STATE OF ILLINOIS

Balancing Incentive Payment Program Application

Department of Healthcare and Family Services

March 27, 2013

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Cover Letter

March 27, 2013

Jennifer Burnett
Centers for Medicare & Medicaid Services
Disabled and Elderly Health Programs Group
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Mail Stop: S2-14-26
Baltimore, MD 21244-1850

Dear Jennifer:

The Illinois Department of Healthcare & Family Services (HFS) is pleased to submit the enclosed application for the Balancing Incentive Program in accordance with State Medicaid Directors Letter #11-010 ACA#20 and Section 10202 of the Patient Protection and Affordable Care Act. The HFS is the single state Medicaid agency in Illinois and will serve as the lead organization for the BIP Program.

The state's human service system is comprised of the Department of Human Services who administers programs for individuals with intellectual and developmental disabilities, individuals with physical disabilities, individuals with mental illness and/or substance use issues; and the Department on Aging, the operating agency for the provision of services to the elderly population. HFS maintains a strong partnership with our sister agencies as well as with the Governor's office as evidenced through our numerous rebalancing initiatives that are underway that require collaboration at a high level as well as in the day to day delivery of services. Additionally, HFS collaborates with LTSS stakeholders through numerous committees and workgroups.

Illinois has a long history of rebalancing its LTSS system as evidenced by its commitment to community based services and supports. Illinois operates nine 1915 (c) Home and Community-Based Waivers that serve 89,489 individuals in the community; our Money Follows the Person Program has transitioned over 800 individuals to the community; Illinois is expanding its Aging and Disability Resource Centers; Governor Quinn and his Administration have settled three *Olmstead* lawsuits, and the State is in the process of closing some of its State institutions.

The settlement of the three *Olmstead* lawsuits coupled with the closure of state facilities provide Illinois with a unique opportunity to improve its community-based system of care as required by the BIP structural requirements, including the establishment of a No Wrong Door/Coordinated Entry Process; the development of a Uniform Assessment Tool; and the promotion of conflict free case management.

Illinois is moving in the direction of breaking down our current bureaucratic silos and improving the level of quality services and supports. The BIP system requirements will provide the needed structure to allow Illinois to streamline its LTSS programs served by multiple agencies, reducing consumer and administrative burden, and integrating care planning and delivery functions.

Illinois estimates receiving an additional 2% FMAP equaling over $90 million based on projected total community based LTSS expenditures from July 1, 2013 through September 30, 2015. The enhanced funds will support Illinois' efforts to respond to the requirements of the three *Olmstead* lawsuits, assist with strengthening our community infrastructure, and further our efforts to rebalance our LTSS system.

The Principal Investigator for the BIP is Theresa Eagleson, Illinois Medicaid Director, Theresa.Eagleson@illinois.gov. Kelly Cunningham, Deputy Medicaid Administrator, and Lora McCurdy, MFP Project Director, will also provide leadership on BIP and they can be contacted at Kelly.Cunningham@illinois.gov and Lora.McCurdy@illinois.gov.

Sincerely,

Julie Hamos
Director
Illinois Department of Healthcare & Family Services

Preliminary Work Plan

See Table on following page.

Categories	Interim Tasks and Deliverables	Due Date	Responsible Entity	Status	Deliverables
General NWD/SEP Structure	**All individuals receive standardized information and experience the same eligibility determination and enrollment process**				
	Develop standardized informational materials that coordinate entry process/points to individuals	1/1/2014	BIP Team	Not started – have had internal discussions related to expansion of website	Informational Materials
	Train participating staff on eligibility determination and enrollment process	2/28/2014	BIP Team	Not started	Training Agenda and schedule
	A coordinated process guides the individual through he entire functional and financial eligibility determination process. Functional and financial assessment data and results are accessible to NWD/SEP staff so that eligibility determination and access to services occurs in a timely fashion				
	General Description of the future system	3/27/2013	BIP team	Complete with initial application and general overview	BIP Application – System description
	Detailed system description	9/30/2013 with 6 month Work Plan	BIP Team	In Progress	Detailed technical specs of system
	Select vendor	Update with 6 month Work Plan	BIP Team	In Progress	Vendor name and qualifications
	Implement and test system	Update with 6 month Work Plan	BIP Team	In Progress	Description of pilot roll out
	System goes live	Update with 6 month Work Plan	BIP Team	In Progress	Memo to CMS indicating system is fully operational
	System updates	Semi-annual after application	BIP Team	In Progress	Description of successes and challenges
NWD - Coordinated Entry Process	**Illinois has a network of coordinated entry points and an operating agency with the Medicaid agency as the oversight agency.**				
	Identify the operating agency	3/27/2013	HFS	Completed	Name of Operating Agency - HFS
	Identify the NWD/SEPs	3/27/2013	BIP Team	In progress	List of SEP agencies and locations

	Develop or implement an agreement (MOU) across agencies	9/30/2013 with 6 month Work Plan	HFS and BIP Team including agency leads	Not started	Signed MOU
	NWD/SEPs have access point where individuals can inquire about community LTSS and receive the same comprehensive information, eligibility determinations, community LTSS program options counseling and enrollment assistance				
	Identify service shed coverage of all NWD/SEPs	3/27/2013	HFS & BIP Team	Completed with initial application	100% of state covered by NWD/SEPs
	Ensure NWD/SEPs are accessible to older adults and persons with disabilities	Update with 6 month Work Plan	BIP Coordinator and Team	Not Started	Description of NWD/SEP features that promote accessibility
Website	**The NWD/SEP system includes an informative community LTSS website; Website lists a 1-800 number for NWD/SEP system.**				
	Identify or Develop URL	11/1/2013	HFS – Webmaster and LTC staff	Not started	Web URL
	Develop and Incorporate Content	1/1/2014	HFS – Webmaster and LTC staff	Not started	Working URL with content completed including screen shots
	Incorporate the Level 1 Screen	3/1/2014	BIP Coordinator	Not started	Screen shot of level 1 screen and instructions for completing
1-800 Number	**Single 1-800 Number where individuals can receive information about community LTSS options in the State, request additional information, and schedule appointments at local NWD/SEPs for assessments**				
	Evaluate existing 1-800 capabilities and provide one system	11/1/2013	BIP Coordinator and Team	Not started	Phone Number
	Train staff on answering phones, providing information, and conducting the Level 1 screen	3/1/2014	BIP Coordinator and Team	Not started	Training materials
Advertising	**Illinois advertises the NWD/SEP system to help establish it as the "go to system" for community LTSS**				
	Develop advertising plan	12/1/2013	BIP Coordinator and Team	Not started	Advertising Plan
	Implement advertising plan	3/1/2014	BIP Coordinator and Team	Not started	Distribution of advertising plan

CSA	**A CSA, which supports the purposes of determining eligibility, identifying support needs and informing service planning, is used across the State and across a given population. The Level 2 assessment is completed in person, with the assistance of a qualified professional. The CSA must capture the CDS (required domains and topics).**				
	Fill out CDS cross walk to determine if State's current assessment tools include required domains and topics	3/27/2013	BIP and UAT Team	Completed with initial application	Ongoing evaluation of existing tools
	Develop questions for the Level 1 screen	5/1/2013	BIP Coordinator & UAT Team		Level 1 screening
	Develop Core Standardized assessment	7/1/2013	BIP Coordinator & UAT Team	Internal meetings ongoing	Fin
	Incorporate additional domains and topics if necessary	8/1/2013	Vendor	Not started	Final Level 2 screening process
	Train staff members at NWD/SEPs to coordinate the Level 1 and 2 screens	1/1/2014	BIP Coordinator & UAT Team	Not started	Training materials
	Identify qualified personnel to conduct the CSA	1/1/2014	BIP Coordinator & UAT Team	Not started	List of entities to conduct the various components of the CSA
	Continual Updates	Semi-annual after application	BIP Coordinator & UAT Team	Not started	Description of successes and challenges
Conflict-Free Case Management	**Illinois must establish conflict of interest standards for the Level 1 screen the Level II assessment and plan of care processes. An individual's plan of care must be created independently from the availability of funding to provide services.**				
	Describe current case management system, including conflict-free policies and areas of potential conflict	3/27/2013	BIP Coordinator	Complete with initial BIP application	Description of current case management system in application
	Establish protocol for removing conflict of interest	3/1/2014	BIP Coordinator & Team	Not started	
Data Collection and Reporting	**State must report service, outcome, and quality measure data to CMS in an accurate and timely manner**				
	Identify data collection protocol for service data	9/30/2013 with work plan	BIP Coordinator & Team	Not started	Measures, Data collection instruments, and data collection protocol
	Identify data collection protocol for quality data	9/30/2013 with work plan	BIP Coordinator & Team	Not started	Measures, Data collection instruments, and data collection protocol

	Identify data collection protocol for outcome measures	9/30/2013 with work plan	BIP Coordinator & Team	Not started	Measures, Data collection instruments, and data collection protocol
	Report updates to data collection protocol and instances of serve data collection	Semi-annual Report	HFS	Not started	Document describing where the data was collected during previous 6-month period and updates to protocol
	Report updates to data collection protocol and instances of quality data collection	Semi-annual Report	HFS	Not started	Document describing where the data was collected during previous 6-month period and updates to protocol
	Report updates to data collection protocol and instances of outcomes measures collection	Semi-annual Report	HFS	Not started	Document describing where the data was collected during previous 6-month period and updates to protocol
Sustainability	**State should identify funding sources that will allow them to build and maintain the required structural changes**				
	Identify funding sources to implement the structural changes	9/30/2013 with work plan	HFS and GOMB	In Progress	Description of funding sources
	Develop sustainability plan	9/30/2013 with work plan	HFS and GOMB	Not started	Estimated annual budget to maintain the structural changes and funding sources
Exchange IT Coordination	**States must make an effort to coordinate their NWD/SEP system with Health Information Exchange IT system**				
	Describe plans to coordinate the NWD/SEP system with the Health Information Exchange IT system	1/1/2014	HFS	Not started	Description of plan of coordination
	Provide updates on coordination, including the technological infrastructure	Semi-annual after application	HFS	Not started	Description of coordination efforts

