



CREATE A BETTER ILLINOIS

National Analysis Makes Case
for Reassessing Human Service
Reimbursement Rates

ILLINOIS PARTNERS

for

HUMAN SERVICE

A photograph of a young girl with curly hair sitting up in a hospital bed, smiling. She is holding a yellow stuffed animal. A woman with dark hair is leaning over her from the left, and a man with a beard is leaning over her from the right, holding her hands. They are all smiling. The background shows a hospital room with wood paneling and a window.

Thank you to the experts who helped guide this study:

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EXECUTIVE SUMMARY

A recent report by Illinois Partners for Human Service, *Failing to Keep Pace: An Analysis of the Declining Value of Human Services Reimbursement Rates*, demonstrates that for the human service sector to serve Illinoisans well, organizations must be funded appropriately, and human service professionals paid fairly. Many human service organizations receive state funding through reimbursement rates, which are intended to cover the cost of providing services. The 2016 research documents the failure of rates paid by Illinois government in most human service fields to match increases in the cost of living over the last decade.

This raises the question: Are Illinois rates comparable to those of similar states across the nation? To answer that question, Illinois Partners compares Illinois rates for select human service functions with those of 10 comparable states: California, Florida, Massachusetts, Minnesota, New York, Ohio, Oregon, Pennsylvania, Texas and Washington. The study comes with the following caveats: These states vary in the types of services for which reimbursement is allowable; their use of managed care and capitated rates can moot comparison of payments for specific service functions; and their use of different codes and terminology make it a challenge to provide a precise comparison.

The research concludes that Illinois falls into the lower to middle range in rate levels across comparable states in nine different broad areas of service provision. Low reimbursement rates present significant challenges to human service providers that affect their ability—and capacity—to build well-being in Illinois communities.

» **EARLY CHILDHOOD: MIDDLE**

Ranking is based on this research report and a National Women's Law Center Report.

» **DRUG AND ALCOHOL ADDICTION TREATMENT: MIDDLE**

Rate level is for community-based services.

» **DEVELOPMENTAL DISABILITIES: MIDDLE**

Ranking is based on data from several national studies of per participant and per resident spending.

» **MENTAL HEALTH: LOWER**

Some states pay up to twice as much per unit for psychotherapy.

» **MEDICAID SPENDING PER ENROLLEE: LOWER**

Some states in the sample spend about 40 percent more.

» **CARE FOR OLDER ADULTS: LOWER**

Rate level is for in-home, community-based services.

» **FOSTER CARE: LOWER**

Illinois ranks near the bottom in rates paid to families hosting foster children, based on data from Child Trends.

» **EARLY INTERVENTION: LOWER**

Many states have fewer Early Intervention programs than Illinois, yet the state appears to pay less for provided services.

» **HUMAN SERVICE WAGES: LOW/MIDDLE**

This report looks at non-profit and for-profit human service professionals in the areas of substance use disorder, mental health, personal care, occupational therapy, child care, social work and rehabilitation.

CREATING A BETTER ILLINOIS.

That is what elected officials hold the power to do. Budget decisions made today can either move our citizens forward to a thriving tomorrow or leave them stuck in a stagnate yesterday.

Human services play a key role in ensuring all Illinoisans reach their full potential. Yet ongoing cuts have destabilized the sector, making it harder to implement strategies known to help people reach their potential and participate fully in our communities. Elected officials must establish a revenue structure that allows our state to plan and pay for Illinois' current and future needs.

Reimbursement rates rendered by state government present challenges to human service providers. Low rates lead to high staff turnover and burden providers to raise additional funding to cover what is properly a state obligation. Illinois has long raised insufficient tax revenue to cover the cost of its service provision and, as this report documents, human service professionals are underpaid compared to similar states.

Reimbursement rates, provided by the state, are intended to cover the cost of services implemented by state-funded human service programs. As prior research by Illinois Partners for Human Service shows, most Illinois reimbursement rates do not keep up with the rising cost of living. Some were never enough to cover the full cost of quality service in the first place.

The purpose of this report is to spur thoughtful discussion about adequate funding for human services by studying where Illinois fares in its human services reimbursement compared to 10 states with similar population and demographics.

METHODOLOGY

Using a 2016 report prepared by Illinois Partners for Human Service, *Failing to Keep Pace: An Analysis of the Declining Value of Human Services Reimbursement Rates*, this report attempts to match, as closely as possible, the services provided in Illinois to those in the 10 comparison states, then rank the states based on the strength of their rates.

The comparison states in this report are California, Florida, Illinois, Massachusetts, Minnesota, New York, Ohio, Oregon, Pennsylvania, Texas and Washington. Each of these states hosts a mix of large, urban centers and rural areas. Likewise, the chosen states ensure geographic representation from around the nation.

The states are compared across the following nine major human service fields:

- Early Childhood
- Drug and Alcohol Addiction Treatment
- Developmental Disabilities
- Mental Health
- Medicaid Spending per Enrollee
- Care for Older Adults
- Early Intervention
- Foster Care
- Human Service Wages

While this report seeks to make the most accurate comparisons across all fields of service, there are a few challenges. First, states often offer a different mix of services. Second, states may provide and code services in different ways. Third, services throughout a state can differ in geographic administration (state versus county) as well as in payment method (Medicaid reimbursement, contract, daily or monthly capitated rate, fee-for-service, or a larger managed care agreement).

Even when Illinois and a comparison state are both billing a service on Medicaid, they may utilize different Medicaid billing codes, making a direct comparison difficult to validate. As a result, direct comparisons for services are available only for some service areas, while others are a confident assertion based on data.

MATCHING SERVICES ACROSS STATES

To ensure the most accurate service comparisons, the

Current Procedural Technology code and/or Healthcare Common Procedure Coding System code for each Illinois service is identified and matched to the same coded service in each comparison state. About half of the states and services match exactly. In some cases, the rate is reported where there is reasonable confidence that a similar service is provided, just under a different name or code.

Some comparisons are not available because a) the comparison state is not providing a service through its publicly funded programs, b) providers accepting capitated payments (a fixed amount per patient) are rendering the service, or 3) a jurisdiction negotiates rates with providers individually.

METRICS AND RANKING

The rank of the 11 states is from the highest rate payers (at the top) to the lowest (at the bottom) in each table.

Rates in the tables are reported by states in various metrics for different services. These include: 15 minutes (qtr), 30 minutes (half), 60 minutes (hr), by visit (v), by event (e), by day (D), by week (W) and by month (M). This report lists the range or median across ranges for cases where states assign different rates based on the complexity of the case or county or service area. Rates are presented as they appeared on state websites in spring 2018. Many states fail to update rates over the years while others provide updates annually or at various times of the year. Some rates will change between the time of research and the report's publication but will not alter its conclusions.

It is important to note that the research did not find a rigorous national report that attempted to compare rates for any of the service areas in this report. Additionally, comparisons between services paid by a state “per visit” or “per event” cannot be compared with states that pay for the same service by the quarter hour. Nonetheless, this report assigns rankings to provide at least a general sense of where Illinois places among the selected states.

In the areas of child care, psychotherapy and family foster care, the rate metrics are generally comparable, resulting in reasonably reliable rankings. In other service areas, the state rankings are based on comparable service rates where possible, putting states at the bottom that either capitate their services, appear not to provide services that are offered in Illinois, or provide them differently than how Illinois categorizes services, thereby making comparison less reliable.

In general, Illinois ranks in the mid-to-low range in all service areas studied in this report.



1. EARLY CHILDHOOD

A review of child care reimbursement rates finds Illinois in the mid-range.

States, including Illinois, typically combine federal block grant resources from both the Child Care and Development Block Grant Act (CCDBG) of 2014 and the Temporary Assistance to Needy Families block grants, and contribute lesser amounts of state funding to pay early childhood service providers.

State rate methodologies are similar in this sector in that they provide child care in accordance with federal guidance, specifically through the CCDBG, which requires states to base rates on the 75th percentile of locally-administered market rate studies.

Some states also look to actual cost of care studies to determine their rates because market rate comparison, while useful, does not always reflect the true cost of providing care. Presently, Illinois does not use actual cost of care studies in conjunction with the CCDBG requirements.

A 2016 report from the National Women's Law Center calculated the percentage difference between a state's rate and the 75th percentile of the market rate in the state as a means of accounting for differences in local cost of living. Ordering the states by this measure places Illinois around the center of the 11-state sample.

Among the states, New York and Oregon clearly provide the strongest reimbursements and are closest to the 75th percentile of market rate studies performed in those states. By comparison, Illinois pays 23% less than its market rate for four-year-old children and 10% less for one-year-olds.



