

# Why is Medicaid and healthcare reform in Illinois important to the Supportive Housing Industry?

What is the status of health reform and the evolution of the health delivery system? What is the potential for supportive housing providers?

Discussion 7/17/2014

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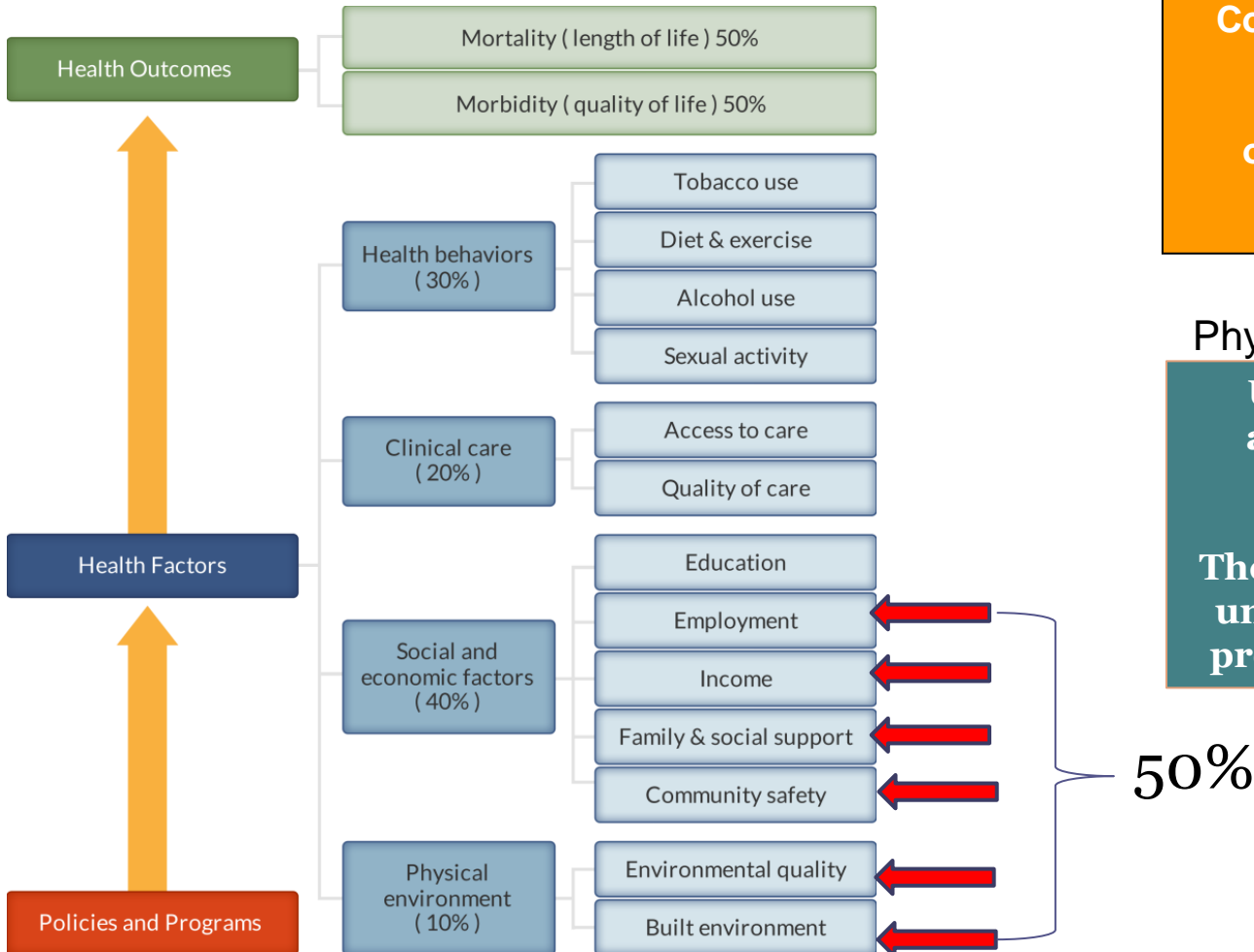
# IL Health Care Environment: A Work In Progress...