Signature of Lead of Oversight Agency

_____

Name:
Agency: Illinois Department of Healthcare and Family Services
Position:

Project Abstract

The Illinois Department of Healthcare and Family Services, in partnership with our sister agencies, the Department on Aging and the Department of Human Services, propose to utilize the Balancing Incentive Program (BIP) to strengthen the community-based infrastructure and provide greater access to community-based services and supports, in keeping with the integration mandate of the Americans with Disabilities Act (ADA), as required by the *Olmstead* decision. By strengthening structural reforms to increase nursing home diversions and access to non-institutional LTSS, Illinois will augment its community-based infrastructure to create a more coordinated, efficient, and accountable delivery system. Illinois is in the midst of implementing significant rebalancing initiatives, including the closure of state institutions; the settlement and implementation of three *Olmstead* class action lawsuits; and the expansion of coordinated care models.

Illinois acknowledges that the current service delivery systems are not coordinated across disability populations resulting in fragmentation and difficulty in navigating care. The three system requirements outlined under the BIP will further enhance Illinois' response to the lawsuits, the closure of the state facilities, and other on-going rebalancing initiatives. Specifically, the BIP will provide for:

- Development of a uniform assessment tool that views individuals in a holistic approach across disability populations;
- Development of a web based data system that encompasses storage of data and the provision of access to the data across Departments and provider groups;
- Establishment of a No Wrong Door system for LTSS that is coordinated across aging and disability populations;
- Assurance of the provision of conflict free case management across LTSS.

The goal of the Illinois BIP project is to rebalance the LTSS system through the continued expansion of community based services and supports in order to meet the 50% benchmark of LTSS expenditures being directed to the community system. Additionally, Illinois plans to reduce its overreliance on institutional care through strengthening community capacity and ensuring that individuals are afforded community options prior to admission to an institutional setting.

Illinois plans to undertake the following initiatives to strengthen its community infrastructure and address the three structural changes as required by the BIP:

1) Review of the LTSS functional eligibility determination processes as well as the multiple points of entry into LTSS in order to create a coordinated entry

process and a streamlined functional and financial eligibility determination process.

2) Continue to collaborate with Navigant Consulting to adopt a uniform assessment tool that will include the five core domains of data elements required by the BIP.
3) Adoption of a Level 1 screen that will include the development of a self portal that provides consumers with the option to initiate the Level 1 screening process online.
4) Development of a web-based data system that collects screening and assessment information in real time in order to assist efforts to divert individuals from institutional settings.
5) Establish conflict free case management protocols across the community-based LTSS system.
6) Establish outreach and marketing material that provides Illinois residents with the information they need to make informed decisions regarding LTSS. Secure a 1-800 capability dedicated to providing individuals with access to a person to initiate the Level 1 screening process.

Illinois estimates receiving an additional 2% FMAP equaling $90.3 million based on projected total community based LTSS expenditures from July 1, 2013 through September 30, 2015 (please see budget attachment). The enhanced funds will support Illinois' efforts to respond to the requirements of the three *Olmstead* lawsuits, assist with strengthening our community infrastructure, and further our efforts to rebalance our LTSS system.

Project Narrative

Section A. Understanding of Balancing Incentive Program Objectives:

Section A.1 Background

The State has demonstrated an understanding of and a commitment to the goals of the Balancing Incentive Program. The Balancing Incentive Program will accelerate Illinois' transformation of its long term care systems by:

- Streamlining consumer program intake, improving timing of service initiation and minimizing administrative stress on consumers
- Lowering costs through improved systems performance & efficiency
- Creating tools to assist consumers with care planning & assessment
- Enhancing quality measurement and oversight

Illinois has a long history of implementing policies that support the goal of rebalancing its Long Term Care system to enable individuals to live in the most integrated setting of their choice. Illinois operates nine Home and Community-Based Service (HCBS) Medicaid Waivers that function to provide individuals with a community-based alternative to institutional care. The programs operated by DHS, DoA, and HFS include HCBS waivers for:

Table 1 - IL HCBS Waivers

1915 (c)Waiver Type	Operating Agency/Division
1. Persons with HIV/AIDS	Department of Human Services—Rehabilitation Services (DRS)
2. Persons with Brain Injury (TBI)	Department of Human Services—Rehabilitation Services (DRS)
3. Persons with Physical Disabilities	Department of Human Services—Rehabilitative Services(DRS)
4. Adults with Developmental Disabilities	Department of Human Services—Developmental Disabilities(DDD)
5. Children and Young Adults with Developmental Disabilities-Support	Department of Human Services—Developmental Disabilities(DDD)
6. Children and Young Adults with Developmental Disabilities-Residential Waiver	Department of Human Services—Developmental Disabilities (DDD)
7. Persons who are Elderly	Department on Aging
8. Medically Fragile Technology Dependent (MFTD)	Care managed by the University of Illinois at Chicago, Division of Specialized Care for Children
9. Supportive Living HCBS Waiver	Department of Healthcare and Family Services

In federal fiscal year 2011, 89,439 persons were served in HCBS waiver programs.

Additionally, the Department of Human Services, Division of Mental Health, provides community-based mental health services through the Medicaid Rehabilitation Option, also known as the Medicaid Community Mental Health Services Program. DMH contracts with 150 comprehensive community mental health centers and 30 specialty providers to provide community-based services. In FY 12 DHS/DMH purchased services for approximately 130,000 individuals.

The Division of Rehabilitation Services oversees a Community Reintegration Program (CRP) which was in place prior to the initiation of the Money Follows the Persons Program (MFP) and continues to reintegrate individuals from institutional settings to the community who have less intensive needs. Illinois' application for the Money Follows the Person Rebalancing Demonstration Program was approved in 2008. As of CY 2012, Illinois' MFP Program has transitioned 788 individuals from nursing homes and ICF/DD's since transitions were initiated in 2009. The Department of Healthcare and Family Services is coordinating its MFP Program with two of the *Olmstead* lawsuits and the closure of state facilities in order to further our rebalancing efforts.

In recent years, Illinois has prioritized rebalancing its Long Term Care system under the leadership of Governor Pat Quinn and the legislature as evidenced by the passage of significant Medicaid reform legislation (Public Act 96-1501). The Act requires the state human service agencies to create an annual Uniform Budget Report with a breakdown of expenditures for both institutional care and community care. The Act provides the Governor with the authority to transfer up to 4% of funding from one line item to another. Additionally, PA 96-1501 requires 50% of Medicaid enrollees to be served under coordinated care models by 2015 – equating to 1.5 Million consumers. The goal of the Act is to redesign Illinois' healthcare delivery system to create a more consumer centered system with a focus on improving health outcomes, enhancement of consumer access to care, and a new focus on improvement of quality of care.

Over the past several years, Illinois has systematically reduced its overreliance on state operated hospitals and institutions through the development of comprehensive downsizing plans for these facilities. Since 2009, the Administration has directed the closure of two State Mental Health Hospitals and two State Operated Developmental Centers. The DHS/DMH closed two state operated psychiatric facilities in FY 12 and FY 13. Tinley Park Mental Health Center closed June 30, 212. It served as an acute care hospital and as a result all patients were discharged prior to closure. Singer Mental Health Center (closed Oct. 31, 2012) had both an acute and extended care population and those patients who were not discharged were transferred to other state hospitals.

The 2,750 admissions handled annually by these two facilities were replaced with a more community-based crisis care system that provides evaluation of individuals that present to Emergency Departments in psychiatric crisis to determine needed level of care. The following levels of care were determined and either created from scratch or significantly enhanced in the geographic areas to assure our rebalancing efforts were successful:

- Acute Community Services
- Mental Health Crisis Triage and Residential beds
- DASA Residential Crisis Stabilization beds
- Community Hospital Inpatient Psychiatric Services
- Mental Health Team Services such as Assertive Community Treatment (ACT) and Community Support Team (CST)
- Transportation contract to facilitate patient movement between levels of care

The DHS/DDD closed the Howe State Operated Developmental Center in 2009, the Jacksonville Developmental Center in 2012, and the Murray Developmental Center is slated for closure in October, 2013.

Table 2 - IL SODC Census Data

State Operated Facility Census	
Fiscal Years	**End-of-Year Statewide Census**
2005	2,762
2006	2,695
2007	2,547
2008	2,405
2009	2,255
2010	2,111
2011	2,034
2012	1,965

*Serving individuals with intellectual or developmental disabilities

As of March 1, 2013, the statewide census was 1,823, reflecting the closure in November, 2012 of the Jacksonville Developmental Center, which served approximately 185 individuals. To further these rebalancing efforts, the DDD is now planning the closure during FY2014 of the Murray Center with a census of approximately 260 individuals, plus the transitions of an additional 100 individuals from the remaining six Centers to community-based services.