TABLE 1.1 STATE TIERED REIMBURSEMENT RATES FOR CENTER CARE IN 2016

State	Monthly state reimbursement rate 4-Year-Old	Percentage difference between state rate and 75th percentile of market rate 4-Year-Old	Monthly state reimbursement rate 1-Year-Old	Percentage difference between state rate and 75th percentile of market rate 1-Year-Old
Oregon – Portland/Multnomah County	\$965	0%	\$1,255	0%
New York - NYC	\$1,009	-3%	\$1,429	-2%
California – Los Angeles County	\$889	-14%	\$1,293	-12%
Pennsylvania - Philadelphia	\$707	-17%	\$902	-12%
Illinois – Group 1A – Urban/Chicago	\$815	-23%	\$1,157	-10%
Minnesota – Hennepin County (Twin Cities)	\$870	-25%	\$1,160	-25%
Florida – Miami-Dade County	\$419	-26%	\$464	-26%
Texas – Gulf Coast	\$507	-28%	\$713	-12%
Massachusetts – Boston Region 6	\$839	-35%	\$1,247	-24%
Ohio – Cuyahoga County	\$570	-37%	\$713	-43%
Washington – Region 4 King Cty (Seattle)	\$743	-42%	\$885	-41%
Source: Adapted from Karen Schulman & Helen Blank. Red Light Green Light: State Child Care Assistance Policies 2016, National Women's Law Center p. 41				

While the methodology for setting rates is similar in each state, it is difficult to precisely rank Illinois in this service category because the billing varies by state.

For example, to account for different staffing structures and varying costs of doing business, Illinois offers different rates based on the following distinctions: age groups; full-day or part-day; urban, urban/rural areas, or rural; and type of childcare setting (home or center, licensed or license-exempt). Similarly, Massachusetts, New York, Oregon and others vary their rates by region while California and Ohio vary rates by county.

One way to compare rates amid all the variations is to consider and compare the lowest and highest paid rates.

TABLE 1.2 EARLY CHILDHOOD SPENDING BY AGE AND HOURS

State	Under 2 Full Day	Under 2 Part Day	Age 2 Full Day	Age 2 Part Day	Age 3+ Full Day	Age 3+ Part Day	School Age Day
New York Per day	60.00 Grp1 53.00 Grp2 43.00 Grp3 56.00 Grp4 59.00 Grp5	40.00 Grp1 35.00 Grp2 29.00 Grp3 37.00 Grp4 39.00 Grp5	57.00 Grp1 49.00 Grp2 41.00 Grp3 51.00 Grp4 51.00 Grp5	38.00 Grp1 33.00 Grp2 27.00 Grp3 34.00 Grp4 34.00 Grp5	50.00 Grp1 45.00 Grp2 38.00 Grp3 47.00 Grp4 46.00 Grp5	33.00 Grp1 30.00 Grp2 25.00 Grp3 31.00 Grp4 31.00 Grp5	57.00 Grp1 42.00 Grp2 37.00 Grp3 46.00 Grp4 42.00 Grp5
Oregon Per hour	12.00 A 5.00 B 4.50 C		7.00 A 5.00 B 4.00 C		6.75 A 4.00 B 3.25 C		6.00 A 4.40 B 3.35 C
Massachusetts Per day	55.54-72.41 M 60.00		50.93-67.50 M 55.00		38.74-42.57 M 40.00		26.11-29.46 M 27.00
California Per day, week, month	D 51.77 LA W 228.41 M 927.25	D 10.65 LA W 172.79 M 683.54	2-5 D 50.44 LA W 207.93 M 846.18	2-5 D 10.38 LA W 164.21 M 634.94	2-5 D 50.44 LA W 207.93 M 846.18	2-5 D 10.38 LA W 164.21 M 634.94	D 41.35 LA W 168.78 M 657.27
Minnesota Per day	30.00-86.24		25.40-64.15		24.50-57.84		22.08-53.74
Illinois Per day	46.49 Urb 46.49 U/R 35.53 Rur	23.25 Urb 23.25 U/R 16.77 Rur	39.26 Urb 36.73 U/R 28.46 Rur	19.63 Urb 18.37 U/R 14.23 Rur	32.72 Urb 27.55 U/R 23.77 Rur	16.36 Urb 13.78 U/R 11.89 Rur	16.36 Urb 13.78 U/R 11.89 Rur
Washington Per day	29.62-53.30	14.81-26.65	25.76-44.42	12.88-22.21	23.78-39.98	11.89-19.99	21.14-31.68 Full 10.57-15.84 Half
Ohio - Cuyahoga Per week, hour	164.61 7.81	112.01 7.81	150.51 5.89	94.44 5.89	131.57 4.33	65.09 4.33	70.43 4.75
Pennsylvania High county/Low county	41.65 Hgh 21.25 Low	35.80 15.60	40.65/35.65 21.25	33.80/29.80 15.60	32.65/29.05 19.65/20.95	25.80/22.80 15.60	27.05 20.95
Florida Per week	125.60 non GS		104.60 non GS		93.20 non GS		78.51 non GS
Texas Per day North Central Texas - Tiers Basic through 4	30.00 Ba 31.50 – T2 32.10– T3 32.70 – T4	27.00 Ba 29.14 T2 29.68 T3 30.22 T4	27.50 Ba 28.88 T2 29.43 T3 29.98 T4	26.00 Ba 27.30 T2 27.82 T3 28.34 T4	25.50 Ba 27.04 T2 27.55 T3 28.06 T4	20.00 Ba 21.30 T2 27.82 T3 28.34 T4	24.50 Ba 25.23 T2 26.22 T3 26.71 T4

In the Under 2 Full Day Care in a Licensed Center category, Massachusetts, with a range between \$55 and \$72, is higher than Illinois' range of \$33 to \$46. Minnesota's lowest range is slightly lower than Illinois, but its high range of \$86 is substantially higher compared to \$46. New York groups range from a low of \$43 to a high of \$60.

Texas pays less with rates between \$21 and \$24. The lowest rate in Washington is \$29, which is lower than Illinois, however Washington's rate is higher at \$53.

2. DRUG & ALCOHOL ADDICTION TREATMENT

Illinois is in the mid-range for drug and alcohol addiction treatment reimbursement rates.

The Illinois Department of Human Services' (DHS) Division of Substance Use Prevention and Recovery (SUPR) sets rates for reimbursable services that are considered “reasonable and necessary for the diagnosis, care, treatment or rehabilitation of addiction related disorders” as defined in 77 Ill. Adm. Codes 2060.

These services include early intervention (pre-treatment that addresses risk factors associated with substance use disorder), outpatient clinical treatment, intensive outpatient/partial hospitalization, inpatient residential treatment with clinical services, and medically managed intensive inpatient services. In addition, other reimbursable services include admission and discharge assessments, case management, psychiatric/diagnostic, toxicology and HIV testing and counseling.

The SUPR service rates are reimbursable through Medicaid for eligible patients up to the established Medicaid reimbursement limits. Services not covered by Medicaid (e.g. prevention programs, case management and opioid maintenance therapy) are reimbursed through the provider's contract with DHS. In general, the rates are uniform. Providers can negotiate with DHS for a different rate, but a justification for a different rate does not mean that it will be approved.





HOW OTHER STATES PAY:

Illinois reports rates in this service area by hour. Most of the other comparison states report by the quarter hour. Those aggregated to full hours are generally more than Illinois' full hour payments for the majority of states; Florida appears to be lower.

TABLE 2.1 SUBSTANCE USE DISORDER TREATMENT									
State	Admit & Discharge Assmt H0002	ASAM Level I Indiv H0004	Level I Group H0005	Level II Indiv H0004	Level II Group H0005	Local III Residential Rehab H0047	Recovery Home – Adult H0018 H0019	Recovery Home – Adolesc H2036	Case Mgmt H0006
OR	35.05 event	17.46 qtr	39.66 event	17.46 qtr	39.66 event		120.00 H0019	160.00 H0018 H0019	17.46 qtr or 11.64 T1017
MA		17.25 qtr	13.81 qtr	17.25 qtr	13.81 qtr	50.41 day	199.12 261.12		13.18 qtr 20.38 w/Ms
WA	22.15 qtr		22.15 qtr				183.36	155.36	11.64 qtr T1017
CA		13.90 18.43 10 min	3.05 6.07 10 min	13.90 18.43 10 min	3.05 6.07 10 min				
MN			34.00		34.00	22.66	210.42 759.41 or 223.66 727.73	151.50 30 wks 216.34 15 hrs/wk	
NY	133.07 155.70 assmt	92.12 107.67 clinic	47.60 55.70 clinic	122.83 143.71				273.82 day	14.32 16.76
OH	96.24 H0001	21.82 qtr	9.52 qtr	21.82 qtr	9.52 qtr				78.17
IL	16.32 qtr	63.12 hr	23.48 hr	62.12 hr	23.48 hr	66.81 day	48.05 day	122.00 day	48.08 hr
TX		14.50 qtr	18.00 qtr	14.50 qtr	28.00 qtr	25.39 qtr			
FL		15.00	2.44						



TABLE 2.2 SUBSTANCE USE DISORDER TREATMENT (CONTINUED)

State	Psych Testing 96101 event	Devel Screen, Score, Interp 96110	Devel Testing 96111	Neur psych Testing hour 96118	Smoke/ Tob Counseling 3-10 min 99406	Smoke/Tob Counseling GT 10 min
MN 2-6	75.04 92.82	6.06 qtr	85.59 90.14	70.50 88.37 or 92.44 114.34	9.21 10.6	19.54 20.94
MA	57.50 57.42	9.73 qtr	94.42 89.37	72.01 56.86		
OH	59.26	57.24	56.11	78.31		
TX	84.52			59.34 in 73.31 out		
FL	45.31 8.70			55.38 10.63	7.73	15.08
NY	51.43 45.00	Varies	Varies	Varies	18.81-22.00	18.81-22.00
CA		54.90	62.30	56.20	12.70 10.41	24.20 19.93
OR	56.15 in 58.38 out	7.15 qtr	89.76 95.63	55.65 68.05	8.70 10.19	19.83 21.46
IL		12.06 qtr	12.06 qtr	48.48	5.39	11.47
PA	20.00 80.00 range			40.00 hr 52.50 ub		

3. DEVELOPMENTAL DISABILITIES

Illinois is in the middle of the 11 states in service reimbursement rates. For selected developmental disability functions, Illinois places at the bottom of the 11 states based on recent studies by the State of Connecticut, the Henry J. Kaiser Foundation and Truven Health Analytics.