**SMART Act 2011  
& ACA  
Implementation**

**Coordinated  
Care or  
Managed Care**

**Impacts 50%  
of Medicaid  
beneficiaries  
by 2015; saving  
\$16 million**

# Coordinated Care Can Grow Supportive Housing



## The 80/20 Rule

County Health Rankings show that much of what affects health occurs outside of the doctor's office.

Physicians surveyed say:

Unmet social needs are directly leading to worse health.

The problems created by unmet social needs are problems for everyone.

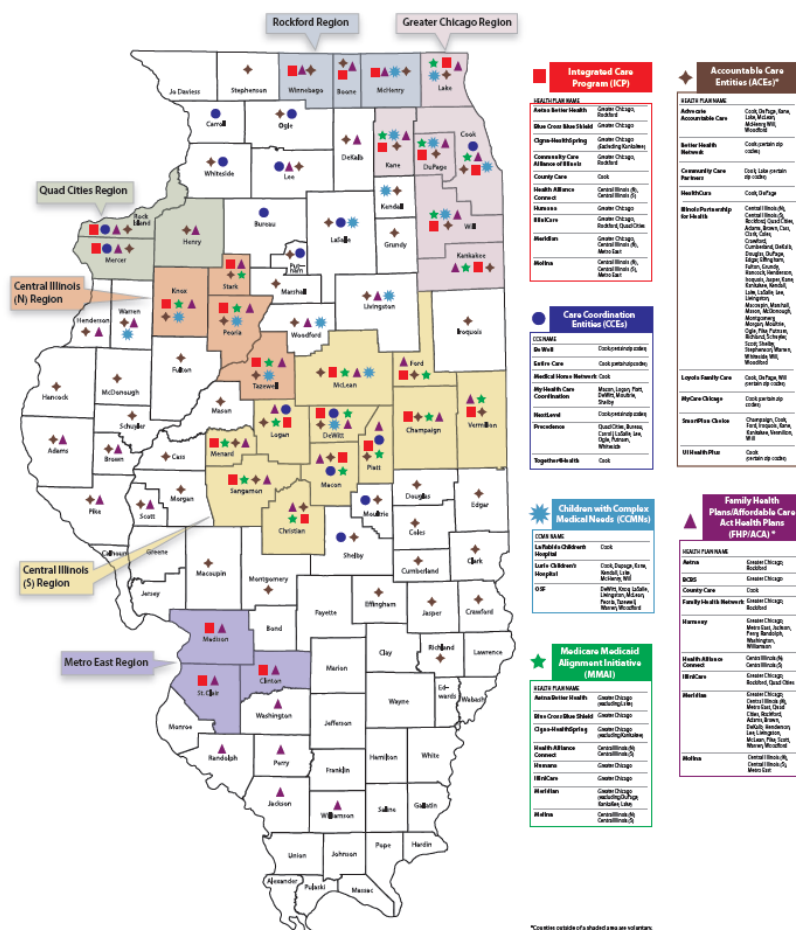
# Medicaid Care Coordination: Quick Review

- **Integrated Care Program (ICP)** Medicaid **only** and mandatory.
- **Medicare Medicaid Alignment Initiative (MMAI)**: Dual eligible. Medicare and Medicaid benefits under one MCO plan.
- **Innovation Projects**: Provider organized
  - **CCEs---non capitated payments**
  - **MCCNs---full risk capitation**