Additionally, since 2009 the Administration has settled three *Olmstead* class action lawsuits that were filed a number of years ago. All three of these lawsuits have been settled and Implementation Plans have been approved resulting in thousands of Illinois' residents being provided with the opportunity to transition from institutional care to the community. The three *Olmstead* cases include:

Williams V. Quinn: *M*ore than 4,500 residents of nursing homes designated as Institutes for Mental Disease (IMDs) for federal claiming purposes, alleged the state Defendants violated the ADA and Section 504 of the Rehabilitation Act and denied them the opportunity to live in more integrated settings. The Consent Decree was approved in 2010 and the state agreed that all class members will be assessed and, if appropriate, given the opportunity to transition to community based settings. To date, 409 individuals have transitioned to the community.

***Ligas v Hamos*:** The Ligas Consent Decree requires the State of Illinois to provide individuals with an intellectual or developmental disability, age 18 or older who are Medicaid eligible and are residing in private ICF/DDs with 9 or more residents, the opportunity to transition to a community-based setting. Additionally, the State is required to move individuals off the waiting list who reside in the family home and are in need of Community-Based services or placement in a Community-Based setting. There are approximately 4,000 potential class members in ICFs/DD throughout Illinois. The time frame for implementation of the Ligas Decree is six years. To date, 193 individuals have moved from ICFs/DD and another 90 individuals have award letters issued and are in the process of transitioning. There are a total of 904 class members in ICFs/DD (includes the 193 who have moved and the 90 with award letters).

***Colbert v Quinn*:** The Colbert Consent Decree, adopted by the Court on December 21, 2011, requires the State to provide an opportunity for individuals residing in nursing facilities in Cook County to transition to community-based settings. The Colbert class includes individuals with physical disabilities or a serious mental illness. The class consists of approximately 17,000 individuals.

Olmstead Coordination in Illinois: In 2009, HFS initiated Interagency Long Term Care Reform meetings as an Executive level, cross agency strategizing body to coordinate overall rebalancing efforts with focused compliance on the MFP Demonstration Program. The monthly LTC Reform meetings are inclusive of a broad rebalancing agenda, including the implementation of the three *Olmstead* Consent Decrees (Williams, Ligas, and Colbert), state facility closures; coordination issues resulting from the expansion of managed care models; and discussion related to the pursuit of the Balancing Incentive Program and other rebalancing initiatives provided under the Affordable Care Act, such as an analysis of the Community First Choice Option.

Section A.2 BIP Objectives: Rebalance the LTSS System and Increase Access and Quality

The State of Illinois' focus on rebalancing its system has never been greater. A significant strength of Illinois' current LTSS system is the converged leadership exemplified by Governor Quinn and his Administration. During his tenure, Governor

Quinn and his Administration have worked with the Illinois legislature to close a number of state institutions. In short, the following items specify the current LTSS efforts in Illinois:

- Illinois currently operates nine 1915(c) Home and Community Based Waivers with a total of approximately 89,489 individuals receiving community based services and supports. The number of individuals served under the HCBS Waivers has continued to grow every year since their inception.
- Illinois' Money Follows the Person (MFP) Program has successfully transitioned over 800 individuals to the community since transitions were initiated in 2009. Prior to the initiation of MFP, Illinois initiated a Community Reintegration Program that continues to support individuals with less intensive needs from nursing homes to the community.
- The Department on Aging has established an Aging and Disability Resource Center (ADRC) system which has grown to seven sites and is in the process of adding five sites.
- Over the past two years, Illinois has settled three class action *Olmstead* lawsuits which require the State to transition individuals from institutional settings to community-based care. As a result of the settlement of these three lawsuits, an estimated 25,500 Illinois residents will be given an opportunity to transition to the community over the next several years.
- Illinois employed a Statewide Housing Coordinator and Regional Housing Coordinator to assist the various Departments and Divisions in securing housing opportunities, as well as with assisting with rebalancing efforts across the three *Olmstead* Consent Decrees and in collaboration with MFP.
- The Governor's office has initiated a Rebalancing Initiative that calls for the closure of two state psychiatric hospitals and state institutions. This past year two state psychiatric hospitals closed and one state institution closed. Another 260-bed state institution is slated for closure in October, 2013.

Illinois is also examining its assessment tools and revising some of its rate methodologies. The State has contracted with a national consultant and has convened a work group of state agencies that has undertaken the process of adopting a new universal assessment tool. Once finalized, the universal assessment tool will be used to replace the current Determination of Need (DON) assessment tool that has been used since 1983 to determine the functional level of care for institutional and home and community-based long term care services. A stakeholder process will be employed as part of review of the draft tool.

Additionally, the State continues work to revise its nursing facility rate methodology to ensure responsiveness to resident needs and resource utilization. Medicaid budget reform, signed into law in May 2012, requires the State to utilize a rate methodology based on federal Resource Utilization Groups (RUGS), a system used by Medicare and many other states Medicaid programs.

The settlement of the three *Olmstead* lawsuits, coupled with the closure of state facilities, provide Illinois with a unique opportunity to improve its community-based system of care as required by the BIP structural requirements, including the establishment of a No Wrong Door/Coordinated Entry Process; the development of conflict free case management; and the development of a uniform assessment tool.

Illinois fully understands the three system requirements of the BIP and we are collaborating with our sister agencies to move towards compliance with the requirements.

Section B: Current System's Strengths and Challenges

Section B.1 Information and Referral

Illinois' long term care information and referral systems are comprised of several program and population specific processes, with different human service agencies responsible for certain activities. As a result of this structure, coordination among these agencies is required to determine eligibility and enable access to services. The following is a summary of the Human Service agencies' roles and responsibilities with regard to information and referral.

Section B.1.1 Illinois Department on Aging (DoA)

IDoA provides funding for 13 Area Agencies on Aging that represent all of the planning regions for the state. The AAA's provide information, referral and assistance, benefits counseling and legal assistance. Illinois initiated its Aging Disability Resource Center (ADRC) project in 2004 and currently has seven sites designated as ADRCs in thirteen Planning and Service Areas around the state. In 2011, Illinois developed a five-year ADRC State Plan, and it is anticipated that all 13 Area Agencies on Aging will establish at least one ADRC/Coordinated Point of Entry within their Planning and Service Area. DoA has developed and approved a set of 22 Coordinated Point of Entry Standards that will guide the services and protocols of the ADRCs. The ADRC's primary target populations are the elderly and individuals with physical disabilities.

Section B.1.2 Illinois Department of Human Services, Division of Developmental Disabilities (DHS/DDD)

The DHS/DDD contracts with 18 Pre-Admission Screening/Independent Service and Support Advocacy (PAS/ISC) agencies that provide individuals and families with information regarding the LTSS. The DDD includes on its website information about contacting the PAS/ISC agencies. An office locator is provided so individuals can look for their local PAS/ISC. In addition, a toll-free number is provided, 1-888-

DDPLANS, through which an individual may enter his or her zip code and be connected at no cost to them to their PAS/ISC agency.

Section B.1.33 Illinois Department of Human Services, Division of Mental Health (DHS/DMH)

The DHS/DMH contracts with approximately 150 nationally accredited comprehensive community mental health centers that receive intake requests from a variety of sources. An individual may call or walk into a community mental health center and make a self-referral. Community mental health centers also accept referrals from local social service agencies, DHS local offices, community hospitals/psychiatric units, DMH state psychiatric hospitals, schools, jails/correctional facilities, nursing facilities, and primary care offices. In addition, CMHCs also receive intakes through crisis situations in which they have been asked to evaluate an individual in an emergency department, jail, school, etc. for immediate assessment and disposition of an individual who is in a psychiatric crisis.

Community Mental Health Centers provide mental health services funded principally under the Medicaid Rehabilitation Option, including psychiatry, psychotherapy, medications, psychosocial rehabilitation, and case management. Additionally, DMH provides non-clinical supports, including supportive housing; employment services, emergency medications and recovery supports. Information regarding DHS/DMH services and how to access them can be found on the DHS website as well as http://www.illinoismentalhealthcollaborative.com/about.htm, the site of the DHS/DMH administrative service organization.

Section B.1.4 Illinois Department of Human Services, Division of Rehabilitation Services (DHS/DRS)

The DHS/DRS contracts with 23 Centers for Independent Living (CILs). The CILs provide advocacy, peer counseling, skill training, and information and referral to individuals with physical disabilities. CILs also provide community reintegration services to individuals with less intensive needs and they provide transition coordination services under the Money Follows the Person Program. Prospective Home Services Program (HSP) customers may refer themselves to the program for services or may be referred by family, friends, agencies, medical professionals, others. Web referrals are available on the DHS-DRS (Division of Rehabilitation Services) website. There is also an 800 number which can link customers to the program and DRS has nearly 50 offices throughout the state through which referrals may be made by phone or in person.

Section B.1.5 Illinois Department of Human Services, Division of Alcoholism and Substance Abuse (DHS/DASA)

DASA purchases services from 160 community based providers located throughout Illinois. Substance abuse treatment services are funded through General Revenue Funding, the federal SAPT Block Grant, federal discretionary portfolio initiatives and Medicaid funding. Every individual receives an assessment to determine the level and type of services needed. Funded services include outpatient, intensive outpatient, residential rehabilitation, halfway house, methadone assisted treatment, recovery homes, and sober living centers and other recovery support for the treatment and recovery from substance use disorders. Individual and group counseling services are provided in 17 nursing homes by a licensed substance abuse treatment provider. MISA services are provided by IDHS/DASA licensed and funded substance abuse treatment centers which specialize in integrated co occurring mental illness and substance use disorder treatment.

