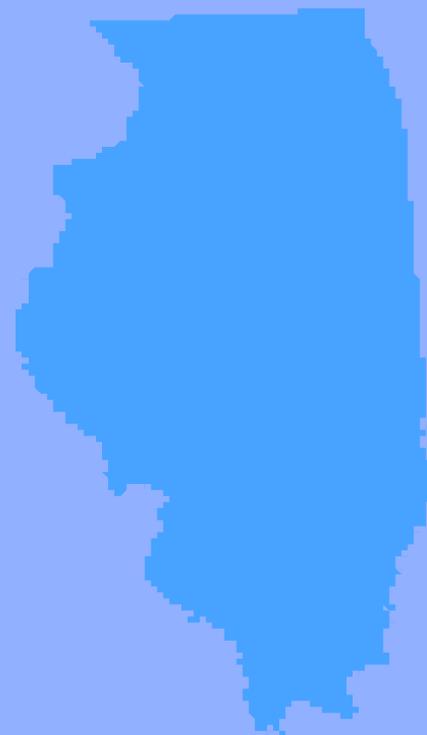




# HHS Briefing FY17

February 17, 2016



# Welcome

## The FY17 Proposed Budget provides two paths:

1. Agree on economic and governmental reforms, to accompany a negotiated balance of spending reductions and revenue that ensures that Illinois can be both compassionate and competitive.

OR

2. Give the executive branch the authority to cut spending to live within our revenues through the Unbalanced Budget Response Act.

We need to change the way we think about the budget. The choice is not simply one of cutting spending or raising revenue/taxes, it's about making smart decisions about reform that will provide the economic growth needed to produce revenue we all want over the long-term to meet the needs of the people of Illinois.

If there is compromise we can come together to fix our long-term challenges – we will re-build the social service safety net.

Every hard working family across this great state deserves this.

# Agenda

## Welcome

- Jennifer Hammer, Healthcare and Human Services Policy Adviser, Special Counsel, Office of the Governor

## The Transformation

- **Prevention and Population Health:** Director Nirav Shah – Department of Public Health
- **Institutional Care to Community Care/Data Analytics and Integration:** Director George Sheldon – Department of Children and Family Services/Acting Director Jean Bohnhoff – Department on Aging
- **Paying for Value, Quality & Outcomes:** Director Felicia Norwood – Department of Healthcare and Family Services
- **Education and Self-sufficiency:** Acting Secretary Jim Dimas – Department of Human Services

## Budget Presentations

- **Department of Healthcare and Family Services:** Director Felicia Norwood
- **Department on Aging:** Acting Director Jean Bohnhoff
- **Department of Human Services:** Acting Secretary Jim Dimas
- **Department of Children and Family Services:** Director George Sheldon
- **Department of Public Health:** Director Nirav Shah

## Q&A

# THE TRANSFORMATION

**Prevention and Population Health:** Director Nirav Shah –  
Department of Public Health

**Institutional Care to Community Care/Data Analytics  
and Integration:** Director George Sheldon – Department of Children  
and Family Services and Acting Director Jean Bohnhoff – Department on  
Aging

**Paying for Value, Quality & Outcomes:** Director Felicia  
Norwood – Department of Healthcare and Family Services

**Education and Self-sufficiency:** Acting Secretary Jim Dimas –  
Department of Human Services

# THE TRANSFORMATION

***“Enhance the common good of the people of Illinois by supporting them in leading healthy, independent and safe lives by offering access to high quality, consumer-centered, community based healthcare, education and human services that effectively steward both public and private resources.”***

# Transformation Partners

***Governor's Office***

***Department on Aging***

***Department of Children and Family Services***

***Department of Corrections***

***Department of Healthcare and Family Services***

***Department of Human Services***

***Department of Public Health***

***Department of Juvenile Justice***

***Department of Veterans' Affairs***

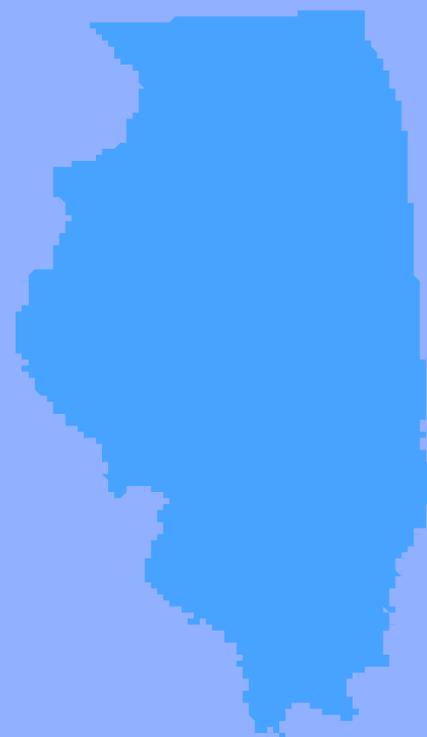
***State Board of Education***

# THE TRANSFORMATION

FIVE KEY INITIATIVES	CHAIR(S)
Prevention and Population Health	Nirav Shah, Director, DPH
Paying for Value, Quality, and Outcomes	Felicia Norwood, Director, HFS
Moving from Institutional Care to Community Care	James Dimas, Acting Secretary, DHS George Sheldon, Director, DCFS Jean Bohnhoff, Acting Director, Aging
Education and Self Sufficiency	Beth Purvis, Secretary of Education Bruce Bendix, DHS
Data Integration and Predictive Analytics	Hardik Bhatt, Chief Information Officer



# IL HHSi2 Demo 360° Consumer View



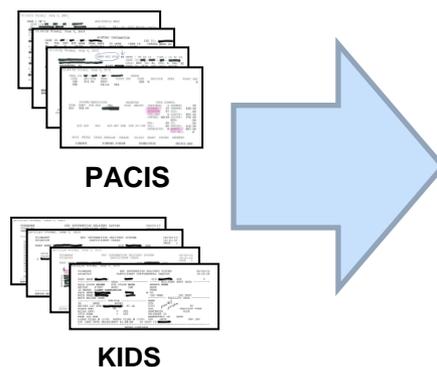
# Data Aggregation – 360° Consumer View

## Consumer (Child) Centric Approach

- **OBJECTIVE:** To master core consumer data by mashing ~20 demographic/identification data elements from many sources to establish a consolidated 360° view of the child

### Current:

- DCFS
  - CYCIS
  - SACWIS
- DHS
  - Medicaid eligibility
  - SNAP
  - TANF
- HFS
  - Child Support



Search for: Charles

Row	Person	Gender	SSN	DOB (Age)	Recent Address	City	State	Zip	County	Primary Phone
1	Charles Moore	M	XXX-XX-2094	12/14/1985 (29)	111 Maple St.	Des Plaines	IL	60018	Cook	(847) 824-1111

**Personal Information**

Employer: Self-employed    Email: charlesm@yahoo.com    Alias:    Veteran:

**Relationships**

Name	Relationship Type	DOB	SSN	Address	City	Zip	Gender
<a href="#">Emily Dodge</a>	Daughter	04/02/2006	XXX-XX-8989	12 Glen St	Des Plaines	60016	F
<a href="#">Kathy Dodge</a>	Spouse (ex)	02/05/1986	XXX-XX-6688	12 Glen St	Des Plaines	60016	F
<a href="#">Mel Smith</a>	Son	01/02/2009	XXX-XX-1010	8 W Moore	Des Plaines	60018	M
<a href="#">Brenda Smith</a>	Spouse (ex)	02/04/1988	XXX-XX-8888	8 W Moore	Des Plaines	60018	F
<a href="#">David Moore</a>	Brother	07/04/1982	XXX-XX-2222	111 Maple St	Des Plaines	60018	M

**State Services**

Program Name	RIN/System ID	Matching Name	Matching DOB	Matching SSN	Enrollment Date	Start Date	End Date
Medicaid	123456789	Charles Moore	12/14/1985	XXX-XX-2904	08/13/2013		
DCFS		Charles Moore	12/14/1985	XXX-XX-2904	04/05/2014	04/05/2014	
SNAP		Charles A. Moore	12/14/1985	XXX-XX-2094	03/01/2010	03/01/2010	

Case ID	AVL DTE	CASE STAT	CASEINH	NOINH	NOEATTG	BONUS
12-123-12-12345	01	Active Regular Case	1	2	2	325.00

CL #1	CL #2
Charles Moore	David Moore

TANF    Chuck Moore    12/14/1985    XXX-XX-2094    04/01/2013    04/01/2013    11/28/2013  
 KIDS    Charles Moore    12/14/1985    XXX-XX-2094    01/09/2011    01/18/2011  
 History

2	Charley ROCHE	M	XXX-XX-9385	02/20/1970 (45)	642 N. DEARBORN ST	CHICAGO	IL	60610	Cook	(312) 335-0044
3	Charles J. Maivald	M		04/01/1992 (23)	640 Henman, Suite 2-1	Evanston	IL	60202	Cook	(847) 677-6666

### Next:

- DES
- DCEO
- CCAP
- ISOR
- Many others

Search for Last Name:

First Name	Last Name	Gender	SSN	Birth Date	Recent Address	City	State	Zip	County	Primary Phone
Charles	Moore	M	XXX-XX-2094	12/14/1985	111 Maple St.	Des Plaines	IL	60018	Cook	847-824-1111

Person Details

Employer	Email	Sex Offender
Self-employed	charlesm@yahoo.com	N

Relationships

First Name	Last Name	Relationship	Gender	SSN	Birth Date	Address	City	State	Zip
Emily	Dodge	Daughter	F	XXX-XX-8989	04/02/2006	12 Glen St	Des Plaines	IL	60016
Kathy	Dodge	Spouse(ex)	F	XXX-XX-6688	02/05/1986	12 Glen St	Des Plaines	IL	60016
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CYCIS		Charles	Moore	12/14/1985	XXX-XX-2094	04/05/2014	04/05/2014	
KIDS		Charles	Moore	12/14/1985	XXX-XX-2094	01/09/2011	01/18/2011	
Medicaid		Charles	Moore	12/14/1985	XXX-XX-2094	08/13/2013	08/13/2013	07/31/2014
SACWIS		Charles	Moore	12/14/1985	XXX-XX-2094	04/05/2014	04/05/2014	
SNAP		Charles A.	Moore	12/14/1985	XXX-XX-2094	03/01/2010	03/01/2010	
TANF		Chuck	Moore	12/14/1985	XXX-XX-2094	04/01/2013	04/01/2013	11/28/2013
WIS		Charles	Moore	12/14/1985	XXX-XX-2094	01/09/2011	01/18/2011	

