OPEN MINDS

Illinois Medicaid System: An *OPEN MINDS* State Profile

Illinois Medicaid System Overview: Table Of Contents

1. Medicaid System Overview

Medicaid Financial Delivery System Enrollment	
Total Medicaid population distribution	• As of February 2022: 32% in fee-for-service (FFS), 68% in managed care
SMI population inclusion in managed care	• Illinois does not specifically preclude individuals with SMI from enrolling in managed care. • Estimated 30% of the SMI population in FFS, 70% in managed care
Dual eligible population inclusion in managed care	• Managed care is mandatory for dual eligibles receiving long-term services and supports (LTSS). • Estimated 64% of the Dual Eligible population in FFS, 36% in managed care.
Long-term services and supports population inclusion in managed care	• A majority of beneficiaries, except individuals with I/DD, receive LTSS services through the health plan's capitation rate.

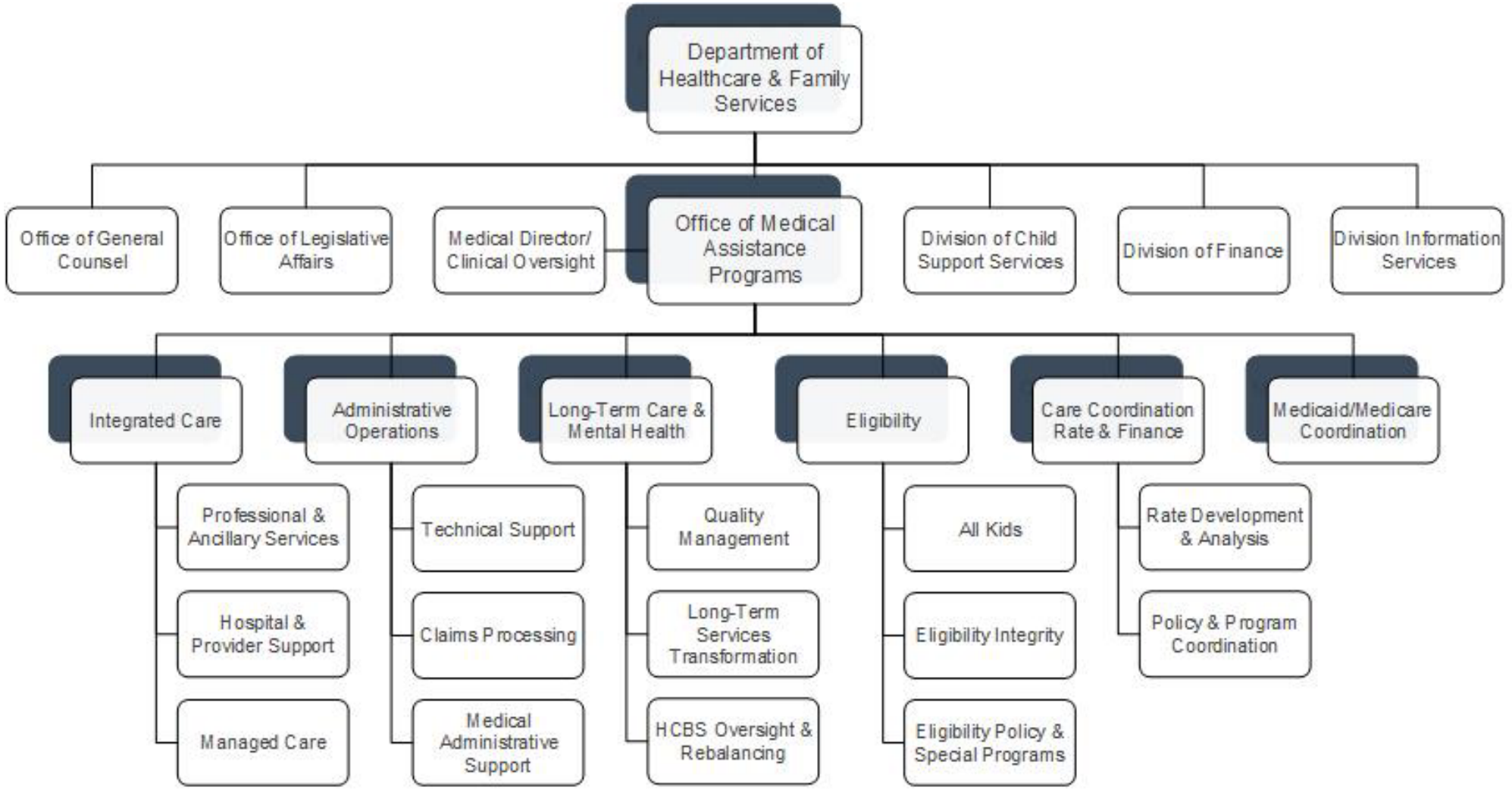
Medicaid Financing & Risk Arrangements: Behavioral Health		
Service Type	**FFS Population**	**Managed Care Population**
Traditional Behavioral Health	Covered FFS by the state	Included in the health plan's capitation rate
Specialty Behavioral Health	Covered FFS by the state	Included in the health plan's capitation rate
Pharmaceuticals	Covered FFS by the state	Included in the health plan's capitation rate
Long-Term Services and Supports (LTSS)	Covered FFS by the state	• LTSS for most populations are included in the health plan's capitation. • LTSS for the I/DD population are not included but may be added to the health plan contract with 180 days notice.

3

1. Medicaid System Overview: Care Coordination Initiatives

Medicaid Care Coordination Entities For Chronic Care Populations (Including SMI)		
Care Coordination Entity	**Active Program**	**Description**
Managed Care Health Plan	✓	Medicaid health plans are responsible for care coordination.
Primary Care Case Management (PCCM)		Illinois discontinued its PCCM program in December 2017.
Accountable Care Organization (ACO) Program		Illinois transitioned its Medicaid ACO enrollees to full-risk managed care in 2016.
Affordable Care Act Model Health Home	✓	The state had delayed implementation of the health home program as it reviews the model, the state is currently withdrawing SPA's that had been previously approved.
Patient-Centered Medical Home (PCMH)		None.
Dual Eligible Demonstration	✓	The state has a dual demonstration which extends until December 2023.
Managed Long-Term Services and Supports (MLTSS)	✓	Health plans are responsible for providing LTSS to the managed care population and dual eligibles requiring LTSS.
Certified Community Behavioral Health Clinics (CCBHC) Grant	✓	Illinois operates five CCBHCs under federal funding.

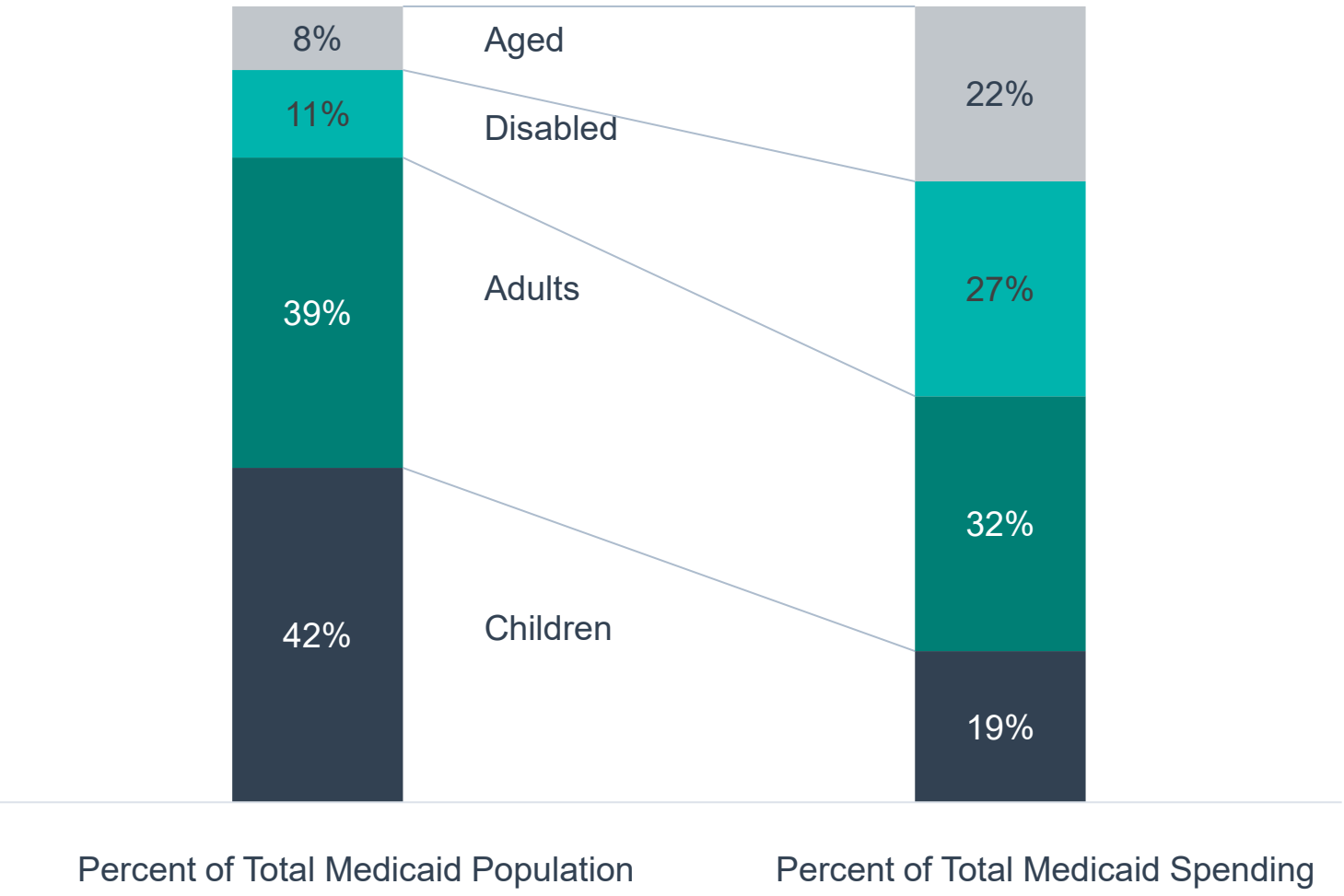
2. Medicaid Governance: Organization Chart



