



Williams and Colbert Consent Decrees Vision, Programming, and Expectations

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Welcome and Introductions

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- ▶ **Illinois Department of Healthcare and Family Services**

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Medicaid Managed Care Organizations

- ▶ **Illinois Department of Human Services**

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Williams and Colbert Comprehensive Program Prime Agencies

- ▶ To share the State's vision for meeting its obligations under the Williams and Colbert Consent Decrees.
- ▶ To highlight the roles and responsibilities of Comprehensive Program Prime Agencies and Medicaid Managed Care Organizations in helping the State achieve its vision.

Shared Success Depends on Coordination and Collaboration

Basis of Williams and Colbert Consent Decrees

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- ▶ Americans with Disabilities Act (ADA) of 1990
 - ▶ Prohibits discrimination on the basis of disability.
 - ▶ Introduces **integration mandate**:
Public entities, including HFS, DHS, and their contractors, must administer services, programs, and activities in the most integrated setting appropriate to the needs of qualified individuals with disabilities.
- ▶ Olmstead Supreme Court Decision of 1999
 - ▶ Unnecessary institutionalization of people with disabilities is discrimination under the ADA.
- ▶ Williams and Colbert Consent Decrees can be viewed online at [IDHS: Olmstead Consent Decrees \(state.il.us\)](http://IDHS.OlmsteadConsentDecrees(state.il.us))

Requirements of Williams and Colbert

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- ▶ The State is required to deliver opportunities and support for community integration to individuals in institutional settings.
 - ▶ Williams Class is comprised of individuals with Serious Mental Illness who reside or have resided in a Specialized Mental Health Rehabilitation Facilities (SMHRFs).
 - ▶ Colbert Class is comprised of individuals with disabilities who reside or have resided in a Cook County Nursing Facility.
- ▶ The State's performance in both decrees is overseen by a single Court-appointed Monitor.
- ▶ Compliance entails meeting requirements set forth in the Consent Decrees *and* implementing the strategies and achieving the milestones negotiated annually with Plaintiffs' Counsel and the Court Monitor.

A **tightly coordinated** and **seamless experience** for all Class Members, characterized by **proactive collaboration** between Prime Agencies and Medicaid MCOs to deliver **high quality services** to achieve and maintain **community integration** and **compliance** with Consent Decree requirements.

Comprehensive Program

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- ▶ Operated by the Department of Human Services, the lead state agency for implementing and coordinating on the requirements of the Williams and Colbert Consent Decrees.
- ▶ The Comprehensive Program is the primary vehicle for satisfying Class Member-facing requirements of the Decrees.

Comprehensive Program

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▶ Goals:

- ▶ To maximize continuity of services by partnering with providers who can work with Class Members along the entire continuum of services. The continuum includes the four core services required by both Consent Decrees (Outreach, Assessment, Service Planning, & Transition), as well as an array of ancillary services that address various barriers to transition, all managed through a Care Management approach.
- ▶ Better integrate and align services for Colbert and Williams Class Members, ensuring that all Class Members can access appropriate services regardless of current institutional placement.
- ▶ Identify opportunities to better align the Olmstead service system with the Medicaid program, both in terms of covered services and the managed care service delivery system. Because care coordination is an expectation of Medicaid MCOs, DHS will work closely with HFS to identify and avoid or resolve any duplication of services.

Prime Agency Grant Agreements

- ▶ Grant agreements contain multiple deliverables relevant to the Williams and Colbert Consent Decrees and best practices for serving Class Members.
- ▶ Expenditure-based funding model with advance-and-reconcile payments for FY23 and for future fiscal years when providers have adequate financial management systems under GATA. Smaller outcome-based payments are offered as a supplemental incentive for high performance.

Comprehensive Program Historical Transition Requirements & Performance

Fiscal Year	Williams Required*	Williams Achieved*
FY20 (starting March 2020)	109	32 (29%)
FY21	407	178 (36%)
FY22	407	352 (86%)
FY23	400	42**

*Moves to community

**As of 9/19/22

Fiscal Year	Colbert Required*	Colbert Achieved*
FY20 (starting March 2020)	225	35 (16%)
FY21	901	227 (25%)
FY22	462	396 (86%)
FY23	450	61**

*Moves to community

**As of 9/19/22

Services & Staffing – Outreach

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Service	Staffing	Responsibility
Outreach	Outreach Workers (Peers preferred)	Offer assessment and engagement in the program, conduct Brief Screen, & education on CM rights. Address any transition concerns expressed by CM. Initial outreach within 60-70 days of CM admission to facility. Follow-up outreach of CMs not already in program, annually or within 14 days of request.