David	Moore	M	XXX-XX-2222	07/04/1982	111 Maple St.	Des Plaines	IL	60018	Cook	
Alicia	Moore	F	XXX-XX-4332	08/15/1986	123 Dunover St	Aurora	IL	60502	Will	847-542-5221
Tony	Moore	M	XXX-XX-2453	03/11/1989	1422 Hanover Ave	Naperville	IL	60540	Will	217-342-4544
Amber	Moore	F	XXX-XX-6745	02/11/2000	8731 Duncan Ave	Des Plaines	IL	60018	Cook	
Tim	Moore	M	XXX-XX-00	05/17/1986	2211 Grand Ave	Springfield	IL	62701	Sangamon	217-32-9544
Chris	Moore	M	XXX-XX-9321	06/4/1987	2755 Clear Lake Ave	Springfield	IL	62701	Sangamon	217-322-4588

**Note:** Data displayed on slide is a mocked persona to represent functionality of the sensitive consolidated data currently located in a secure DCFS environment

Search for Last Name:

First Name	Last Name	Gender	SSN	Birth Date	Recent Address	City	State	Zip	County	Primary Phone
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▶ KIDS		Charles	Moore	12/14/1985	XXX-XX-2094	01/09/2011	01/18/2011	
▶ Medicaid		Charles	Moore	12/14/1985	XXX-XX-2094	08/13/2013	08/13/2013	07/31/2014
▶ SACWIS		Charles	Moore	12/14/1985	XXX-XX-2094	04/05/2014	04/05/2014	
▼ SNAP		Charles A.	Moore	12/14/1985	XXX-XX-2094	03/01/2010	03/01/2010	

**SNAP**

Case ID	A / L DTE	CASE STAT	CASEINH	NOINH	NOEATTG	BONUS	CL #1	CL #2
12-123-12-12345	01	Active Regular Case	1	2	2	325.00	Charles Moore	David Moore

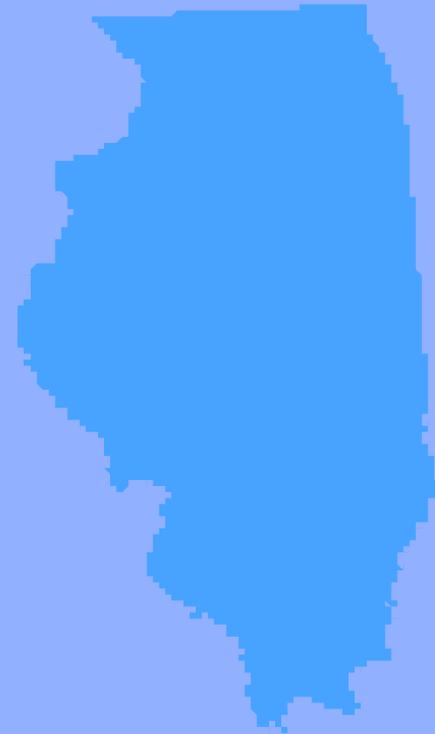
▶ TANF		Chuck	Moore	12/14/1985	XXX-XX-2094	04/01/2013	04/01/2013	11/28/2013
▶ WIS		Charles	Moore	12/14/1985	XXX-XX-2094	01/09/2011	01/18/2011	

▶ David	Moore	M	XXX-XX-2222	07/04/1982	111 Maple St.	Des Plaines	IL	60018	Cook	
▶ Alicia	Moore	F	XXX-XX-4332	08/15/1986	123 Dunover St	Aurora	IL	60502	Will	847-542-5221
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**Note:** Data displayed on slide is a mocked persona to represent functionality of the sensitive consolidated data currently located in a secure DCFS environment



# DCFS Mobile App



# DCFS MOBILE APP

## Log in screen

Swipe and tap the  
SACWIS mobile app



Auto log out of app  
(security) after 15  
minutes of  
non-activity.

Information not yet  
SAVED will be lost!!

A screenshot of the DCFS Mobile app login screen. The status bar at the top shows "Verizon LTE" and "12:26 PM". The app title "SACWIS Mobile" is at the top, followed by the "Illinois Department of DCFS Children & Family Services" logo. Below the logo are two white input fields: "Enter your Email" and "Enter your Password". A blue "Login" button is centered below the fields. At the bottom, there is a blue link "Change Password" with a white arrow pointing to the right, which is connected to the "Tap to Change Password" text on the adjacent screen.

Verizon LTE 12:26 PM

SACWIS Mobile  
Illinois Department of  
**DCFS**  
Children & Family Services

Enter your Email

Enter your Password

Login

Change Password

## NEED TO KNOW:

Username = DCFS Network ID  
Password = P@ssword1 (case  
sensitive)

Tap to  
Change  
Password

A screenshot of the DCFS Mobile app password change screen. The status bar at the top shows "Verizon LTE" and "12:26 PM". A back arrow is in the top left. The app title "SACWIS Mobile" is at the top, followed by the password requirements: "Password must contain 1 number, 1 lower case, 1 upper case and 1 special character in @!#\$%". Below this are four white input fields: "Enter your Email", "Old password", "New Password", and "Confirm New Password". A blue "Change Password" button is at the bottom. The "Change Password" link from the previous screen points to this screen.

Verizon LTE 12:26 PM

SACWIS Mobile  
Password must contain 1 number,  
1 lower case, 1 upper case and  
1 special character in @!#\$%

Enter your Email

Old password

New Password

Confirm New Password

Change Password

# DCFS MOBILE APP

## Caseload display

### Caseworker

### Investigator

Home/Caseload

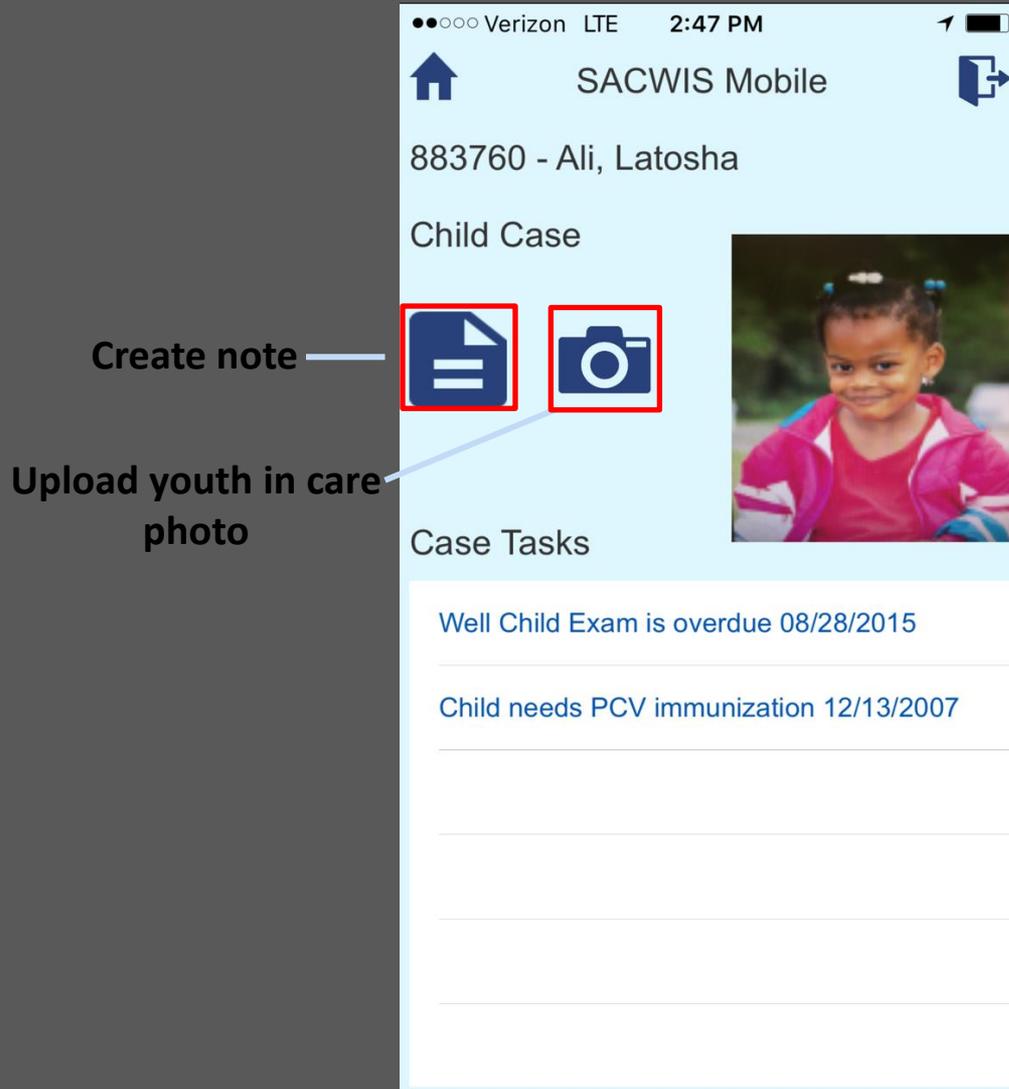


Log off



# DCFS MOBILE APP

## Permanency Case detail - create note and photo upload



### NEED TO KNOW:

Photo upload available in **child** cases only

Notes can be created in **family** and **child** cases

Photo is taken and uploaded within app simultaneously

- Options: **Use Photo, Retake, Cancel**

Adhere to DCFS policy by using the in app photo upload or digital camera until a solution can be identified. iPhone photos are not completely secure.

Additional in app photo features TBD.

