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New Medicaid Program for Technology Dependent Children Fact Sheet

Illinois is making several significant changes to the state's Medicaid program for children who are technology dependent, at the same time as we seek to renew the Medically Fragile, Technology Dependent Waiver. The new program reflects the general direction of the Medicaid Program to provide a single point of entry with consistent assessment and care coordination to assist children and their families, along with a philosophy of consumer direction and shared responsibility.

The new program also incorporates discussions of the Department of Healthcare and Family Services' stakeholders group – the Workgroup on Children with Complex Medical Needs – which continually emphasized the need for better care coordination, added flexibility and more consumer-directed care for families. The new program is broadly outlined in the SMART Act (SB 2840), the state's 2012 Medicaid reform legislation, on pages 81-82.

Overview

Currently, the state serves approximately 550 children under the Medically Fragile, Technology Dependent Waiver ("MFTD Waiver") and approximately 500 other technology dependent children under Medicaid who receive in-home services but do not meet the institutional level of care required by the MFTD Waiver. The new program will serve children with a wide range of complex medical needs, allowing more flexibility in accessing and using services as well as creating a single, seamless system of care and oversight. The following is an overview of the program changes underway:

Single Program/Single Point of Entry

- There will be a single program and single point of entry for all technology dependent children who meet the medical criteria and have family incomes up to 500% of the federal poverty limit.
- Services will be based on medical necessity, as determined by a new level of care tool.
- An independent entity will be retained by the Medicaid Program to perform a level of care determination, in order to separate eligibility from care coordination activities.

Care Coordination

- The University of Illinois - Chicago's Division of Specialized Care for Children (UIC-DSCC) will provide a single point of entry and expanded care coordination to all eligible children in this program.
- Care coordinators will help families navigate through the healthcare system and obtain the services their children need.
- Care coordination also will be enhanced to include monitoring of hospital admissions, emergency room use, oversight of medical equipment and supplies, wellness exams, follow-up physician visits, immunizations and other preventive services.

Flexibility of Services

- Personal care services will be available for eligible children and their families.
- Illinois will move from a set number of weekly hours to a dollar amount based on individual medical need. The dollar amount will provide families with the opportunity to stretch dollars and hours by mixing licensed nursing staff with trained personal care attendants.
- The state will offer a limited annual flexible account that will allow families to bank up to one week of nursing and personal care services that may be used at the family's discretion.

Co-Payments

- Co-payments will be established for private duty nursing for all families at or above 150% of the federal poverty limit.
- The maximum co-payments will be set at the level allowed by federal law.

MFTD Waiver Changes, Effective September 1, 2012

- Illinois will re-apply for the MFTD Waiver, with the changes outlined here.
- Parental income will now be considered in determining financial eligibility. Under the SMART Act, financial eligibility for the new program, including for MFTD Waiver services, will be up to 500% of the federal poverty limit (\$115,250 for a family of 4); of 550 children currently in the MFTD Waiver, 95% will continue to qualify under the income cap.
- Private duty nursing, the most widely used service by technology dependent children and those children who use the MFTD Waiver, is not a waiver service. It will continue to be available to all eligible children, when medically necessary.
- Respite has been eliminated, as families will have more flexible use of nursing hours based on a monthly service amount and availability of a flexible account that allows banking of hours.
- Environmental Accessibility Adaptations (EAA) and Specialized Medical Equipment and Supplies (SMES) will be continued, with limits. The total cost for purchase of all EAA and SMES purchases, rental, and repairs may not exceed \$25,000 over five years.
- Cost neutrality of the MFTD Waiver will be based on persons served in nursing facilities with similar medical and technology needs as those in the MFTD Waiver.