2. Medicaid Governance: Key Leadership

Name	Position	Department	Email
Theresa Eagleson	Director	Department of Healthcare and Family Services	theresa.eagleson@illinois.gov
Jane Longo	Deputy Director of New Initiatives	Department of Healthcare and Family Services	jane.longo@illinois.gov
Arvind K. Goyal	Medical Director, Medicaid Director	Division of Medical Programs	arvind.goyal@illinois.gov
Kelly Cunningham	Deputy Administrator for Long Term Care	Division of Medical Programs	kelly.cunningham@illinois.gov
Vacant	Deputy Administrator for Eligibility Policy	Division of Medical Programs	N/A
Robert Mendonsa	Deputy Administrator of Care Coordination	Division of Medical Programs	robert.mendonsa@illinois.gov

3. Medicaid Program Spending By Eligibility Group



Based on FY 2019 data

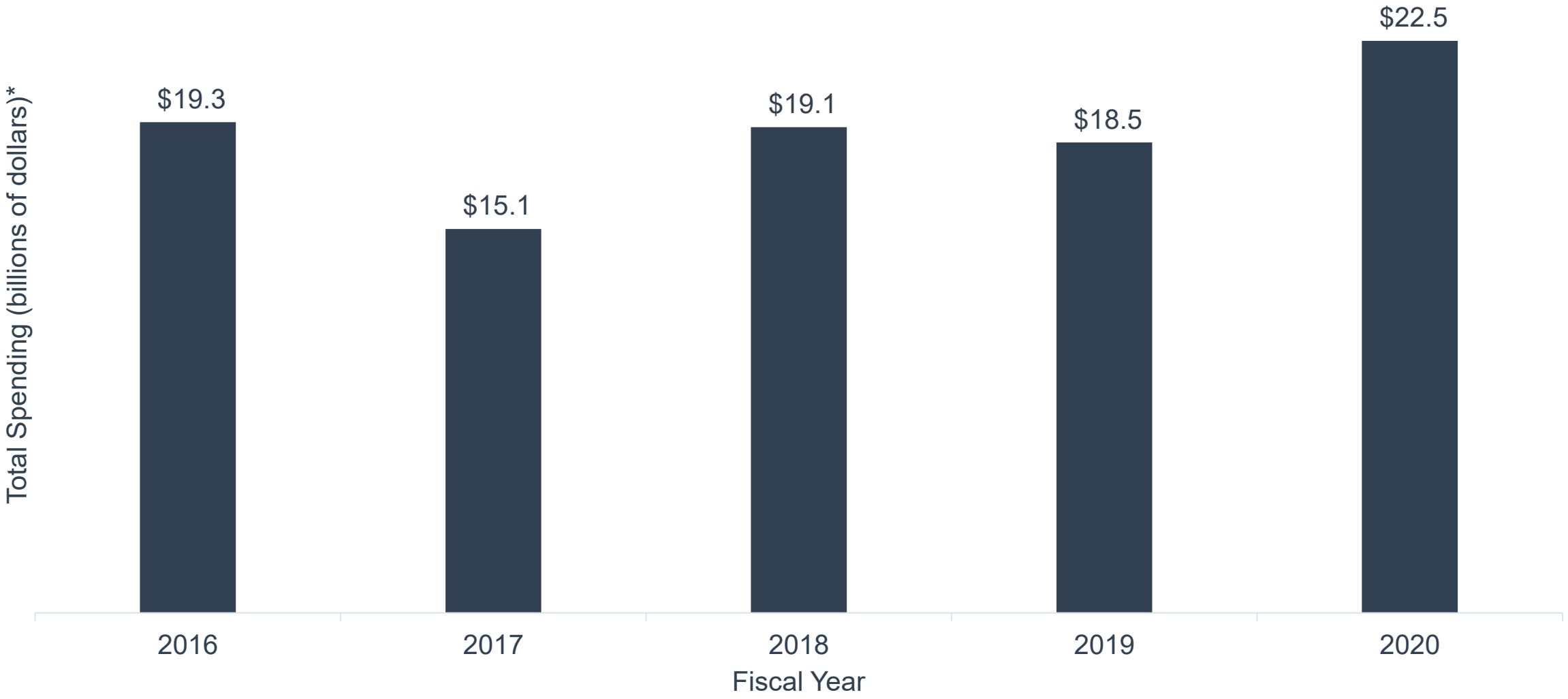
Medicaid Spending Per Enrollee, FY 2019		
	U.S.	IL
All populations	$8,141	$6,742
Children	$3,336	$2,830
Adults	$4,908	$4,896
Expansion adults	$6,451	$6,014
Blind and disabled	$21,368	$14,764
Aged	$17,885	$16,120

3. Medicaid Program Spending: Budget

Budget Item	SFY 20 Spending	Percent Of Budget
Managed care and premium assistance	$14,998,000,000	67%
Hospital	$2,984,000,000	13%
Institutional LTSS	$1,620,000,000	7%
Home- and community-based LTSS	$1,346,000,000	6%
Medicare premiums and coinsurance	$606,000,000	3%
Physician	$146,000,000	1%
Other practitioner	$97,000,000	<1%
Clinic and health center	$56,000,000	<1%
Dental	$35,000,000	<1%
Other acute	$625,000,000	3%
Budget Total: $22,503,000,000		

Federal & County Financial Participation	
FY 2022 Federal Medical Assistance Percentage (FMAP)	57.3%
CY 2022 Newly Eligible FMAP (expansion population)	88%
Counties contribute to state Medicaid share	No

3. Medicaid Program Spending: Change Over Time



4. Medicaid Expansion Status

Illinois Medicaid Expansion Characteristics	
Participating In Expansion	Yes
Date Of Expansion	January 2014
Medicaid Eligibility Income Limit For Able-Bodied Adults	• 133% of the Federal Poverty Level (FPL) • Note: The Patient Protection and Affordable Care Act (PPACA) requires that 5% of income be disregarded when determining eligibility
Legislation Used To Expand Medicaid	Senate Bill 26, 98th General Assembly
Number Of Individuals Enrolled In The Expansion Group (May 2021)	790,627
Number Of Enrollees Newly Eligible Due To Expansion	685,871
Benefits Plan For Expansion Population	The alternative benefit plan benefits are identical to state plan benefits.