# DCFS MOBILE APP

## Investigation checklist detail - create note and photo upload

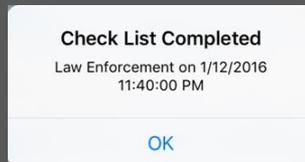
Create note



View investigation photos

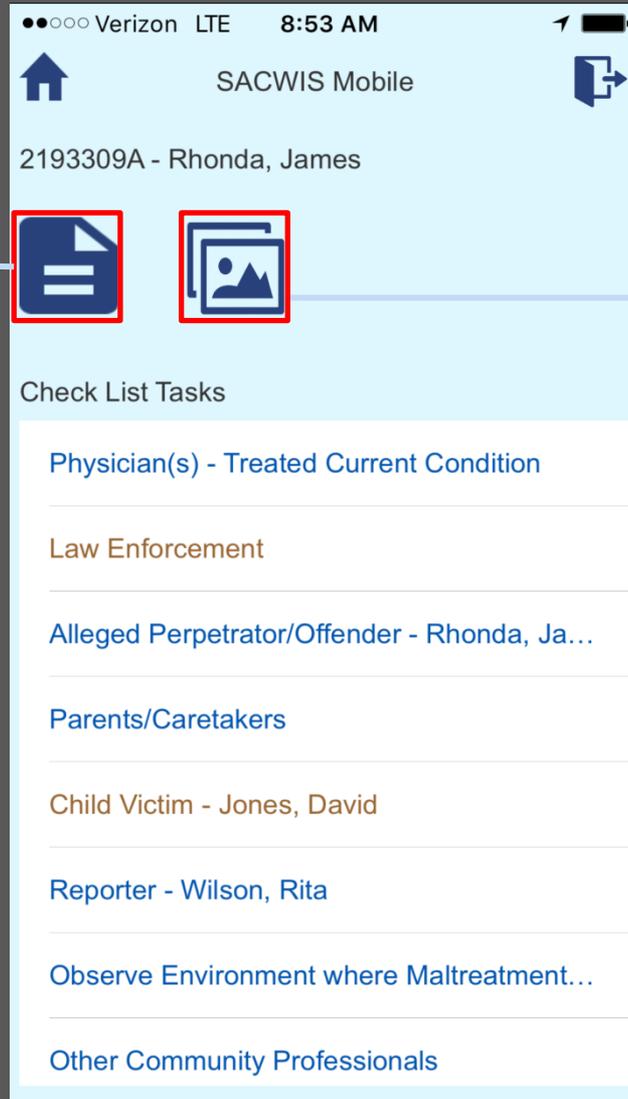
### NEED TO KNOW:

App notes satisfy the SACWIS checklist. The completed checklist requirement displays a different color and this message:



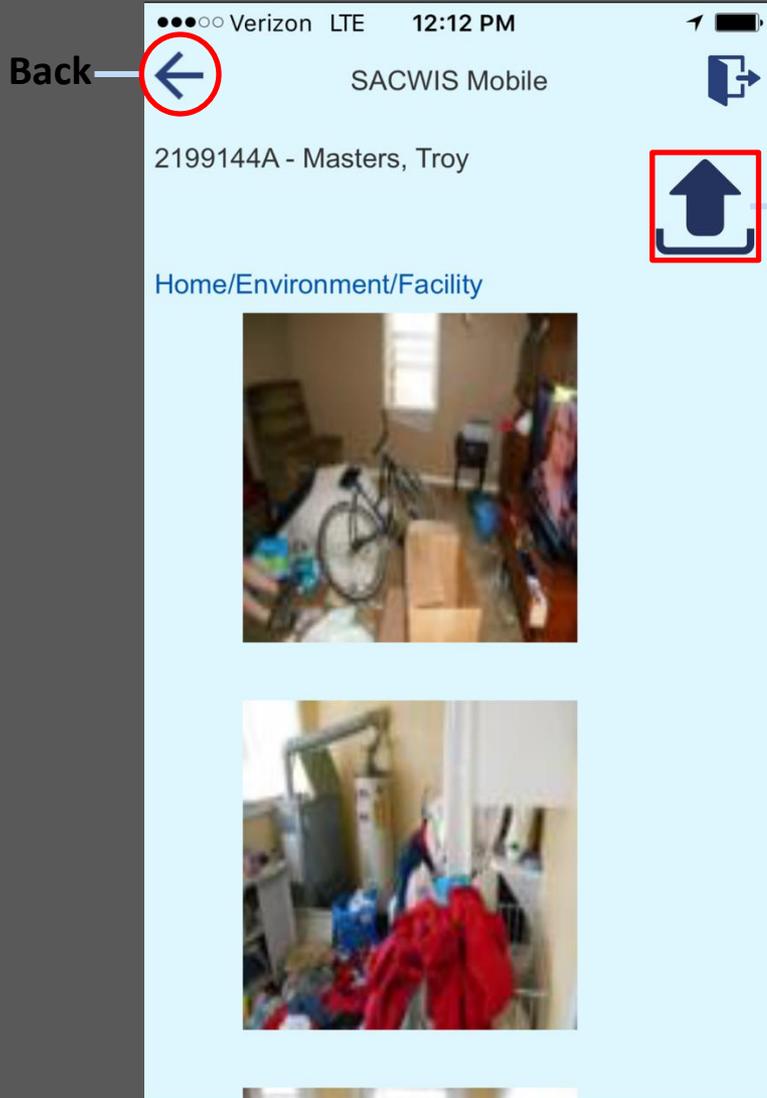
Additional notes can be created by tapping Create Note.

Child Victim notes update the SACWIS report initiation date/time.



# DCFS MOBILE APP

## Investigation - multi-photo upload



Upload  
investigation  
photos

### NEED TO KNOW:

Multi-photo upload available in all assigned investigations

Photos are taken and uploaded one at a time within app

- Options: **Use Photo, Retake, Cancel**

Photos stored on iPhone are not completely secure.

Adhere to DCFS policy by using the in app photo upload or digital camera until a solution can be identified.

Additional in app photo features TBD.

# Budget Presentations

**Department of Healthcare and Family Services:** Director Felicia Norwood

**Department on Aging:** Acting Director Jean Bohnhoff

**Department of Human Services:** Acting Secretary Jim Dimas

**Department of Children and Family Services:** Director George Sheldon

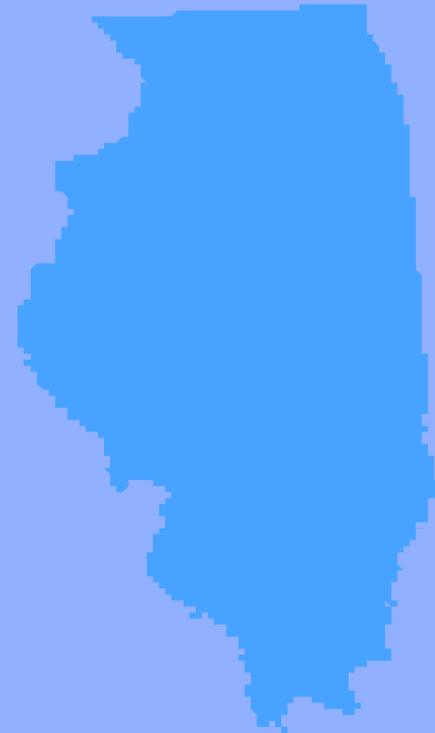
**Department of Public Health:** Director Nirav Shah



# Illinois Department of Healthcare and Family Services

## FY2017 Budget

**Felicia Norwood, Director**  
**Mike Casey, CFO**  
**Ray Marchiori, Chief of Staff**



# HFS Mission

- Ensuring quality healthcare coverage at *sustainable costs*, empowering people to make sound decisions about their well-being and maintaining the highest standards of program integrity on behalf of the citizens of Illinois
- Ensuring families have the *opportunities they deserve* by enforcing child support obligations throughout the state

# Child Support Services

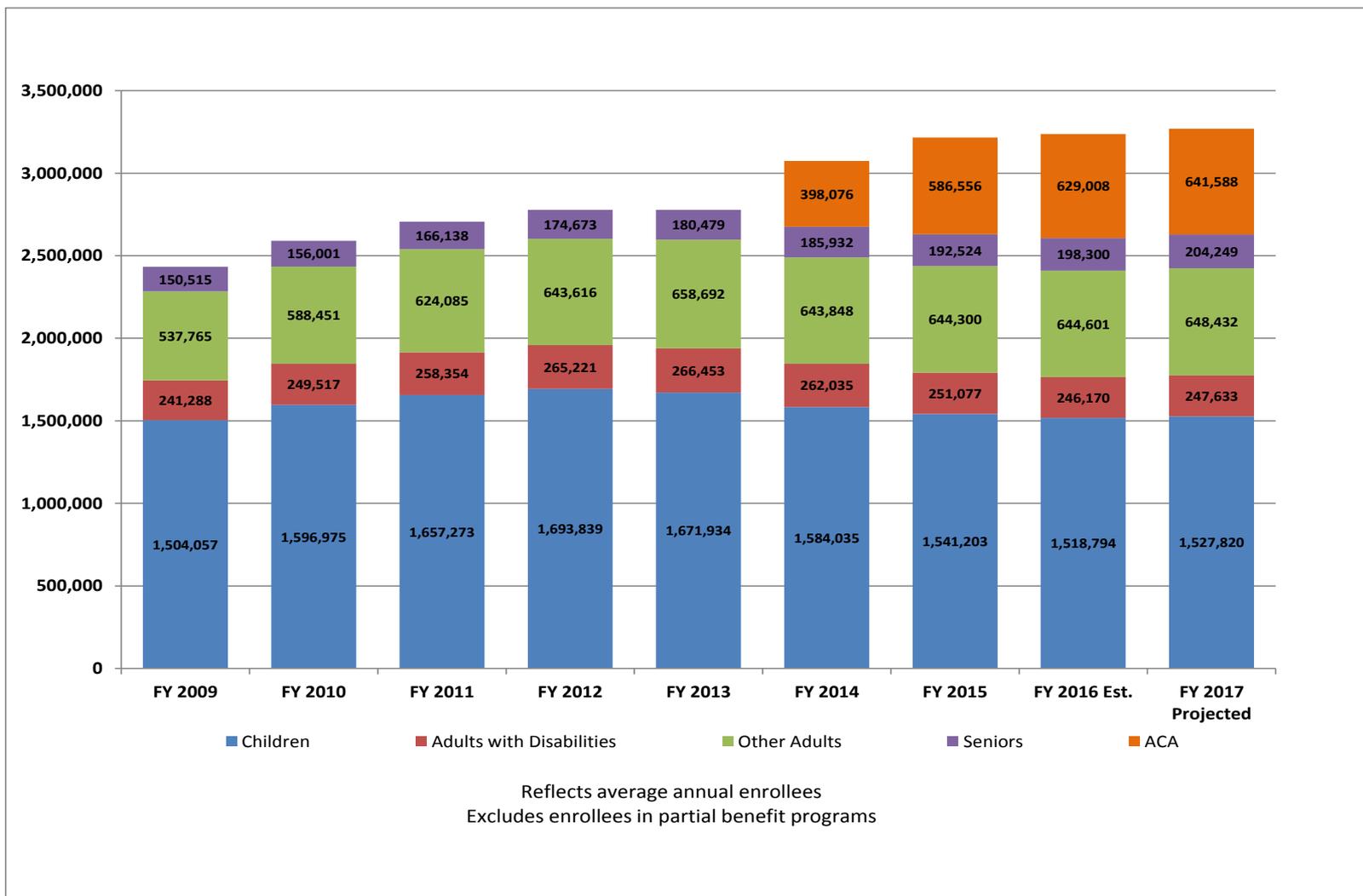
- Division of Child Support Services (DCSS) serves almost 500,000 families who receive TANF and Medical Assistance or who are not receiving government assistance, but still need child support services
  - In FY 2015, for the tenth straight year, the Department achieved collections of more than \$1 billion, with a total of \$1.416 billion – most of it passed on to families
- FY 2017 budget assumes that only 14 cents of every child support services operational dollar comes from the General Revenue Fund