Services & Staffing – Care Management

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Service	Staffing	Responsibility
Care Management (incl. Assessment & Service Planning)	Care Managers (Master's degree in counseling, social work, psychology, or other highly related field, supervised by an LPHA, RN, or OT with oversight of the care manager's work)	A comprehensive, person-centered approach to working with Class Members that involves assessment, collaboration with other providers, working with social supports, as well as developing, implementing, and evaluating a comprehensive, Class Member-focused service plan. Care Management involves intensive care coordination in addition to this broader set of tasks throughout the program.

Services & Staffing – Other Services

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Service	Staffing	Responsibility
Housing Location/Transition Coordination	Housing Locators/Transition Coordinators	Locating & securing housing; move into the community
Integrated Healthcare	Licensed Registered Nurses & Licensed Occupational Therapists	Healthcare assessments & care coordination
SSI/SSDI Outreach, Access, and Recovery (SOAR)	SOAR Worker (Bachelor's degree or certified as Certified Recovery Support Specialist (CRSS) or Certified Peer Recovery Specialist (CPRS). Become SOAR trained (online) and certified within 40 days from the date of hire)	Completion & submission of SOAR applications/appeals

- ▶ Prime Agencies' engagement and coordination with various IDHS partners serves in the interest of facilitating safe and timely Class Member transitions.
 - ▶ UIC- College of Nursing
 - ▶ UIC- Jane Addams College of Social Work
 - ▶ UIC- Assistive Technology Unit
 - ▶ UIC- Department of Psychiatry
 - ▶ Subsidy Administrators – Catholic Charities & IACAA
- ▶ IDHS-DRS Home Services Programs & IDoA Community Care Program
- ▶ IDHS-FCS Medicaid & SNAP Applications

- ▶ Prime Agencies' engagement of Medicaid MCOs in planning and problem-solving is essential to Class Members' success and the State's compliance under the Decrees.
- ▶ Prime Agencies are required to coordinate with MCOs for the purposes of facilitating safe Class Member transitions
 - ▶ Notification and involvement in Service Planning (pre-discharge planning) & discharge planning.
 - ▶ Coordination on the establishment of community-based services/supports authorized and covered by the MCO
 - ▶ Notification and involvement in transition to the community

Comprehensive Program Barriers & Solutions

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- ▶ Staffing shortages – Grant funding for competitive salaries, retention/hiring bonuses; other DMH efforts
- ▶ Securing affordable housing – Fair Market Rent overage waivers
- ▶ Accessing & securing community-based Medicaid services, including home and community-based waiver services – MCO contacts provided and DHS/HFS support to resolve issues
- ▶ Facility barriers – IDPH investigation process, DHS & DPH support and intervention to resolve issues

- ▶ In partnership with IDHS and other entities, we hope Primes will continue to make every effort to meet transition requirements.
- ▶ IDHS would like to continue to problem-solve with you on barriers/issues you face in achieving safe and timely transitions.
- ▶ It is through these collaborative efforts and shared dedication to Class Members that we can achieve success!

Q&A Opportunity for MCOs

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- ▶ What information surprised you or is new to you about the work of Prime Agencies?
 - ▶ What additional information would be helpful to know about the work of Prime Agencies?
 - ▶ How can IDHS &/or the Primes be helpful to MCOs related to Class Member transitions?
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Medicaid Managed Care Organizations

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- ▶ Contracted by the Department of Healthcare and Family Services, a Defendant in the Consent Decrees.
- ▶ Responsible for providing Medicaid-covered services to ALL Class Member enrolled in managed care.
 - ▶ Includes partnering effectively with Primes.
- ▶ Community Transition Initiative
 - ▶ Incentive program operating *parallel* to the Comprehensive Program.
 - ▶ MCOs (rather than Prime agencies) initiate and provide all Decree-specified services to which Class Members are entitled.
- ▶ MCO performance partnering with Primes *and* achieving independent success under CTI is closely monitored by Plaintiffs, Court Monitor, and Governor's Office.



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- ▶ Contracts contain multiple provisions relevant to compliance with the ADA, the Olmstead Decision, and the Williams and Colbert Consent Decrees.