	Who	What	When
<b>Managed Care Organizations</b>	ACA adults, Family Health Plans (FamilyCare, All Kids, Moms & Babies)	Includes: PCP, Care Coordination, Some extra benefits Reimbursement: Capitated Payments Management and Enrollment: MCO, Mandatory Regions	On-going
<b>Accountable Care Entities</b>	ACA adults, Family Health Plans (FamilyCare, AllKids, Moms & Babies)	Includes: PCP, Care Coordination, Reimbursement: 3 year path to capitated payments Management and Enrollment: Provider Organized, Voluntary	2014
<b>Care Coordination Innovation Projects</b>	SPD (AABD) Medicaid: CCEs MCCNs  Children with Complex Medical Needs: CCEs	Includes: PCP, Care Coordination, Some incorporate social services and housing, must link with behavioral health services Reimbursement: CCEs-FFS payments MCCNs-Capitated Payments Management and Enrollment: Provider Organized, Voluntary	CountyCare started 2012 – evolving to MCCN  CCEs 2013 -on
<b>CCEs &amp; MCCNs</b>	ACA adults: CountyCare		
<b>MMAI: Medicare/Medicaid Alignment Initiative</b>	SPD (AABD) Medicaid and Medicare Parts A and B No spend-down	Includes: PCP, Consumer Choice Options, Care Coordination, Reimbursement: Capitated Payments Management and Enrollment: MCOs, Semi-Mandatory (opt-out)	Started 2014  Transition: 60 days from letter to enroll, 180 day transition period to in-network providers, can change plans monthly unless receiving LTSS (locked in)
<b>Integrated Care Program</b>	SPD (AABD) Medicaid Only +Waiver Programs No Medicare No spend-down	Includes: PCP, Consumer Choice Options, Care Coordination Reimbursement: Capitated Payments Management and Enrollment: MCOs Mandatory	Started 2011 Rollout in Chicago 2014 Transition: 60 days from initial letter to enroll, Can switch plans first 90 days, after 90 days locked in 12 months, 90 day transition to in-network providers

# Care Coordination Expansion: Where it's happening.

Illinois Department of Healthcare and Family Services  
Care Coordination Expansion  
June 25, 2014



- Link to map:  
<http://www2.illinois.gov/hfs/SiteCollectionDocuments/CCExpansionMap.pdf>
- More great resources:  
<https://www2.illinois.gov/hfs/SiteCollectionDocuments/CCRollOutPlan.pdf>



## DHS Grant-based

- \$30 million
- Sustainability?



## Medicaid -- Care Coordination

- Revenue/business model?
- Certification?
- Accreditation?



## Medicaid – 1115

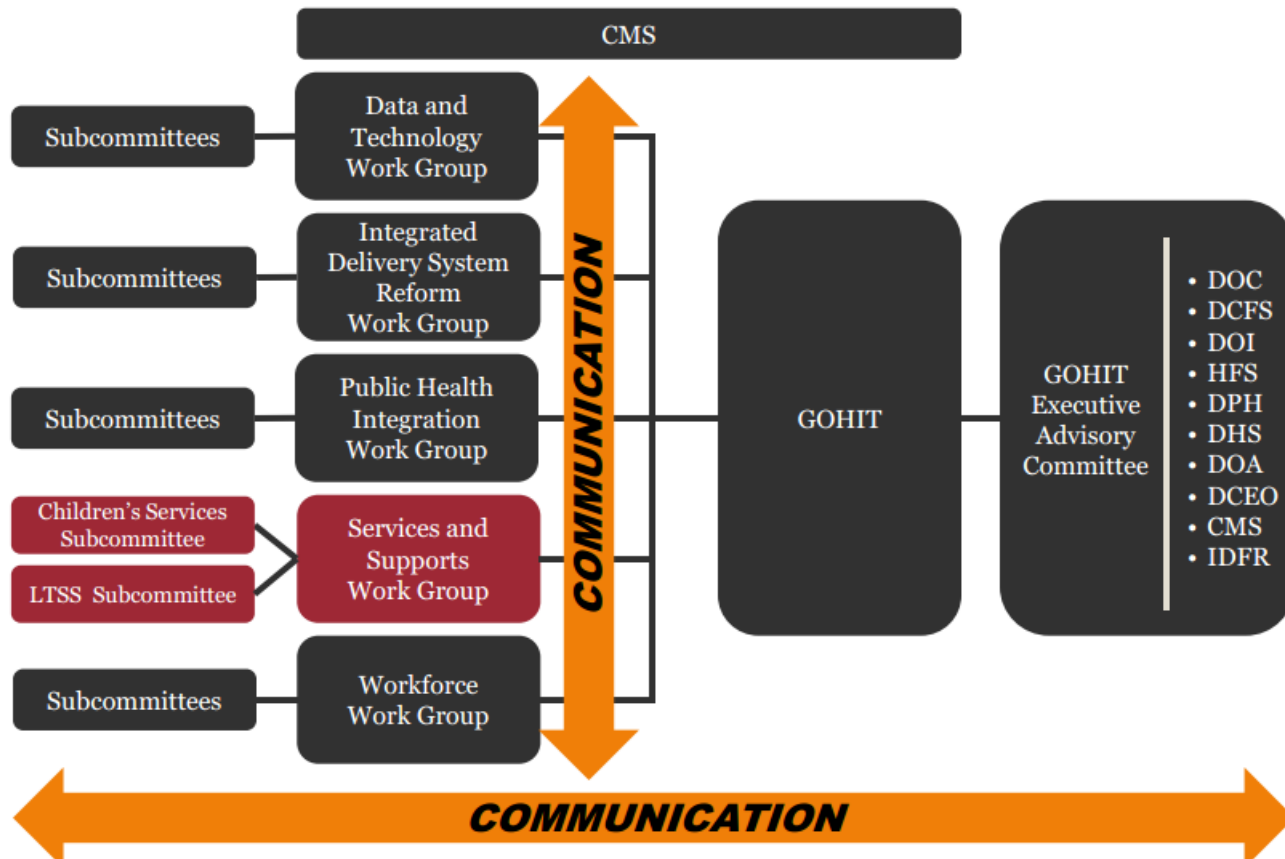
- Potential of “Stable Housing” payments