# Providing Healthcare Coverage

- HFS is the largest insurer in Illinois
- Current Medical Assistance Enrollment (Nov. 2015): 3.17 million\*
  - Children: 1.50 million
  - Seniors: 190,800
  - Adults with Disabilities: 235,100
  - Other Adults: 614,400
  - ACA Adults: 632,400

\* Excludes enrollees in partial benefit programs

# Medical Assistance Average Enrollment



# Medical Assistance Fiscal Year 2017 Budget Highlights

- Maintains eligibility and healthcare services for low income residents and individuals enrolled under the Affordable Care Act
- Assumes over 66% of clients enrolled in risk-based managed care
  - Begins Managed Care in Long Term Supports and Services (MLTSS) for Medicare/Medicaid dual eligibles
- Continues efforts to rebalance the long term care system

# Medical Assistance Program Integrity Efforts

- Medical Assistance Redeterminations
  - Average of 3.3 million monthly Medical Assistance clients in FY 2017
  - FY 2017 budget includes resources for timely redeterminations
  - Requires cooperation with the Department of Human Services
  - FY 2017 General Revenue Fund estimated savings: \$140 million

# Inspector General – Fraud & Abuse Prevention

- In FY 2015, the Inspector General achieved \$204 million in savings, cost avoidance and recoveries
- FY 2017 budget assumes resources for the Inspector General to combat waste, fraud and abuse in the Illinois Medical Assistance program
  - Quality control on Medical Assistance eligibility determinations and provider claims
  - Data analytics to identify outlier provider and client behavior
  - Provider payment audits
  - Client asset discovery
  - Provider and client investigations

# Affordable Care Act (ACA) Enrollment

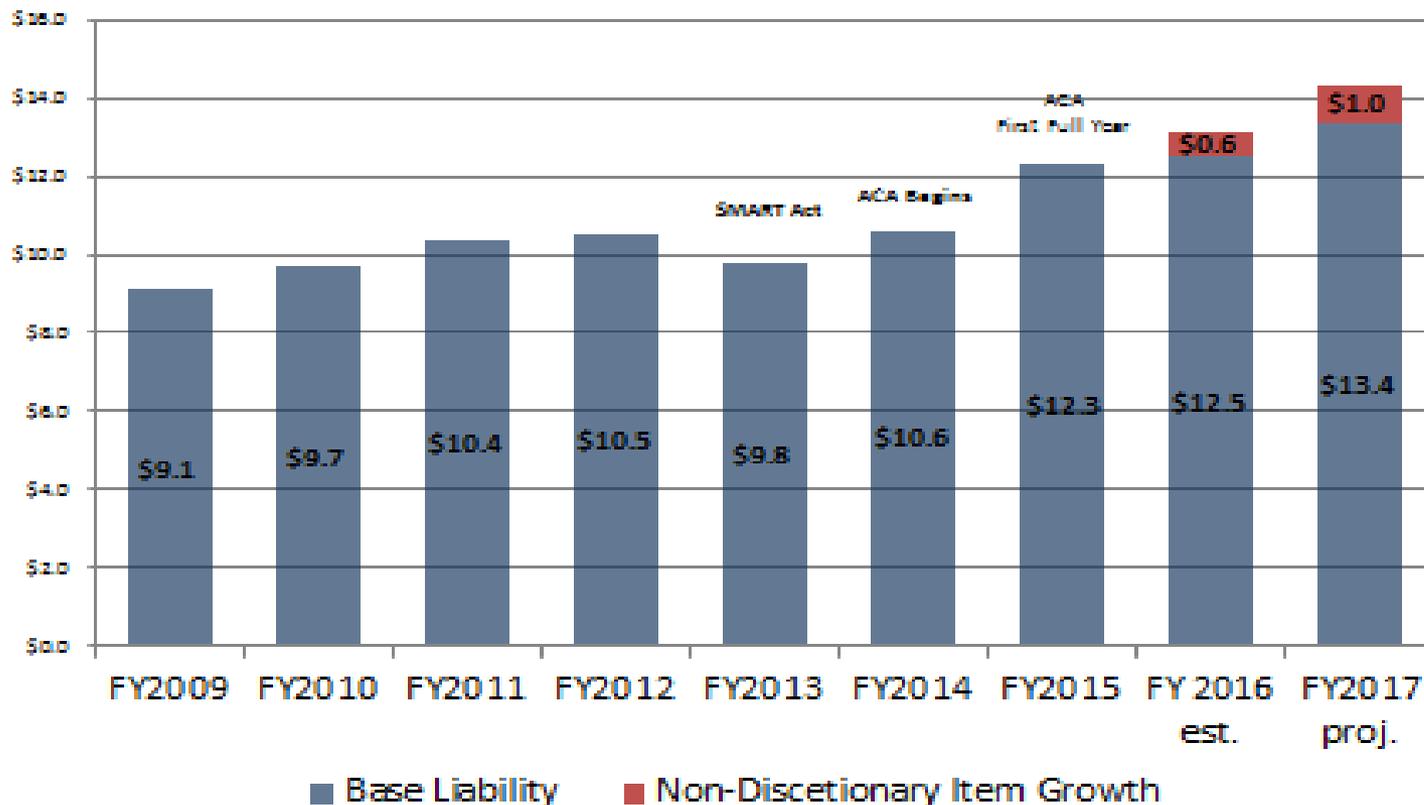
- 622,400 have enrolled under the ACA as of January 2016
- Costs offset by high federal match rate
  - Federal government will pay 100% for Medicaid clients who are newly eligible through December 31, 2016
  - Match rate declines to 95% on January 1, 2017
  - Continues phase down to 90% by January 1, 2020
- 629,000 estimated average monthly enrollment in FY 2016
- 641,600 projected average monthly enrollment in FY 2017

# Affordable Care Act (ACA) Estimated Cost

- Fiscal Year 2016: \$2.78 billion
  - General Revenue & Related Funds: \$2.14 billion
  - Cook County: \$0.64 billion
  - \$0 net state cost (100% federally-funded)
- Fiscal Year 2017: \$2.94 billion
  - General Revenue & Related Funds: \$2.3 billion
    - \$57.6 million net state cost
  - Cook County: \$0.64 billion
    - \$16.0 million net Cook County cost
  - Federal match rate declines to 95% on January 1, 2017

# Historical Medical Assistance Liability GRF and Related Funds

Total Liability in Billions



# Fiscal Year 2016 Medical Assistance Budget Management Actions

- HFS is limited in Medical Assistance budget reductions it can implement without legislative action - most eligibility, service and reimbursement requirements are in state statute
- Within these limitations, HFS continues to implement Medical Assistance cost savings measures

# Fiscal Year 2016 Medical Assistance Budget Management Actions

- Improve timeliness of Medical Assistance redeterminations: **\$53 million savings** (\$140 million annualized savings in FY17)
- Eliminate Accountable Care Entity/Coordinated Care Entity fees - transition to risk-based managed care: **\$30 million savings** (\$60 million annualized savings in FY17)
- Reduce managed care capitation rates: **\$25 million savings**
- Discontinue certain hospital fixed payments: **\$8 million**

## Fiscal Year 2017 Medical Assistance Cost Growth Driven By Non-Discretionary Items

- MLTSS managed care - transfer other agency fee-for-service costs to HFS: **\$299 million**
- Annualization of Heroin Bill (PA 99-480): **\$267.0 million** (\$335.9 million FY 2017 total gross cost)
- ACA liability growth: **\$160.5 million**
- Annualization of ACA hospital presumptive eligibility: **\$95.4 million** (\$121.1 million FY 2017 total gross cost)

## Fiscal Year 2017 Medical Assistance Cost Growth Driven By Non-Discretionary Items

- Annualization of federal Medicare Part B and Part D cost increases: **\$72.6 million** (\$127.7 million FY 2017 total gross cost)
- Other non-discretionary items: **\$76.6 million**
- GRF and related fund Medical Assistance liability grows **1.9%** absent non-discretionary items

# Medical Assistance Payment Processing

- Section 25 statutory caps
  - Require payment of GRF and related fund medical bills received by June 30th from current year appropriations
  - Eliminate long “budgeted” payment cycles – cannot push large amounts of unpaid medical bills into future fiscal years
- HFS is generally processing GRF-related bills to the Comptroller in less than 30 days in FY 2016
- FY 2017 introduced budget will allow HFS to continue meeting the Section 25 caps

# Transforming Medical Assistance

## Paying for quality, value and outcomes

- Maintaining healthcare coverage for **core low income beneficiaries** while driving quality care at supportable costs.