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- ▶ Deliberate organization of a member's care activities is the foundation of the state's investment in the Medicaid managed care service delivery system.
- ▶ Ensures that members receive the appropriate care at the right time and in the right setting.
- ▶ Proactive care coordination aligned with ADA and Olmstead standards is a *minimal* expectation for all MCOs working with Class Members, whether the individual is paired with a Prime agency, working with MCO under the CTI, or desiring to continue receiving care in the institutional setting.



Care Coordination (continued)

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- ▶ Care management is explicitly required for:
 - ▶ All nursing facility residents and SMHRF residents.
 - ▶ All members receiving HCBS waiver services.



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- ▶ Require that all MCO members, including Class Members who transition to community settings, have adequate access and proximity to primary care and behavioral health providers, pharmacies, and other needed Medicaid-covered services.
- ▶ HFS expects that health plans will work proactively with Primes and other community providers to ensure that robust services are available to support community integration.
 - ▶ Thoughtful creativity and innovation in this area is encouraged to mediate staff shortages.



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- ▶ MCOs are well-staffed to support Class Members and to coordinate with Prime Agencies on their behalf.
 - ▶ Key positions
 - ▶ **Long Term Services and Supports Program Manager** ensures that LTSS staff are knowledgeable and adhere to the requirements of the Williams and Colbert consent decrees.
 - ▶ **Community Liaison** develops and maintains relationships with community entities and state agencies.
 - ▶ **Quality Management Coordinator** monitors and audits plan's health care delivery system to ensure success of efforts to improve health status and health outcomes for members.
 - ▶ **Compliance Officer** ensures compliance with contract.



▶ Designated Liaisons

- ▶ Consumer advocate for enrollees who need **behavioral health** services, responsible for internal advocacy for these enrollees' interests, including ensuring input in policy development, planning, decision-making, and oversight, as well as coordination of recovery and resilience activities.
- ▶ Consumer advocate for **Dual-Eligible Adults**, responsible for internal advocacy for these enrollees' interests, including ensuring input in policy development, planning, decision-making, and oversight.



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- ▶ MCO contracts require health plans to implement any Behavioral Health service plan for a Williams Class Member developed by DHS contractors (i.e., Prime agencies), unless both the managed care member and the Prime agency agree to modify the plan.
- ▶ MCO is responsible for payment of all Medicaid-covered services in the service plan.
- ▶ Utilization controls cannot be applied once the MCO has received a copy of the service plan.



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Catch-All Provision 9.1.40

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- ▶ Contractor shall consult and cooperate with the State in **meeting any obligations the State may have under any consent decree**, including the consent decrees entered in Colbert v. Quinn, No. 07 C 4735 (N.D. Ill.), and Williams v. Quinn, No. 05 C 4673 (N.D. Ill.).
- ▶ Contractor shall modify its business practices, as required by the State, in performing under the Contract in order for the State to comply with such consent decrees and, if necessary, enter into any amendments to the Contract.
- ▶ If compliance with section 9.1.40 necessitates the expenditure of additional material resources, then the Department will address adjustments of the Capitation rates as set forth in section 7.7.



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Community Transition Initiative

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- ▶ Introduced in late 2020 to incentivize MCOs to facilitate community transitions of their members living in any NF or SMHRF.
- ▶ Revised for 2022
 - ▶ Limits incentives to transitions of Williams and Colbert Class Members only.
 - ▶ Minimum numeric transition requirements established with financial penalties for failure to achieve targets.
- ▶ HFS expects that MCOs and their staff and provider networks will meet the highest clinical and care management standards, deploying additional resources as needed to achieve and sustain community integration on behalf of Class Members.



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- ▶ Managed Care Program Policy 055 provides detailed guidance to MCOs for operating the CTI and delivering all services to which Class Members are entitled, including outreach, assessment, service planning, transition support, and long-term monitoring and reassessment.
- ▶ HFS partners with University of Illinois College of Nursing (UIC-CON) to administer CTI and support coordination with the Comprehensive Program.
 - ▶ Clearinghouse function to ensure coordination for Class Members.
 - ▶ Clinical oversight to ensure thorough planning and safe transitions.
 - ▶ CTI [website](#) compiles all required forms and workflows.



▶ 5.18.6.1

“Contractor’s efforts must comply with Department- issued written policy, including but not limited to the nature, frequency, timing, and substance of the following CTI activities: outreach, assessment, transition planning, assistance with location of appropriate housing for transition, subsidies to enable transition, transition support, and follow-up.”

- ▶ Class Members remain Class Members after community transition and MCOs must continue to serve them as such.



