and value-based payments



BEHAVIORAL HEALTH SUPPORT SERVICES:

DEMONSTRATION WAIVER BENEFITS

- **Supportive housing services**

EXPLANATION OF WAIVER BENEFITS

- **Services to address behavioral health through a “whole-person” approach and support an individual’s ability to prepare for and transition to housing and maintain tenancy once housing is secured.**



BEHAVIORAL HEALTH SUPPORT SERVICES:

DEMONSTRATION WAIVER BENEFITS

- **Supported employment services**

EXPLANATION OF WAIVER BENEFITS

- **Services to address behavioral health through a “whole-person” approach and support behavioral health members who, because of their illnesses, need intensive ongoing support to obtain and maintain employment.**



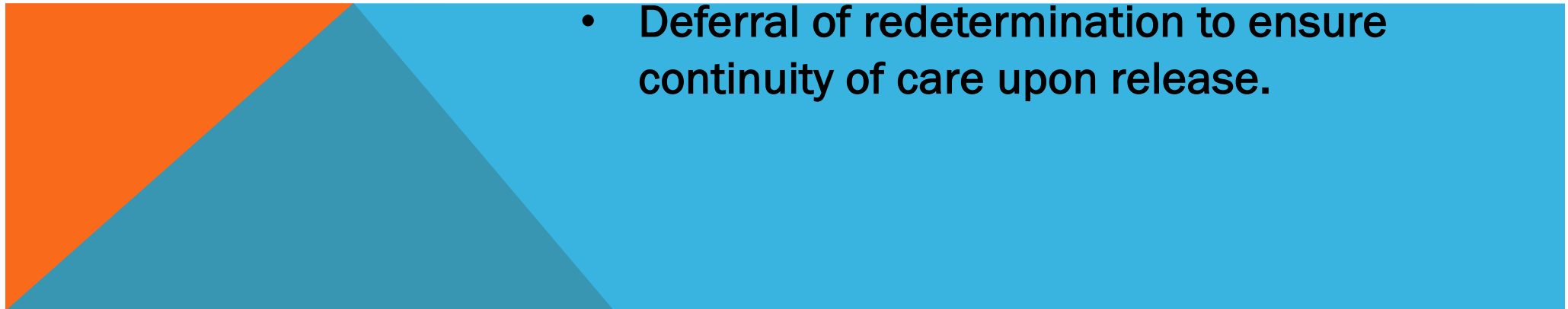
BEHAVIORAL HEALTH SUPPORT SERVICES:

DEMONSTRATION WAIVER BENEFITS

- **Services to ensure successful transitions for justice-involved individuals at IDOC- and Cook County Jail (CCJ)**

EXPLANATION OF WAIVER BENEFITS

- **Screening, assessment, treatment, and coordination-focused services for IDOC- and CCJ-incarcerated individuals 30 days prior to release to improve linkages with community behavioral health treatment, ensure appropriate utilization of high-end services, and reduce recidivism.**
- **Immediate enrollment in managed care upon discharge for eligible individuals.**
- **Deferral of redetermination to ensure continuity of care upon release.**



WHAT SHOULD YOU BE DOING RIGHT NOW?

- Consider whether or not it makes sense for you to become a Medicaid biller
- Stay informed and participate in stakeholder groups
- Consider potential Medicaid biller partnership opportunities



QUESTIONS, COMMENTS, IDEAS

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