Actions include:

- Pay for Performance (P4P) measures for Managed Care Organizations (MCOs) to drive improvements in key quality measures for children and adults
- Assignment of beneficiaries to MCOs based on quality
- Ensure beneficiaries receive the right care, at the right place and at the right cost

# Transforming Medical Assistance

## Paying for quality, value and outcomes

- Continued shift to Care Coordination
  - Incorporating populations that are now mainly receiving fee for service care
- Uniformly administered Long Term Supports and Services (LTSS) assessment instrument
- Robust nursing home audits to ensure proper alignment of care and costs
- Expand community-based programs
- Integrate physical, behavioral and mental health care coordination

# Transforming Care Coordination

## Saving money while providing better care

- Collaboration between MCOs, ACEs and CCEs is leading to powerful alignments that mean improved coordination and quality
- Combining best of both worlds:
  - Managed Care Organizations offer superior risk and quality management, analytics and contracting expertise
  - ACEs/CCEs offer vital clinical, community and frontline experience
- Transforming approach from *paying for quantity* to paying for value and outcomes

# Transforming Information Technology

## Developing a state-of-the-art technology platform

- Replacing *decades old systems* that inhibit efficient and effective reporting, analytics and timely decision making
- New systems increase efficiency and program integrity while *reducing costs*
- Major system milestones:
  - Provider Enrollment System (IMPACT – Phase I)
  - Integrated Eligibility System – Phase II
  - Pharmacy Benefit Management System
  - Data Analytics Platform (MedInsight) Implementation
  - Medicaid Management Information System (IMPACT – Phase II)
  - Enterprise Resource Planning (ERP) System

# Program Area Appropriations Comparison

## (Dollars in Millions)

Total By Program	<u>All Funds*</u>		
	<u>FY2016</u> Estimated Necessary <u>Spending Authority</u>	<u>FY2017</u> Appropriation <u>Request</u>	<u>\$ Change</u>
Medical Assistance	\$20,817.4	\$21,600.6	\$783.2
Child Support Services	215.4	217.4	2.0
Program Operations	269.9	255.7	(14.3)
Cost Recoveries	29.0	28.9	(0.1)
Inspector General	25.1	25.2	0.1
<b>Total</b>	<b>\$21,356.8</b>	<b>\$22,127.7</b>	<b>\$770.9</b>
	<u>General Revenue Fund*</u>		
Medical Assistance	\$7,409.3	\$8,091.9	\$682.6
Child Support Services	24.1	27.0	2.9
Program Operations	57.7	49.2	(8.4)
Inspector General	5.2	5.2	0.0
<b>Total</b>	<b>\$7,496.2</b>	<b>\$8,173.3</b>	<b>\$677.0</b>

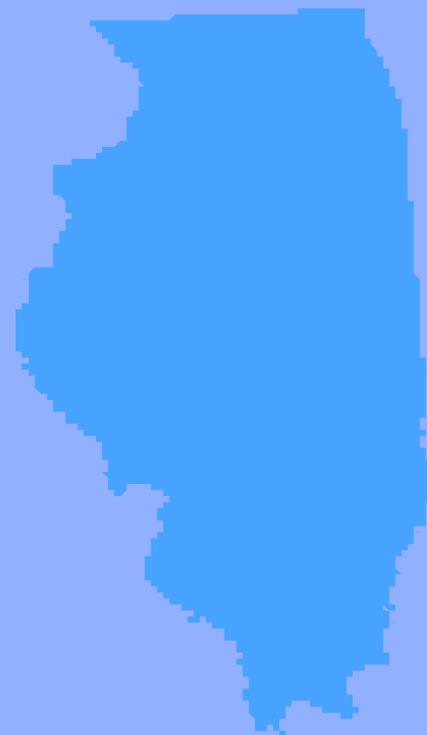
1. An FY 2016 budget has not been enacted for most items. 2. Numbers may not appear to add due to rounding.



# Illinois Department on Aging

## FY2017 Budget

**Jean Bohnhoff, Acting Director**  
**Jennifer Reif, Deputy Director**  
**Matt Ryan, Chief of Staff**



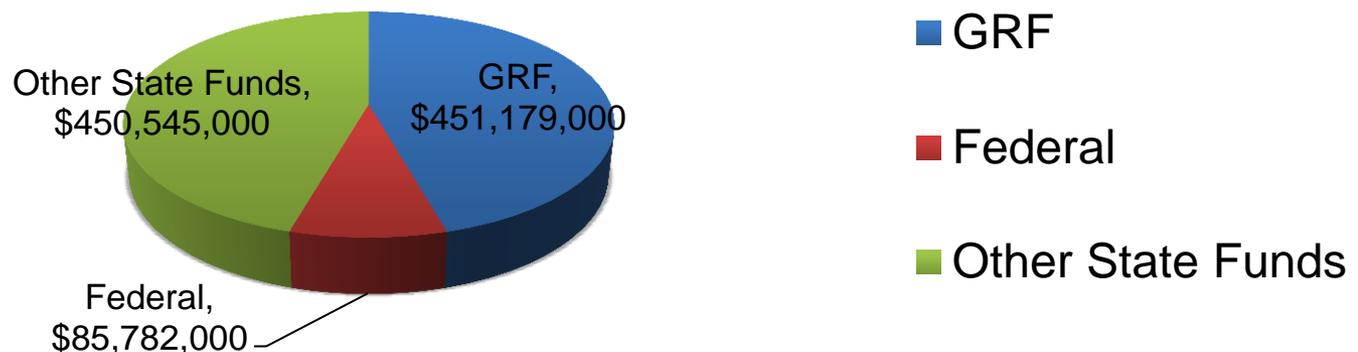
# Illinois Department on Aging

The FY17 Aging Budget focuses on 3 major points:

- Program sustainability in preparation for anticipated growth in aging population
- Commitment to rebalancing - supporting older adults in community-based settings
- Flexibility in delivery of services and supports

The FY17 Introduced Budget will include changes necessary for the Department to focus on those three major points.

## FY17 Governor's Introduced



# Budget Highlights

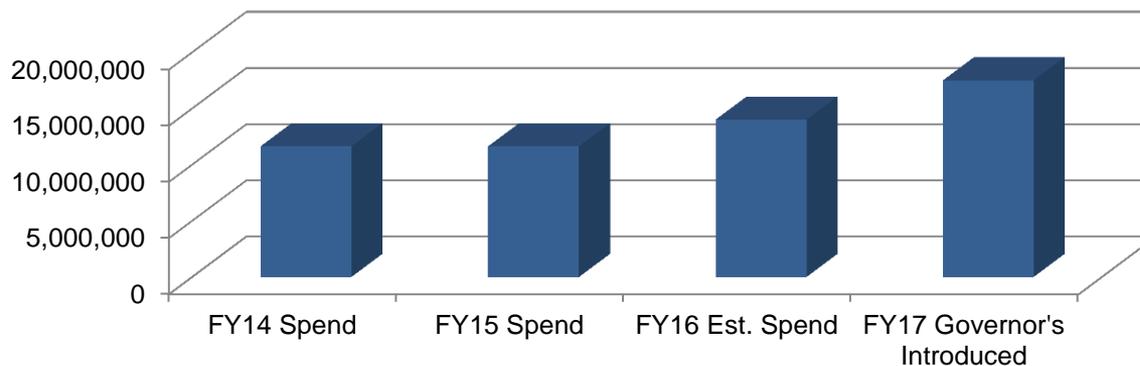
## Home Delivered Meals

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An additional \$3.3 million in GRF over the anticipated current year spending for Home Delivered Meals (HDM) will “maintain” the current meal levels and persons served in the HDM program.

\$350K has also been added to the HDM budget for a cost and tracking study to help the Department define new and or innovative methods of tracking costs, clients, inflation effects, and different methods of projecting needs of unique communities.

### Home Delivered Meals GRF

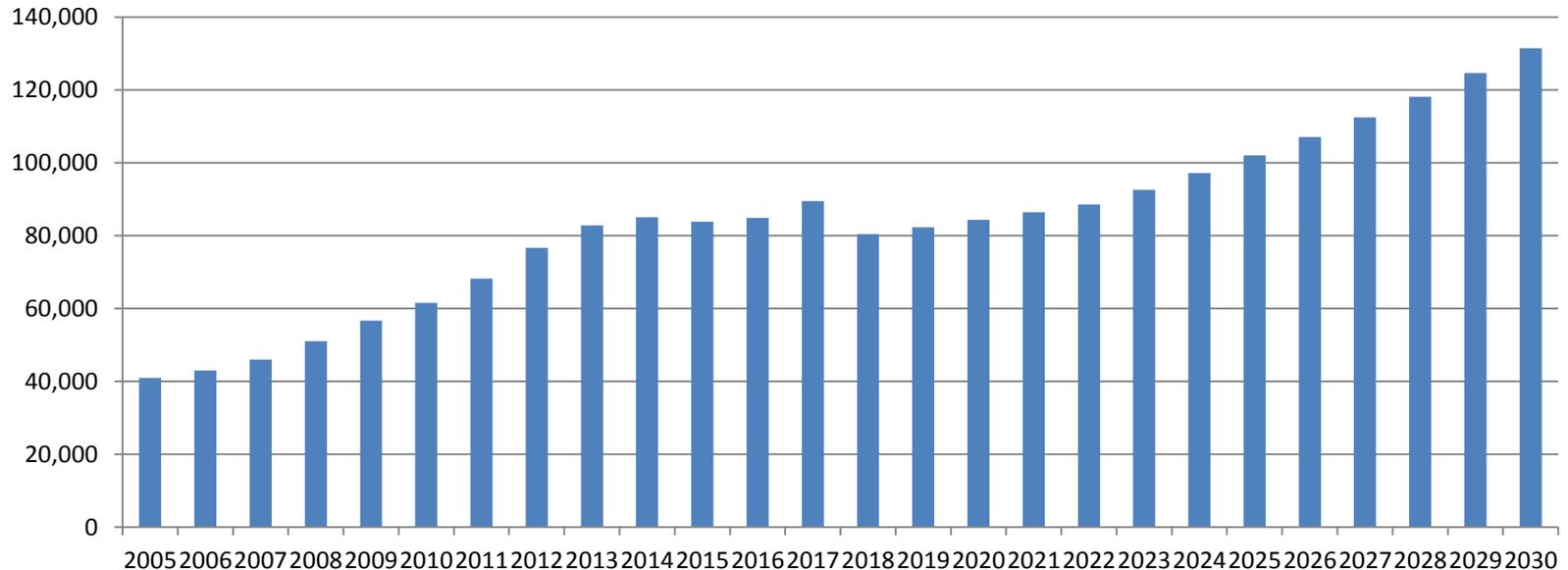


# Budget Highlights: Community Care Program

Enrollment in the Department on Aging's Community Care Program (CCP) has significantly grown over the past 10 years, from 40,965 enrollees in 2005 to 83,787 enrollees in 2015, a 105% increase over a decade. Looking forward, the growth in Illinois' aging population will also more than double by 2030, with an expected 57 percent increase in individuals aged 60 plus over the next 15 years. Sustaining CCP as it exists today will cost an additional \$93.3 million in the next six years assuming the completion of the managed care transition by FY2018.