All 11 states utilize Home and Community-Based Services (HCBS) 1915 Waivers to authorize Medicaid payments for community-based services for people with disabilities.

Comparing service costs is difficult because some sample states bill by visit and others by hour. Likewise, rates are provided through waiver contracts and/or are capitated, making identification of the exact cost nearly impossible. Given these challenges, one way to assess Illinois' position among the 10 comparison states is to compare amounts spent per participant in 1915 Waiver programs, the major funding source for these types of services across states.

The level of rates and amount spent per person do not correlate perfectly. However, given the inconsistency across states in the characterization and compensation of services, this methodology allows us to assess how appropriately a state compensates and supports providers in this field.

A University of Colorado analysis of HCBS Waiver costs per participant from 2015 suggests that Illinois is near the middle of the 11 states by this measure. It reported Illinois spends approximately \$36,000 per participant. Massachusetts and Pennsylvania spent over twice that much, and four other states spent significantly less.



TABLE 3.1 WAIVER COSTS FROM UNIVERSITY OF COLORADO STATE OF THE STATES REPORT

State	Adjusted HCBS Waiver Cost Per Participant - 2015	% of Total Public IDD Spending for Services Non-Medicaid - 2015	% of Public IDD Spending from State
Massachusetts	\$84,000	45%	67%
Pennsylvania	\$72,400	16%	48%
New York	\$68,200	27%	57%
Minnesota	\$67,900	12%	45%
Washington	\$51,200	18%	46%
Ohio	\$40,800	34%	50%
Illinois	\$36,000	19%	47%
Florida	\$30,100	22%	37%
Texas	\$29,700	16%	39%
California	\$23,100	40%	52%
Oregon	\$20,500	18%	30%

Source: Adapted from Braddock et al., The State of the States in Developmental Disabilities
Coleman Institute and Department of Psychiatry, University of Colorado, 2017 <http://stateofthestates.org>

A January 2018 report by the Henry J. Kaiser Foundation found Illinois near the bottom of the list when comparing the amount spent per participant in 1915 Waiver programs.

**TABLE 3.2 RANKING OF STATES BY SELECTED DISABILITY AND SENIOR SERVICES:
1915 (C) WAIVER EXPENDITURES (\$) PER PARTICIPANT SERVED, 2014**

State	Population			Service Type					
	Intellect Devel Disability	Seniors/ Physical Disability	Physical Disability	Case Mgmt	Home Based Services	Day Services	Nursing/ Therapy/ Other Therapeutic Services	Round the Clock Services	Supported Employment
MA	76,564				4,831	11,034	545	86,808	7,037
NY	67,651	5,681		10,104	8,851	22,633	515	93,575	2,934
PA	65,871		19,485	1,766	15,406	10,718	27,410	78,457	7,103
MN	65,749		29,845	1,598	3,685	13,496	5,938	46,134	9,665
WA	49,620	15,497			15,407	6,806	669	30,576	5,512
OH	39,896	10,197	19,613		12,541	8,806	6,249	16,141	2,919
TX	35,347	12,809		1,922	7,736	5,143	1,143	29,768	1,994
IL	34,494	14,694	13,816	1,464	9,488	7,589	4,149	28,598	5,830
CA	25,875	16,499	42,923	1,861	5,005	22,916	7,188	15,869	10,111
FL	24,398	4,873	6,582	973	4,404	7,409	2,944	15,600	6,886
OR	6,608	791		1,413	826	7,746	655		10,529

Source: Data adapted from Medicaid Home and Community Based Services:
Results From a 50-State Survey of Enrollment, Spending and Program Policies, The Henry J. Kaiser Family Foundation pp. 39, 40

A 2017 report by Truven Health Analytics on Medicaid Expenditures for Long Term Services and Supports (LTSS) in FY 2015 found a similar pattern. Calculating state expenditures on various long-term services and supports per state resident, the report found that New York, Massachusetts and Minnesota are clearly ahead. At \$379.50 per state resident for LTSS, Illinois is one of the lower spenders. Likewise, at \$173.12 per resident, Illinois is the second lowest in Total Home and Community Based Services and is among the lower spenders for Institutional LTSS.

TABLE 3.3 RANKING OF STATES BY MEDICAID EXPENDITURES FOR LONG-TERM SERVICES AND SUPPORTS

State	Total Institutional Long-Term Services and Supports (\$)	Total Home and Community Based Services (\$)	Total Long-Term Services and Supports (\$)
New York	481.00	675.80	1,156.80
Massachusetts	349.76	660.21	1,009.97
Minnesota	193.30	636.34	829.64
Pennsylvania	378.08	328.87	706.95
Ohio	308.55	315.32	623.88
Oregon	104.54	482.07	586.61
Washington	132.20	282.64	414.84
Illinois	206.38	173.12	379.50
California	112.19	242.82	355.01
Texas	149.32	205.03	354.31
Florida	199.00	97.64	296.65

Source: Data Adapted from Medicaid Expenditures for Long-Term Services and Supports (LTSS) in FY 2015 by Truven Health Analytics <https://www.medicaid.gov/medicaid/lts/downloads/reports-and-evaluations/ltssexpendituresffy2015final.pdf>

A study of rates paid in 2014 for different functions in Home Health Care by the State of Connecticut also places Illinois in the lower half of compared states. While the Connecticut study documents several different service functions, three are most easily compared: Registered Nurse, Physical Therapy and Occupational Therapy.

TABLE 3.4 SELECTED CONNECTICUT HOME HEALTH CARE STATE SURVEY DATA

State	Registered Nurse	Physical Therapy	Occupational Therapy
Oregon	182.09 visit	146.22 visit	157.49 visit
Texas	100.94 visit	112.32 visit	114.51 visit
Washington	89.50 visit	84.00 hr 20.99 qtr	83.96 hr 20.99 qtr
Pennsylvania	88.00 visit	88.00 visit	88.00 visit
Massachusetts	86.99 visit	68.30 visit	71.20 visit
California	74.86 visit	68.84 visit	71.36 visit
Minnesota	70.04 visit 8.53 qtr 69.69 visit 8.49 qtr	42.71 visit 65.71 visit 42.50 visit 65.38 visit	43.59 visit 67.05 visit 43.37 visit
Illinois	59.68 visit	59.68 visit	59.68 visit
Ohio	52.20 B 5.69 U	69.94 B 4.50 U	69.94 B 4.50 U
New York	Regional rate variation		
Florida	Transition to HMOs		

Source: Adapted from Connecticut Home Health Care State Survey, 2014 - https://www.cga.ct.gov/hs/tfs/20151008_Medicaid%20Rates%20for%20Home%20Health%20Care%20Working%20Group/20150914/Copy%20of%20Medicaid%20FFS%20rates%20survey%20results%20April%202014%20final.pdf

4. MENTAL HEALTH

Illinois is among the lowest payers of the 11 states for mental health services.

Illinois operates several community mental health services with reimbursement rates set by the Illinois Department of Healthcare and Family Services (HFS). Some essential community-based mental health services, such as permanent supportive housing, crisis, supervised and residential services, are funded through provider and grant agreements with the Department of Human Services Division of Mental Health.

Most states provide a wide array of outpatient mental health services paid for by Medicaid or private insurance. Inpatient services may be paid by a combination of these insurances as well as a state contribution.

This section focuses on Medicaid reimbursed services that fall under “Rule 132” (59 Ill. Adm. Code Part 132 and Rule 140) – also known as Medicaid Rehabilitation Option (MRO). These are primarily out-patient, community mental health functions. The clearest rate comparisons can be made for psychiatric diagnosis and psychotherapy.

States vary widely in how they operate their mental health services. The increasing prevalence of managed care systems with capitated rates, which are developed as part of pre-arranged or fixed payments, make cross-state comparison of rates for service tasks impossible in many cases.

For example, most Minnesota mental health services are delivered by providers contracted with counties that receive capitated payments for their managed care enrollees, whereas Massachusetts provides mental health services through public and private insurance with the state providing support for supplemental needs. Massachusetts, however, is moving toward a 100% risk managed care system for Medicaid, which is used by Oregon, Washington, New York and many counties in Pennsylvania and Texas.