5. Medicaid Program Benefits

Federally Mandated Services
1. Inpatient hospital services other than services in an institution for mental disease (IMD) 2. Outpatient hospital services 3. Rural Health Clinic services 4. Federally Qualified Health Center (FQHC) services 5. Laboratory and x-ray services 6. Nursing facilities for individuals 21 and over 7. Early and Periodic Screening and Diagnosis and Treatment (EPSDT) 8. Family planning services and supplies 9. Free standing birth centers 10. Pregnancy-related and postpartum services 11. Nurse midwife services 12. Tobacco cessation programs for pregnant women 13. Physician services 14. Medical and surgical services of a dentist 15. Home health services 16. Nurse practitioner services 17. Non-emergency transportation to medical care

Illinois's Optional Services
1. Case management services 2. Nurse anesthetist and clinical nurse specialist services 3. Chiropractic services 4. Clinical services 5. Dental services, including dentures 6. Diagnostic, screening, and preventive services 7. Rehabilitative services 8. Durable medical equipment and supplies 9. Optometry and eyeglasses 10. Hospice services 11. Inpatient psychiatric services for individuals 21 and under 12. Intermediate care facility services for individuals with intellectual disabilities 13. Nursing facility services for individuals under 21 years old 14. Occupational and physical therapy 15. Podiatric services 16. Prescribed drugs 17. Prosthetic devices 18. Tuberculosis-related services 19. Speech, hearing, and language disorder services

6. Medicaid Financing & Service Delivery System

Medicaid System Characteristics		
Characteristics	**Medicaid Fee-For-Service (FFS)**	**Medicaid Managed Care**
Enrollment (February 2022)	1,327,127	2,820,941
SMI Enrollment	• Illinois does not specifically preclude individuals with SMI from enrolling in managed care based on a diagnosis of SMI; however, individuals with SMI may be enrolled in FFS based on other criteria. • Estimated 26% of the SMI population in FFS, 74% in managed care	
Management	Department of Healthcare and Family Services	Six health plans
Payment Model	FFS	Capitated rate
Geographic Service Area	Statewide	Statewide

Total Medicaid: 4,148,068 | Total Medicaid With SMI: 568,130

6. Medicaid Service Delivery System Enrollment By Eligibility Group

Population	Mandatory FFS Enrollment	Option To Enroll In FFS Or Managed Care	Mandatory Managed Care Enrollment
Parents and caretakers			X
Children			X
Blind and disabled individuals			X
Aged individuals			X
Dual eligibles		Individuals not requiring LTSS services and also reside in a dual eligible demonstration regions.	Individuals requiring LTSS services are required to enroll in managed care
Medicaid expansion			X
Individuals residing in nursing homes			X
Individuals residing in ICF/IDD			X
Individuals in foster care			X*
Other populations	• Limited benefits enrollees • Individuals with third-party coverage • Individuals eligible through spend-down • Incarcerated or forensically institutionalized individuals	• Alaskan natives • American indigenous peoples	

*On September 1, 2020, the Illinois Department of Healthcare and Family Services transitioned foster care youth to YouthCare, a Medicaid managed care program operated by Meridian Health, a Centene subsidiary.

7. Medicaid FFS Program: Overview

- FFS enrollment as of February 2022 was 1,327,127.

7. Medicaid FFS Program: Pharmacy Benefit

Illinois FFS Program Pharmacy Benefit & Utilization Restrictions	
State Uses Pharmacy Benefit Manager	No
Responsible For Financing General Pharmacy Benefit	Medicaid FFS
Responsible For Financing Mental Health Pharmacy Benefit	Medicaid FFS
State Uses A Preferred Drug List (PDL) For General Pharmacy	Yes
State Uses A PDL For Mental Health Drugs	Yes, antidepressants and antipsychotics are included on the PDL.
State Uses A PDL For Addiction Treatment Drugs	All drugs for the treatment of addiction are preferred.
Coverage Of Antipsychotic Injectable Medications	Yes, antipsychotic injectable medications are included on the PDL and require prior authorization even if preferred.
Utilization Restrictions For Mental Health Or Addiction Treatment Drugs	• Prior authorization is required for all antipsychotics prescribed to children under eight and long-term care residents. • Non-preferred drugs require prior approval.
State Has A Pharmacy Lock-In Program Or Other Restriction Program	In the Recipient Restriction Program, the state uses statistical norms to identify individuals receiving medical services, including pharmacy, in excess of need. For these individuals, a primary provider is identified to authorize the Medicaid services for which the participant has been restricted.

8. Medicaid Managed Care Program: Overview

- Managed care enrollment as of February 2022 was 2,820,941.
- Illinois expanded statewide its redesigned managed care program, HealthChoice Illinois, in April 2018.
- Under the new program, there are four statewide commercial health plans with two additional health plans available only in Cook County. Additionally, there are two plans that are just for dual eligibles.
  - The health plans serve most populations and are at-risk for physical health, behavioral health, and long-term services and supports.
- As of July 1, 2019, Illinois fully integrated home- and community-based services (HCBS) in managed care for individuals enrolled in the Elderly, Supportive Living, and Division of Rehabilitation home- and community-based services (HCBS) waivers.
- As of July 1, 2019, the state also has a benefit package of managed long-term services and supports for dual eligibles that was made available statewide through the health plans.
- The HealthChoice Illinois contract includes a requirement for the health plans to report on their progress towards enrolling provider organizations in arrangements that incentivize value-based care.

8. Medicaid Managed Care Program: Health Plan Characteristics

Aetna Better Health
1. Profit status: For-profit 2. Parent company: Aetna/ CVS 3. Behavioral health subcontractor: None 4. Pharmacy benefits manager: CVS Caremark 5. Managed care programs: HealthChoice Illinois, Medicare-Medicaid Alignment Initiative (MMAI) 6. Cook County only: No 7. Enrollment share: 15%

Blue Cross Blue Shield Of Illinois
1. Profit status: Non-profit 2. Parent company: Health Care Service Corporation 3. Behavioral health subcontractor: None 4. Pharmacy benefits manager: Prime Therapeutics 5. Managed care programs: HealthChoice Illinois, MMAI 6. Cook County only: No 7. Enrollment share: 24%

CountyCare Health Plan
1. Profit status: Non-profit 2. Parent company: Cook County Health and Hospitals System 3. Behavioral health subcontractor: None 4. Pharmacy benefits manager: 5. Managed care programs: HealthChoice Illinois 6. Cook County only: Yes 7. Enrollment share: 14%

Humana Health Plan
1. Profit status: For-profit 2. Parent company: Humana, Inc. 3. Behavioral health subcontractor: Beacon Health Options 4. Pharmacy benefits manager: None 5. Managed care programs: MMAI 6. Cook County only: No 7. Enrollment share: <1%

8. Medicaid Managed Care Program: Health Plan Characteristics

Meridian Health Plan Of Illinois
1. Profit status: For-profit 2. Parent company: Centene-WellCare 3. Behavioral health subcontractor: Cenpantico 4. Pharmacy benefits manager: MeridianRx 5. Managed care programs: HealthChoice Illinois, MMAI 6. Cook County only: No 7. Enrollment share: 34%

Molina Healthcare of Illinois
1. Profit status: For-profit 2. Parent company: Molina 3. Behavioral health subcontractor: None 4. Pharmacy benefits manager: None 5. Managed care programs: HealthChoice Illinois, MMAI 6. Cook County only: No 7. Enrollment share: 12%

8. Medicaid Managed Care Program: Pharmacy Benefit

Illinois Managed Care Program Pharmacy Benefit	
Responsible For Financing General Pharmacy Benefit	Health plan
Responsible For Financing Mental Health Pharmacy Benefit	Health plan
Health Plan Uses A Preferred Drug List (PDL) For General Pharmacy	• The state has implemented a single, uniform PDL.
Health Plan Uses A PDL For Mental Health Drugs	
Health Plan Uses A PDL For Addiction Treatment Drugs	
Health Plan Use Of Utilization Restrictions For Mental Health & Addiction Treatment Drugs	Health plans are responsible for setting utilization restriction including step therapy and prior authorizations.
Health Plan Allowed To Implement Pharmacy Lock-In Program	Yes, health plans must have a recipient restriction program that limits individuals to one primary care provider or pharmacy for a reasonable period of time.

9. Medicaid Program: Care Coordination Initiatives

Accountable Care Organization (ACO) Program

- Illinois transitioned its Medicaid ACO enrollees to full-risk managed care in 2016.
- The HealthChoice Illinois model contract contains no requirement for the health plans to contract with ACOs.

Affordable Care Act Health Home

- Illinois originally planned to implement its Integrated Health Home program in January 2021 but is currently delayed until July 2021.