## CCP Average Monthly Caseload

Current Structure



\*Dip in 2018 is due to transfer of remaining MCO participants

# Budget Highlights

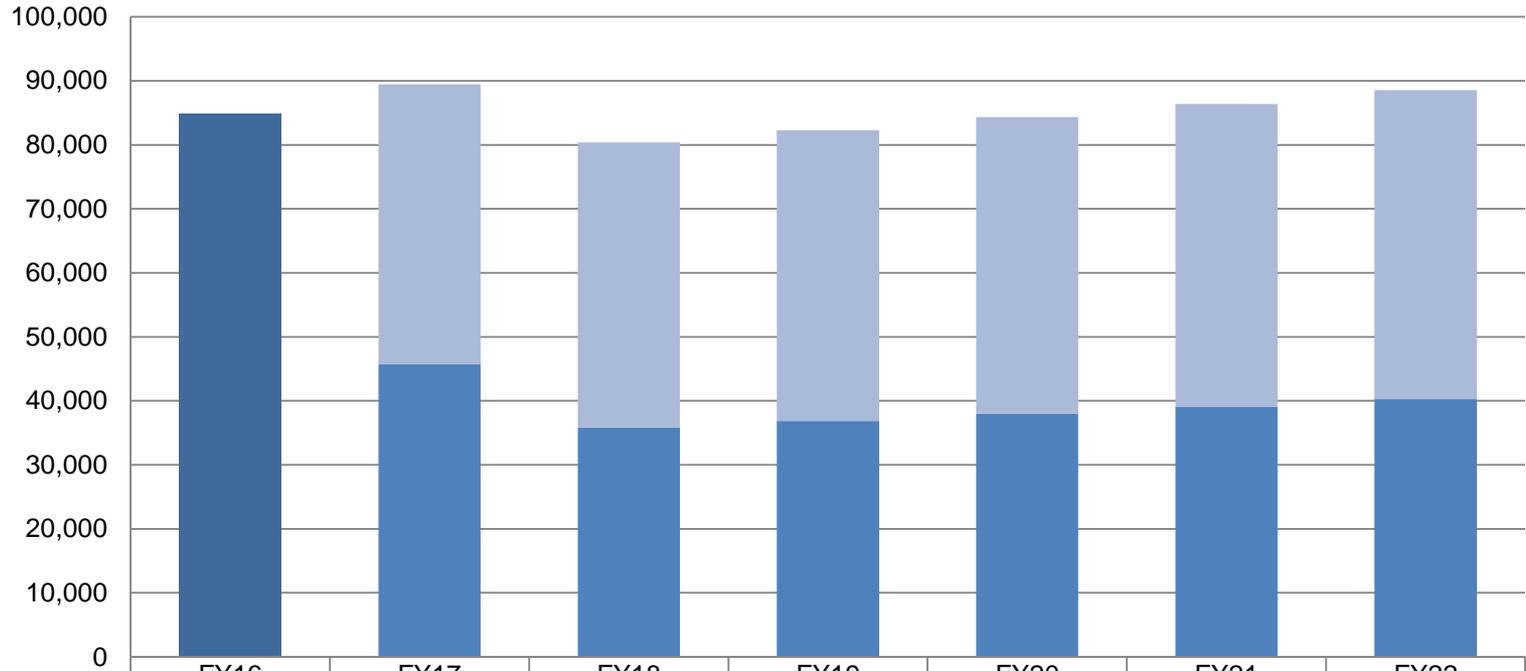
## Community Reinvestment Program (CRP)

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- The Community Reinvestment Program is a new initiative targeted to older adults who are not eligible for CCP who need assistance to live independently in the community.
- The initiative represents a long term strategy to maintain community-based supports for our current aging population as well to address the anticipated growth in the population its first year at a funding level of \$225 Million.
- **Transition individuals who are non-Medicaid eligible to a new Community Reinvestment Program (“CRP”).**
  - Non-Medicaid eligible clients will have their DON score applied to the new service cost maximum table to derive a new individual spending allocation.
  - CRP will provide greater flexibility of services. The AAA Network (Area Agency on Aging) will be utilized as the mechanism for the coordination of preventative services.
  - Similar to other states, Illinois’ approach will maintain a service package for individuals that do not meet Medicaid eligibility requirements.
  - This approach will maintain the Department’s commitment to maintaining individuals in their own home and community and delay the number of admissions in nursing facilities, which is currently a large portion of the Medicaid budget at \$1,583,008,257 per year out of the total spending for Medicaid Long Term Care.

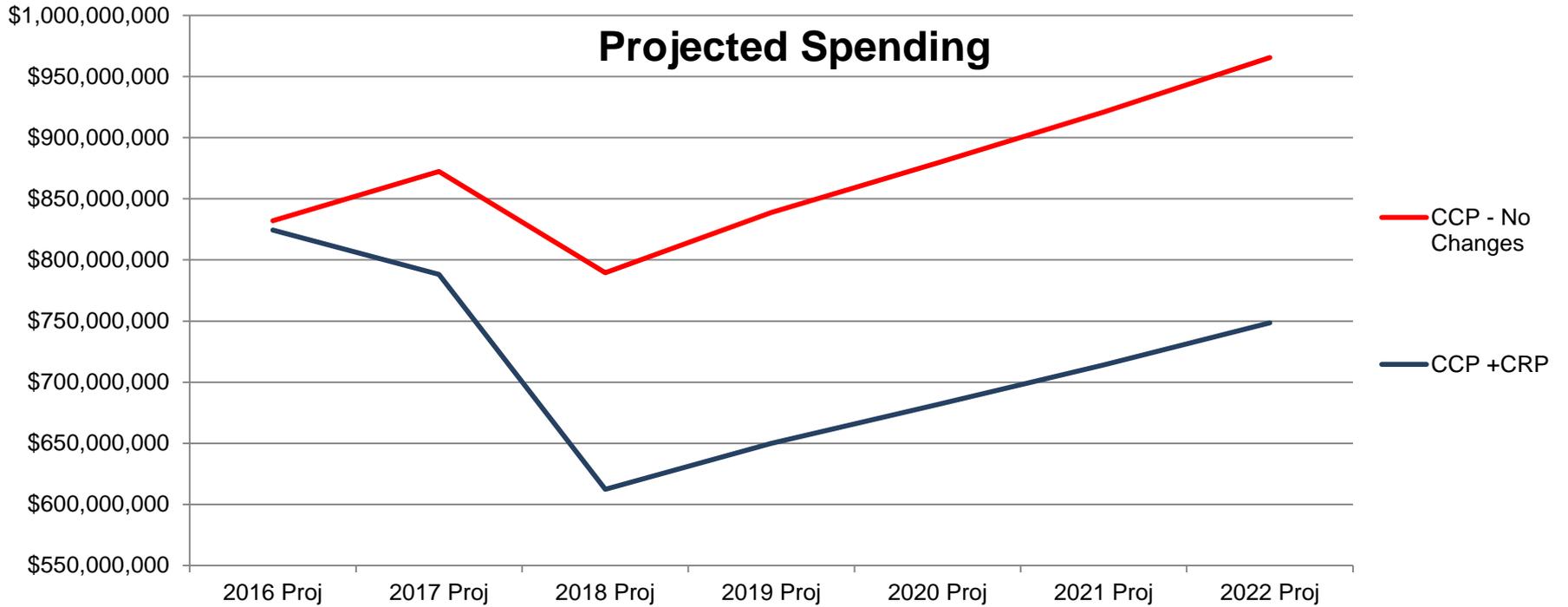
# Caseload Trends

## Aging Average Monthly Caseload



CRP		43,672	44,564	45,428	46,363	47,290	48,270
CCP Medicaid Only		45,766	35,828	36,854	37,973	39,082	40,261
CCP No Change	84,863						

# Forecasted Spending

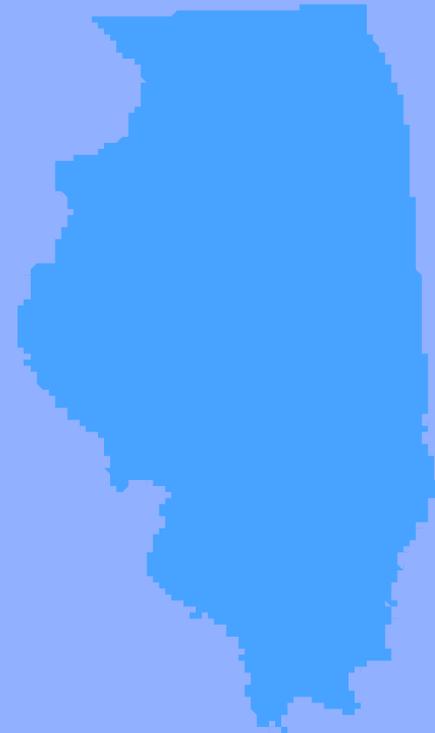




# Illinois Department of Human Services

## FY2017 Budget

**James Dimas, Secretary-designate**  
**Robert Brock, CFO**  
**Greg Bassi, Chief of Staff**



# Budget Request – FY2017

- General Revenue Fund  
(Includes 793 fund and 644 fund; Dollars in billions)
- FY14 Actual Expenditures: \$3.587B
- FY15 Actual Expenditures: \$3.841B
- FY16 Estimated Spending: \$3.697B
- FY17 Appropriation Request: \$4.036B



# Budget Request Highlights

- The FY17 proposed budget represents a \$338.5M GRF (including 793 and 644 fund) increase from FY16 Agency estimated expenses.
- The proposed budget for FY17 continues to provide critical services to the most vulnerable in Illinois. The Agency continues its commitment to rebalancing—moving individuals with developmental disabilities, mental illness or physical disabilities out of institutional care and into community settings. In addition, the Agency will continue to provide child care services and critical services to needy families.