An integrated assessment tool is used to determine diagnosis and course of treatment for clients with mental illness and substance use disorders. Individuals may be linked to substance abuse treatment services in any of the following ways:

a) Individuals may self refer and call or walk into any substance abuse treatment agency;
b) Hospitals or primary care may make referrals
c) Referred from jail diversion programs in the court system
d) Other state partners such as the Department of Children and Family Services, the Illinois Department of Corrections; referred from jail diversion programs in the court system.

Agencies frequently receive referrals from a variety of community organizations, schools, churches, 12 step and other groups. Finally agencies may receive referrals from Caritas Central Intake Service who perform comprehensive medical assessments for opiate dependent individuals. Outreach and transportation are provided as need.

Coordinated Referral and Information Processes

The Money Follows the Person Program instituted a web-based referral system in the spring of 2012. HFS has expanded the applicability of the online referral system to MDS, Section Q referrals as well as referrals from the long term care ombudsman throughout out the state. Additionally, the Colbert Implementation Plan identified the MFP website referral form as the mechanism for individuals to self-identify as a Colbert class member. The goal of the online system is to provide individuals, their families and/or guardians access to a coordinated referral system. HFS receives the

referrals via the online system and directs those referrals to the appropriate entity for follow up at the institutional setting – nursing home, ICF/DD, or IMD.

Illinois plans to examine the feasibility of expansion of a coordinated referral process for all LTSS services, including the implementation of the three *Olmstead* Consent Decrees and the closure of state facilities. The location of a centralized referral process, and the advertisement of the one-stop referral process, will provide consumers and their families with a more streamlined process for accessing LTSS.

Section B.2 Eligibility Determination

Section B.2.1 Financial Assessments and Eligibility Determinations

Recently, HFS, the Department of Human Services (DHS) and the Department of Insurance (DOI) have collaborated to implement a new eligibility system, known as the Integrated Eligibility System (IES) which includes Medicaid, Supplemental Nutrition Assistance Program (SNAP—formerly known as "food stamps"), Temporary Assistance for Needy Families (TANF—formerly known as "welfare" or AFDC) and the new Health Benefits Exchange required by federal *Affordable Care Act (ACA)*. This system will replace the more than 30-year old, COBOL-based system that is at the core of current eligibility determinations for these services.

Section B.2.2 Functional Assessments and Eligibility Determinations

Illinois' current functional eligibility process for accessing community-based LTSS is the completion of a level of care determination for each of the HCBS Waivers or an assessment for the Mental Health Rehabilitation Option service. Currently, under the present service delivery system, individuals requiring LTSS who have complex needs, including co-occurring behavioral health needs, are not necessarily assessed in a holistic fashion nor are all of the LTSS options presented. Table 3 includes specific information about functional eligibility requirements of Medicaid LTSS programs.

Table 3 - Medicaid Functional Eligibility by Program

Programs	Functional Eligibility
1.CCP (Department of Aging – HCBS Waiver)	**Comprehensive Community Assessment**
2.Rule 132 – Mental Health Community Services	**LOCUS – AST/CST & residential programs**
3.Developmentally Disabled Adult Waiver	**ICAP**

4.Division of Rehabilitation Services Waiver	**DON Score**
5.Alcohol and Substance Abuse	**DSM4/ASAM**

Section B.3 Core Standardized Assessment

As mentioned earlier, the SMART Act resulted in a commitment by the Governor's office to review Illinois' current assessment tools. Over the past nine months Illinois' human service agencies have collaborated with Navigant Consulting to review Illinois' existing assessment tools and move towards the adoption of a uniform assessment tool.

Illinois is committed to enhancing its current standardized assessment tools for determining eligibility for non-institutionally based long-term services and supports used across disability populations. The goal is to develop a uniform, person-centered tool that can be used consistently across the State to determine an individual's needs for support services, medical care, transportation, and other services. The tool will capture the set of data elements included in the Core Data Set as outlined in the BIP Implementation Manual.

Section B.3.1 Level 1 Screen

Illinois is committed to implementing an initial standardized Level 1 Screen for LTSS services including compliance with the BIP goal of ensuring that consumers do not have be assessed multiple times and that consumers experience the same process regardless of where they reside. Illinois will also ensure that consumers are linked to the appropriate entity for completion of the Level 2 comprehensive assessment.

Additionally, Illinois will focus on providing a single 1-800 phone line dedicated specifically to providing individuals with the option of talking to a trained professional, over the phone in order to complete the initial Level 1 screen.

Section B.3.2 Level 2 Assessment

Illinois does not have a single assessment instrument for all community-based eligibility determinations, as each Department or Division utilizes their own tool based on the consumer's primary disability. The Department on Aging, DHS Divisions of Mental Health, Substance Abuse, Rehabilitation Services, and Developmental Disabilities, and HFS use separate functional assessment instruments to determine eligibility, identify support needs and inform service planning for individuals that are elderly, have physical disabilities, IDD, mental illness and/or substance use disorders. There is some overlap between DoA and DRS in the use of the Determination of Need (DON) tool which both agencies use for establishing the required level of care for an individual.

The various assessment tools currently used collect some of the same information across the core domains, however; the new tool that Illinois is in the process of developing will ensure that the Core Data Set required by the BIP will be collected and the data will be deposited into one central location. Please refer to Table 3 for a review of the different assessment instruments utilized by the Department of Human Services, Division of Alcohol and Substance Abuse, Division of Mental Health, Division of Rehabilitation Services, Division of Developmental Disabilities, Department on Aging, and Health Care and Family Services.

The UAT work group plans to discuss and formalize the necessary staff qualifications for completion of the Level 1 screen.

Section B.4 Conflict-Free Case Management

Illinois' case management systems are unique to each of the disability populations served under each of the HCBS Waivers and the Medicaid Rehabilitation Option. In most programs, the entity that determines eligibility and provides case management services are separate from the entities that provide direct services. Illinois' movement towards the expansion of managed care will further ensure that there is a separation of these functions.

Under the current case management system administered by the Department on Aging, all case management services are provided by Care Coordination Units (CCUs) throughout the state. This includes determination of eligibility, comprehensive assessments, care planning, and monitoring. CCUs also conduct prescreening assessments and nursing home transitions. The current role of the AAAs is to assist with CCP operational activities and management issues, and assist with planning and development activities as requested by IDoA and required by federal law.

However, the Department is moving toward a redesign of older adult access to services in Illinois that separates case management services between the Care Coordination Units and the designated Area Agencies on Aging (AAAs) whereby the AAAs would determine eligibility while the CCUs would provide care planning, care coordination and ongoing monitoring of participants. It is anticipated that the new system will improve quality and efficiency, and enhance the ADRC model in Illinois. ADRCs are expected to provide information and assistance, options counseling, eligibility determination and referrals. By separating the CCC eligibility function from the CCUs, IDoA is more closely aligned with the intended role of the ADRC. By implementing this redesign, the Department will utilize the ADRC service model approach of "no wrong door" and offer participants a central source of reliable and objective information. The redesign will also remove service silos between Medicaid waiver services and Administration on Aging (AoA) programs and will provide access to services across waiver populations.

The DHS/ DMH contracts with Community Mental Health Centers (CMHCs) for the provision of case management, including MH case management; client centered consultation; transition, linkage and aftercare services, and targeted case management. These services are not provided in a conflict free environment, as the CMHC's also conduct the assessment and develop the treatment plan.

The DHS/DD contracts with Pre-Admission Screening/Independent Service Coordination (PAS/ISC) agencies, the case management agencies for the DD system, who conduct initial eligibility determinations and annual redeterminations. These agencies, under contract with the DDD, are separate from the provision of direct services. They inform individuals, using documents developed and required by the DDD, of their rights to appeal eligibility determinations as well as denials, terminations, reductions, and suspensions of services. The DDD reviews each of the agencies annually to ensure they are operating in accordance with their contracts and all applicable regulations. DDD staff review initial eligibility determinations for all individuals enrolling in Waiver services.

The DHS/DRS Waiver cases are managed largely by state personnel as supplemented by case management agencies for HIV/AIDS waiver and to a decreasing extent by case management agencies for customers of the Brain Injury waiver and by Centers for Independent Living for Community Reintegration and Money Follows the Person cases. None of the entities assigned to case management activities also provide direct HSP services.

The expansion of managed care models will further promote a conflict free case management approach. The State retains the responsibility for level of care determinations/assessment process resulting in a separation of determination of eligibility and on-going care coordination.

Illinois will work with the Centers for Medicare and Medicaid Services to ensure that the proper firewalls are instituted to separate the entity's eligibility and case management function from the provision of direct services in order to eliminate potential conflicts of interest. The BIP provides Illinois with an opportunity to evaluate its existing infrastructure to determine if additional mechanisms are needed to ensure services are provided in a conflict free environment that individuals have the freedom of choice of providers, and that services provided meet medically necessary criteria.

Section B.5 Strengths in the Current System

Section B.5.1 Aging Network and Infrastructure

The current Aging long term services and support system has several strengths which should be maintained as Illinois moves forward with the Balancing Incentive Program. Primary among these are that the Aging network includes a robust partnership of AAAs, CCUs, and providers that work collaboratively to address the

needs of older adults and their family caregivers. Together we have developed CPoE standards, expanded and enhanced 7 successful ADRCs throughout Illinois, engaged all 13 of our AAAs to develop ADRCs by September 2016, and developed minimum standards for Options Counseling.

