Managed Care: Care Coordination and Benefits for Children/Young Adults with Disabilities

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Our Agenda For Today

- Care Coordination Capabilities for Children/Young Adults with Disabilities
- Customized Benefits for Children/Young Adults with Disabilities
  - Transportation Benefits and Supports
  - Durable Medical Equipment (DME)
  - Home Modifications
  - Behavioral Health Supports and Programs
- Value-Added Benefits
- Waiver Program Qualification
- Q&A
- Appendix
  - Grievance and Appeals Process
  - Pathways to Success Overview
  - Links to Resources

Presented By:

Aetna Better Health® of Illinois

For people with intellectual and developmental disabilities
A Partnership In Care
Care Coordination Capabilities for Children/Young Adults with Disabilities

Education & Advocacy for Supports and Services
- Transportation
- Nutrition
- DME & Home Modifications

Condition Management
- Referral Management
- Care Plan Development and Support

Partnership with Providers in Support of our Members Needs
- Specialty Care
- Therapy Services

Value-Added Benefits
- Gym Memberships
- After-school Care
- School Clothes
- Digital Backpack

Partnership with the School System
- Individualized Education Plan (IEP)/504 Plan
- Vocational Training Programs

Transition Support into Adulthood
- Ensuring appropriate education and support for timely waiver applications
- Medicaid enrollment support

In-Home Supports & Services
- Community Health Worker Home Visits
- In-Home Nursing
- Respite Care
Customized Benefits for Children/Young Adults w/Disabilities

Transportation Benefits and Supports

ABHIL Care Managers will support the coordination of transportation for all medical visits upon request

Routine Transportation Supports

Members can utilize our trusted vendor partner ModivCare for transportation services to and from all medical visits

• Rides can be scheduled by Care Managers, Member Services, or directly through ModivCare
  • ABHIL transportation services can be reached at 866-913-1265, 866-913-5796, or 866-329-4701
  • ModivCare also has a digital app available for ride scheduling and tracking
• All minors must be accompanied by an adult, and will be required to have their own car/booster seat as applicable

Caregivers can also be reimbursed for personal mileage if transportation is not coordinated through a vendor partner

Specialized Transportation Supports

For members with more complex transportation requirements, First Transit (877-725-0569) provides Non-Emergency Medical Transportation (NEMT)

• ABHIL Case Managers can assist with all NEMT scheduling needs
ABHIL provides support for members in need of Durable Medical Equipment and Home/Vehicle Accessibility Modifications

**DME**

ABHIL provides Durable Medical Equipment in alignment with all medically necessary needs of our children with disabilities.

- Adaptive pediatric equipment such as wheelchairs, hearing aids, diapers and other incontinence supplies, and more will be provided
- ABHIL Care Managers are available to support and advocate for our members should any issues arise with obtaining needed DME

**Home/Vehicle Modifications**

**$15K/5-year period**

Home/vehicle accessibility benefit is available for members with appropriate waiver

If a member does not have the waiver, Aetna continues to advocate for members and help them obtain needed services by:

- **Action 1**: Initiating waiver application process to access home modification benefit, if possible
- **Action 2**: Connecting members with community-based resources like Churches which may be able to provide needed modifications at low/no cost

**Specialized Nutritional Requirements**

ABHIL Care Coordination provides tube feeding and other enteral nutrition DME if medically necessary. Customized protein-restricted diets are also available for individuals with rare conditions such as Phenylketonuria, Maple Syrup Urine Disease, and Homocystinuria
### Customized Benefits for Children/Young Adults w/Disabilities

#### Behavioral Health

#### Access To Care

**In the office:**
- ABHIL has a comprehensive footprint of partnerships with Behavioral Health providers across all regions of Illinois
- Care Managers assist members with coordinating both primary and specialty care

**In the home:**
- Our members can utilize telehealth and telepsychiatry capabilities to connect with their Behavioral Health providers from the convenience of their home
- *My Own Doctor* (MOD: 312-210-7820) is our culturally-competent BH provider partner offering virtual Behavioral Health consultations
- Members also have access to a 24-hour Crisis and Referral Entry Services (CARES) line to speak with BH professionals (1-800-345-9049)

#### Clinically Integrated Capabilities

**Integrated Care Team**

- BH Clinician
- Care Management Coordinators
- Community Health Worker (CHW)
- Registered Nurse (RN)

Our integrated care teams work in partnership with the pharmacy, medical affairs, and BH clinical staff to align care coordination efforts and drive simplicity in the care planning process.