Patient-Centered Medical Home

None

Other Care Coordination Initiative

None

9. State Medicaid Health Home Characteristics

Illinois has delayed the implementation of its Integrated Health Home program. In its reasoning to CMS, Illinois stated it needed to explore separate health home models for children and adults. The below chart describes the health home program as it stood before the delay. In December 2020, Illinois has begun the process of rolling this program out again. Currently, the state is working on withdrawing approved SPA's.

Integrated Health Homes Concept- Adult	
Target Population	The state plans to include all full benefit Medicaid enrollees in its health home program. Members will be stratified by need. Members with the lowest level of need will be incorporated into the program at a later date via a separate application. Currently there are 3 tiers that vary by severity of care. Tier A: Individuals with high physical and high behavioral health needs Tier B: Individuals with low physical and high behavioral health needs Tier C:Individuals with high physical and low behavioral health needs
Enrollment Model	• Health plans will assign each member a tier based on level of need. • The assigned tier and predetermined attribution logic will be used to assign an individual to a health home provider organization. • Individuals may opt out of the program or choose a different health home.
Geographic Service Area	Statewide
Care Delivery Model	• The program goal is integration of physical health, behavioral health, and social care services. • Health homes, which can be any type of organization, would be responsible for core health home services. • Health homes will have to utilize interdisciplinary care teams.
Payment Model	• Per member per month payment based on tier ranging from $159 to $197 • The health plans will be responsible for paying for health home services for managed care members using the state set rates • Payment based on health home performance on quality and efficiency measures for health homes with more than 500 enrollees
Practice Performance & Improvement	• Reporting on CMS health home measures • Reporting on additional measures such as antidepressant medication management, breast cancer screening, and behavioral health related emergency department visits per 1,000

9. State Medicaid Health Home Characteristics

Integrated Health Homes Concept- Child	
Target Population	The state plans to include all full benefit Medicaid enrollees in its health home program. Members will be stratified by need. Members with the lowest level of need will be incorporated into the program at a later date via a separate application. Currently there are 5 tiers that vary by severity of care. Tier A1: Individuals with low physical and high behavioral health needs Tier A2: Individuals with high physical and high behavioral health needs Tier B1: Individuals with low physical and moderate behavioral health needs Tier B2: Individuals with high physical and moderate behavioral health needs Tier C:Individuals with high physical and low behavioral health needs
Enrollment Model	• Health plans will assign each member a tier based on level of need. • The assigned tier and predetermined attribution logic will be used to assign an individual to a health home provider organization. • Individuals may opt out of the program or choose a different health home.
Geographic Service Area	Statewide
Care Delivery Model	• The program goal is integration of physical health, behavioral health, and social care services. • Health homes, which can be any type of organization, would be responsible for core health home services. • Health homes will have to utilize interdisciplinary care teams.
Payment Model	• Per member per month payment based on tier ranging from $162 to $976 • The health plans will be responsible for paying for health home services for managed care members using the state set rates • Payment based on health home performance on quality and efficiency measures for health homes with more than 500 enrollees
Practice Performance & Improvement	• Reporting on CMS health home measures • Reporting on additional measures such as school attendance, justice system involvement, child welfare system involvement, IM-CANS Improvement, and housing stability.

10. Medicaid Program: Demonstration Waivers

Waiver Title	Waiver Description	Waiver Type	Enrollment Caps	Effective Date	Expiration Date
Illinois Continuity of Care & Administrative Simplification	Seeks to address coverage for pregnant women 60 days postpartum, address the churning between FFS and Managed Care due to late paperwork, and implementing hospital presumptive eligibility.	1115	N/A	01/19/2021	12/31/2025
Illinois' Behavioral Health Transformation	Tests a combination of initiatives to integrate physical and behavioral health services. See section D.6.	1115	Enrollment caps vary by pilot	07/01/18	06/20/2023
IL MLTSS Waiver (IL-01)	Implements a managed long-term services and support program in the state.	1915(b)	N/A	01/01/2020	12/31/2024

10. Medicaid Program: Section 1915 (c) HCBS Waivers

Waiver Title	Target Population	2022 Enrollment Cap	Operating Unit	Concurrent Management Authority?
IL HCBS Waiver for Persons Who are Elderly (0143.R06.00)	Individuals aged 65 and above and individuals aged 60 to 64 with physical disabilities	124,498	Department of Aging	Yes; 1915 (b) waiver and SPA
IL Persons with Disabilities (0142.R06.00)	Physically disabled individuals ages 0 to 59	32, 401	Division of Rehabilitation Services	Yes; 1915 (b) waiver and SPA
IL Waiver for Adults w/DD (0350.R03.00)	Individuals aged 18 and above with autism, developmental disabilities, or intellectual disabilities	23,049	Division of Developmental Disabilities	None
IL Supportive Living Program (0326.R03.00)	Individuals aged 65 and above and individuals ages 22 to 64 with physical disabilities	12,965	Division of Medical Programs	Yes; 1915 (b) waiver and SPA
IL HCBS Waiver for Persons with Brain Injury (0329.R03.00)	Individuals of all ages with acquired brain injury	3,968	Division of Rehabilitation Services	Yes; 1915 (b) waiver and SPA
IL HCBS Waiver for Persons w/HIV or AIDS (0202.R05.00)	Individuals of all ages with HIV or AIDS	1,672	Division of Rehabilitation Services	Yes; 1915 (b) waiver and SPA

10. Medicaid Program: Section 1915 (c) HCBS Waivers (Cont'd)

Waiver Title	Target Population	2022 Enrollment Cap	Operating Unit	Service Management Authority?
IL HCBS Waiver for Children that are Medically Fragile, Technology Dependent (0278.R04.00)	Individuals under age 21 who are medically fragile or technology dependent	1,815	University of Illinois at Chicago, Division of Specialized Care for Children	None
IL Support Waiver for Children and Young Adults with Developmental Disabilities (0464.R02.00)	Individuals ages 3 to 21 with autism, developmental disabilities, or intellectual disabilities	1,440	Division of Developmental Disabilities	None

11. Medicaid Program New Initiatives: Behavioral Health Pilot Programs

- The state's Behavioral Health Transformation 1115 waiver permits the state to implement pilot programs for a number of services. The pilots include enrollment limits.
- The pilots below are currently operational. The other five pilots are still in development; for tentative design plans, see next slide.

Pilot	Eligible Population	Demonstration Year 3 Enrollment Limits	Start Date
Residential and inpatient treatment in IMDs	Individuals with a primary diagnosis of addiction who meet the level of care need for residential/ inpatient treatment	None	February 2019
Clinically managed residential withdrawal management	Individuals with a primary diagnosis of addiction with moderate withdrawal symptoms	11,072	February 2019
SUD case management	Individuals with addiction who qualify for diversion into treatment from the criminal justice system	2,835	February 2019
Peer recovery support services	Individuals receiving addiction treatment	240	February 2019
Intensive in-home pilot	Children ages 3-21 with serious emotional disturbance at-risk of inpatient psychiatric admission and crisis service use	18,650	October 2018

11. Medicaid Program New Initiatives: Behavioral Health Pilot Programs

Pilot	Eligible Population
Crisis intervention	Individuals ages 6-64 experiencing a psychiatric crisis
Evidence-based home visiting	Mothers 60-days postpartum who gave birth to children with withdrawal symptoms and Medicaid eligible children up to five years of age who were born with withdrawal symptoms
Assistance in community integration	Individuals with two or more chronic conditions with repeated emergency department or hospital admissions who are homeless or at-risk of institutional placement
Supported employment services	Individuals with serious mental illness or addiction disorder with functional limitations
Respite services	Children ages 3-21 with serious emotional disturbance at-risk of inpatient psychiatric admission and crisis service use

Looking For More Information About Illinois's Health Care Financing & Service Delivery System?

OPEN MINDS health and human services market profile series is available now for all *OPEN MINDS Circle* Elite members. Download today or contact our customer service team for more information at info@openminds.com.