TABLE 4.1 MENTAL HEALTH SERVICES

Facility Not Facility	Psychiatric Diagnostic Evaluation 90791	Psych Diagnostic Eval w/ Medical Services 90792	Psycho Therapy 30 Min 90832	Psycho Therapy 45 Min 90834	Psycho Therapy Hour 90837	Psycho Therapy For Crisis 60 min 90839	Family Psycho Therapy 90847 Event	Multi Family Group Psycho Therapy 90849 per Participant	Group Psycho Therapy 90853 per Participant
CA	162.44 128.08	130.95 103.25	67.05 52.87	85.18 67.16	124.32 98.02	38.01	51.00 98.02		14.48
MN per session	101.51 125.56	112.98 139.78	61.40 75.94	82.21 101.69	123.49 152.75	128.95 159.50	101.36 127.85	34.78 43.08	24.55 30.37
OH	130.72 111.11	144.35 122.70	63.11 53.64	82.05 69.74	120.36 102.31	132.08 112.27	100.72 8d.61	31.28 26.59	25.42 21.63
TX	113.91 119.82	133.91 119.82	44.55 49.39	65.08 68.49	95.93 100.78		69.50 72.97		23.52 24.70
NY	93.26 59.78		38.64 24.96	49.46 37.42	72.35 56.49		65.61 51.51	19.88 14.93	18.67 14.54
OR	94.98	100.36	66.53 70.47	99.73 98.11	144.41 166.31	155.01	115.49 135.20	37.38 45.09	35.13 45.09
MA	94.18		36.37	72.73	91.72 90.88	165.16	77.28	24.29	24.29
FL	74.11	79.08	36.05	47.93	71.90		57.37	17.90	13.92
WA	69.08 66.65		33.61 33.23	44.62 44.24	67.02 66.47		56.01 55.63	18.67 16.61	13.44 13.26
IL	91.58	93.33	22.11	33.15	50.03	50.03	45.90	45.90	25.28
PA	26.25								

Additionally, a recent study by the Henry J. Kaiser Foundation of state mental health expenditures finds Illinois toward the bottom of the 11 states in per capita spending. Illinois spends just \$72.44 per capita, compared to Pennsylvania and New York, which spend \$260.

TABLE 4.2 STATE MENTAL HEALTH AGENCY (SMHA) PER CAPITA MENTAL HEALTH SERVICES EXPENDITURES FY 2013

State	SMHA Expenditures Per Capita
Pennsylvania (Medicaid revenues for community programs not included)	\$287.17
New York (includes jails or prisons)	\$260.78
Oregon	\$183.80
Minnesota	\$177.88
California (includes jails or prisons)	\$160.50
Washington	\$113.67
Massachusetts (Medicaid revenues for community programs not included)	\$110.33
Ohio (Medicaid revenues for community programs not included)	\$100.29
Illinois	\$72.44
Texas (includes jails or prisons)	\$40.65
Florida	No Data

Source: The Henry J. Kaiser Family Foundation, State Health Facts www.kff.org/other/state-indicator/smha-expenditures-per-capita



5. MEDICAID SPENDING PER ENROLLEE

Illinois is toward the bottom of the 11 states studied in this report.

A figure that sheds some light on states' rate structures is the Medicaid expenditure per enrollee. Human service functions, which are the subject of this report, are only a small portion of what a state spends on Medicaid. Total state Medicaid expenditures are a function of the breadth of allowable services, the medical needs of populations, the amount the state chooses to commit to its Medicaid program and state cost of living and labor markets, which contribute to rate-setting in some states.

According to data from the Henry J. Kaiser Family Foundation, Illinois averaged around \$5,000 in expenditures per enrollee in 2014.

TABLE 5.1 MEDICAID SPENDING PER ENROLLEE (FULL OR PARTIAL BENEFIT) FY2014	
Pennsylvania	\$8,780
Minnesota	\$7,898
Massachusetts	\$7,458
New York	\$7,806
Ohio	\$6,409
Oregon	\$6,207
Texas	\$6,154
Washington	\$5,296
Illinois	\$5,012
Florida	\$4,243
California	\$4,193
Source: State Health Facts, The Henry J. Kaiser Family Foundation https://www.kff.org/medicaid/state-indicator/medicaid-spending-per-enrollee/?currentTimeframe=0&selected-Distributions=all-full-or-partial-benefit-enrollees&sortModel=%7B%22collid%22:%22Location%22,%22sort%22:%22desc%22%7D	



6. OLDER ADULTS

Illinois is among the lower payers of the 11 states on Adult Day Service and In-Home Care.

The Illinois Department on Aging administers a Community Care Program (CCP) and provides Comprehensive Care Coordination of in-home and community-based services to older adults, which enables older adults to remain in their own homes, preventing premature placement in a nursing home. Care Coordination Units (CCUs) operate through human service organizations in Illinois serving as central access points for older adults who have intensive, long-term care needs. Certified Care Coordinators conduct in-home assessments and help coordinate resources and supports. Through this process, care coordinators assess and monitor needs, determine program eligibility, develop care plans and arrange for an array of supportive services and referrals.

Once CCP eligibility is determined, a variety of services become available including, but not limited to, health monitoring, medication supervision, recreational or therapeutic activities, in-home support with household tasks and emergency home response services. States vary widely in how they reimburse services, making assessment particularly challenging in this field. The table below bases comparisons on six services offered in Illinois. Most of the comparison states do not offer reimbursement for in-home response device installation or monitoring. Likewise, case management is often defined differently by states. For example, Florida administers a Community Care for the Elderly Program by contracting with Area Agencies on Aging that contract with 52 lead agencies and their subcontractors. The clearest comparison is Minnesota, which offers and defines the same array of services as Illinois. Minnesota's rates are somewhat higher than Illinois for every task.

TABLE 6.1 SELECTED COMMUNITY SENIOR CARE SERVICES

State	Adult Day Service S5100 Hour	In-Home Care S5130 Hour	Personal Emergency In-Home Response Install S5160	Personal Emergency In-Home Response Monitor S5161 Month	Transportation Adult Day Service T2003 Trip	Case Management T1016 or H0002 Quarter
MA	9.80-12.40 hr	18.44-20.88 hr			3.65 * 4+ person	
MN	13.48 hr	18.44 hr	500.00	110.00	20.21 Trip	25.46
OH		28.40 hr MR940		50.00	20.09 Trip	19.50 Z9999
OR	Monthly	14.50 hr 17.80 hr			70.86 Trip	
WA	9.64-11.40 hr		Varies	Varies	Varies	
TX	28.41-29.66 hr Habilitation	18.89-20.14 hr			17.73-18.98 Trip	
IL	9.02 hr	18.29 hr	30.00	28.00	8.30 Trip	12.83 / month
CA	76.27 day	14.28 hr			9.27 Trip	9.94 qtr
PA	7.65-8.65 hr	17.20-19.44 hr	50		50.00 Trip	7.50 qtr
NY		18.31 hr				
FL						12.00 qtr T1017



Data developed by the Kaiser Family Foundation on state Medicaid spending per Older Adult enrollee also finds Illinois in the lower middle range.

TABLE 6.2 MEDICAID SPENDING PER ENROLLEE, OLDER ADULTS FY2014

New York	\$20,888
Pennsylvania	\$20,787
Ohio	\$18,218
Minnesota	\$15,411
Oregon	\$13,335
Illinois	\$11,912
Texas	\$11,890
Washington	\$11,313
California	\$10,889
Florida	\$7,281

Source: State Health Facts, The Henry J. Kaiser Family Foundation
<https://www.kff.org/medicaid/state-indicator/medicaid-spending-per-enrollee/?currentTimeframe=0&selectedDistributions=aged&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22desc%22%7D>

7. EARLY INTERVENTION (PART C – INDIVIDUALS WITH DISABILITIES ACT)

Illinois is among the lowest paying of the comparison states in this human service field. The last rate increase for Early Intervention services in Illinois was in 2008.

Early Intervention (EI) is a program provided by Illinois and all the comparison states. EI serves children from birth to three years old who are diagnosed with developmental delays. States operate Early Childhood Intervention in accordance with the federal Individuals with Disabilities Education Act, Part C (IDEA). IDEA supports states in providing children with a free and appropriate public education; Part C extends those supports to the youngest children.

States operating programs are eligible to apply for IDEA Part C funding, which is allocated to states largely based on a population formula basis. Illinois also commits state support to fund the programs.

States must meet certain criteria to qualify for IDEA. These criteria include preparing children for transition to elementary school (or to early childhood special education services as indicated in the case of Part C) and providing an assessment and a service plan. The Act lists a variety of allowable direct services for application of federal funding, but does not specify any required combination.

Almost all states offer provider reimbursable child vision, audiology and nutrition programs. Several states examined offer developmental therapy, psychological and family training and support. Illinois reimburses social work/counseling and occupational therapy, which is rare among the states in this study.