# Budget Request

- Division of Alcohol and Substance Abuse (DASA)
- Division of Developmental Disabilities (DDD)
- Division of Family and Community Services (DFCS)
- Division of Mental Health (DMH)
- Division of Rehabilitation Services (DRS)

# Division of Alcoholism and Substance Abuse – FY2017

- General Revenue Fund  
(Includes 793 fund; Dollars in millions)
- FY14 Actual Expenditures:  
\$128.1M
- FY15 Actual Expenditures:  
\$124.9M
- FY16 Estimated Spending:  
\$118.8M
- FY17 Appropriation Request:  
\$98.6M

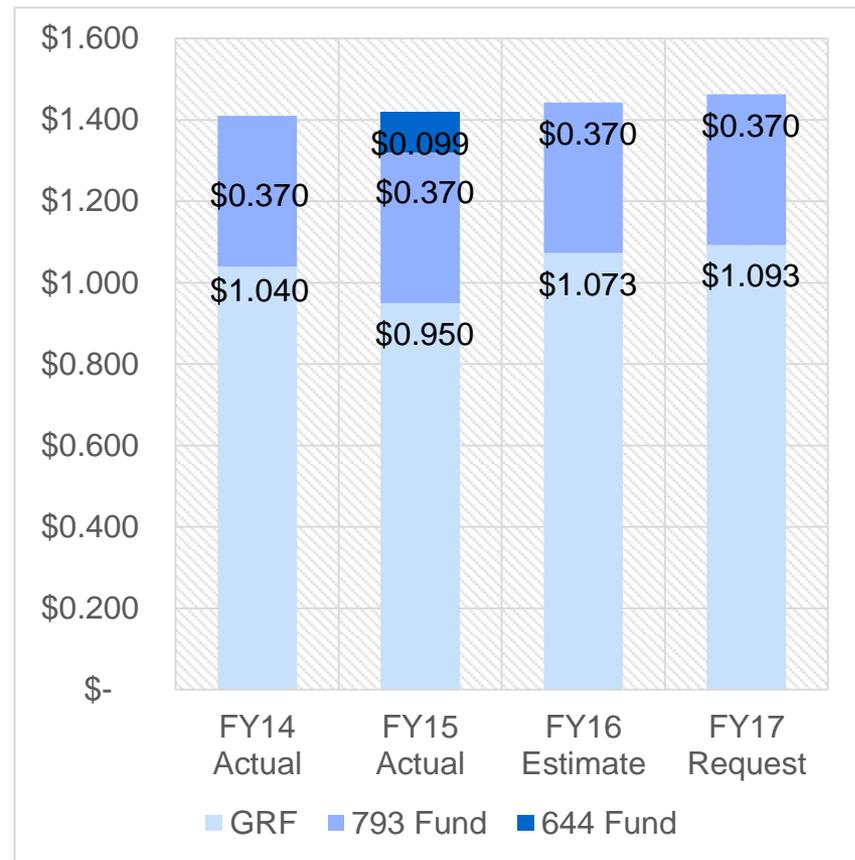


# DASA Budget Request Highlights

- The FY17 budget request includes an additional investment of \$6.0M in Addiction Treatment Services over estimated FY16 spending. The \$6.0M will support the growth in Medicaid liability.
- DASA is working with HFS to capture Federal Financial Participation on state spending for Opioid Maintenance therapy services. Once Opioid Maintenance therapy services are converted to Medicaid services, DHS plans to fund a portion of these services from the Healthcare Provider Relief Fund (793) allowing for a (\$9.0M) reduction in GRF spending.
- The GRF funding for addiction treatment services provided by MCOs has been transferred to HFS budget; a (\$17.2M) reduction in the DHS budget request.

# Division of Developmental Disabilities – FY2017

- General Revenue Fund (Includes 793 fund and 644 fund; Dollars in billions)
- FY14 Actual Expenditures: \$1.410B
- FY15 Actual Expenditures: \$1.419B
- FY16 Estimated Spending: \$1.443B
- FY17 Appropriation Request: \$1.463B



# DDD Budget Request Highlights

- The FY17 proposed budget includes an additional \$16.7M to continue the Agency commitment to transitioning individuals with developmental disabilities from long-term care facilities to person-centered, community-integrated services in compliance with the Ligas Consent Decree.
- The budget request also includes \$5.4M for annualization of FY16 transitions from institutional settings and new SODC and DCFS ward transitions planned in FY17.

# DDD Budget Request Highlights

- Funding for Respite Services are maintained at the same level as FY16.
- The FY17 budget request reflects a shift of (\$9.0M) off general revenue fund to the DHS Community Services (509 Fund) due to increase in revenues made available to DHS for programs for the developmentally disabled.

# Division of Family and Community Services – FY2017

- General Revenue Fund (Dollars in billions)
- FY14 Actual Expenditures: \$.999B
- FY15 Actual Expenditures: \$1.230B
- FY16 Estimated Spending: \$1.036B
- FY17 Appropriation Request: \$1.338B



# DFCS Budget Request Highlights

- The FY17 proposed budget includes \$330.6M to support the Child Care estimated liability with eligibility increased to 185% of the federal poverty level.
- The Child Care funding proposed does include a (\$22.4M) savings associated with background checks for family members providing child care.
- The FY17 request for TANF is down (\$25.0M) due to declining caseloads.
- The FY17 budget request includes an additional \$5.0M to support the estimated liability for the Early Intervention Program.

# Division of Mental Health – FY2017

- General Revenue Fund (Dollars in millions)
- FY14 Actual Expenditures: \$487.9M
- FY15 Actual Expenditures: \$507.6M
- FY16 Estimated Spending: \$460.7M
- FY16 Appropriation Request: \$444.2M



# DMH Budget Request Highlights

- The FY17 proposed budget reflects a (\$4.5M) reduction for rebalancing due to excess appropriation as compared to estimated liability. Funds to support the implementation of Williams and Colbert Consent Decrees are represented in the request.
- The FY17 request for the managed care costs for mental health services has been transferred from the DHS budget to the HFS budget. A reduction in the MH funding of (\$15.9M).
- Excess appropriation authority related to the Mental Health BIPP Initiatives concluding results in a proposed reduction of (\$2.7M).

# Division of Rehabilitation Services – FY2017

- General Revenue Fund  
(Dollars in millions)
- FY14 Actual Expenditures:  
\$392.4M
- FY15 Actual Expenditures:  
\$407.7M
- FY16 Estimated Spending:  
\$444.0M
- FY16 Appropriation Request:  
\$443.0M



# DRS Budget Request Highlights

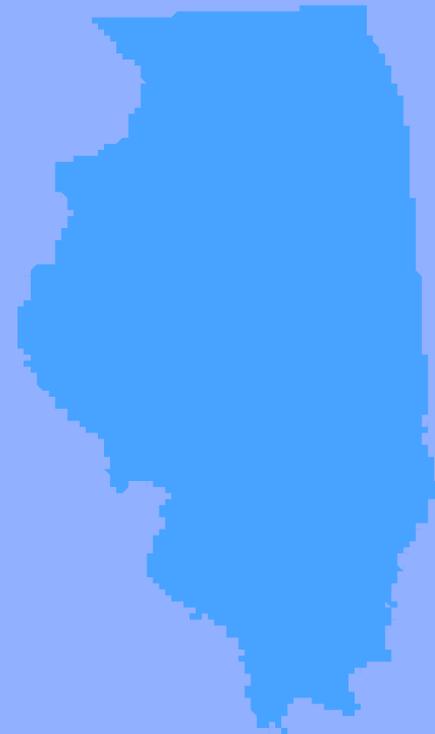
- The FY17 budget request includes estimated spending of \$7.5M to support the annualization of the federally mandated overtime for individual providers.
- The DRS proposed budget also reflects a (\$12.2M) reduction related to the transfer of the managed care organization Home Services Program payments from the DHS budget to HFS.



# Illinois Department of Children and Family Services

## FY2017 Budget

**George Sheldon, Director**  
**Andrew Flach, Chief of Staff**  
**Matthew Grady, CFO**



# FY17 Budget Highlights

**Adoption**—normal caseload decrease in subsidized Adoptive and Guardianship homes as the population ages

**Foster Care**—increased reliance on and investment in community-based foster care

**Institution & Group Home**—decreased reliance on shelters and congregate care

**Personal Services**—maintains the current authorized headcount

**SACWIS**—Primary cost includes the DCFS portion of the new Enterprise Resource Planning (ERP) statewide financial system that will streamline financial processes across the state

**Fund Balance**—FY17 budget matches Children's Services Fund (CSF) spending with annual revenue; accrued receivables spent-down in FY16

# Child Welfare Reform Initiatives

**Fewer Youth in Residential Care**—step-down focus has yielded 3% drop in residential placements

**Fewer Children in Emergency Shelters**—current population is half that of calendar year 2014

**Fewer Youth Waiting in Cook County Jail**—children awaiting release down by 50%

**Cook County Child Recovery Unit**—ground breaking partnership with Cook County Sheriff to enhance child safety and recovery

# Child Welfare Reform Initiatives

**Older Youth: Incentives for Independence**—increased flexibility, self-determination, and Federal reimbursement

## FY16 Federal Reimbursement Increase (\$ in millions)

\$ 13.4 Independent/Transitional Living Eligibility

\$ 7.3 Income-Related Eligibility (Close/Reopen)

\$ 0.8 Unlicensed Relative Care Ages 18-21

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**\$ 21.5 Million New Reimbursement in FY16**

# Community-Based Care Investments

**Treatment Foster Care Pilots**—five-year, evidence-based program to provide community care for youth exiting residential facilities

**“Illinois Choices” Expansion**—care coordination enhances the effectiveness of existing community care efforts (wraparound, Child & Family Teams)

**Pay for Success Pilot**—innovative private investment partnership for re-integrating delinquent youth back into their communities

