

HUMAN SERVICES COMMISSION RECOMMENDATIONS ON AFFORDABLE CARE ACT IMPLEMENTATION IN ILLINOIS

The following is a series of recommendations informed by the ways in which operation of the state's health care system bears on the provision of human services in Illinois. These recommendations are based on recent changes in Illinois healthcare policies as well as the state's current plan for the implementation of the Affordable Care Act (ACA), which will change many areas of health care provision in either the short or longer term. To this end, in some instances, recommendations would be relevant to the operation of the system apart from actions that may be mandated by, or responsive to, ACA implementation. The Commission believes that with full implementation of ACA over a number of years, each of the following recommendations will bear in some way on how ACA implementation affects the state's health care system, and in turn how human services are provided.

Eligibility and Service to Populations

1. Illinois has many workers in part time and hourly employment with variable hours; as a result they will cycle on and off of Medicaid creating a processing challenge for the individual and the State. The State should adopt a **Basic Health** option to ensure that cyclers remain insured despite cycling.
2. The State should improve **eligibility streamlining** for populations that are transitioning back into the community from institutions or who need assistance. This is a "newly eligible" population and will gain 100% Federal funding. The State should:
 - a. Establish eligibility as part of prison and jail release processes;
 - b. Inform and, as needed, assist in applications as part of homeless services ;
 - c. For mentally ill persons, establish eligibility as part of the discharge process from non-eligible institutions and hospitals (IMDs);
 - d. Establish eligibility processes for persons needing services because of use of drugs or alcohol.
3. HFS should focus on getting those who should be receiving **disability** benefits to that income source -- accomplished through the new ability by the participant to see a health care professional (including social workers) to document disability and its adverse effects on the quality of life.

System Design

1. Illinois must commit to processes that will **foster new eligibility uptake** by the newly uninsured to fully utilize the 100% funding from the Federal government. Consequently, the State should:
 - a. Use lessons learned from the outreach strategies for Illinois Kids Care;

- b. Develop a robust internet-based application system;
 - c. Partner with natural allies in enrollment that are community based providers to capture applications or to have internet application kiosks available (e.g. child care, community colleges, unemployment offices);
 - d. In ethnic and isolated racial minority communities, partner with organizations that are community assets.
2. HFS should require increased use of **electronic health care records** and work with DHS to assist non- profit and smaller entities, who deliver ACA covered services but are not currently Medicaid providers, to gain Federal or private funding to convert to electronic systems.
3. Planning for **capacity** with increasing service demands requires greater use of internet, electronic systems, streamlining processes to require only what is needed (not what may be useful) and strategically uses non-profit intermediaries such as the child care resource and referral network. It will also require more staff dedicated to this effort.
4. Planning for greater capacity in the health care system to meet service demands and to engage in prevention and wellness services from the non categorical (no custodial child and no disability) populations, such as the largely male population from correction systems as well as the unemployed and young adults.

Payment

4. **Accountable Care Organizations** should share risk with the State, but have a stop-loss on potential liability to enable not for profits to participate in service delivery.
5. CBOs provide a variety of health care activities from case management, to counseling (domestic violence, sexual assault, depression, anxiety, parenting), to nutrition education, smoking cessation, HIV prevention, STD education, obesity prevention etc. HFS needs to establish rules to allow these **wellness and prevention** and mental health activities to be reimbursable by creating a category that redefines “medically necessary” criteria to include these activities, implements state law to recognize social workers as providers, and adopts wellness and prevention standards as requirements for ACOs and other managed care entities.
6. HFS and other agencies need to determine what funded activities that are **human services** can be repositioned as health care to gain reimbursement, and which human service activities are ancillary but essential to reducing health care costs (e.g. life skills, some housing related costs, financial management, childhood development).
7. **Public Health strategies** related to behavioral activities detrimental to long term health outcomes need to be explicitly funded for delivery by local health departments, and by CBOs with competency, as part of the expansion.

Quality

8. Standards for managed care and care coordination need to protect patients from practices that shortchange or delay care, squeeze staff salaries, create turnover mills for staffing, or produce claims to foster voluntary enrollment that overstate the service delivery – all practices that diminish the quality of service delivery.
9. Vulnerable populations such as dual diagnosed mental health and substance abuse, developmental disability and mental health, need well-established standards of care and an infrastructure to support the assurance of quality through an intermediary or regular reviews.
10. Diminished administrative capacity of the state due to budget constraints necessitates transparent conversation and regulations to insure quality of service provision and the integrity of all service providers. Advanced planning to deploy necessary regulations will make it less possible for a new set of self-interested for-profit or unscrupulous not-for-profit health care entities to take advantage of the significant influx of new federal fund and expansion of consumers without meeting the intent of ACA, which is to provide more affordable and quality health care to more Illinoisans.