In addition to Medicaid and state funds, states implement different reimbursement approaches including fees, private insurance and federal grants that supplement state payments. Eligibility requirements also vary by state, types of services, and provider type – state or contractor (2016 Infant and Toddler Coordinators Association Tipping Points: Part C Implementation, State Challenges and Responses).

Direct comparison for many services is difficult because Illinois pays by the quarter hour while other states pay by the event.

Likewise, the variety of services by state makes it a challenge to order the level of payment. It is possible to make some generalizations regarding state comparison of EI rates by considering where Illinois appears to rank on each of the various functions that make up most states' EI programs.

A comparison to Illinois for vision services and social work counseling was not made because many states do not have comparable metrics or services.

AUDIOLOGY

For many functions in this service area comparisons are challenging because other states bill by the visit rather than by the quarter hour. However, Illinois appears to be one of the higher payers, and rates in Illinois and Oregon seem to be the highest based on the Hearing Aid Assessment fee.

TABLE 7.1 AUDIOLOGY							
State	Hearing Aid Assmt V5010	Hearing Screen 92551	Aural Rehab Assmt Onsite 92626	A/R IFSP Meeting 99499	A/R Svcs Onsite 92507	A/R Svcs Offsite 92507	Group A/R Svcs 92508
Illinois	68.69 v	15.20 qtr	14.53 qtr	14.53 qtr	14.53 qtr	18.14 qtr	7.88 qtr
Oregon	68.69 v	15.20 qtr	14.53 qtr	18.14 qtr	14.53 qtr	18.14 qtr	7.88 qtr
California	52.70 v	11.13 qtr	20.05		24.47		20.64
Ohio	30.00 v	9.70 qtr	15.47 qtr		37.03		18.15
Texas	46.80 0-2	9.54 qtr	71.01 v	71.01 v	28.67	28.67m	11.72
Massachusetts	55.52 v	8.43 qtr	52.78 v	52.36 v	60.20 v	60.20 v	25.78 v
Minnesota		8.33 qtr	54.03-63.37 v		55.80 v		16.16 v
Washington		7.43 qtr	46.50 v	54.78 v	47.99 v	47.99 v	14.44 v
New York	25.00 v	5.31 qtr 6.38					
Florida	45.00 v		50.03 v	54.12 v			
Pennsylvania							

NUTRITION

Rates in Illinois and Oregon are identical in the Nutrition category and appear to be higher than those of several other states. However, states like Minnesota have higher rates than Illinois for some functions and lower for others.

TABLE 7.2 NUTRITION

State	Eval/Assmt Onsite 97802	Eval/Assmt Offsite 97802	IFSP Devel T1023	IFSP Meeting T1023	Nutrition Services Onsite 97803	Nutrition Services Offsite 97803	Group Nutrition Services 97803
California	30.35 child		64.83		26.11 child	18.14 qtr	13.91
Texas	27.51 qtr	27.51 qtr			23.86 qtr	23.86 qtr	23.86 qtr
Oregon	21.29 qtr	26.27 qtr	21.29 qtr	26.27 qtr	21.29 qtr	26.27 qtr	5.31 qtr
Illinois	21.29 qtr	26.27 qtr	21.29 qtr	26.27 qtr	21.29 qtr	26.27 qtr	5.31 qtr
Washington	19.50 qtr	20.74 qtr	103.99 e		16.39 qtr	18.05 qtr	9.13-9.54 qtr
Minnesota	22.97 NF 24.49 F		20.43	20.43	19.41 qtr	21.21 qtr	10.60 NF 10.85 F qtr
Ohio	16.91-20.58 qtr				14.47-17.97 qtr		7.76-8.98 qtr
Pennsylvania	20.95 qtr S9470	27.99 qtr S9470			20.95 qtr S9470	27.99 qtr S9470	
Massachusetts			26.12 qtr	26.12 qtr			
New York							
Florida							

NURSING

Moreover, Illinois and Oregon have identical rates for functions under EI nursing ranking them in the middle range of the eight states with available data.

TABLE 7.3 NURSING

State	Eval/Assmt Onsite T1001	Eval/Assmt Offsite T1001	IFSP Devel 99272	IFSP Meeting 99272	Nursing Services Onsite T1002	Nursing Services Offsite T1002	Group Nursing Services T1002
California	27.52	27.52			6.88 qtr		
Pennsylvania	20.95	27.99				20.95 G0154	27.99 G0154
Washington					25.00	35.00	
Illinois	11.39 qtr	14.36 qtr	11.39 qtr	14.36 qtr	11.39 qtr	14.36 qtr	2.85 qtr
Oregon	11.39 qtr	14.36 qtr	11.39 qtr	14.36 qtr	11.39 qtr	14.36 qtr	2.85 qtr
Minnesota	276.65				8.71 qtr		
Ohio	37.08 agency 8.32 qtr	31.64 indiv 6.96 qtr	45.00 28.02 d				
Massachusetts						11.92-16.47 qtr	
New York							
Florida							
Texas							

PSYCHOLOGICAL AND OTHER COUNSELING SERVICES

Illinois is in the mid-range on early childhood Psychological and Other Counseling Services mostly because other states appear not to include this service in their EI program. Illinois pays comparatively little among those billing the functions by quarter hour.

TABLE 7.4 PSYCHOLOGICAL AND OTHER COUNSELING SERVICES

State	Eval/Assmt Onsite 96150	Eval/Assmt Offsite 96150	EFSP Devel 90273	IFSP Meeting 90273	Indiv DT Onsite 96152	Indiv DT Offsite 96152	Group Therapy 96153
Pennsylvania	20.84 qtr	28.58 qtr			20.84 qtr	28.58 qtr	
Minnesota	18.84 NF qtr 19.16 F				17.21 NF qtr 17.54 F		3.89 qtr
Oregon	17.38 qtr	21.57 qtr	17.38 qtr 99499	21.57 qtr 99499	17.38 qtr	21.57 qtr	4.34 qtr
Illinois	16.87 qtr	20.94 qtr	16.87 qtr	20.94 qtr	16.87 qtr	20.94 qtr	4.21 qtr
California	18.03 qtr 7.15				16.51 qtr 26.24		5.81 qtr 3.83
Washington	12.45 FS qtr	12.65 NFS qtr			25.00	35.00	
Massachusetts							9.00 qtr

OCCUPATIONAL THERAPY

Illinois provides a wider array of billable services and it pays in the middle range of other states in the study.

TABLE 7.5 OCCUPATIONAL THERAPY

State	Eval/Assmt Onsite 97003	Eval/Assmt Offsite 97003	EFSP Devel 99271	IFSP Meeting 99271	Indiv DT Onsite 97530	Indiv DT Offsite 97530	Group Therapy 97150
Ohio	60.00				18.19 qtr		15.00 qtr
New York					17.87 qtr		
Florida					17.68 qtr	17.68	
Oregon	14.53 atr	18.14 qtr	14.53 qtr	18.14 qtr	14.53 qtr	18.14 qtr	7.88 qtr
Illinois	14.11 qtr	17.64 qtr	14.11 qtr	17.61 qtr	14.11 qtr	17.61 qtr	7.65 qtr
California	55.58	55.58			13.59 qtr 11.14		
Massachusetts					13.17 qtr		20.90 v
Minnesota					24.74		12.12 qtr
Pennsylvania	24.59	31.76			24.59	31.76	
Washington					21.16	21.16	10.37 qtr
Texas	116.19				28.69 various	32.94 various	34.31US 29.16UB

FAMILY TRAINING AND SUPPORT

In the area of Single Family Training & Support Onsite, which is the service comparable to most states by quarter hour, Illinois is mid-range at \$10.71 per quarter hour. Only two states, Massachusetts and Texas, have lower reimbursements rates than Illinois in the compared states. As with Occupational Therapy, Illinois offers a wider scope of allowable services in this field.

TABLE 7.6 FAMILY TRAINING AND SUPPORT

State	IFSP Devel T1024	EFSP Meeting T1024	Single Family Training & Support Onsite T1027	Single Family Training & Support Offsite T1027	Group Family Training & Support T1027
Washington			14.00 qtr	18.00 qtr	
Minnesota	97.98		17.54 qtr		
Ohio			30.00 qtr		
Pennsylvania	18.75 qtr	18.75 qtr	12.50 qtr	12.50 qtr	6.25 qtr
Illinois	10.71 qtr	13.50 qtr	10.71 qtr	13.50 qtr	2.68 qtr
Oregon	10.71 qtr 99499	13.50 qtr 99499	10.71 qtr	13.50 qtr	2.68 qtr
Massachusetts	31.46 hr	31.46 hr	8.79 qtr	8.79 qtr	8.79 qtr
Texas			7.91 qtr 31.63 hr	7.91 qtr 31.63 hr	7.91 qtr 31.63 hr

DEVELOPMENTAL THERAPY

Illinois ranks low in this category at \$10.71 per quarter hour for Individual Developmental Therapy Onsite. States such as California, Minnesota, Ohio and Washington pay by the event for many functions, making comparisons more challenging.