Section B.5.2 Focus on Development of Housing Resources

One of the major barriers to individuals transitioning from institutional care to the community is the ability to access affordable and accessible housing. Over the past four years, Illinois has dramatically expanded the supply of Permanent Supportive Housing available to persons with disabilities. The State's Housing Finance Agency, the Illinois Housing Development Authority, has implemented the Low Income Housing Tax Credit Targeted Program for Persons with Disabilities. Additionally, IHDA has worked in partnership with the Office of Governor Quinn to develop 649 units under its Low Income Housing Targeting Program for persons with disabilities, who are homeless or at risk of homelessness and 1, 226 Permanent Supportive Housing units for persons with disabilities and veterans. And IHDA, in collaboration with Illinois' human service agencies, was recently awarded $11.9 Million for the development of Section 811 rental assistance under the Frank Melville Act. . In 2012 the Illinois General Assembly adopted an amendment to the State's Rental Housing Support Program providing authority for IHDA to establish a preference for persons with disabilities under its State Rental Support Program. In September, 2012 IHDA issued and RFP under this program and an second round is scheduled for April 15, 2013 to increase the supply or units that receive subsidy for persons with disabilities.

Illinois has been a leader in the area of obtaining commitments from Public Housing Authorities to provide housing assistance to persons who are living in long term care due to the historic failure of public housing authorities to conduct outreach to persons living within long term care facilities regarding the availability of PHA housing assistance. Illinois is the second State that HUD has invited to submit a "Coordinated Remedial Plan" for PHA allocation of housing assistance so that preferences can be approved at the local HUD level and not in Washington, D.C. Approval of the Coordinated Remedial Plan is anticipated by April 1, 2013. To date PHA's have committed 800 units or subsidies to the State to support the transition of persons leaving long term care.

Illinois has made a concerted effort to create community capacity in smaller, four bed or less settings for individuals with intellectual or developmental disabilities transitioning from public and private ICF/DDs. This past year, over 100 of the individuals that transitioned from Jacksonville Developmental Center transitioned to four bed Community Integrated Living Arrangements (CILAs).

This past year Illinois has strengthened the collaboration and coordination of its housing resources through the employment of a Statewide Housing Coordinator and Regional Housing Coordinator.

Section B.5.3 Initial stages of Gathering Meaningful Data

Illinois' Money Follows the Person Program implemented a web based case management system a number of years ago. Transition coordinators that contract with the Department on Aging, Department of Human Services, Divisions of Mental Health, Rehab Services, and Developmental Disabilities utilize the web based system to enter case notes, risk mitigation plans, critical incident reporting, and transition specific information. The consolidation of the MFP data across consumer populations and the analysis of the data by the University of Illinois, College of Nursing, has provided policy makers with valuable information concerning predictors of re-institutionalization; service gaps in the existing systems; and a better understanding of the characteristics of the individuals transitioning from long term care settings.

Section B.5.4 Implementation of Evidence-Based Practices

Over the past several years, a number of evidence-based practices have been implemented in Illinois. The Division of Mental Health has operationalized Assertive Community Treatment teams as well as Individual Placement Services – a supported employment model in limited geographic regions. The Department on Aging is currently in the process of expanding its ADRC system to additional sites.

Section B.5.5 Expansion of Managed Care

As described earlier, in 2011 Governor Quinn signed into law Public Act 96-1501 which requires 50% of individuals enrolled in Medicaid to enroll in care coordination programs by 2015. In Illinois, care coordination is provided to Medicaid recipients by "managed care entities," a general term that includes Coordinated Care Entities (CCEs), Managed Care Community Networks (MCCNs) and Managed Care Organizations (MCOs). Included in the expansion of managed care is the population of Seniors and Persons with Disabilities (SPD) – approximately 434,492 individuals.

Illinois conducted an analysis of its Medicaid expenditures by population and determined that 16% of individuals who are defined as Seniors and Persons with Disabilities cost 55% of the Medicaid budget. The SPD population represents a very complex population with overlapping primary healthcare needs as well as behavioral health care needs. Illinois is in the process of rolling out a number of care coordination initiatives including the Integrated Care Program, the Medicare-Medicaid Alignment Initiative, and the Innovations Project.

The Integrated Care Program (ICP) was initiated in May, 2011 with the focus being Seniors and Persons with Disabilities enrolled in Medicaid and residing in suburban Cook County and five collar counties outside of Chicago. Phase 1 of ICP included primary healthcare and behavioral health services; Phase 2 includes LTSS services with the exception of the Adult DD Waiver which is expected to be phased in next year. Approximately, 38,000 individuals are enrolled in ICP. The State plans to expand the ICP to other areas of the state with the continued focus being the SPD population.

Additionally, Illinois is implementing a Medicare-Medicaid Alignment Initiative (MMAI) with the goal of aligning the state operated Medicaid system with the Federal Medicare system in order to provide seamless and coordinated care and better health outcomes for individuals that are dual eligible.

Another model of care coordination includes a provider organized approach. HFS issued a Request for Proposals last summer entitled the Care Coordination Innovations Project. In October, 2013 six healthcare networks were chosen to launch the state's transition to greatly expanded coordinated care by 2015. The networks were selected based on their demonstrated ability to offer a holistic approach to delivering coordinated care for special populations including seniors and adults with disabilities.

Section B.5.6 Focus on Improving IT Systems

HFS initiated a planning effort in 2009 to replace its 30 year old legacy Medicaid Management Information System (MMIS). This is the core system that HFS uses to process all Medicaid claims, including managing provider relationships and claims to the Federal government. The existing MMIS was fully implemented in 1982 and was primarily built to support a fee-for-service Medicaid program. Throughout the years, HFS has made many enhancements and modifications to the current MMIS; however, it is an older legacy system that is becoming increasingly more difficult to maintain and modify as well as being out of touch with many of the contemporary needs for cost control in an increasingly care-coordinated environment. HFS has committed that the new MMIS will be designed in accord with the Medicaid Information Technology Architecture (MITA) developed by federal Department of Health and Human Services (HHS) to increase coordination among states and allow for much greater use of component software.

In another critical area, HFS has collaborated with the Department of Human Services (DHS) and the Department of Insurance (DOI) in order to implement a new eligibility system, known as the Integrated Eligibility System (IES) will span Medicaid, Supplemental Nutrition Assistance Program (SNAP—formerly known as "food stamps"), Temporary Assistance for Needy Families (TANF—formerly known as "welfare" or perhaps AFDC) and the new Health Benefits Exchange that will be created as part of the federal *Affordable Care Act (ACA)*. This system will replace the

more than 30-year old, COBOL-based system that is at the core of current eligibility determinations for these services.

Section B.5.7 Framework

The Illinois Department of Human Services initiated the “Framework” project. The goal of the Framework is the development of an integrated and efficient healthcare and human services delivery system that provides a "No Wrong Door" access to high-quality services, using convenient locations and channels of entry for Illinois residents seeking services.

Section B.5.8 Health Information Technology

The Illinois Office of Health Information Technology (OHIT) was created in 2010. OHIT works to promote the development of health information technology, increase the adoption and meaningful use of electronic health records, assure the privacy and security of electronic health information, and direct the State's Health Information Exchange (HIE) implementation efforts.

Additionally, the Administration created the Illinois Health Care Reform Implementation Council, an inter-agency subcabinet that has been charting Illinois' path toward ACA implementation. Illinois has sought and received federal grants to revamp the Medicaid eligibility system and to plan for the Illinois Health Insurance Marketplace. For the first year after ACA implementation, the Marketplace in Illinois will be operated in partnership with the federal government.

Section B.6 Challenges in the Current System

Section B.6.1 Fragmentation of Service Delivery System & Points of Entry

Illinois has learned through the analysis of its Medicaid population in preparation for the expansion of managed care, the implementation of Money Follows the Person and its early implementation of the Williams and Colbert Consent Decrees, that individuals residing in nursing facilities often have complex needs, including co-occurring behavioral health needs in addition to chronic health conditions. Illinois’ Money Follows the Person (MFP) data demonstrate that consumers transitioning from institutional care to the community have very complex needs – the profile of a “typical” MFP participant includes: almost half (42%) have five or more major medical and mental co-morbidities. Major health conditions include diabetes, heart disease, and COPD, and serious mental illnesses. (MFP 2011 End of Year Report, University of Illinois at Chicago)

The need to better coordinate individuals’ services and supports at the state agency level through the development of coherent and uniform policies is long overdue. Our

current system is fragmented, as each state agency or Division focuses resources on an individual's primary disability while providing few linkages to other available services in the community. Little integration exists between healthcare providers and HCBS Waiver providers or behavioral health providers amongst agencies. Additionally, individuals with some of the most complex needs are left to navigate the healthcare and human service delivery systems without the assistance of a care coordinator to help them in addressing/managing all of their needs.

Illinois' entry points for LTSS are not coordinated across aging and/or disability populations. Numerous access points exist around the state, such as DHS local offices, ADRC's, Area Agencies on Aging, Division of Rehabilitation Services local offices, Pre-Admission Screening agencies that serve individuals with intellectual /developmental disabilities, community mental health centers and regional mental health points of contact, and State agencies websites, however; consumers must determine for themselves which agency to contact for the appropriate services. The numerous points of entry are not currently connected electronically nor is there a consistent entry process for each of the access points.

Section B.6.2 HCBS Waiver Structure

As mentioned earlier, Illinois operates nine HCBS Medicaid Waivers. Although the HCBS Waivers provide an alternative to institutional care, the focus on singular disability populations through nine separate waivers has created a LTSS system that does not allow for the provision of services across disability populations. Additionally, there is a lack of standardization concerning rate development, eligibility rules, assessment tools, and service packages. This lack of uniformity across the system leads to inequities in the manner in which different target populations experience the service delivery system.

