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Pat Quinn, Governor
Julie Hamos, Director

E-news

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Illinois Department of Healthcare and Family Services

Greetings from HFS Director Julie Hamos

Welcome to another periodic edition of ***HFS E-news*** to keep you updated on program changes. To register for future editions, please visit [HFS E-news Online Registration](#) or download for others who might be interested by visiting: hfs.illinois.gov/enews

If you are a Medicaid client, this newsletter is not the official notification of any changes that may impact you, and you do not have to respond in any way. This is general information for the public.

Thank you,

Julie Hamos

Update on Rebalancing Long-Term Care

HFS is managing the Colbert Consent Decree, one of three class-action lawsuits brought against the State of Illinois on behalf of persons with disabilities under the U.S. Supreme Court decision in *Olmstead*. The *Colbert v. Quinn* lawsuit was filed on behalf of nursing home residents with disabilities in Cook County. The Consent Decree was approved in Federal Court on December 20, 2011. The Consent Decree will provide Medicaid-eligible nursing home residents in Cook County with the array of supports and services that they will need in the most integrated settings appropriate to their needs, including community-based settings. The Colbert Draft Implementation Plan has now been filed and can be found on the [Public Involvement](#) area of the HFS Web site. HFS is interested in your feedback. Please [submit feedback via the online form](#) by **August 14, 2012**.

The second of the lawsuits, *Williams v. Quinn*, impacts persons with mental illness who reside in Institutions for Mental Diseases. The Consent Decree is managed by the Department of Human Services, Division of Mental Health and can be found on the [DHS Web site](#).

The third of the lawsuits, *Ligas v. Hamos*, involves adults with developmental disabilities who either reside in large private Intermediate Care Facilities (ICF-DDs), or who reside in a family home, and are in need of community-based services or placement in a community-based setting. That Consent Decree is managed by the Department of Human Services, Division of Developmental Disabilities, and can be found on the [DHS Web site](#).

You can receive additional information on the state's *Money Follows the Person* initiative on our Web site called *Pathways to Community Living*. If you are a family member or friend of someone who lives in an institutional setting and are interested in learning about options to reside in the community, please contact us through the [MFP Pathways to Community Living Web site](#).

New Policy on Mandatory Enrollment into Managed Care Entities for Seniors and Persons with Disabilities

As you know, Illinois Medicaid law requires that 50% of Medicaid clients be enrolled in coordinated care coordination programs by 2015. In Illinois, care coordination will be provided to most Medicaid clients by “managed care entities,” a general term that will include Coordinated Care Entities (CCEs), Managed Care Community Networks (MCCNs) and Managed Care Organizations (MCOs).

HFS will move in the next year to implement mandatory enrollment into managed care entities for most of our population of Seniors and Persons with Disabilities (SPD). This will include the population now enrolled in managed care through the Integrated Care Program in the Cook County suburbs, and collar counties for Medical/Behavioral Healthcare, and Phase II will add Long-Term Supports and Services (LTSS).

This new policy will also include the “dual capitation” federal demonstration project to serve dual-eligible Medicaid-Medicare clients, called the *Medicare-Medicaid Alignment Initiative (MMAI)*. While Medicare will not permit mandatory enrollment for the medical services covered under Medicare, it is the intent of HFS to seek a waiver from the federal government to require enrollment for LTSS under Medicaid.

Mandatory enrollment for Medicaid-only SPDs in other regions will begin in 2013. Mandatory enrollment for children and families, plus the new Medicaid population under the Affordable Care Act, will be part of the plan to roll out managed care/coordinated care throughout the state during 2013 and 2014.

In summary: all managed care entities awarded contracts to serve the SPD population will be required to offer two service packages: (1) Medical/Behavioral Healthcare, and (2) Long-Term Supports and Services (LTSS). In most regions of the state, any SPD client who requires long-term care services will need to enroll in a managed care entity to receive these services, including care coordination. Any provider that wishes to serve this population – including current providers of home and community-based waiver services through the Department on Aging or Department of Human Services – will be required to be part of a network through a managed care entity. This policy is in a presentation that can be found on the Care Coordination section of the Web site, under the heading: [The Future of Care Coordination for Seniors and Persons with Disabilities \(pdf\)](#). HFS is interested in your feedback.

HFS is soliciting comments on mandatory enrollment into managed care for Medicaid LTSS for those eligible for the *Medicare-Medicaid Alignment Initiative* at HFS.carecoord@illinois.gov. Federal CMS is also soliciting comments on this change to the MMAI through this e-mail address: IL-MedicareMedicaidCoordination@cms.hhs.gov. Public stakeholder meetings to review these changes are being held. If you would like to attend a public stakeholder meeting in person, the times and dates of the meetings can be found on the [Care Coordination](#) pages of the HFS Web site.