TABLE 7.7 DEVELOPMENTAL THERAPY

State	Eval/Assmt Onsite 96111	Eval/Assmt Offsite 96111	EFSP Devel T1024	IFSP Meeting T1024	Indiv DT Onsite T1027	Group Therapy T1027
Minnesota	85.59 NF 90.14 F		97.98	97.98	17.54 qtr	
Massachusetts		27.41 T1023 Screening	31.46	31.46	14.23 qtr	14.23 qtr
Washington	73.85	77.58			14.00 qtr	
California	67.97	67.97				
New York					50.35 hr	
Florida			18.75 qtr	18.75 qtr	12.50 qtr	6.25 qtr
Oregon	11.03 qtr	13.91 qtr			11.03 qtr	2.76 qtr
Ohio	41.71-56.11 83.99					
Illinois	10.71 qtr	13.50 qtr	10.71 qtr	13.50 qtr	10.71 qtr	13.50 qtr
Pennsylvania	21.55	28.58			21.55	28.58
Texas					7.91 qtr 31.63 hr	7.91 qtr 31.63 hr

8. FOSTER CARE

Illinois ranks near the bottom of the 11 states in the reimbursement for this human service field.

Approximately 10% of Illinois children under care are in congregate care settings with the vast majority with foster families or relatives. Comparing rates for congregate care settings across states is difficult because in most states the rates are individually negotiated with providers. This section compares rates paid to foster family caregivers, which may flow through a placing agency, or a county or state administration. In all states many foster children are cared for in family settings, so this is arguably the more meaningful measure in gauging a state's financial commitment to its foster children.

The following table roughly orders the 11 states by the size of rates they pay families to provide basic or traditional foster care to children. The amount displayed in the chart is the minimum base rate. In all states, hundreds or thousands of dollars may be added to the rate depending on the complexity of the child's needs.

Texas, Massachusetts and Ohio report rates on a per diem basis so the monthly rate is calculated as the per diem times 30. In Ohio, where rates vary by county and within counties, a monthly estimate of the median rate statewide is calculated from public figures. Pennsylvania also varies rates by county, but data is insufficient to make a comparable calculation.

Due to the variation in how states calculate and apply their rates, the figures below are not precisely comparable. Even with this imprecision, Illinois is clearly behind the rates of the other states compared in this report. Illinois' minimum base rate of \$401 for the youngest children is about \$50 behind the next closest state - Florida (\$458) - and only about half as much as Texas, which is the best-paying state.



TABLE 8.1 APPROXIMATE MONTHLY RATES BY STATE FOR FAMILY FOSTER CARE BY AGE RANGE

State	Age 0 to 4 or 5	Age 5 or 6 to 11 or 12	Age 12 or 13 to 21
Texas	812	812	812
California	707	765-805	843-863
Oregon	693	733	795
Ohio	660 median county		1050 median county
Massachusetts	672 67 for clothing	759 68 for clothing	802 94 for clothing
Minnesota	650	770	910
New York	552 Upstate 605 NY Metro	665 Upstate 712 NY Metro	770 Upstate 828 NY Metro
Washington	562	683	703
Florida	458	469	549
Illinois	401	401 to 491	491
Pennsylvania	\$20,Varies by county	18%	30%

Moreover, a national review of family foster care rates conducted by Child Trends based on rates operative in 2012 also places Illinois near the bottom of the selected states in terms of base payment rate for family foster care.

A foster care rating is immensely complicated with different types of variations within states based on child age, complexity of cases, cost of living, types of care provided and allowable expenses. Child Trends did not attempt to sort states on the strength of their support. Accordingly, this report does it carefully, arguing only that collectively viewing Illinois rate data seems to place the state near the bottom of the 11 selected states six years ago, just as the simplified estimates above do. As with this report's estimates, California and Texas are the top two states, and the Child Trends method places Ohio lower than the method used in this research. Child Trends is also unable to present data for Pennsylvania.

TABLE 8.2 CHILD TRENDS OVERVIEW OF FAMILY FOSTER CARE PROVIDER CLASSIFICATIONS AND RATES

State	Basic Rate Per Day	Notes
California	\$24.59-\$41.46	Set by counties and vary by county.
Texas	\$22.15 Basic Foster Family \$39.52 Basic Child Placing Agency \$38.77 Moderate Foster Family \$71.91 Moderate Child Placing Agency \$49.85 Specialized Foster Family \$95.79 Specialized Child Placing Agency \$88.62 Intense Foster Family \$175.66 Intense Child Placing Agency	"Foster Family rates are the minimum that the Child Placing Agency must pay the foster family for DFPS clients."
Minnesota	\$21.06-\$25.09 DOC Suplmnt Level A \$21.28-\$32.79 Doc Suplmnt Level B \$28.98 - \$40.49 Doc Suplmnt Level C \$36.68- \$48.19 Doc Suplmnt Level D \$44.38-\$55.89 Doc Suplmnt Level E \$52.08-\$63.59 Doc Suplmnt Level F \$59.78-\$74.59 Difficulty of Care	
Massachusetts	\$20.79-\$24.79 Departmental w/ PACT Basic+\$7.50 Intensive \$100.94	Rate for Intensive Foster Care is the amount the public agency pays the private provider (not what the private provider pays the foster family). The foster family's rate for intensive foster care is about \$50.

Oregon	<p>\$18.90 - \$24.36 Level of Care 1 Mod Needs Base+\$6.97 Level of Care 2 Int Needs Base+ \$13.61 Level of Care 3 Adv Needs Base+\$27.95 Personal Care 1 Mod care Base + \$6.81 Personal Care 2 Int care Base +\$13.58 Personal Care 3 Adv Care Base +\$20.38 Shelter Care \$24.60-\$31.60 Enhanced Shelter Care \$29.40 - \$37.90</p>	Shelter care is an emergency placement determined to be the first placement episode.
New York	<p>\$17.10-\$23.31 Metro Area \$15.58-\$21.70 Upstate \$37.48 Special \$56.84 Exceptional Emergency Basic \$34.20-\$46.62 Metro Area \$31.16-43.40 Upstate</p>	Rates are maximum rates. NY sets no minimum. Rates do not include daily clothing allowance and daily diaper allowance.
Florida	<p>\$14.10-\$16.93 Medical - \$16.57 Emergency: Family Shelter: \$13.74-\$14.86</p>	Rates are guidelines. "Lead agencies are supposed to pay their providers at least the minimum, but actual payment levels depend on local negotiation within their allocated total budget for the purpose."
Washington	<p>\$ 13.93-18.91 Level 2: Basic+ \$5.85 Level 3: Basic + \$17.21 Level 4: Basic + \$26.38 FC to 21 \$18.91 Minor with a child \$32.84</p>	FC to 21 youth are in post-secondary ed programs and are no longer dependent but remain in the foster home.
Illinois	<p>\$ 12.63-\$15.48 DCFS supervised \$36.43-\$38.29 private agency supervised \$119.48 avg rate Specialized Licensed: private agency</p>	Private agencies pass through the room and board portion of the payment to foster parents and that amount is included in the rate paid to the private agency. DCFS pays its supervised foster parents directly. Specialized rates are negotiated with private agencies.
Ohio	<p>\$10.00-\$200.00 Difficulty of Care Max Special Needs \$200.00 Difficulty of Care Exceptional Needs \$200.00 Difficulty of Care Emergency Family Foster Care \$300.00</p>	Counties set payment rates. Rates represent ceilings beyond which county does not receive federal reimbursement through state. State does set a "reasonableness" threshold based on annual survey of actuals.
Pennsylvania	Varies by county	Counties set rates. "State office does not set minimums or maximums, but will only reimburse up to a certain amount."

Source: Adapted from Kerry DeVooght and Dennis Blazey, Family Foster Care Reimbursement Rates in the U.S., A Report from a 2012 National Survey on Family Foster Care Provider Classifications and Rates, Child Trends pp. 9-17

9. HUMAN SERVICE PROFESSIONALS' WAGES AS PERCENT OF MEDIAN STATE WAGE

Illinois ranks in the lower mid-range on wages paid to human service professionals.

Human service professionals make state and federally funded human service programs happen. One way to consider a state's commitment to supporting the sector is to look at how they compensate employees.

This report uses data from the United States Bureau of Labor Statistics to compare the average 2017 wages of persons in various human service occupations within each state. These figures are not necessarily a direct reflection of rates paid by state government because the workers in this study may be employed by providers under contract with the state; providers that receive all or part of their revenue from private insurers; or providers that receive revenue directly from the state government.

Nevertheless, given that employees in each state, or region within a state, tend to form a single labor market, the amount state government pays providers surely contributes to the average wage of all human service professionals.