Illinois plans to examine its Medicaid Waiver LTC services to determine if a consolidated approach (Section 1115) might provide a more holistic approach to the provision of services for individuals with complex needs requiring LTSS. Currently, Illinois does not operate a MH Waiver resulting in a lack of Medicaid reimbursed mental health services that are critical to sustaining individuals in the community. (See Appendix E)

Section B.6.3 Uncoordinated Information Systems

Illinois has a number of initiatives underway that strive to improve our IT systems and comply with the requirements of the Affordable Care Act. Each of the human service agencies and Divisions have their own case management documentation systems which has resulted in duplication of effort for the individuals who receive services from multiple providers. Certain agencies' systems are more sophisticated than others; however, there is not a mechanism to share data across agencies,

analyze data for trends on a large system scale, or access "real time" data to maximize efforts to divert individuals from institutional care and/or perform outreach in a timely manner.

Section C. NWD/SEP Agency Partners and Roles:

The Illinois Department of Healthcare and Family Services, as the State's Medicaid agency, is submitting the application for the BIP in partnership with the Department of Human Services and the Department on Aging. HFS will serve as the lead single entry point agency for the BIP initiative and the BIP Coordinator will be housed within the Medicaid agency.

HFS will collaborate with its sister agencies to ensure that the coordinated entry process is statewide, to ensure that the consumer's experience is consistent regardless of the individuals' geographic location, and that individuals' have multiple methods of accessing information about LTSS in accordance with the BIP requirements.

Illinois plans to establish a NWD/coordinated entry process through the integration of the existing entry networks. The electronic exchange of data, including the Level 1 screen, amongst the existing entry points (either staff or contracted entities with HFS, DHS, or DoA) will create an enhanced consumer experience and reduce the current redundancy in the application process. Under this model, the coordinated points of entry will directly link the consumer to trained staff who possess the necessary clinical expertise who will conduct the Level 2 functional assessment as determined by the outcome of the Level 1 screen.

Section D. NWD/Coordinated Entry Process Person Flow

The Medicaid eligibility application process has been simplified through the establishment of the Integrated Eligibility System (IES). However, the functional eligibility process/level of care determination process can be challenging for consumers, especially for consumers that have co-occurring conditions that cross disability categories. Illinois NWD/Coordinated entry process will remove the existing fragmentation in the functional eligibility process through the establishment of the Level 1 screen at all coordinated entry points, the creation of a coordinated LTSS website, and the establishment of a 1-800 phone line.

Section E. NWD/Coordinated Entry Process Data Flow

As described in an earlier section, Illinois utilizes various assessment tools for each of the different client populations. All assessment tools are used to determine functional eligibility as required by all of the HCBS Waivers and the Medicaid Rehabilitation Option. All of the instruments cover specific areas that are relevant to

the populations being served and some meet the BIP required core domains, however; not all of the tools meet this requirement. Illinois is presently working with Navigant Consulting on the adoption of a Level 1 screening tool that will comply with the BIP requirements.

At the present time, Illinois does not require a Level 1 screen. Automation of the Level 1 screen will occur after the assessment tool is adopted with the goal of providing individuals with the option of completing a Level 1 screen through a portal located on the designated LTSS website, calling a 1-800 calling system, or by visiting one of the coordinated entry points. Additionally, Illinois plans to develop the IT capability to ensure that the Level 1 screen data is deposited into an electronic database that can be accessed by or transferred to the entity that is responsible for performing the comprehensive functional eligibility assessment.

IDoA has supported and advanced the vision to establish a statewide Aging & Disability (ADRC) network that is a highly visible and trusted resource for all persons regardless of age, income and disability, to access a coordinated point of entry to public long-term support programs and benefits, and to obtain information on the full range of long-term support options. Consumers, family caregivers and professionals access the Aging network through IDoA's Senior HelpLine, a statewide toll-free number, or through any of our 13 Planning and Service Areas (PSAs), our Care Coordination Units (CCUs), as well as our network of Community Care Program (CCP) providers. Other stakeholders in the ADRC system include, but are not limited to, Senior Health Insurance Program (SHIP) sites, Senior Health Assistance Program sites, Caregiver Resource Centers and the Long Term Care Ombudsman program.

Over the past several years, IDoA has received funding from the Administration on Community Living (formerly AOA) to develop, expand and enhance the ADRC network for the aging and disabled population. At the present time, the ADRC model does not encompass entry into the State's DD, MH, or DASA community-based systems. The ADRC model in Illinois has guided the development of a statewide system with a common resource data base and a set of programmatic standards.

The Department adopted standards for a Coordinated Point of Entry (CPoE) which was developed in conjunction with the Older Adult Services Advisory Committee. Currently, Illinois is enhancing its integrated system by requiring all 13 Area Agencies on Aging to address the implementation of ADRC in their respective regions as a Statewide Initiative to achieve the overall goal of statewide coverage by September 30, 2016.

IDoA also received funding from ACL to develop national minimum standards for Options Counseling, which is a person-centered, interactive, decision-support process whereby individuals receive assistance in their deliberations to make informed long-term support choices in the context of their own preferences,

strengths, and values. IDoA drafted minimum state standards and tested those standards in three Planning and Service Areas (PSAs).

In 2013, the Governor signed an executive order transferring the SHIP to IDoA. SHIP provides one-on-one counseling to Medicare beneficiaries to help them navigate complex health and long-term care issues and is fully funded by a grant from the Centers for Medicare and Medicaid Services. The transfer further promotes a natural extension of services such as Information and Assistance and Benefits Counseling, furthers the Department's Aging and Disability Resource Center (ADRC) efforts.

Illinois plans to evaluate the existing IT systems, and, if necessary, develop new systems to allow all coordinated entry points to have access to the Level 1 screen data and to exchange that data with the necessary agencies that will conduct the Level 2 screen. Additionally, HFS plans to coordinate the BIP implementation with the changes that are occurring as a result of the Affordable Care Act – HIE, our new individual eligibility service, and the Framework Project that is being undertaken simultaneously. Included in the evaluation of the IT systems will be a determination as to whether the new Integrated Eligibility System can interface with the coordinated entry process in order to enhance the coordination of the financial and function eligibility determination processes.

Section F. Potential Automation of Initial Assessment

HFS in collaboration with our sister agencies will review the compatibility of our existing data systems and design a plan on how to coordinate access between and among all state agencies and coordinated entry points.

Presently, Illinois' community providers can determine an individual's Medicaid eligibility status through accessing the Medical Electronic Data Interchange (MEDI) system.

Illinois is working with internal stakeholders to adopt a Uniform Assessment Tool – Level 1 screening tool. Included in those discussions is the goal of developing an automated system for the uniform collection of all core dataset requirements under the BIP. This newly developed system will allow for standardized intake, a Level 1 screen for each program area, collection of demographic information as well as other required data for reporting purposes, and the capability to measure outcomes and gaps in service delivery capacity.

Section G. Potential Automation of Core Standardized Assessment

Presently, the data collected through each of the Waiver and Medicaid Rehabilitation Option level of care determinations/functional assessment processes is not housed in one central location. Additionally, the data is currently tracked through multiple systems without these systems having the ability to communicate with each other. Illinois plans to work with a vendor to evaluate its existing IT capabilities in order to develop a plan moving forward to automate the Level 1 and Level 2 assessment processes.

Section H. Incorporation of a Core Standardized Assessment in the Eligibility Determination Process

Included in the evaluation of the IT systems will be a determination as to whether the new Integrated Eligibility System can interface with the coordinated entry process in order to enhance and standardized the coordination of the financial and function eligibility determination processes.

Section I. Staff Qualifications and Training

The development of a Universal Assessment Tool will require training for staff employed by the coordinated entry points for LTSS to ensure consistency in its application and ratings. Currently, Illinois' existing HCBS Waivers and the MH Rehabilitation Option requires professionals to possess certain qualifications in order to administer the assessment tools. The development of a uniform assessment tool provides Illinois with an opportunity to enhance its professional qualification requirements resulting in improved quality of care and consistency in application.

Section J. Location of SEP Agencies

Illinois has a network of state and community-based agencies that serve as the entry points for accessing LTSS depending on an individual's specific needs. As discussed earlier, Illinois is committed to establishing a coordinated entry process that will allow individuals to participate in the same Level 1 screening process regardless of where or how they access the LTSS.

The Coordinated Entry Process in Illinois encompasses a total of 747 agencies, each designated as Coordinated Points of Entry, which are located throughout the state. Each agency that is designated as a Coordinated Point of Entry will have the capability to administer a uniform Level One Screen to individuals requiring LTSS. All Coordinated Points of Entry will have access to a real time, centralized database that will allow sharing of the data collected in both the Level One Screen, and, if applicable, the Level Two comprehensive assessment. This statewide database accessible by all CPoEs will assist in the coordination of appropriate services, as well as increase the efficiency of care planning for individuals.

A chart, listing the various coordinated entry points grouped geographically can be found in Appendix C. Currently, the Coordinated Entry Process that Illinois plans to employ in order to implement a "No Wrong Door Approach" to receiving LTSS includes:

- 158 agencies administered by DMH
- 46 DRS agencies
- 76 agencies administered by IDoA
- 18 agencies administered by DDD
- 449 DASA agencies.

Section K. Outreach and Advertising

Illinois will conduct statewide outreach to educate individuals about the enhanced resources for community-based LTSS made available through the BIP. As a result of the numerous rebalancing initiatives that are occurring simultaneously, as well as the expansion of managed care models, HFS, its sister agencies, and stakeholders will need to strongly coordinate outreach efforts in order to reduce any potential confusion amongst consumers.