Download Now

Illinois Health & Human Services System Market Profile

Illinois Behavioral Health System Profile

Download Now

Download Now

Illinois Long-Term Services & Supports System Profile

Appendices

12. *OPEN MINDS* Estimates For Share Of SMI Consumers Per Payer/Plan

Enrollment Category	Serious Mental Illness (SMI) Prevalence Estimate	Source
Commercial	3.6% of the commercially insured population over age 18	Substance Abuse and Mental Health Services Administration. (2019, August). Results from the 2018 National Survey on Drug Use and Health: Mental Health Detailed Tables. Retrieved December 16, 2019 from https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHDetailedTabs2018R2/NSDUHDetailedTabs2018.pdf
Medicaid	35.9% of adults age 18 to 64, not dually eligible for Medicare, who qualify for Medicaid based on a disability	Medicaid and CHIP Payment and Access Commission. (2012, March). Report to Congress on Medicaid and Chip. Retrieved December 12, 2017 from https://www.macpac.gov/wp-content/uploads/2015/01/Medicaid_and_Persons_with_Disabilities.pdf
	8.1% of persons in the Medicaid expansion population	Substance Abuse and Mental Health Services Administration. (2019, August). Results from the 2018 National Survey on Drug Use and Health: Mental Health Detailed Tables. Retrieved December 16, 2019 from https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHDetailedTabs2018R2/NSDUHDetailedTabs2018.pdf
Medicare	16% of persons in the Medicare population, not dually eligible for Medicaid	Centers for Medicare and Medicaid Services. (2019). Medicare-Medicaid Coordination Office Report to Congress. Retrieved February 25, 2020 from https://www.cms.gov/files/document/mmco-report-congress.pdf

12. *OPEN MINDS* Estimates For Share Of SMI Consumers Per Payer/Plan

Enrollment Category	Serious Mental Illness (SMI) Prevalence Estimate	Source
Medicare-Medicaid Dual Eligibility	25% of persons in the Medicare population dually eligible for partial Medicaid benefits	Congressional Budget Office. (2013, June). Dual-Eligible Beneficiaries of Medicare and Medicaid: Characteristics, Health Care Spends, and Evolving Policies. Retrieved December 12, 2017 from https://www.cbo.gov/sites/default/files/113th-congress-2013-2014/reports/44308_DualEligibles2.pdf
	32% of persons in the Medicare population dually eligible for full Medicaid benefits	U.S. Department of Health and Human Services. (2019, May 9). Analysis of Pathways to Dual Eligible Status: Final Report. Retrieved February 26, 2020 from https://aspe.hhs.gov/basic-report/analysis-pathways-dual-eligible-status-final-report
Other Public	8.3% of persons served by the Veterans Administration health care system or the TRICARE military health system	Military Health Systems. (2019, November 4). Examination of Mental Health Accession Screening: Predictive Value of Current Measures and Report Processes. Retrieved February 26, 2020 from https://www.health.mil/Reference-Center/Presentations/2019/11/04/Examination-of-Mental-Health-Accession-Screening-Update
No Health Care Insurance	6.2% of uninsured persons over age 18	Substance Abuse and Mental Health Services Administration. (2019, August). Results from the 2018 National Survey on Drug Use and Health: Mental Health Detailed Tables. Retrieved December 16, 2019 from https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHDetailedTabs2018R2/NSDUHDetailedTabs2018.pdf

13. Glossary Of Terms

Word	Abbreviation	Definition
Alternative Benefit Plan	ABP	State designed benefit package for the Medicaid expansion population (childless adults with income below 138% of the FPL). The benefit package must include the ten essential benefits as laid out in the PPACA. The Medicaid expansion population deemed medically frail (including those with SMI) are exempt from receiving benefits through the ABP.
Accountable Care Organizations	ACO	ACOs are groups of provider organizations—such as physicians and hospital systems—that form an agreement to coordinate care for a set group of individuals. If the ACO delivers high quality care—measured through performance metrics—and lowers the cost of providing care against a baseline, then the organization receives a portion of the savings generated. ACOs can exist alongside all payment structures (fee-for-service and managed care delivery systems) and payers (Medicare, Medicaid, commercial).
Administrative Services Organization	ASO	An arrangement in which an organization hires a third party to deliver administrative services to the organization, such as claims processing and billing. The ASO is not at-risk.
Capitation		A set amount of money paid per enrollee per month to a health care entity to cover the cost of health care services. Capitation can cover the cost of all health care services or subset of services, such as care coordination or home- and community-based services.
Carve-out		A carve-out is a Medicaid managed care financing model where some portion of Medicaid benefits—dental services, pharmacy services, behavioral health services, etc.—are separately managed and/or financed. Carve-out services can be financed on an at-risk basis by another organization or retained by the state Medicaid agency on a fee-for-service basis.
Certified Community Behavioral Health Clinic	CCBHC	Behavioral health clinics specially certified in a demonstration established by section 223 of the Protecting Access to Medicare Act of 2014. The clinics are designed to provide community-based mental health and addiction treatment services, to advance the integration of behavioral health with physical health care, and to provide care coordination across the full spectrum of health services.

13. Glossary Of Terms

Word	Abbreviation	Definition
Community Mental Health Center	CMHC	An organization that can demonstrate that it is actively providing all services in section 1913(c)(I) of the Public Health Services Act, including a.) Outpatient services, including specialized outpatient services for children, the elderly, individuals who are chronically mentally ill, and residents of the CMHC's mental health service area who have been discharged from inpatient treatment at a mental health facility; b.) 24 hour-a-day emergency care services; c.) Day treatment, or other partial hospitalization services, or psychosocial rehabilitation services; and d.) Screening for patients being considered for admission to state mental health facilities to determine the appropriateness of such admission. Additionally, the organization must meet the specifications for the state where it provides services.
Dual Eligible		An individual who is eligible for Medicare (Part A and B) and Medicaid. Medicare serves as the individual's primary insurance, and Medicaid acts as a supplement. Dual eligibles are sometimes referred to as Medicare-Medicaid enrollees (MMEs).
Federal Poverty Level	FPL	The U.S. Department of Health and Human Services sets a standard level of income that is used to determine eligibility for services and benefits, including Medicaid. In 2022, the FPL is $13,590 for an individual and $27,750 for a family of four.
Fee-For-Service	FFS	A system where the payer, in this case Medicaid, contracts directly with provider organizations and pays for providing care on a unit-by-unit basis. Health plans may also reimburse provider organizations on a FFS basis meaning they pay for each unit of care or test.
Health Home		A "whole person" care coordination model that specifically targets populations with chronic conditions including those with SMI. Health homes provide six essential functions: 1.) Comprehensive care management; 2.) Care coordination and health promotion; 3.) Comprehensive transitional care from inpatient to other settings, including appropriate follow-up; 4.) Individual and family support; 5.) Referral to community and social support services; 6.) Use of health information technology to link services. Health homes were originally developed as a Medicaid program, but have been adopted by other payers. For a state to have an official health home program they must have an approved state plan amendment.

13. Glossary Of Terms

Word	Abbreviation	Definition
Health Insurance Marketplace	HIM	Created by the PPACA, the health insurance marketplace is an online platform where individuals and small businesses can purchase health insurance. The federal government subsidizes coverage purchased on the marketplace through premium tax credits for individuals with income up to 400% of the FPL.
Home- & Community-Based Services	HCBS	Long-term services and supports provided in the home or community in order to avoid institutionalization. Traditionally provided through 1915(c) waivers, HCBS services are usually limited to specific populations and a specific number of people. HCBS services include skilled nursing care, personnel care services, assistance with activities of daily living, and custodial care.
Institutions For Mental Disease	IMD	A hospital, nursing facility, or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, including addiction. Federal financial participation is available for Medicaid IMD services for individuals under the age of 21 and age 65 and over. In recent years, CMS has relaxed the rules prohibiting payments in IMDs for individuals age 21-64. Medicaid health plans may provide up to 15 days of IMD services per month in lieu of state plan services if medically appropriate, cost effective, and consented to by the individual. Additionally, states may be granted a 1115 waiver authority to allow individuals to receive addiction and mental health treatment in IMDs.
Long-Term Services & Supports	LTSS	Services provided in the home, community, or institutional setting to those who experience difficulty living independently and completing activities of daily living as a result of cognitive disabilities, physical impairments, disabling chronic conditions, and/or age.
Managed Care		A health care delivery and financing system designed to manage cost, utilization, and quality. In Medicaid, states generally implement managed care through contracts with health plans, which provide a limited set of benefits to enrollees through a capitated or per person per month (PMPM) rate. The health plans generally assumes full-risk for the cost of treatment, and therefore contracts with a network of provider organizations to provide care at the most efficient rate possible while still maintaining member health.

