

PROMISING PRACTICES IN HOME AND COMMUNITY-BASED SERVICES

Illinois -- Simplified Access for HCBS Waiver and Older Americans Act Services

Issue: Single Entry Point for Multiple HCBS Funding Sources

Summary

This report describes how the State of Illinois simplifies access to home and community-based services for people with disabilities age 60 and older. Local Case Coordination Units (CCUs) coordinate eligibility determination and case management for Medicaid waiver services, state-funded home and community-based services, and Older Americans Act services.

Introduction

Several federal and state government programs fund home and community-based services, including Medicaid, the Older Americans Act, Social Services Block Grants, and state-funded home and community-based service programs. Often people must go to a different program office to access each funding source, making it difficult for people to receive all available services that may help them live independently in the community.

This report briefly describes entities in Illinois that simplify access to home and community-

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based service programs for older people with disabilities (age 60 and older). The entities, called Case Coordination Units

(CCUs), provide one entry point for consumers to access various funding sources for community-based services. This document describes the CCUs, their establishment, and their impact.

This report is based on interviews with a state staff person that oversees CCUs, consumer advocacy organization staff, and Web sites from the State of Illinois, Area Agencies on Aging (AAAs), and CCUs.

Background

The two largest funding sources available through CCUs are the Community Care Program and Title III of the Older Americans Act. These two programs are described further below. CCUs also are the access point for Illinois' waiver for supported living facilities, which integrates housing and services. This option is currently available in ten pilot sites.

The Community Care Program provides case management, homemaker services, adult day care, and companion services for individuals who need the level of long-term care provided in a nursing home. A Medicaid home and community-based services waiver pays for these services for Medicaid-eligible individuals. People who do not qualify for Medicaid can receive state subsidies for these services if they meet the program's eligibility guidelines – but may have to pay part of the cost for their services.

CCUs determine eligibility for and authorize Older Americans Act services, Medicaid Waiver services, and state-funded HCBS.

Title III of the Older Americans Act authorizes grants to states for a variety of assistance to older individuals, including congregate dining, home delivered meals, legal assistance, preventive health services, transportation, and in-home services. States distribute the grants to Area Agencies on Aging (AAAs). In-home

services are only available to people with a demonstrated long-term care need. Otherwise, OAA services are available to everyone age 60 or older, but are targeted to people according to social and economic need.

CCUs do not determine eligibility for one publicly funded home care service— Medicaid home health care benefits covered under the regular state Medicaid plan. Eligibility for these benefits, available to persons of all ages, is determined by the Illinois' Department of Public Aid.

Intervention

Each of Illinois' 47 CCUs is responsible for services in its local area. Individuals may call their local CCU directly or be referred to the CCU by the AAA, local health care providers, or the state-operated 1-800 number for information and assistance. CCU case managers meet with applicants face-to-face to assess support currently received and long-term care needs. This assessment is available to all older Illinois residents and is required for all elderly people before a nursing home admission. It is also used to determine eligibility for the Community Care Program, the Supported Living Facility waiver, and in-home services funded by Title III of the Older Americans Act.

Following the assessment, CCU case managers work with the person to identify available long-term care resources, including informal help from family and friends, private resources, and publicly funded services. If the person is eligible for publicly funded services, the case manager will work with the person to develop a plan of care that specifies how these programs and other services will help the person live independently in their own home.

For people who receive publicly-funded services, CCU case managers provide ongoing assistance. The case managers reassess the person's long-term care needs at least once a year, and are available as needed to respond to problems with any services or additional service needs.

Implementation

CCUs were established in Illinois in order to address a conflict of interest. Prior to

establishing the CCUs in 1983, Community Care Program providers were able to determine eligibility for that program's services. These providers also provided Older Americans Act services.

Consequently, providers were determining eligibility for the services they provided. Illinois addressed this conflict of interest by establishing agencies to determine program eligibility and coordinate services (CCUs) that were prohibited from providing Community Care Program services. Providers under the previous system were forced to choose between continuing as providers or becoming CCUs.

Illinois' AAAs determined the area served by each CCU. CCUs were (and still are) selected after a competitive bidding process. CCUs include senior centers, non-profit social service agencies, county human services departments, county health departments, and visiting nurse associations. These organizations include former providers and new organizations established specifically to become CCUs.

In 1996, Illinois expanded CCUs' duties by requiring that all older people receive an assessment from a CCU before entering a nursing home, even if the resident was paying for his or her own nursing home care. Earlier, this requirement only applied to Medicaid recipients and people who would be eligible for Medicaid after 60 days in a nursing home. Prior to 1996, assessments and information about long-term care services were optional for people who were not eligible for Medicaid, and many people entered nursing homes without learning about alternative services in the community.

Impact

In State Fiscal Year (SFY) 2000, CCUs provided case management for an average of 38,000 people per month in the Community Care Program. The CCUs provided assessments to 114,000 people in SFY 1997, the most recent year for which data are available. State staff report that the number of nursing home residents has decreased since more prospective residents have been required to receive assessments from CCUs.

Illinois paid CCUs an estimated \$20.8 million in state fiscal year 2000 for case management services. This figure includes Medicaid reimbursement for case management as an administrative function and additional state funds. CCUs also received \$5.3 million for coordinating access to Older Americans Act services. The CCU administrative expenditures, \$26.1 million, are approximately 10% of the expenditures for the Community Care Program

and Older Americans Act services which CCUs manage.

Contact Information

For more information about the Case Coordination Units, please call Jean Blaser in Illinois' Department on Aging at (217) 785-3393 or Jean.Blaser@aging.state.il.us. Information about CCUs is also available on the Internet at <http://www.state.il.us/aging/access1.htm>.

Some Discussion Questions:

When a single entry point is focused on home and community-based services for a target population, like Illinois' CCUs, is it easy for consumers to obtain other services they may need, like economic assistance?

Conversely, if a single entry point offers services for all people with disabilities and/or a wider range of social and health services, is it too difficult for the single entry point to be current on all available programs?

One of a series of reports by The MEDSTAT Group for the U.S. Centers for Medicare & Medicaid Services (CMS) highlighting promising practices in home and community-based services. The entire series will be available online at CMS' web site, <http://www.cms.gov>. This report is intended to share information about different approaches to offering home and community-based services. This report is not an endorsement of any practice.