HFS and its sister agencies plan to work with a stakeholder group that is inclusive of the populations served under both LTSS community-based programs and institutionally-based programs.

Section L. Funding Plan

Illinois is committed to making the financial investments necessary to comply with the three system changes required by the BIP. Illinois plans to work with CMS, the Governor's office, and our sister agencies to leverage all available funding to comply with the structural changes. Specifically, Illinois plans to make the following changes:

- Development of a Level 1 screening tool, review of Level 2 functional assessment tools, and collection of the core data set required by the BIP
- Implementation of a web based database to ensure that coordinated entry points are able to communicate with each other as well as with the State and that data is deposited into one centralized location
- Creation of a statewide LTSS Website
- Establishment of one 1-800 phone line
- Development of a coordinated marketing and outreach plan for LTSS

Illinois is exploring various federal funding opportunities to implement and sustain the system changes once the BIP funding expires. As a grantee of the Money Follows

the Person Program, Illinois is looking into using administrative funds and rebalancing funds to assist with the system changes.

Illinois is considering the following enhancements to the community infrastructure. The context for moving in this direction is the desire to focus on improving Illinois' response to the three *Olmstead* consent decrees and the closure of state facilities in order to sustain individuals after they transition to the community ***and*** to divert individuals from institutional care at the earliest phase of entry into LTSS.

- Increase DD Adult Waiver Capacity: Under the *Ligas* Consent Decree, the State has committed to providing new services to 3,000 individuals in community-based residential settings and home-based support services over the first six years of the Decree (June 30, 2011 through June 30, 2017), with 1,000 individuals served in the first two years and 500 individuals each year thereafter. This growth, coupled with the SODC transitions, will result in an increase in capacity for the adult DD Waiver by at least 20% by the end of FY2017. Wherever possible, the State is seeking additional matching funds with its Money Follows the Person Grant in those cases where individuals move to qualified settings under that Grant. In the Governor's Introduced Budget for FY2014, the Administration has proposed funding to annualize the services implemented thus far under the *Ligas* Consent Decree and is requesting an additional $32.5 million in new funding to further the expansion.

- Development of Crisis Residential Treatment Services: The Division of Developmental Disabilities is exploring options for the establishment of residential treatment services (with enrolled community-based providers) to address the continuum of community-based services for individuals experiencing crisis situations due to behavioral and/or clinical challenges that cannot be readily addressed in the individuals' current residential model. It is anticipated that these residential treatment services will relieve pressure for admissions to State-Operated Developmental Centers by accommodating provider adjustments in resources, staffing, training, etc.; psychopharmacology adjustment and behavioral therapy; and appropriate nursing/clinical interventions to achieve stabilization for individuals' return to their homes or less restrictive residential settings.

- Expansion of Assertive Community Treatment & Community Support Teams: The Division of Mental Health, with HFS, proposes to expand Assertive Community Treatment (ACT) and Community Support Teams (CST) in Cook County to address Williams and Colbert class members and identify any other areas of the State where there is sufficient need for ACT and/or CST coverage.

- Development of the following services to enhance ACT and CST Teams:

- In Home Non-Clinical Supports: Activities that would provide support and reassurance to the client prior to the onset of a crisis that could result in a return to a higher level of care.
- Bi-directional Integrated Health Care for Complex Needs: Activities may include hands-on, in-home teaching and monitoring performed by highly trained staff with competency in both behavioral and physical health care.
- Enhanced Skills Training and Assistance: Activities include hands-on assistance
- Skill development: Home health aides for individuals who've not yet developed the skills necessary (e.g. diabetes maintenance)
- Property management support : Service that preserves relationships with landlords
- Non-clinical support services

- Expansion of Peer Support Models: Illinois currently provides peer support through drop in centers and through the provision of established curriculums that are provided at Centers for Independent Living. Illinois plans to provide statewide coverage of peer support models.

- Expansion of crisis stabilization services: Expansion of crisis stabilization services, including crisis beds, for individuals with dual diagnoses of mental illness and substance abuse disorders. This would include development of standards for staff credentials, timeliness, as above for these services.

- Housing First: Establishment of seed funding to bring a "Housing First" model to Illinois with a focus on having housing follow up capacity to promote the relationship between the Transition Coordinators and the community based landlords.

The BIP provides Illinois with the necessary funding to enhance our community infrastructure to divert individuals from being served in institutional settings and to support those individuals that have transitioned to the community.

Section M. Challenges

Although Illinois is moving towards rebalancing its LTSS system now more than at any other time, the following challenges exist as we move forward.

Section M.1 Demands on Community Infrastructure

The settlement of three *Olmstead* lawsuits within two years of each other has created a huge demand on the community infrastructure at the same time as Illinois' human service agency budgets have been reduced or held flat. Although the Governor's proposed budget for FY 2014 includes significant funding increases for the community system to implement the three consent decrees and the facility closures, the community infrastructure has been diminished over the last several years. As a result, the necessary capacity to serve increasing numbers of individuals that are transitioning needs to be substantially strengthened.

Additionally, the anticipated Medicaid expansion will enroll 342,000 individuals under the State's Medicaid system.

Included under community infrastructure are direct services and housing resources. Illinois has accelerated its focus on the development of housing resources over the last several years; however; the creation of housing alternatives, especially the development of four bed group homes for individuals with intellectual or developmental disabilities and the development of Housing First models continue to be a high priority.

Section M.2 Simultaneous Change

As mentioned throughout this application, the community infrastructure is undergoing massive change simultaneously. These changes are all positive and address some of the shortfalls of Illinois' current system; however; the provider community is struggling to determine how they fit into the new world order – specifically, the expansion of managed care models for LTSS, the rebalancing initiatives that are underway, and the anticipated expansion of Medicaid resulting from the ACA implementation. The resources provided by the BIP will enable the State to provide consistent training for all LTSS provider groups to assist them with preparing for the numerous changes that are underway, including the anticipated changes resulting from the implementation of the Medicaid expansion.

Section M.3 Coordination of BIP with Rebalancing Initiatives & Managed Care Expansion

Each of the three *Olmstead* Implementation Plans addresses their own specific processes for outreach and referral and overall system design. The implementation of the BIP will require coordination amongst the state agencies/divisions that are responsible for the implementation of the three consent decrees. Additionally, Illinois is undertaking the expansion of managed care models throughout the state. These models include for-profit managed care organizations as well as non-for-profit, provider driven models. Illinois will include all of these groups in the stakeholder process.

Section M.4 Workforce

The shift towards viewing individuals in a holistic manner, outside of the traditional silo's and funding streams, will require additional training of the State's workforce. Additionally, the movement away from fee-for-service reimbursement towards performance based contracting models and funding based on outcomes will require additional training for the provider community and buy-in.

Section M.5 Other Issues

Other challenges in Illinois include:

1. Waiting lists for some services, i.e. Adult DD Waiver services, resulting in placement in institutional settings rather than waiting for Waiver services.
2. Lack of statewide, integrated, and accessible housing.
3. Limited access to psychiatry services in rural areas.
4. Lack of understanding or awareness of community-based LTSS alternatives.

Section N. NWD/SEP's Effect on Rebalancing

The NWD/SEP will strengthen and assist with the coordination of Illinois' rebalancing initiatives in the following ways:

- The NWD/Coordinated entry process will further Illinois' efforts to embrace a more person centered approach to the provision of LTSS. Individuals will be able to access information, including a Level 1 screening process, regardless of where or how they enter the LTSS system resulting in less fragmentation and a streamlined, more consumer friendly approach.

- The development of a Level 1 screen that will be used at all entry points will allow individuals needs to be assessed in a holistic approach. Additionally, the use of a standardized screening tool will provide the State with more reliable data across populations that will allow for better planning and analysis of service needs.

- The combination of Level 1 and Level 2 screens/assessments will assist in the development of a comprehensive plan of care.

Section O. Other Balancing Initiatives

Illinois established a successful Money Follows the Person Program in 2008. The number of transitions has increased on an annual basis. To date, Illinois has transitioned 811 individuals from nursing homes and ICF/DDs to the community since transitions were initiated in 2009.

Section P. Technical Assistance

Illinois anticipates needing technical assistance in the following areas:

- Completion of the final Work Plan
- Coordination of the BIP with managed care
- Automation of the Level 1 screen
- Creation of a web-based data base
- Content of the single assessment process
- Further definition of the conflict free case management requirement