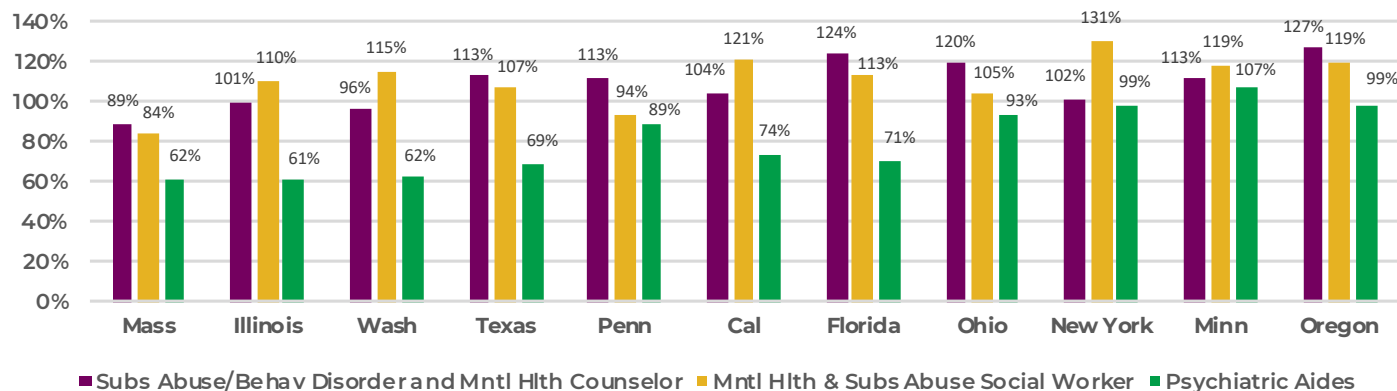
The following section provides two types of analysis. First, we present the wage for each human services occupation as a percentile of the median wage in the state, thereby controlling for higher and lower wage state labor markets. A second set of tables presents the actual wage levels unadjusted for regional economic conditions.



As the charts below show, Illinois ranks in the lower middle on human service salary wages as a percentage of median state wages.

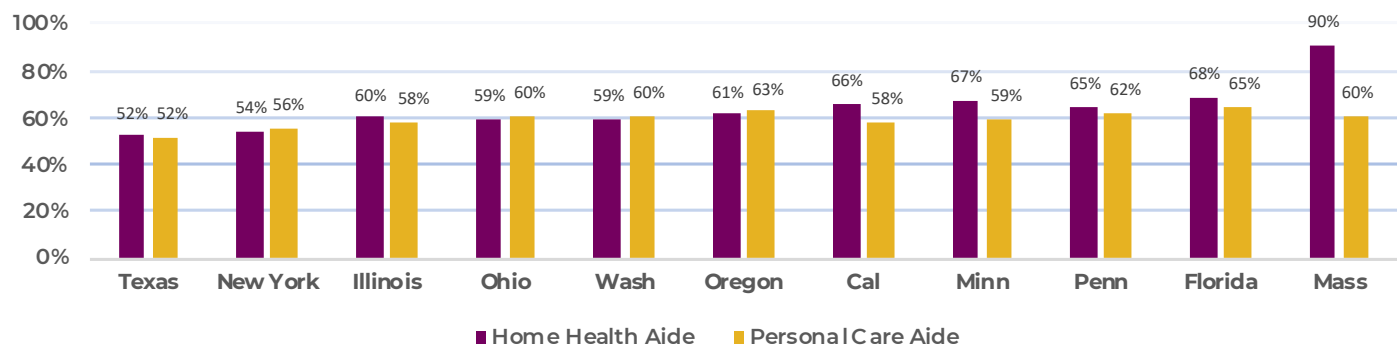
For example, Illinois Psychiatric Aides on average make 61% of the median wage of all workers in Illinois. Of the states studied, Illinois ranks 10th for substance use disorder and mental health social workers.

Figure 9.1 Substance Use Disorder & Mental Health



Illinois ranks ninth for home health and personal care.

Figure 9.2 Home Health & Personal Care



Illinois ranks fifth, sixth and seventh in the remaining three categories: occupational therapy, child care worker, social work and rehabilitation.

Figure 9.3 Occupational Therapy

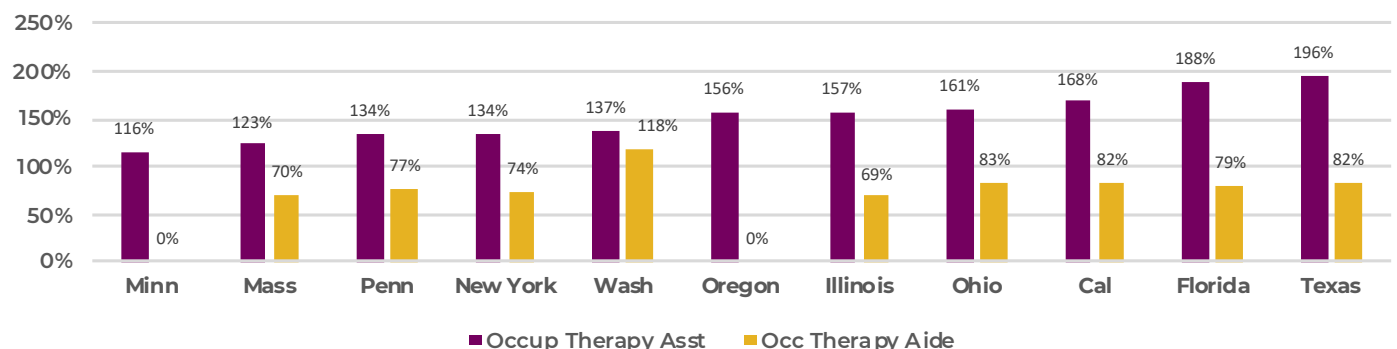


Figure 9.4 Child Care Worker

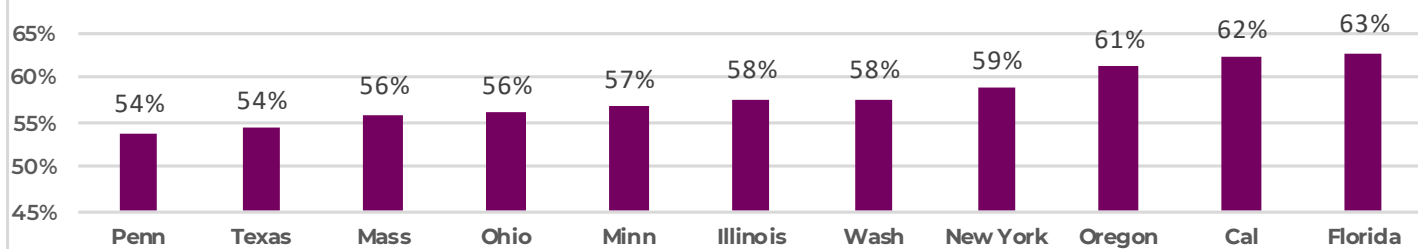
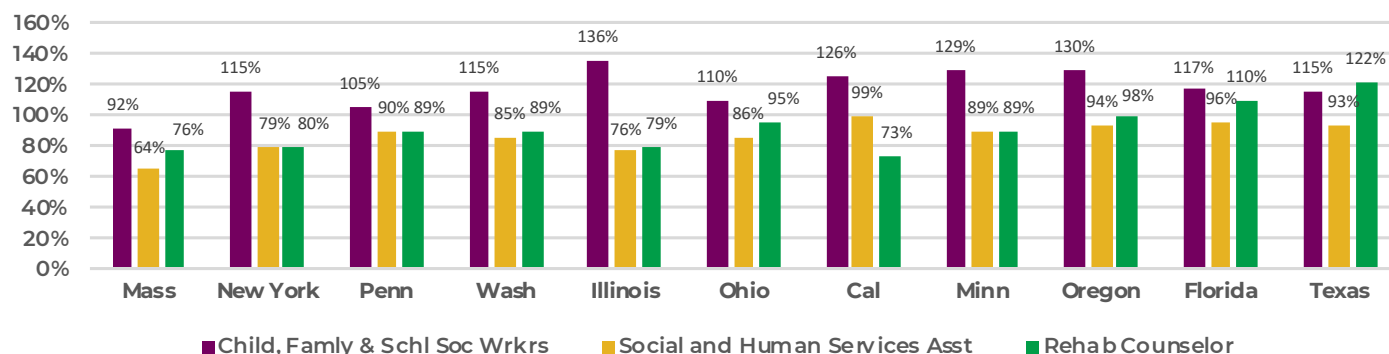


Figure 9.5 Social Work & Rehab



Considering unadjusted wages, Illinois still ranks in the lower middle of the 11 states ranging from fourth (Occupational Therapy) to eighth (Home Health and Personal Care) in most categories. However, it ranks ninth for Mental Health and Substance Use Disorder professionals.