**Regenerations Program**—expansion of a successful Cook program serving delinquent youth

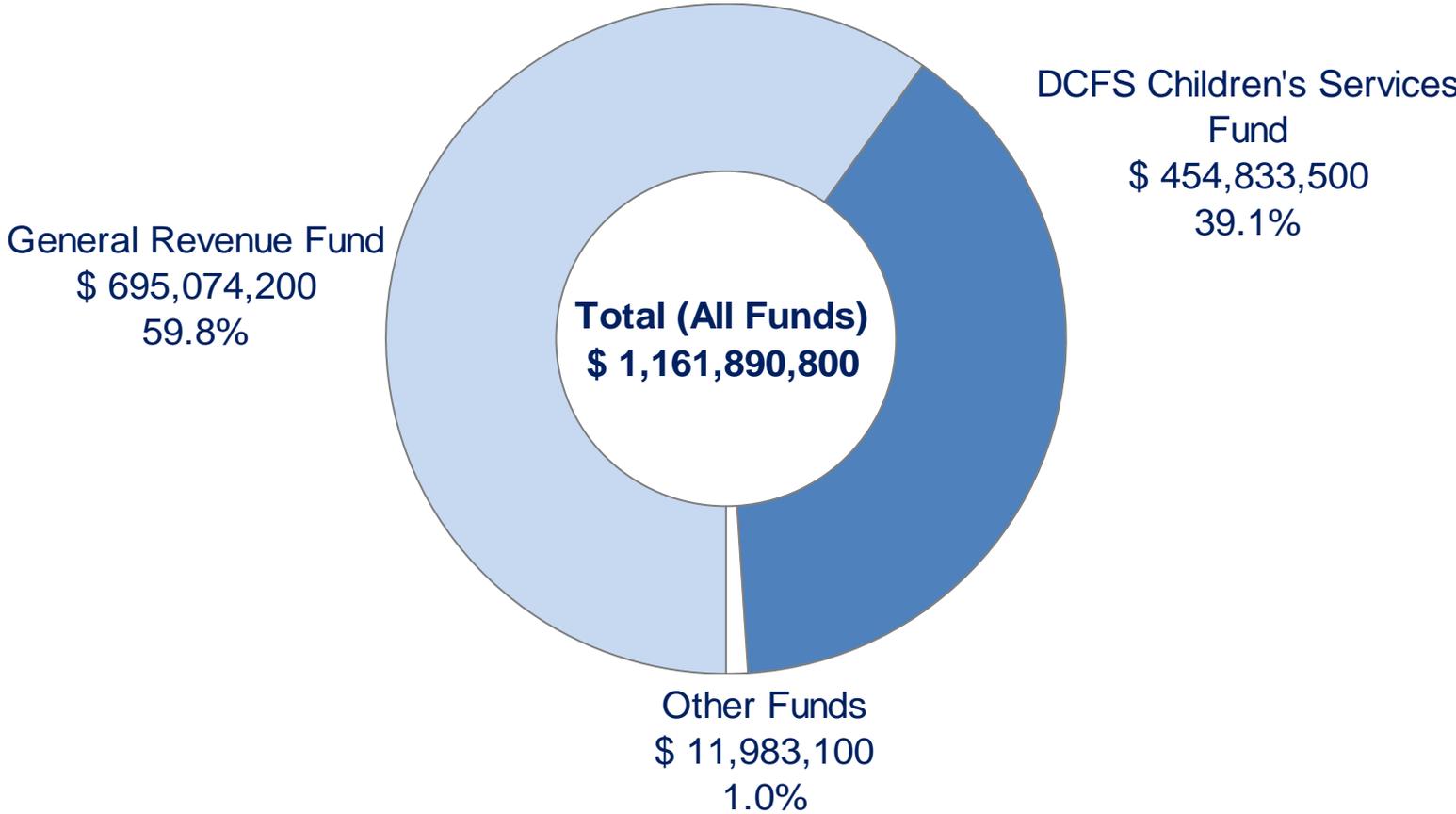
**Intensive Placement Stabilization (IPS) Expansion**—50% increase in foster care stability support services

# Appropriation Summary

Line Item / Group	FY 2016 Proposed	FY 2017 Introduced	Change FY16-17 Amount	Pct.
Adoption	\$ 182,317,200	\$ 170,676,200	\$ (11,641,000)	-6.4%
Foster Care	\$ 309,943,800	\$ 329,503,000	\$ 19,559,200	6.3%
Institution & Group Home	\$ 233,485,900	\$ 209,675,500	\$ (23,810,400)	-10.2%
All Other Grants	\$ 133,286,500	\$ 133,523,500	\$ 237,000	0.2%
Personal Services/ Social Security	\$ 221,739,200	\$ 218,571,300	\$ (3,167,900)	-1.4%
All Other Operations	\$ 50,537,800	\$ 50,537,800	\$ -	0.0%
SACWIS	\$ 18,225,600	\$ 22,678,300	\$ 4,452,700	24.4%
Other CSF Lump Sums	\$ 15,042,100	\$ 15,042,100	\$ -	0.0%
566 / 582 Funds (Fed Projects, Trusts)	\$ 11,200,700	\$ 11,683,100	\$ 482,400	4.3%
<b>GRAND TOTAL</b>	<b>\$ 1,175,778,800</b>	<b>\$ 1,161,890,800</b>	<b>\$ (13,888,000)</b>	<b>-1.2%</b>

# FY 17 Budget by Fund

## FY 2017 Introduced



**The DCFS Budget Briefing Book will be available for review or download tomorrow from the DCFS Website under the “DCFS Features” heading.**

**[www.DCFS.illinois.gov](http://www.DCFS.illinois.gov)**

Bruce Rauner  
Governor

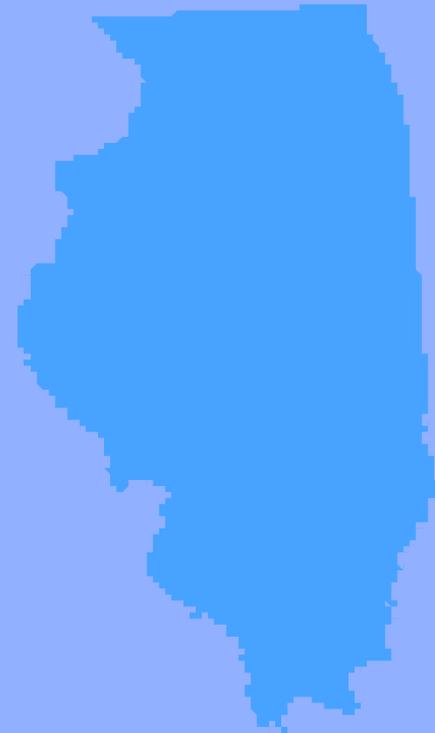
George H. Sheldon  
Director



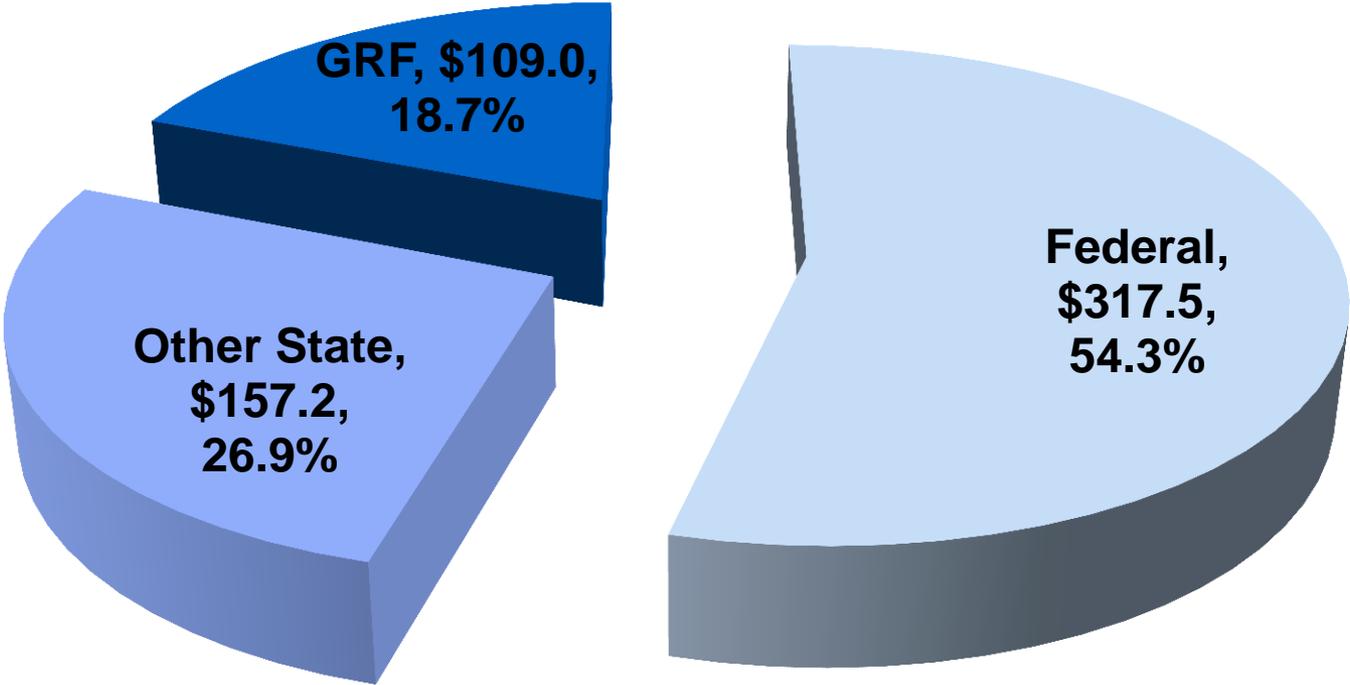
**IDPH**  
ILLINOIS DEPARTMENT OF PUBLIC HEALTH

# FY2017 Budget

**Nirav D. Shah, M.D., J.D., Director**  
**Erik Rayman, Chief of Staff**  
**Vicki Wilson, CFO**



# FY2017 IDPH Appropriations \$583.8 Million



# Budget Comparisons: Requested FY2017 – Proposed FY2016 (millions)

Funding Source	Requested FY2017	Proposed FY2016	Change from Proposed FY16	
			\$\$	%
General Revenue (GRF)	\$109.0	\$111.3	(\$2.3)	(2.1%)
Other State	\$157.2	\$156.7	\$0.5	0.3%
Federal	\$317.5	\$317.5	\$0.0	0.0%
<b>Total</b>	<b>\$583.8</b>	<b>\$585.5</b>	<b>(\$1.7)</b>	<b>(0.3%)</b>

# FY2017 Budget Recommendations

## GRF Line Reductions

### **Regional Database System, Adoption Registry, Health Info Systems, Prevention Systems, Center for Rural Health, Assisted Living & Shared Housing - \$1.1 million**

- Reflects continued staffing and contractual spending
- Operations will now be centrally managed through GRF and Other State Funds
- Consolidation of spending into the larger lump sum allows for management of vacancies and maximum flexibility to meet program needs

### **Grant Lines - \$135,000**

- Eliminates Prostate Cancer Awareness grants

### **HIV/ADAP - \$2.0 million**

- Continued ACA migration and the use of Federal Medicaid rebates will be used to help offset reductions
  - Federal Ryan White match requirements are sufficiently met and the level of coverage is consistent with previous fiscal years

# FY2017 Budget Recommendations

## GRF Increases

### **Local Health Protection Grant - \$1 million**

- The statewide network of local health departments represents a vital partnership for the Department.
  - The LHPG helps protect communities by funding disease control, outbreak management, food safety, and sanitation efforts at the local level
- LHDs have not received a significant increase in many years and have been expected to do more with less
- The recommended increase provides greater flexibility by allowing LHDs to focus on specific local priorities

# FY2017 Budget Recommendations

## Other State Fund Increases

### **Epilepsy Fund, Autoimmune Disease Fund, Hospice Fund - \$50,000**

- Appropriation amounts increased to match cash balances

### **Death Certificate Surcharge Fund - \$450,000**

- Increased for the Coroner Training Board (P.A. 99-0408)

# Q&A