Section Q. Stakeholder Involvement

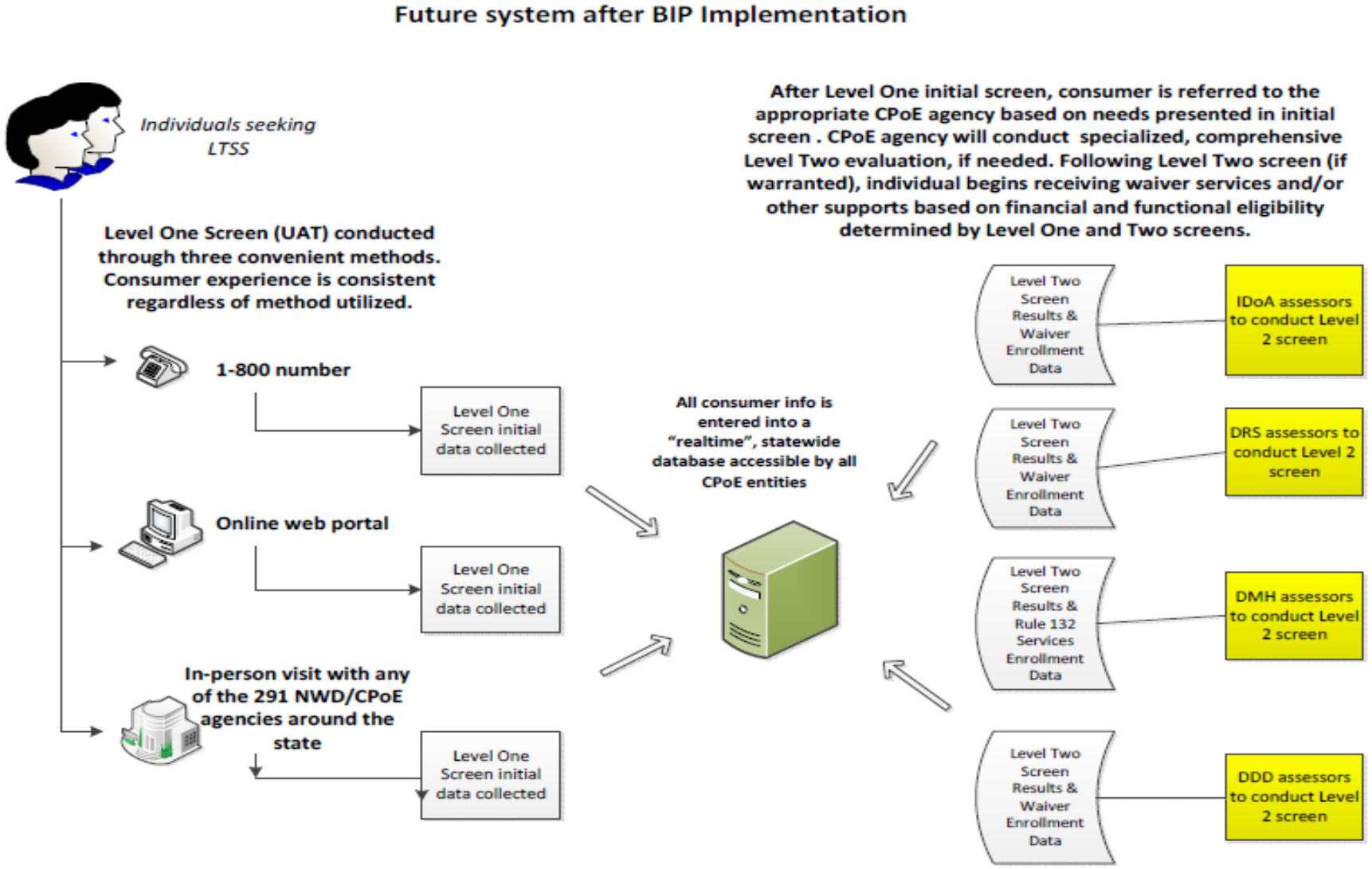
Illinois has numerous stakeholder work groups on rebalancing that are specific to the populations served by the different Departments and Divisions. HFS, in collaboration with our sister agencies, will convene a BIP stakeholder work group that is inclusive of LTSS stakeholders.

Proposed Budget and Funding Estimates

Appendices:

Appendix A – Letters of Support

Appendix B – Model BIP Person Flow Diagram



Future system after BIP Implementations

Individuals Seeking LTSS

Level One Screen (UAT) conducted through three convenient methods. Consumer experience is consistent regardless of method utilized.

- 1-800 number (level one screen initial data collected)
- Online web portal (level one screen initial data collected)
- In-person visit with any of the 291 NWD/CPoE agencies around the state (level one screen initial data collected)

All Consumer info is entered into a realtime statewide database accessible by all CPoE entities.

After Level One initial screen consumer is referred to the appropriate CPoE agency based on needs presented in the initial screen. CPoE agency will conduct specialized, comprehensive Level Two screen (if warranted), individual begins received waiver services and /or other supports based on financial and functional eligibility determined by Level One and Two Screens.

Level Two Screen Results & Waiver Enrollment Data

- IDoA assessors to conduct Level 2 screen
- DRS assessors to conduct Level 2 screen
- DMH assessors to conduct Level 2 screen
- DDO assessors to conduct Level 2 screen

Appendix C – SEP agencies

Appendix E – Illinois HCBS Waiver Detail

Current Illinois HCBS 1915(c) Waivers - Source: Illinois HFS
Fact Sheets: http://www.hfs.illinois.gov/hcbswaivers/ - ***Note: The following waivers were cross-referenced with CMS.***

Waiver	Original Approval Date	Expiration Date	Operating State Agency	Eligible Population and Services (1. HFS, 2. CMS)
Children and Young Adults with Developmental Disabilities-Support Waiver	7/01/2007	6/30/2015	Department of Human Services (DHS), Division of Developmental Disabilities Services	Children and young adults with mental retardation or developmental disabilities; ages 3 through 21 who are at a risk of placement in an Intermediate Care Facility for the Mentally Retarded (ICF/MR). Provides adaptive equipment, service facilitation, assistive technology, behavior intervention and treatment, home accessibility mods, personal support, temporary assistance, training and counseling services for unpaid caregivers, and vehicle mods for individuals w/autism, MR, DD ages 3-21.
Children and Young Adults with Developmental Disabilities-Residential Waiver	7/01/2007	6/30/2015	Department of Human Services (DHS), Division of Developmental Disabilities Services	Children and young adults with mental retardation or developmental disabilities; ages 3 through 21 who are at a risk of placement in an Intermediate Care Facility for the Mentally Retarded (ICF/MR). Provides child group home, adaptive equipment, assistive technology, behavior intervention and treatment for individuals w/autism, DD, MR ages 3-21.
Children that are Technology Dependent/Medically Fragile	7/01/1985 Renewed: 9/01/2007 – 8/31/2012	4/30/2013	University of Illinois Division of Specialized Care for Children (DSCC)	Medically fragile and technology-dependent individuals under 21 years of age who meet the Department's eligibility criteria under 89 *Ill. Adm. Code* 120.530. The individuals would otherwise require a level of care provided by, and be at risk of institutional care in, a skilled nursing facility or a hospital, the cost of which would be reimbursed under the State plan. This waiver is similar to the "Katie Beckett" waiver in other states, but this waiver is unique to Illinois. Provides respite, environmental accessibility adaptations, family training, medically supervised day care, nurse training, placement maintenance counseling, specialized medical equipment and supplies for individuals who are medically fragile and technology dependent ages 0 – 20.

Persons with Disabilities	10/01/1983 Renewed: 10/2004 – 9/2009	6/30/2017	Department of Human Services (DHS), Division of Rehabilitation Services	Individuals with physical disabilities from the ages of 0 to 59 (including ventilator dependent adults) who would otherwise be institutionalized in a nursing facility. Also those 60 or older who began services before age 60, may choose to remain in this waiver. Provides adult day care, home health aide, homemaker, personal assistant, respite, environmental accessibility adaptations, home delivered meals, intermittent nursing, nursing, OT, PERS, PT, specialized medical equipment, speech therapy for physically disabled individuals ages 0 – 59.
Persons with Brain Injuries (BI)	7/01/1999 Renewed: 7/2007 – 6/2012	6/26/2013	Department of Human Services (DHS), Division of Rehabilitation Services	Persons with BI of any age who would otherwise be institutionalized in a nursing facility. Provides adult day care, day hab, home health aide, homemaker, personal assistant, prevocational, respite, supported employment, cognitive behavioral therapies, environmental accessibility adaptations, home delivered meals, intermittent nursing, nursing, OT, PERS, PT, specialized medical equipment, speech therapist for individuals w/brain injury ages 0 - no max age.
Adults with Developmental Disabilities	12/01/1983 Renewed: 7/2012 – 6/2017	6/30/2017	Department of Human Services (DHS), Division of Developmental Disabilities Services	Individuals with mental retardation or developmental disabilities; 18 years or older who would otherwise be institutionalized in an Intermediate Care Facility for the Mentally Retarded (ICF/MR). Provides adult day care, community integrated living arrangement and community living facility, developmental training, supported employment, personal support, home accessibility mods, vehicle mods, nonmedical transportation, adaptive equipment, assistive technology, PERS, training and counseling services for unpaid caregivers, behavior intervention and treatment, behavioral services (psychotherapy and counseling), skilled nursing, crisis services, PT, OT, speech therapy, service facilitation for individuals w/autism, DD, MR ages 18 - no max age.
Persons who are Elderly	10/01/1983 Renewed: 10/2004 – 9/2009	9/30/2014	Department on Aging (DoA)	Individuals 60 years of age or older who would otherwise be institutionalized in a nursing facility. Provides adult day, in-home service, emergency home response services for aged individuals 65 - no max age and physically disabled individuals 60-64.

Persons with HIV or AIDS	10/01/1990 Renewed: 10/2003 – 09/2008	9/30/2013	Department of Human Services (DHS), Division of Rehabilitation Services	Persons diagnosed with Human Immune Deficiency Virus (HIV), or Acquired Immune Deficiency Syndrome (AIDS), of any age, who would otherwise be institutionalized in a hospital setting. Provides adult day care, home health aide, homemaker, personal assistant, respite, environmental accessibility adaptations, home delivered meals, intermittent nursing, nursing, OT, PERS, PT, specialized medical equipment, speech therapy for individuals w/HIV/AIDS ages 0 - no max age.
Supportive Living Facilities	7/01/1999	6/30/2017	Department of Healthcare and Family Services (HFS), Bureau of Long Term Care	Individuals with disabilities 22 years and over or individuals 65 years and over who would otherwise be institutionalized in a nursing facility. Provides assisted living for aged individuals 65 yrs - no max age and disabled ages 22-64.