13. Glossary Of Terms

Word	Abbreviation	Definition
Medicaid		Medicaid is a joint federal-state program that provides health coverage to economically disadvantaged populations, such as low-income adults, children, and aged, blind, and disabled (ABD) individuals. States establish their own eligibility standards, benefit packages, provider payment policies, and administrative structures under broad federal guidelines. Financing is a shared responsibility of the federal government and the states.
Medicaid Waiver		Granted by CMS, waivers allow states to make temporary changes to their Medicaid program in order to test out new ways to deliver health coverage.
Medicaid Waiver Section 1115	1115 waiver	Known as research and demonstration waivers, states can apply for program flexibility to test new or existing approaches to financing and delivering Medicaid and CHIP.
Medicaid Waiver Section 1915(b)	1915(b) waiver	States can apply for waivers to provide services through managed care delivery systems, or otherwise limit an individual's choice of health plan or provider organization.
Medicaid Waiver Section 1915(c)	1915(c) waiver	States can apply for waivers to provide long-term care services in home- and community-based settings, rather than institutional settings.
Medical Home		A medical home is not a physical place, but a model for care coordination. Medical homes provide primary care services, care coordination, enhanced access to care, and care that is culturally and linguistically appropriate. Medical homes exist across multiple payers.
Medicare		Federal health insurance for individuals over the age of 65, individuals with certain disabilities, and individuals with end stage renal disease. Medicare covers most acute care services (which may include psychiatric care), but does not cover LTSS or non-physician behavioral health services.
Medicare Advantage	MA	Medicare Part C - also known as Medicare Advantage - is a program which allows individuals who are eligible for Medicare Parts A and B to elect a private health plan to provide their Medicare coverage. The federal government pays the plan's premiums up to a set level, and individuals are responsible for the difference.

13. Glossary Of Terms

Word	Abbreviation	Definition
Medicare Advantage Special Needs Plan	SNP	A special type of Medicare Advantage plan that is designed to provide targeted coordinated care to individuals who are a) institutionalized; b) dual eligible; and/or c) meet the severe chronic disabled conditions set forth by CMS. Plans emphasize improved care primarily through continuity of care and care coordination.
Medicare Part A		Hospital Insurance: Covers hospital, skilled nursing care, hospice, and home health care for most eligible individuals at no cost. Financed through payroll tax and deductibles, copayments are only charged if a stay becomes long-term.
Medicare Part B		Supplementary Medical Insurance: Covers most outpatient services, and consumers pay a premium based on income level.
Medicare Part C		Medicare Part C - also known as Medicare Advantage - is a program which allows individuals who are eligible for Medicare Parts A and B to elect a private health plan to provide their Medicare coverage. The federal government pays the plan's premiums up to a set level, and individuals are responsible for the difference.
Medicare Part D		Outpatient Prescription Drug Benefit: Private plans contract with Medicare to provide coverage for prescription drugs. Most consumers pay premiums based on their income.
Metropolitan Statistical Area	MSA	An urbanized area with a population of at least 50,000 plus adjacent territory that has a high degree of social and economic integration as measured by commuting ties.
Patient-Centered Medical Home	PCMH	See Medical Home.
Patient Protection & Affordable Care Act	PPACA or ACA	U.S. health care reform signed into law in 2010. The legislation regulates certain aspects of private and public health insurance programs and authorizes an individual mandate to secure essential health coverage, premium tax credits for the purchase of private health insurance, and increased insurance coverage of preexisting conditions. In 2012 the Supreme Court ruled that state participation is optional for provisions of the law expanding Medicaid coverage to adults ages 18 to 64 with incomes under 138% of the FPL. In 2017, Congress repealed the tax penalties associated with the individual mandate essentially ending the mandate.

13. Glossary Of Terms

Word	Abbreviation	Definition
Primary Care Case Management	PCCM	A health care delivery system model with limited utilization and cost control. Under the PCCM model, Medicaid enrollees choose a primary care physician who acts as a gatekeeper for more intensive services. The primary care physician generally receives a per person per month (PMPM) fee for care coordination and is reimbursed fee-for-service for all medical services provided.
Program Of All Inclusive Care For The Elderly	PACE	PACE serves populations over the age of 55 who are eligible for skilled nursing home care by utilizing a comprehensive delivery system of social, medical, and long-term care services to keep enrollees in the community for as long as possible. PACE is an optional state Medicaid program, and may only be available in certain states, or regions within states.
Serious Mental Illness	SMI	A mental, behavioral, or emotional disorder that lasts for a sufficient duration of time and causes impairment of major life activities. Serious mental illnesses include major depression, schizophrenia, bipolar disorder, obsessive compulsive disorder (OCD), panic disorder, post traumatic stress disorder (PTSD), and borderline personality disorder.
Supported Employment		Provides services and supports to help individuals with disabilities become employed in an integrated or competitive work environment and retain that employment.
Supported Housing		Housing provided for as long as needed at little or no cost to individuals with mental illness, or other vulnerable populations who are homeless or at-risk for homelessness. Mental health and social services are offered to participants but are not a condition for participation in the program. The goal is to allow individuals to live as self-sufficient, independent lives as possible.
Value-Based Reimbursement	VBR	Reimbursement model in which payers financially reward or penalize health care provider organizations for performance on quality and cost of care. VBR payment mechanisms include P4P; capitation; shared savings models; shared risk models; and payments based on clinically-defined episodes, called episodes of care or bundled payments.

14. Sources

1.Medicaid System Overview

1. Information derived from sources found throughout Section D.

1. Medicaid System Overview: Care Coordination Initiatives

1. Information derived from sources found throughout Section D.

2. Medicaid Governance: Organizational Chart

1. Illinois Department of Healthcare & Family Services. (2021). HFS: About Us. Retrieved March 2022 from https://www.illinois.gov/hfs/About/Pages/About.aspx
2. Centers for Medicare and Medicaid Services. (2014, March 28). Illinois Department of Healthcare & Family Services Organizational Chart. Retrieved March 2022 from https://www.medicaid.gov/sites/default/files/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/IL/IL-13-0013-MM4.pdf

2. Medicaid Governance: Key Leadership

1. Illinois Department of Healthcare & Family Services. (2021). HFS Executive Staff. Retrieved March 2022 from https://www.illinois.gov/hfs/About/Pages/ExecutiveStaff.aspx

3. Medicaid Program Spending By Eligibility Group

1. Centers for Medicare and Medicaid Services. (2021, December). MACStats: Medicaid and CHIP Data Book. Retrieved March 2022 from https://www.macpac.gov/macstats/
2. Centers for Medicare and Medicaid Services. (2020, December). MACStats: Medicaid and CHIP Data Book. Retrieved March 2022 from https://www.macpac.gov/macstats/

3. Medicaid Program Spending: Budget

1. Centers for Medicare and Medicaid Services. (2021, December). MACStats: Medicaid and CHIP Data Book. Retrieved March 2022 from https://www.macpac.gov/macstats/
2. United States Government Printing Office. (2018, November 28). Federal Medical Assistance Percentages FY 2020. Retrieved March 2022 from https://www.federalregister.gov/documents/2018/11/28/2018-25944/federal-financial-participation-in-state-assistance-expenditures-federal-matching-shares-for
3. Centers for Medicare and Medicaid Services. (2020, December). MACStats: Medicaid and CHIP Data Book. Retrieved March 2022 from https://www.macpac.gov/macstats/
4. Centers for Medicare and Medicaid Services. (2013, March 29). Increased Federal Medical Assistance Percentage Through the Affordable Care Act of 2010. Retrieved March 2022 from https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2013-Fact-sheets-items/2013-03-29.html