#### Therapy Services

Care Managers provide care coordination and transition support for solutions such as:
- Early Intervention Program
- Individualized Education Program (IEP)
- 504 Plans

Care Managers also support members through transition to adulthood by providing education and planning for needed waiver and Medicaid applications.

#### Special Programs

**Pathways to Success**

- ABHIL assigns a Care Manager to all children enrolled in *Pathways*
- The program provides comprehensive wrap-around supports including, but not limited to:
  - Care Coordination and Support
  - Family & Peer Support
  - Intensive Home-Based Services
  - Respite Care
- *Pathways* Eligibility Requirements
  - Medicaid Coverage
  - Under age 21
  - Diagnosis of Serious Emotional Disturbance (SED) or Serious Mental Illness (SMI)
  - Demonstrated need via the state’s IM+CANS Decision Support Criteria

**Autism Supports**

- Care Managers refer members to gold-standard ABA therapy when available, and are knowledgeable about top effective alternatives
Customized Benefits for Children/Young Adults w/Disabilities

Value-Added Benefits

ABHIL offers value-added benefits to eligible populations as incentive for completing certain care milestones. Some of these benefits that impact child populations include, but are not limited to:

- **After School Care:** Members between the ages of 6-18 who have completed their annual wellness visit, Health Risk Screening, and are up to date on all immunizations are able to receive vouchers for after-school care at local Boys and Girls Clubs.

- **Gym & Weight Watchers Memberships:** Members ages 16+ who have completed their annual wellness visit, Health Risk Screening, and member marketing consent are eligible for free gym memberships.

- **Digital Backpacks:** Children 7+ who complete a variety of required physical and mental health screenings may be eligible for a free Student Mobile Data Reimbursement Plan for 1GB/month with the member’s choice of carrier.

- **School Clothing:** Parents of members between 1st and 5th grades (age 5-11) can receive shirts, pants, and sweaters for their children upon completion of an annual wellness visit, Health Risk Screening, and all required immunizations.

ABHIL also offers the Over-the-Counter Health Solutions (OTCHS) Program through CVS Health, providing members with $25/month to spend on selected goods across all CVS locations.
Customized Benefits for Children/Young Adults w/Disabilities
Social and Structural Determinants of Health (SSDOH)

Care Managers conduct a holistic assessment across the SSDOH with every outreach and work with family to close gaps and provide needed resources

**Housing Instability**
- Care Managers can direct members experiencing housing instability to community-based resources and programs such as rent assistance, low-cost maintenance services, assisted living support, and temporary shelters.

**Food Insecurity**
- GA Foods provides 3 months supply of nutritious meals for families experiencing food insecurity. Culturally-diverse menu options, fresh produce, shelf-stable pantry foods and medically-tailored meals are all available.

**Economic Insecurity**
- Our Value-Added Benefits and Over The Counter Health Solutions (OTCHS) programs offer additional financial support outside of covered benefits.
- Care Managers can refer members to financial assistance programs such as the Low-Income Home Energy Assistance Program (LIHEAP).
Eligible Populations for the Support Waiver for Children and Young Adults with Developmental Disabilities (“DD Waiver”) include:

Individuals with an intellectual or a developmental disability (as defined by the American Association on Intellectual Disability) between the ages of 3 and 21, who live at home with their families and are assessed as eligible for Intermediate Care Facility (ICF) levels of care, and who do not require 24-hour nursing care. The DD Waiver is also available to families in “crisis” (i.e. experiencing or near homelessness/abuse/neglect) as determined by their ISC agency.

Individuals must also have an Active Treatment status, defined as:

- Consistent implementation of a program of training, treatment, and health services directed towards:
  1. The acquisition of behaviors necessary for the child to function with as much self-determination and independence as possible; and
  2. The prevention or deceleration of regression or loss of current optimal functional status

The Point of Entry for possible services is through an Independent Service Coordination (ISC) Agency

- These agencies can be contacted through the Developmental Disabilities Helpline at 1-866-376-8446
- Local IDHS-DDD offices can be found through the DHS Office Locator: [https://www.dhs.state.il.us/page.aspx?module=12](https://www.dhs.state.il.us/page.aspx?module=12)

The Support Waiver provides the following services:

