Bureau of Managed Care Managed Care Organizations Policy / Procedures

General Contract Monitoring

Uniform MCO Service Cost Maximum (SCM) Letter

Service Cost Maximums should not be a barrier to members obtaining necessary and appropriate home and community based waiver services as an alternative to institutional care. It is appropriate to exceed a SCM by a reasonable amount to cover necessary and appropriate home and community based waiver services that are needed to allow a member to remain safely in the community.

Under the Division of Rehabilitation Services and Illinois Department on Aging waivers, each MCO is required to send a letter to Customers any time they approve services beyond service cost maximums.

This is necessary so that Customers know that additional services are being provided because the MCO is choosing to offer them. Should the Customers return to Fee-For-Service or transfer to another MCO the additional services may not continue.

The universal letter that all MCOs agreed to use is included in this policy.

Template for Uniform MCO Service Cost Maximum Letter

[LETTER_GEN_DT]

Dear [RECIPIENT_NAME]:

Thank you for being a member of [Health Plan Name].

Right now, you are getting waiver services through [Health Plan Name]. These services help you stay in your home or community setting instead of a nursing home.

[Health Plan Name] is currently providing you with additional services above what was allowed under the Community Care Program (CCP) or the Home Services Program (HSP).

The purpose of this letter is to let you know that you may not receive the same amount of services if you switch to another health plan or receive services directly from the State through CCP or HSP.

Please call us if you have any questions.

Sincerely, [Health Plan Name]

Policy History General General Contract Monitoring Uniform MCO Service Cost Maximum Letter

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Revision

Policy Originator Lauren Tomko Lauren Tomko

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