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CTI Numeric Transition Requirements

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- ▶ HFS set modest minimum transition requirements for Health Choice Illinois MCOs in CY 2022.
- ▶ Failure to achieve targets will result in financial penalties.
- ▶ Targets based on percentage of long-term care admissions in FY2020.

Colbert	Williams
Minimum transition requirement = 2% of the number of enrollees admitted to Cook County NFs in FY20.	Minimum transition requirement = 3% of the number of enrollees admitted to Illinois SMHRFs in FY20.
Individual MCO targets range from three to 19 transitions, totaling 70 transitions across all HCI plans.	Individual MCO targets range from two to seven transitions, totaling 23 transitions across all HCI plans.



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Process Performance to Date

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- ▶ Promising early indicators of leadership at the operational level – HFS recognizes the CTI Leads:
 - ▶ Instrumental in working with MCO Care Coordinators and Case Managers to facilitate Colbert Class Member transitions.
 - ▶ Productive partnering with HFS, UIC-CON, and other stakeholders on process improvements.
 - ▶ Persistence in resolving barriers to Class Member transitions.
- ▶ Evidence of improved clinical components: Assessment, Transition Service Plan, and Post Transition Follow up and Monitoring.
- ▶ Increasing efforts to enhance expertise in Housing and Behavioral Health.



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Factors Driving Successful CTI Transitions

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- ▶ Dedicated MCO staff who are experienced, detail-oriented, and solution-focused.
- ▶ Skillful navigation of provider network, especially arranging HCBS waiver services and community-based mental health services.
- ▶ Energetic and resourceful housing placement efforts.
- ▶ Clinical expertise driving person-centered care planning, which in turn informs transition and post-transition activities.



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Outcome Performance to Date

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Colbert	Williams
Modest progress towards minimum targets.	Extremely poor performance towards minimum targets
35 of 70 CY22 required transitions achieved as of 08/31/2022	0 of 23 CY22 required transitions achieved as of 08/31/2022
Performance varies by health plan; one plan has already achieved 106% of required transitions compared to another which has only achieved 22% of required transitions to date.	No Williams Class Members have transitioned under the CTI in CY22.



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Barriers Addressed

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- ▶ HFS has responded with resources and technical assistance to barriers identified by health plans in working with complex and challenging cases of Class Members.
 - ▶ Contacts at each Prime agency.
 - ▶ Access to bridge housing subsidies
 - ▶ Access to transition assistance funds
 - ▶ Training on Olmstead
 - ▶ Training and technical assistance on housing supports and services
 - ▶ Access to HFS staff for help resolving critical issues.



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Time to Pull Out All the Stops

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- ▶ Ensure ample resources and alignment of expectations across leadership, care management staff, and provider network to reach minimum transition targets in 2022 to avoid financial penalties.
- ▶ Acknowledge and support good work underway in your MCO and invest resources to enhance and expand what's working well.
- ▶ Leverage behavioral health expertise within and beyond your organization to implement innovative strategies for serving Williams Class Members.
- ▶ Ensure highest degree of attentiveness and quality for Class Members both during and following transition. (I.e., no shortcuts)



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Coordination with Prime Agencies

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- ▶ Coordination with the Comprehensive Program and proactive problem solving is nonnegotiable.
- ▶ To maintain clear lines of accountability and minimize Class Member confusion, MCOs must continue to confirm that any member they wish to work with under the CTI is not already paired to a Prime, using the UIC-CON clearinghouse process.
- ▶ If for any reason a Class Member disengages from CTI, by choice or due to disenrollment from the health plan, this must be reported to UIC-CON to ensure the Class Member continues to receive the services to which they are entitled.



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Expectations and Opportunities

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- ▶ In remainder of CY 2022 and FY 2023
 - ▶ MCOs will ensure that ALL resources, infrastructure, and processes required by the contract are deployed in support of the state's vision for ADA, Olmstead, and Consent Decree compliance.
 - ▶ MCOs will make concerted effort to meet CTI minimum transition requirements for 2022 by 12/31/2022.
 - ▶ MCOs will demonstrate initiative in the CTI and prioritize energetic and advanced collaboration with Prime Agencies to ensure **efficient, expeditious, and safe** transitions for all Class Members seeking community integration.



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Q&A Opportunity for Primes

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- ▶ What information surprised you or is new to you about the work of MCOs?
 - ▶ What additional information would be helpful to know about the work of MCOs?
 - ▶ How can HFS &/or the MCOs be helpful to Prime Agencies related to Class Member transitions?
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