- **Adaptive Equipment:** Devices, controls, or appliances that enable individuals to perceive, control, access, and/or communicate with the environment in which they live, and perform activities of daily living
- **Assistive Technology:** Products or equipment that are used to increase, maintain, or improve an individual’s functional capabilities
- **Behavior Intervention and Treatment:** Ongoing behavioral assessments, functional analysis, development of positive intervention strategies and techniques, support plan development, training of family or caregivers on the support plan, and intervention monitoring
- **Child Group Home:** Individually tailored supports that assist with the acquisition, retention, or improvement of skills related to living in the community

_Note:_ Family income is waived, but the child’s financial resources are considered for Medicaid eligibility
Customized Benefits for Children/Young Adults with Disabilities
Waiver Program Qualification Requirements and Services

Eligible Populations for the People who are Medically Fragile, Technology Dependent Waiver include:
Individuals under the age of 21 who, because of the severity of their physical illness or disability would require the level of care appropriate to a hospital or skilled nursing facility without the support of the services provided under the waiver. As of May 1, 2017, the waiver can cover people of all ages if the child was enrolled in the waiver program prior to their 21st birthday.

Requirements for the Medically Fragile, Technology Dependent Waiver include:
• US citizens or legal aliens, under age 21, residing with family or legally responsible adult(s) in a private residence in Illinois
• Requiring a level of care appropriate to a hospital or skilled nursing facility, meeting the minimum score on the Illinois approved Level of Care (LOC) tool
• Estimated cost to the State of Illinois is less than the estimated cost for institutional care

The Operating Agency is the University of Illinois at Chicago – Division of Specialized Care for Children (DSCC)
• Call DSCC at (800) 322-3722 or email dscc@uic.edu to see if you are eligible for services

The Support Waiver provides the following services:
• Respite: Physician-prescribed service provided by qualified licensed nurses and certified nurse aides in the home or a Children’s Community-Based Health Care Center Model
• Specialized Medical Equipment & Supplies: Provision of physician-prescribed equipment or supplies needed to maintain an individual in the home
• Certified Nursing Assistant (CNA): Physician-prescribed services focusing on long-term habilitative needs rather than short-term acute restorative needs
• Environmental Accessibility Adaptations: Physical adaptations to the home or family vehicle required to ensure health, welfare, safety, and optimal independent functioning in the home or community
• Family Training: Instruction about treatment regimens and use of equipment specified in the plan of care, with updates as necessary to safely maintain the member at home
• In-Home Shift Nursing and Training: Hourly shift nursing for specific tasks rather than intermittent visits, and up to four (4) hours per nurse per year of member specific training in the use of new or unique prescribed equipment or other special care needs
• Placement Maintenance Counseling Services: Physician-prescribed, short-term, issue-specific family or individual counseling for the purpose of maintaining the individual in the home

Note: Family income is waived, but the child’s financial resources are considered for Medicaid eligibility
Customized Benefits for Children/Young Adults with Disabilities
Waiver Program Qualification Requirements and Services

Eligible Populations for the Illinois Department of Human Services’ Division of Rehabilitation Services (DRS) Home Services

Waiver include:
Medicaid eligible individuals under the age of 60 (including children), who have a significant disability lasting greater than 12 months or for the duration of life, who are at imminent risk of nursing facility placement, and who have an appropriate Determination of Need (DON) score.

- **Note:** There is a financial asset limit requirement for DRS waiver eligibility, which is different for individuals above or below the age of 18

To reach a representative of the Illinois Department of Human Services’ Division of Rehabilitation Services:
- Call DRS at (800) 843-6154 or (800)-447-6404 or visit www.dhs.state.il.us

The DRS Waiver provides the following services to enable individuals with disabilities to remain at home:

- **Individual Provider (IP):** Providing assistance with household tasks, personal care, and with permission of a doctor, certain health care procedures
- **Homemaker Services:** Agency-based services for personal care and household tasks provided by trained and professionally supervised staff
- **Home Health Services:** CAN, LPN, or RN services prescribed by the physician to meet the health, safety, and medical needs of the member. Speech, physical, and occupational therapies may also be available.
- **Electronic Home Response:** A rented device to provide 24-hour access to emergency personnel in an emergency situation within the home
- **Home Delivered Meals:** Nutritious meals prepared and delivered to members’ homes through a variety of community-based service providers
- **Assistive Equipment:** Products or equipment that are used to increase, maintain, or improve an individual’s functional capabilities
- **Respite Services:** Temporary care for members with disabilities to relieve stress to families. Services may include personal assistance, homemakers, or home health
- **For more information and additional services, please refer to the DRS Brochure on the Community Resource Links appendix page**
Appendix
Grievance & Appeals Process

Grievances and Appeals can be filed with Member Services by calling 1-866-329-4071 (TTY: 711) or by email, mail, or fax. Full instructions for the process to file a grievance/appeal by those methods can be found on the Aetna Better Health of Illinois website and in the member handbook.

