1115 Waiver Stakeholder Meeting
January 9 and 10, 2014

Office of the Governor, State of Illinois

Agenda

- Welcome, background and update on timeline
- Stakeholder engagement process
- Waiver goals
  - What's not in the waiver and why
- Overview of four "pathways"
- Overview of budget neutrality
- Questions/discussion

Timeline

Date	Action
January 7	Draft posted for comment
January 9-10	Stakeholder meetings
January 22	Comments due
January 22-February 7	Comments reviewed/incorporated
February 7	Waiver posted for 30-day period
March 10	Waiver submitted to CMS

Stakeholder Engagement Process

- Public stakeholder meetings:
  - October 18
  - November 14
  - January 9-10
  - Additional stakeholder meetings

- Legislative hearing:
  - December 18

- Reviewed written comments on concept paper submitted by approximately 100 organizations/individual stakeholders
  - All comments summarized and reviewed; response document under development

- Individual meetings with 40+ stakeholder organizations

- Weekly meetings with state agencies; cross-agency meetings held on December 9, 16, 23 and 30.

Waiver Goals

1. Support linkages between health care delivery systems and services that directly impact key social determinants of health;

2. Create incentives to drive development of integrated delivery systems that are built around patient-centered health homes;

3. Promote efficient health care delivery through optimization of existing managed care models;

4. Enhance the ability of the health care system to engage in population management, by encouraging linkages between public health and health care delivery systems;

5. Strengthen the state's health care workforce to ensure it is prepared to meet the needs of Medicaid beneficiaries.

Waiver Goals (continued)

6. Consolidate Illinois' nine existing 1915(c) waivers under a single 1115 waiver to rationalize service arrays and choices based on needs defined by a functional/medical needs tool, rather than based on disability or condition.

7. Increase flexibility and choice of long-term supports and support development and expansion of choice within tiered levels of community based options based on need.

8. Institute a provider assessment on residential habilitation providers to create greater access to home and community based residential services.

9. Positively impact PUNS list maintained for access to services for individuals with a developmental disability.

10. Move the system away from facility-based sheltered work programs by promoting and fostering greater community-integrated, competitive employment opportunities;

11. Enhance access to community-based behavioral health and substance abuse services and encourage integration of these services with physical health care services;

Waiver Goals (continued)

- Some of the issues and priorities identified through the stakeholder process can be addressed outside of the waiver (though may require “costs not otherwise matchable” – CNOM - to finance)
  - These will be identified as we review the Pathways
- Some issues identified through stakeholder process must be addressed in implementation plan, but are not required to be part of waiver
- All proposed waiver provisions are based on availability of funding, pending CNOM negotiation with CMS

Pathway 1

***Delivery system transformation**. Illinois' health care delivery system will be built off of integrated delivery systems (IDS) -- centered around patient-centered health homes -- that are built based on the needs of the patient population. Integrated delivery systems have the ability to employ team-based care practices, accept and disburse payments and financial incentives to providers within their system, and provide performance reports and counseling to individual doctors and practices. IDSs will be held accountable for the health outcomes of individual patients within their networks as well as for their overall patient population. The goal is for IDSs to reduce costs and improve quality through management of care and care transitions and aligned incentives to ensure the right care at the right time in the most appropriate setting.*

Pathway 1

- Technical assistance/Innovation and Transformation Resource Center (ITRC) to support delivery system transformation
  - Cornerstone of State Health Care Innovation Plan

- Delivery System Reform Incentive Payments (DSRIP)
  - Specific projects/metrics still being refined; self-financed via Intergovernmental Transfer (IGT)
  - DSRIP: CCHHS
    - Provider and Plan
      - Redirect resources to more appropriate locations for primary care, subspecialty consultation and diagnostics.
    - Provider, Plan and Population
      - Integrate behavioral health and primary care
    - Population
      - Promote continuity of care for the justice-involved population
      - Address food insecurity