14. Sources

3. Medicaid Program Spending: Change Over Time

1. Centers for Medicare and Medicaid Services. (2021, December). MACStats: Medicaid and CHIP Data Book. Retrieved March 2022 from https://www.macpac.gov/macstats/
2. Centers for Medicare and Medicaid Services. (2020, December). MACStats: Medicaid and CHIP Data Book. Retrieved March 2022 from https://www.macpac.gov/macstats/
3. Centers for Medicare and Medicaid Services. (2019, December). MACStats: Medicaid and CHIP Data Book. Retrieved March 2022 from https://www.macpac.gov/macstats/
4. Medicaid and CHIP Payment and Access Commission. (2018, December). MACStats: Medicaid and CHIP Data Book. Retrieved March 2022 from https://www.macpac.gov/wp-content/uploads/2018/12/December-2018-MACStats-Data-Book.pdf
5. Medicaid and CHIP Payment and Access Commission. (2017, December). MACStats: Medicaid and CHIP Data Book. Retrieved March 2022 from https://www.macpac.gov/publication/macstats-archive/
6. Medicaid and CHIP Payment and Access Commission. (2016, December). MACStats: Medicaid and CHIP Data Book. Retrieved March 2022 from https://www.macpac.gov/publication/macstats-archive/
7. Medicaid and CHIP Payment and Access Commission. (2015, March). MACStats: Medicaid and CHIP Program Statistics. Retrieved March 2022 from https://www.macpac.gov/publication/macstats-archive/
8. Medicaid and CHIP Payment and Access Commission. (2014, March). MACStats: Medicaid and CHIP Program Statistics. Retrieved March 2022 from https://www.macpac.gov/wp-content/uploads/2015/03/March-2014-MACStats.pdf

4. Medicaid Expansion Status

1. Centers for Medicare and Medicaid Services. (2021, December). MACStats: Medicaid and CHIP Data Book. Retrieved March 2022 from https://www.macpac.gov/macstats/
2. Centers for Medicare and Medicaid Services. (2020, December). MACStats: Medicaid and CHIP Data Book. Retrieved March 2022 from https://www.macpac.gov/macstats/
3. Centers for Medicare and Medicaid Services. (2020, June). Medicaid Enrollment Data Collected Through MBES 2020 Q4. Retrieved March 2022 from https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-enrollment-data/enrollment-mbes/index.html
4. Centers for Medicare and Medicaid Services. (2020, October). Medicaid, Children's Health Insurance Program & Basic Health Program Eligibility Levels. Retrieved March 2022 from https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-eligibility-levels/index.html
5. US Government Publishing Office. (2011, October 1). Code of Federal Regulations Title 42. Retrieved March 2022 from https://www.gpo.gov/fdsys/granule/CFR-2011-title42-vol4/CFR-2011-title42-vol4-sec440-315

5. Medicaid Program Benefits

1. Medicaid and CHIP Payment and Access Commission. Mandatory and Optional Benefits. Retrieved March 2022 from https://www.macpac.gov/subtopic/mandatory-and-optional-benefits/

14. Sources

6. Medicaid Financing & Service Delivery System

1. Illinois Department of Healthcare and Family Services. (2021, January 1). Managed Care Contracts. Retrieved March 2022 from https://www.illinois.gov/hfs/MedicalProviders/cc/Pages/ManagedCareContracts.aspx
2. Illinois Department of Healthcare and Family Services. (2021, January 1). Managed Care Map. Retrieved March 2022 from https://www.illinois.gov/hfs/SiteCollectionDocuments/StatewideIllinoisMedicaidManagedCarePlansJanuary012021.pdf
3. Centers for Medicare and Medicaid. (2020, September). September 2020 Medicaid & Chip Enrollment Data Highlights. Retrieved March 2022 from https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-enrollment-data/report-highlights/index.html
4. Illinois Department of Healthcare and Family Services. (2021, March 1). Managed Care Enrollment. Retrieved March 2022 from https://www.illinois.gov/hfs/SiteCollectionDocuments/202102MCOEnrollmentReportForWebsite.pdf

6. Medicaid Service Delivery System Enrollment By Eligibility Group

1. Illinois Department of Healthcare and Family Services. (2018, October 4). State Plan Amendment (SPA) #: 18-0001. Retrieved March 2022 from https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/IL/IL-18-0001.pdf
2. Illinois Department of Healthcare and Family Services. (2019, February 1). Medicaid Advisory Committee March 2022. Retrieved March 2022 from https://www.illinois.gov/hfs/SiteCollectionDocuments/MedicaidAdvisoryCommitteeMinutesFebruary12019Posting.pdf
3. Illinois Department of Healthcare and Family Services. (2018, August 3). Medicaid Advisory Committee August 3, 2018. Retrieved March 2022 from https://www.illinois.gov/hfs/SiteCollectionDocuments/MedicaidAdvisoryCommitteeMinutesAugust32018.pdf
4. Illinois Department of Healthcare and Family Services. (2019, May 14). Statewide HealthChoice Illinois Managed Long Term Services and Supports Implementation – Coverage Effective July 1, 2019. Retrieved March 2022 from https://www.illinois.gov/hfs/MedicalProviders/notices/Pages/prn190514d.aspx
5. Kaiser Health News. (2020, April 21). A Switch To Medicaid Managed Care Worries Some Illinois Foster Families. Retrieved March 2022 from https://khn.org/news/a-switch-to-medicaid-managed-care-worries-some-illinois-foster-families/

7. Medicaid FFS Program: Overview

1. Illinois Department of Healthcare and Family Services. (2021, March 1). Managed Care Enrollment. Retrieved March 2022 from https://www.illinois.gov/hfs/SiteCollectionDocuments/202102MCOEnrollmentReportForWebsite.pdf

7. Medicaid FFS Program: Pharmacy Benefits

1. Illinois Department of Healthcare and Family Services. (2019, April). FY 2018 Medical Assistance Program Annual Report. Retrieved March 2022 from https://www.illinois.gov/hfs/SiteCollectionDocuments/2018AnnualReport.pdf
2. Illinois Department of Healthcare and Family Services. (2021, April 1). Preferred Drug List Illinois Medicaid. Retrieved March 2022 from https://www.illinois.gov/hfs/SiteCollectionDocuments/04012021PDLFinal.pdf

14. Sources

7. Medicaid FFS Program: Pharmacy Benefits

1. Illinois Department of Healthcare and Family Services. (2017, September). Handbook for Providers of Medical Services Chapter 100. Retrieved March 2022 from https://www.illinois.gov/hfs/SiteCollectionDocuments/9517Chapter100PolicyFinal.pdf
2. Illinois Department of Healthcare and Family Services. Drug Search. Retrieved March 2022 from https://ilpriorauth.com/
3. Illinois Department of Healthcare and Family Services. (2020, April). FY 2019 Medical Assistance Program Annual Report. Retrieved March 2022 from https://www.illinois.gov/hfs/SiteCollectionDocuments/2019HFSAnnualReportFINAL.pdf

8. Medicaid Managed Care Program: Overview

1. Illinois Department of Healthcare and Family Services. (2018, October 4). State Plan Amendment (SPA) #: 18-0001. Retrieved March 2022 from https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/IL/IL-18-0001.pdf
2. Illinois Department of Healthcare and Family Services. State of Illinois Model Contract. Retrieved March 2022 from https://www.illinois.gov/hfs/SiteCollectionDocuments/2018MODELCONTRACTadministrationcopy.pdf
3. Illinois Department of Healthcare and Family Services. (2018, March 29). HealthChoice Illinois Expansion - Schedule Update. Retrieved March 2022 from https://www.illinois.gov/hfs/MedicalProviders/notices/Pages/prn180329c.aspx
4. Illinois Department of Healthcare and Family Services. (2018, March 28). Managed Care Expansion Will NOT Be Delayed; Statewide Transition Continuing to Take Place April 1, 2018. Retrieved March 2022 from https://www.illinois.gov/hfs/MedicalProviders/notices/Pages/prn180328a.aspx
5. Illinois Department of Healthcare and Family Services. (2021, March 1). Managed Care Enrollment. Retrieved March 2022 from https://www.illinois.gov/hfs/SiteCollectionDocuments/202102MCOEnrollmentReportForWebsite.pdf

8. Medicaid Managed Care Program: Health Plan Characteristics

1. Aetna Better Health. Provider Manual. Retrieved March 2022 from https://www.aetnabetterhealth.com/illinois/assets/pdf/providers/ProviderHandbook-IL.pdf
2. Blue Cross Blue Shield of Illinois. (2020). Provider Manual. Retrieved March 2022 from https://www.bcbsil.com/provider/standards/manual.html
3. Illinois Department of Helathcare and Family Services. (2016, January). Managed Care Manual. Retrieved March 2022 from https://www.illinois.gov/hfs/SiteCollectionDocuments/MCOManual.pdf
4. Humana. (2020, August). Provider Manual. Retrieved March 2022 from https://docushare-web.apps.cf.humana.com/Marketing/docushare-app?file=3932669
5. Meridian Health (2020, March). Provider Manual. Retrieved March 2022 from https://corp.mhplan.com/ContentDocuments/default.aspx?x=UyKZ38ovV+V/M/jpW2ZcMoBLzvXvoBFByqHUNLQRL5+z4y53ptvRaSGOvAAipzR8A/icaI1Yo2vWC+nlzpn5Mg==
6. Molina Healthcare of Illinois. (2020). Provider Manual. Retrieved March 2022 from https://www.molinahealthcare.com/providers/il/PDF/Medicaid/provider-manual.pdf
7. County Care. (2020, July). Provider Manual. Retrieved March 2022 from https://countycare.com/wp-content/uploads/CCR_ProviderManual_071020.pdf