**Revenue Sources for Supportive Housing Providers**

# Governor's Office of Health Innovation and Transformation (GOHIT) Services & Supports Work Group

As of 6/18/2014

## GOHIT Workgroup Organizational Structure

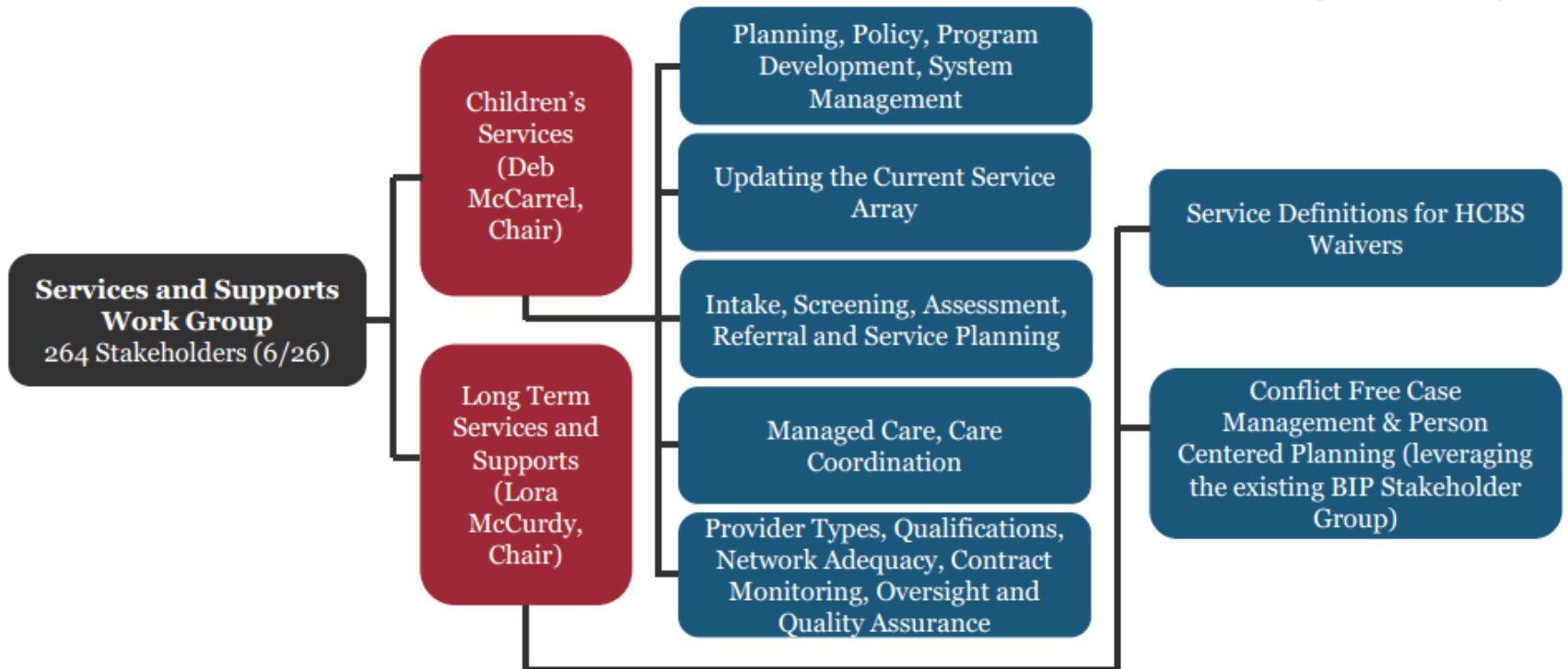




# Profile - Services and Supports

Work Group Co-Chairs	Subject Matter Experts	Work Group Coordinator	Logistics Specialist
Dr. Lorrie Jones Grace Hou	Sheila Pires (Children's SC) Steven Lutzky (LTSS SC) Gwyn Volk, Navigant (LTSS SC)	Sharon Post/Noah Franklin (P) Peter Eckart / Ellen Kaufman (S)	Sydney Birnbaum (P) Jon Hofacker (S)

P = Primary, S = Secondary



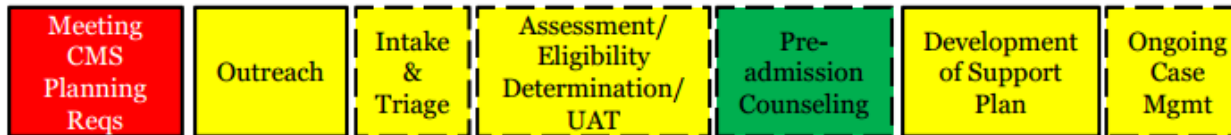
# GOHIT LTSS Subcommittee

## Integrating HCBS Services/BIP

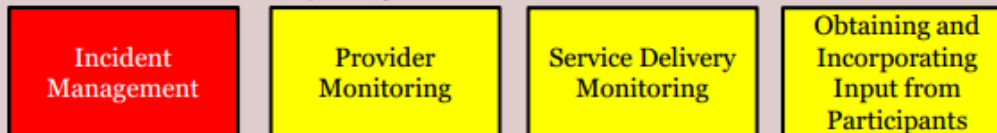
### Service Specifications



### Access Processes



## Continuous Quality Improvement

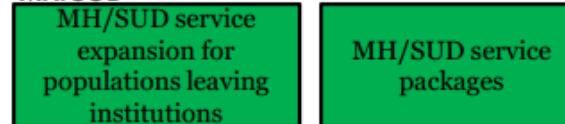


## Population Specific Issues

### IDD



### MH/SUD



## Legend

Phase 1

Phase 2

Phase 3

## Existing Stakeholder Input Efforts

BIP

MFP

## Cross-effort Considerations

- Implications for Managed Care
- Operations Changes
- Necessary Policy/Regulation Changes
- IT Functional Requirements

# What will this all mean for Supportive Housing Providers?

- 1115 Waiver has the potential to bring in additional dollars for supportive housing:
  1. Mental Health Medicaid Rehab Option – Increase from \$140 million to \$180 million
  2. Mental Health MCO – Increase from \$40 million to \$80 million
  3. Stable Housing - \$60 million

# How to engage and participate in the GOHIT process?

- Go to:

<http://www2.illinois.gov/gov/healthcarereform/Pages/AllianceWorkGroups.aspx>

- Look for updates from SHPA on meeting dates
- Stay connected through this process today

# Opportunities for Supportive Housing Providers Moving Forward

1. Connect Managed Provider in your service area
2. Understand how the population you serve is getting coverage
3. Stay abreast of new funding opportunities (ie the 1115 waiver)
4. Evaluate your business model to ensure you are poised to take advantage of any and all opportunities.