A grievance is a complaint about any matter other than a denied, reduced, or terminated service or item. Here are some examples of when you might want to file a grievance:

- Your provider or an Aetna Better Health of Illinois staff member did not respect your rights.
- You had trouble getting an appointment with your provider in an appropriate amount of time.
- You were unhappy with the quality of care or treatment you received.
- Your provider or an Aetna Better Health of Illinois staff member was rude to you.
- Your provider or an Aetna Better Health of Illinois staff member was insensitive to your cultural needs or other special needs you may have.

An appeal is a way for you to ask for a review of our actions. If we decide that a requested service or item can’t be approved, or if a service is reduced or stopped, you’ll get an “Adverse Benefit Determination” letter from us. This letter will tell you the following:

- What action was taken and the reason for it.
- Your right to file an appeal and how to do it.
- Your right to ask for a State Fair Hearing and how to do it.
- Your right, in some circumstances, to ask for an expedited appeal and how to do it.
- Your right to ask to have benefits continue during your appeal, how to do it and when you may have to pay for the services.
# Customized Benefits for Children/Young Adults w/Disabilities

**Pathways to Success**

ABHIL assigns a Care Manager to every child eligible and enrolled in the *Pathways to Success* Program

## Program Overview and Eligibility

*Pathways to Success* is a state program designed to:

- Improve family functioning and promote stable living situations for children with Serious Emotional Disturbance (SED) or Serious Mental Illness (SMI)
- Expand evidence-based treatments in the home and community settings
- Improve school attendance and performance
- Reduce contacts with law enforcement and child welfare

### Eligibility Requirements for the *Pathways* program include:

- Medicaid coverage
- Under the age of 21
- Diagnosis of SED or SMI
- Demonstrated need for intensive services pursuant to the state’s IM+CANS Decision Support Criteria

## Pathways to Success Services

*Pathways* offers a variety of wrap-around supports including:

- Care Coordination and Support (CCS)
- Family Peer Support
- Intensive Home-Based Services (IHB)
- Respite Care
- Therapeutic Mentoring
- Therapeutic Support Services
- Individual Support Services

## ABHIL’s Role as MCO

The state anticipates that 70-80% of *Pathways* eligible children will be enrolled with a Managed Care Organization (MCO). The MCOs are responsible for:

- Coordinating access to medical services
- Helping identify in-network service providers
- Serving as a liaison for the Child & Family Team with provider relations, utilization management, billing, and other departments
- Contracting with Care Coordination and Support Organizations (CCSOs) and conducting joint oversight of care in partnership with HFS
Customized Benefits for Children/Young Adults with Disabilities

Links to Community Resources

Aetna Better Health of Illinois Website
• https://www.aetnabetterhealth.com/illinois-medicaid/index.html

Find a Doctor
• https://www.aetnabetterhealth.com/illinois-medicaid/find-provider

Special Needs Children
• https://www.aetnabetterhealth.com/illinois-medicaid/special-needs-children.html

Medical Foods FAQ

Autism Supports
• https://tap-illinois.org/autism-screening-diagnostics/
• https://echoautism.org/resources/
• https://nationalautismresources.com/
• https://theautismcollective.org/

Respite Supports
• http://www.illinoisrespitecoalition.org/

Aetna Better Health of Illinois: Member Services
866-329-4701

24-hour Crisis and Referral Entry Services (CARES)
800-345-9049

Members can use the line to talk to a BH Professional. You can call if you or your child are a risk to yourself or others, having a mental health crisis, or if you’d like a referral for services.

National Suicide Prevention Lifeline
800-273-8255

Behavioral Crisis Hotline
855-242-0802
24 hours a day, 7 days a week — pick the option for behavioral health crisis

National Alliance on Mental Illness (NAMI)
800-950-6264
Monday through Friday, 10 AM to 6 PM ET
Email: info@NAMI.org
Website: https://helplinefaqs.nami.org/