Pathway 1

- DSRIP: UIC
  - Innovation and Redesign
    - Expand medication therapy management program
    - Create specialty patient centered medical home (PCMH) or care coordination program for specific chronic health conditions or populations
    - Build on and expand Emergency Patient Interdisciplinary Care (EPIC) Coordination for Frequent ER Visitors Model
  - Infrastructure Development
    - Develop and expand telemedicine capabilities; establish statewide telemedicine program to address access to specialists in rural areas

Pathway 1

- Health System Integration and Transformation Performance Program
  - Performance-based pool financed by CNOM
  - Payments based on 3-5 metrics; advisory committee
- Hospital Access Assurance Pool
  - Transfers current Upper Payment Limit (UPL) payments to access pool
- Nursing Facility Closure/Conversion Fund
  - Based on similar program developed in two other states
  - Financed by CNOM
  - Supports closure and conversion subject to approval of plan, impact analysis

Pathway 2

***Population health**. Illinois will expand the capacity of the health care delivery system to take responsibility for the health of a population, with a focus on prevention, primary care and wellness. Population health can also be addressed by helping delivery systems focus on the health of their individual patients as well as on the health of the panel of patients they serve.*

Pathway 2

- Premium add-on payment for health plans that agree to use funds to develop population health interventions in conjunction with newly created Regional Public Health Hubs.
  - Supports community planning/community needs assessment
  - Promotes development of coordinated community health interventions to promote policy, systems, and environmental changes that improve health.
  - May include interventions that address key social determinants of health, including crime/public safety, access to healthy foods, and environmental factors.

Pathway 3

Workforce. *Illinois will build a 21st century health care workforce that is aligned with the needs of the Medicaid program. This includes targeted efforts to address workforce shortages in high-need urban and rural areas. It also includes efforts to build a workforce that is ready to practice in integrated, team-based settings in geographies and disciplines that are in the greatest demand, including the ability to utilize community health workers and ensure all health professions are able to assume responsibility to the full extent of their education, training, and ability to meet standard credentialing requirements including appropriate certification and licensure.*

Pathway 3

- Targeted investment in workforce development, community health worker (CHW) certification, development of new provider qualifications, and curriculum development
  - Assure that all CHWs had appropriate training and competency to perform their duties, work with other members of care team
- Funding to create/expand state loan repayment programs
- Incentive pool for safety net hospitals that create loan repayment programs
  - Supports workforce retention

Pathway 3

- Graduate Medical Education (GME)
  - Performance-based Medicaid GME program to incentivize primary care (and high-need specialties) in underserved areas
  - Funding to support current and future Teaching Health Centers
- Workforce planning and evaluation
  - Proposed to be housed in ITRC
  - Centralized data/policy analysis to support health care workforce policy development and investment

Pathway 4

HCBS infrastructure, choice and coordination. *Illinois will rebuild and expand its home and community-based infrastructure, especially for those with complex health and behavioral health (mental health and substance use disorders) needs. We will expand access to and choice of HCBS for our beneficiaries and ensure that services are based on individual needs rather than disability.*

Pathway 4

- Consolidation of existing 1915(c) waivers
  - Increased access to services and flexibility for all HCBS waiver recipients
  - Bring parity to waivers through common service array, providers, service definitions, and rates
- Expand access to community-based behavioral health services
  - Payments to providers to establish CST/(Community Support Teams)ACT (Assertive Community Treatment) teams
- Expansion of children's mental health services
  - Focus on both System of Care (SOC) development for high needs youth and families and improved access and early intervention
- Requesting CNOM for Institutions for Mental Disease (IMD) services for crisis and inpatient stabilization

Pathway 4

- Bonuses for stable housing
  - Supports both transitional and permanent housing
  - Bonus/add-on for health plan
  - Incentive pool for behavioral health providers
- New assessment on residential habilitation providers
  - Supports rate increase and reduces incentive toward institutional care
- Quality and incentive based payment methodology to align with system goals and priorities

Budget Neutrality

- Budget neutrality highly contingent on:
  - Favorable trend rate
  - Phase in of certain changes over time to assure administrative systems in place
  - Development of an implementation plan including appropriate rules and legislative changes
  - CMS allowing state to get maximum CNOM
  - CMS allowing state to include 2013 hospital UPL
- More detailed calculations forthcoming as waiver provisions finalized