14. Sources

8. Medicaid Managed Care Program: Pharmacy Benefits

1. Illinois Department of Healthcare and Family Services. State of Illinois Model Contract. Retrieved March 2022 from https://www.illinois.gov/hfs/SiteCollectionDocuments/2018MODELCONTRACTadministrationcopy.pdf
2. Illinois Department of Healthcare and Family Services. State Plan Amendment (SPA) #: 18-0016. Retrieved March 2022 from https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/IL/IL-18-0016.pdf
3. Illinois Association of Medicaid Health Plans. Memo. Retrieved March 2022 from https://iamhp.net/resources/Documents/12-10%20single%20PDL%20and%20ORP%20memo.pdf

9. Medicaid Program: Care Coordination Initiatives

1. Derived from information through section D.

9. Medicaid Program Care Coordination Initiatives: Integrated Health Homes Concept

1. Illinois Department of Healthcare and Family Services. (2019, March 31). State Plan Amendment (SPA) #: 19-0002. Retrieved March 2022 from https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/IL/IL-19-0002.pdf
2. Illinois Department of Healthcare and Family Services. (2018, August 21). Integrated Health Homes Town Hall Webinar. Retrieved March 2022 from https://www.illinois.gov/hfs/SiteCollectionDocuments/IHHTownHallSlidePresentation.pdf
3. Illinois Department of Healthcare and Family Services. (2018, July 20). State Plan Amendment (SPA) #: 17-0014. Retrieved March 2022 from https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/IL/IL-17-0014.pdf
4. Illinois Department of Healthcare and Family Services. (2020, February 6). Integrated Health Homes Town Halls. Retrieved March 2022 from https://www.illinois.gov/hfs/SiteCollectionDocuments/IntegratedHealthHomePresentationTownHallsFINAL.pdf
5. Illinois Department of Healthcare and Family Services. (2018, August 29). Illinois Health and Hospital Association Memorandum. Retrieved March 2022 from https://www.team-iha.org/files/non-gated/advocacy/policy/integrated-health-homes-update1.aspx?ext=.
6. Illinois Department of Healthcare and Family Services. (2020, November 6). Medicaid Advisory Committee. Retrieved March 2022 from https://www.illinois.gov/hfs/SiteCollectionDocuments/MedicaidAdvisoryCommitteeNovember2020FinalMinutes.pdf

10. Medicaid Program Care Management and Demonstration Waivers

1. Centers for Medicare and Medicaid Services. Demonstrations and Waivers. Retrieved March 2022 from https://www.medicaid.gov/medicaid-chip-program-information/by-topics/waivers/waivers_faceted.html

14. Sources

10. Medicaid Program Section 1915 (c) HCBS Waivers

1. Centers for Medicare & Medicaid Services. Demonstrations and Waivers. Retrieved March 2022 from https://www.medicaid.gov/medicaid-chip-program-information/by-topics/waivers/waivers_faceted.html

11. Medicaid Program New Initiatives: Behavioral Health Pilot Programs

1. Illinois Department of Healthcare and Family Services. (2018, August 16). Illinois Behavioral Health Transformation. Retrieved March 2022 from https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/?entry=40098
2. Illinois Department of Healthcare and Family Services. (2019, February 1). Medicaid Advisory Committee March 2022. Retrieved March 2022 from https://www.illinois.gov/hfs/SiteCollectionDocuments/MedicaidAdvisoryCommitteeMinutesFebruary12019Posting.pdf

14. Sources

11. Medicaid Program New Initiatives: Managed Care Regions

1. North Carolina Department of Health and Human Services. (2019, April). NC Medicaid Managed Care Regions and Rollout Dates. Retrieved March 18, 2021 from https://files.nc.gov/ncdhhs/medicaid/Managed-Care-Regions-and-Rollout.pdf

11. Medicaid Program New Initiatives: Managed Care Enrollment

1. North Carolina Department of Health and Human Services. (2019, March 18). Medicaid Managed Care Final Policy Guidance - Behavioral Health and Intellectual/Developmental Disability Tailored Plan Eligibility and Enrollment. Retrieved March 14, 2021 from https://files.nc.gov/ncdhhs/BH-IDD-TP-FinalPolicyGuidance-Final-20190318.pdf
2. North Carolina Department of Health and Human Services. (2019, April 25). North Carolina Medicaid Reform Demonstration. Retrieved March 18, 2021 from https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/nc/nc-medicaid-reform-ca.pdf

11. Medicaid Program New Initiatives: Standard Plans

1. North Carolina Department of Health and Human Services. (2019, February 6). NC Medicaid Managed Care. Retrieved March 18, 2021 from https://files.nc.gov/ncdhhs/ManagedCare-StakeholderCall_FINAL.pdf
2. North Carolina Department of Health and Human Services. (2018, August 9). Request for Proposal For Medicaid Managed Care Prepaid Inpatient Health Plan. Retrieved March 18, 2021 from https://www.ncdhhs.gov/request-information
3. North Carolina Department of Health and Human Services. (2019, January). NC Medicaid Managed Care Prepaid Health Plan Contract Awards. Retrieved March 18, 2021 from https://files.nc.gov/ncdhhs/medicaid/Medicaid-Factsheets-PHP-2.4.19.pdf
4. North Carolina Department of Health and Human Services. Transformation. Retrieved March 18, 2021 from https://medicaid.ncdhhs.gov/transformation

11. Medicaid Program New Initiatives: Tailored Plans

1. North Carolina Department of Health and Human Services. (2019, March 18). Medicaid Managed Care Final Policy Guidance - Behavioral Health and Intellectual/Developmental Disability Tailored Plan Eligibility and Enrollment. Retrieved March 18, 2021 from https://files.nc.gov/ncdhhs/BH-IDD-TP-FinalPolicyGuidance-Final-20190318.pdf
2. North Carolina Department of Health and Human Services. (2021, February 2). BH I/DD Tailored Plan Eligibility and Enrollment. Retrieved March 18, 2021 from https://files.nc.gov/ncdhhs/BH-IDD-TP-Eligibility-Enrollment-Update-02.02.2021.pdf
3. North Carolina Department of Health and Human Services. Transformation. Retrieved March 18, 2021 from https://medicaid.ncdhhs.gov/transformation

14. Sources

11. Medicaid Program New Initiatives: PHP Behavioral Health Overview

1. North Carolina Department of Health and Human Services. (2019, February 4). MCAC Behavioral Health/IDD Tailored Plan Design Subcommittee. Retrieved March 18, 2021 from https://files.nc.gov/ncdma/MCAC-Subcom-BHIDD-Tailored-Plan-Feb-4--2019.pdf
2. North Carolina Department of Health and Human Services. (2021, February 2). BH I/DD Tailored Plan Eligibility and Enrollment. Retrieved March 18, 2021 from https://files.nc.gov/ncdhhs/BH-IDD-TP-Eligibility-Enrollment-Update-02.02.2021.pdf

11. Medicaid Program New Initiatives: Behavioral Health Benefits

1. North Carolina Department of Health and Human Services. (2019, March 18). Medicaid Managed Care Final Policy Guidance - Behavioral Health and Intellectual/Developmental Disability Tailored Plan Eligibility and Enrollment. Retrieved March 18, 2021 from https://files.nc.gov/ncdhhs/BH-IDD-TP-FinalPolicyGuidance-Final-20190318.pdf

11. Medicaid Program New Initiatives: Standard Plan Pharmacy Benefit

1. North Carolina Department of Health and Human Services. (2020, November 13). Request for Proposal For Medicaid Managed Care Prepaid Inpatient Health Plan.
2. North Carolina Department of Health and Human Services. (2021, January 1). North Carolina Medicaid and Health Choice Preferred Drug List. Retrieved March 18, 2021 from https://files.nc.gov/ncdma/documents/files/PDL_January_1_2021.pdf

11. Medicaid Program Initiatives: Timeline

1. Information compiled from sources provided throughout the profile.