Figure 9.6 Mental Health & Substance Abuse

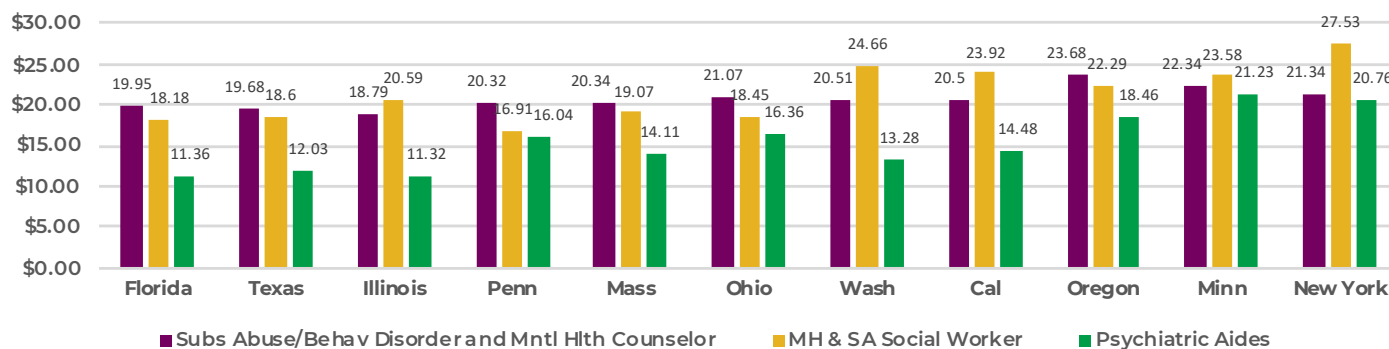


Figure 9.7 Home Health and Personal Care

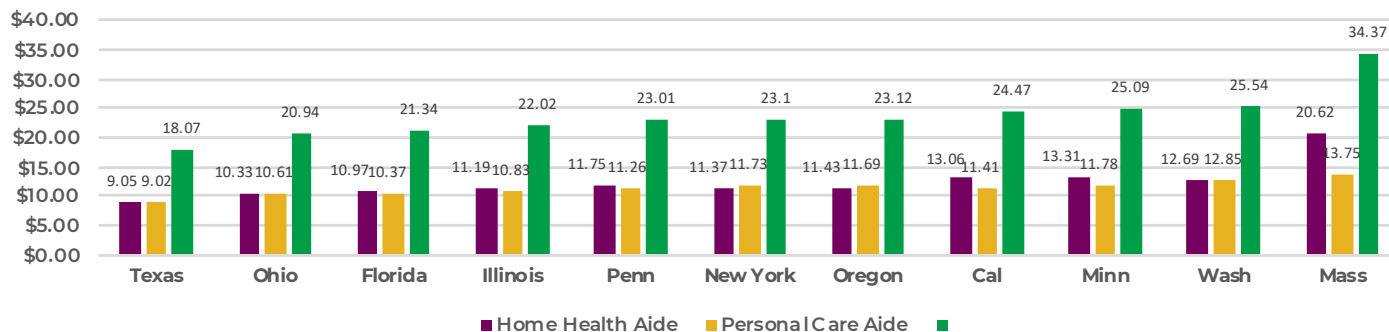


Figure 9.8 Occupational Therapy

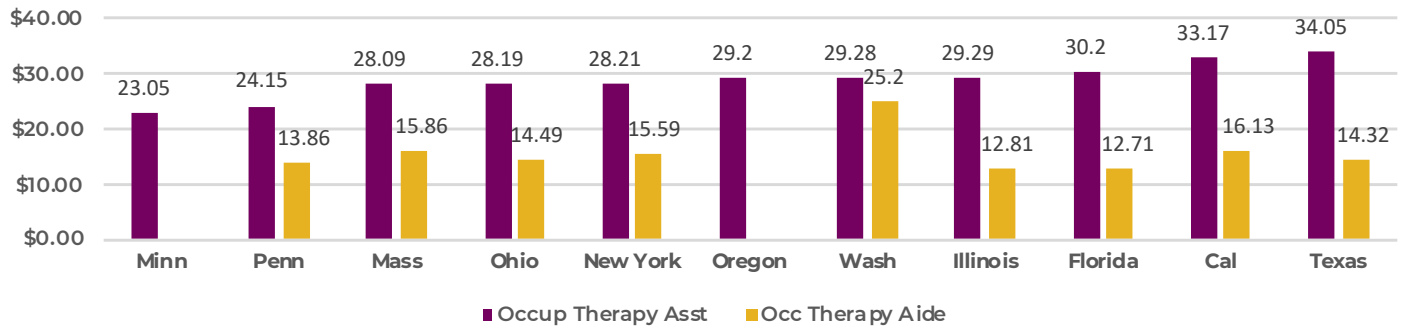


Figure 9.9 Child Care Worker

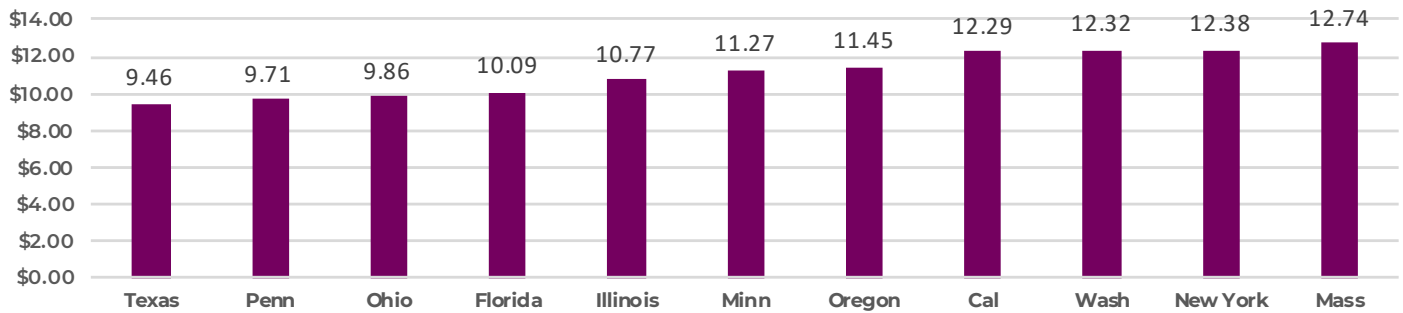
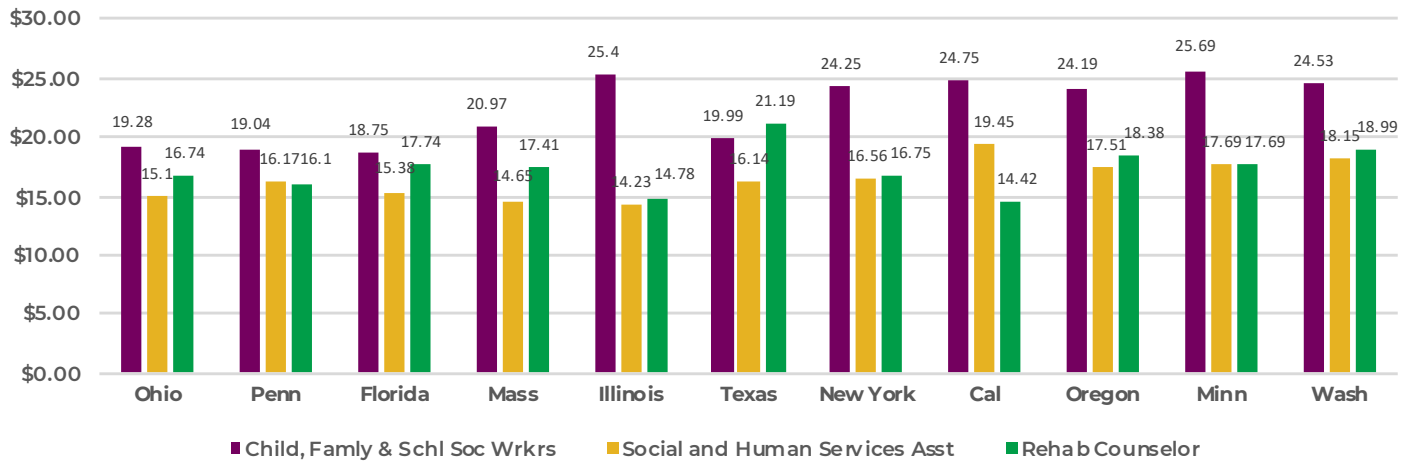


Figure 9.10 Social Work & Rehab



CONCLUSION

Although varying programmatic offerings and payment mechanisms across states make precise comparison of provider reimbursements challenging in many fields, the overall pattern that emerges from this analysis is that Illinois generally ranks in the lower to mid-range among states that have large to very large populations and a mix of urban and rural areas.

Every state in the nation underwent significant fiscal challenges with funding state governmental functions during The Great Recession. In the aftermath, states emerged determined to manage costs more effectively, with many moving services towards capitated managed care strategies, in part, as a result of soaring health care costs.

Illinois, however, exacerbated the state's problems by failing to address issues created by the Recession. Structural imbalances of state expenses and revenues combined with the Governor and General Assembly's inability to adopt a budget for two years only dug a deeper hole for Illinois residents. Moreover, the state failed to increase already bare-bones service rates sufficiently enough to match normal increases in cost of living.

The work, herein, suggests a need to further explore how paying Illinois providers too little for what they do affects the quality of capitated managed care systems and the appropriate range of services a state should provide, given budget constraints.

If we want our communities to thrive and remain vibrant, we must maximize the human potential of all Illinoisans. This potential is realized when people experience physical, social, emotional and economic wellness. Illinois policymakers have a responsibility to stabilize human services by adequately funding the sector through a thoughtful examination of rate-setting, which involves reassessing the reimbursement rate levels to cover the true cost of services.

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