HHS Briefing
FY17
February 17, 2016
Welcome

The FY17 Proposed Budget provides two paths:

1. Agree on economic and governmental reforms, to accompany a negotiated balance of spending reductions and revenue that ensures that Illinois can be both compassionate and competitive.

   OR

2. Give the executive branch the authority to cut spending to live within our revenues through the Unbalanced Budget Response Act.

We need to change the way we think about the budget. The choice is not simply one of cutting spending or raising revenue/taxes, it’s about making smart decisions about reform that will provide the economic growth needed to produce revenue we all want over the long-term to meet the needs of the people of Illinois.

If there is compromise we can come together to fix our long-term challenges – we will re-build the social service safety net.

Every hard working family across this great state deserves this.
Agenda

Welcome

- Jennifer Hammer, Healthcare and Human Services Policy Adviser, Special Counsel, Office of the Governor

The Transformation

- **Prevention and Population Health**: Director Nirav Shah – Department of Public Health
- **Institutional Care to Community Care/Data Analytics and Integration**: Director George Sheldon – Department of Children and Family Services/Acting Director Jean Bohnhoff – Department on Aging
- **Paying for Value, Quality & Outcomes**: Director Felicia Norwood – Department of Healthcare and Family Services
- **Education and Self-sufficiency**: Acting Secretary Jim Dimas – Department of Human Services

Budget Presentations

- **Department of Healthcare and Family Services**: Director Felicia Norwood
- **Department on Aging**: Acting Director Jean Bohnhoff
- **Department of Human Services**: Acting Secretary Jim Dimas
- **Department of Children and Family Services**: Director George Sheldon
- **Department of Public Health**: Director Nirav Shah

Q&A
THE TRANSFORMATION

Prevention and Population Health: Director Nirav Shah – Department of Public Health

Institutional Care to Community Care/Data Analytics and Integration: Director George Sheldon – Department of Children and Family Services and Acting Director Jean Bohnhoff – Department on Aging

Paying for Value, Quality & Outcomes: Director Felicia Norwood – Department of Healthcare and Family Services

Education and Self-sufficiency: Acting Secretary Jim Dimas – Department of Human Services
“Enhance the common good of the people of Illinois by supporting them in leading healthy, independent and safe lives by offering access to high quality, consumer-centered, community based healthcare, education and human services that effectively steward both public and private resources.”
Transformation Partners

Governor’s Office
Department on Aging
Department of Children and Family Services
Department of Corrections
Department of Healthcare and Family Services
Department of Human Services
Department of Public Health
Department of Juvenile Justice
Department of Veterans’ Affairs
State Board of Education
## THE TRANSFORMATION

<table>
<thead>
<tr>
<th>FIVE KEY INITIATIVES</th>
<th>CHAIR(S)</th>
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<tbody>
<tr>
<td>Prevention and Population Health</td>
<td>Nirav Shah, Director, DPH</td>
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<tr>
<td>Paying for Value, Quality, and Outcomes</td>
<td>Felicia Norwood, Director, HFS</td>
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<td>Moving from Institutional Care to Community Care</td>
<td>James Dimas, Acting Secretary, DHS</td>
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<td>George Sheldon, Director, DCFS</td>
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<td>Beth Purvis, Secretary of Education</td>
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<td>Bruce Bendix, DHS</td>
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<td>Data Integration and Predictive Analytics</td>
<td>Hardik Bhatt, Chief Information Officer</td>
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IL HHSi2
Demo 360°
Consumer View
Data Aggregation – 360° Consumer View

Consumer (Child) Centric Approach

- **OBJECTIVE:** To master core consumer data by mashing ~20 demographic/identification data elements from many sources to establish a consolidated 360° view of the child

**Current:**
- DCFS
  - CYCIS
  - SACWIS
- DHS
  - Medicaid eligibility
  - SNAP
  - TANF
- HFS
  - Child Support

**Next:**
- DES
- DCEO
- CCAP
- ISOR
- Many others
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<th>Gender</th>
<th>SSN</th>
<th>Birth Date</th>
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**Note:** Data displayed on slide is a mocked persona to represent functionality of the sensitive consolidated data currently located in a secure DCFS environment.
**Person Details**

- **Employer**: Self-employed
- **Email**: charlesm@yahoo.com
- **Sex Offender**: N

**Relationships**

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**State Services**

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<th>Program Name</th>
<th>RIN/System ID</th>
<th>Matching First Name</th>
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<th>Matching DOB</th>
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**SNAP**

- **Case ID**: 12-123-12-12345
- **A/L DTE**: 01
- **CASE STAT**: Active Regular Case
- **CASEINHH**: 1
- **NOINHH**: 2
- **NOEATTG**: 325.00
- **BONUS**: Charles Moore
- **CL #1**: David Moore
- **CL #2**:

**Note**: Data displayed on slide is a mocked persona to represent functionality of the sensitive consolidated data currently located in a secure DCFS environment.
DCFS
Mobile App
Log in screen

Swipe and tap the SACWIS mobile app

Auto log out of app (security) after **15** minutes of non-activity.

Information not yet SAVED will be lost!!

**NEED TO KNOW:**

Username = DCFS Network ID
Password = P@ssword1 (case sensitive)

Tap to Change Password
DCFS MOBILE APP

Caseload display

Caseworker

Investigator

Home/Caseload

Log off
Permanency Case detail - create note and photo upload

NEED TO KNOW:

- Photo upload available in child cases only
- Notes can be created in family and child cases
- Photo is taken and uploaded within app simultaneously
  - Options: Use Photo, Retake, Cancel
- Adhere to DCFS policy by using the in app photo upload or digital camera until a solution can be identified. iPhone photos are not completely secure.
- Additional in app photo features TBD.
Investigation checklist detail - create note and photo upload

**NEED TO KNOW:**

App notes satisfy the SACWIS checklist. The completed checklist requirement displays a different color and this message:

Additional notes can be created by tapping Create Note.

Child Victim notes update the SACWIS report initiation date/time.
NEED TO KNOW:

Multi-photo upload available in all assigned investigations

Photos are taken and uploaded one at a time within app
- Options: Use Photo, Retake, Cancel

Photos stored on iPhone are not completely secure.

Adhere to DCFS policy by using the in app photo upload or digital camera until a solution can be identified.

Additional in app photo features TBD.
Budget Presentations

Department of Healthcare and Family Services: Director Felicia Norwood

Department on Aging: Acting Director Jean Bohnhoff

Department of Human Services: Acting Secretary Jim Dimas

Department of Children and Family Services: Director George Sheldon

Department of Public Health: Director Nirav Shah
FY2017 Budget

Felicia Norwood, Director
Mike Casey, CFO
Ray Marchiori, Chief of Staff
HFS Mission

• Ensuring **quality healthcare coverage** at **sustainable costs**, **empowering** people to make sound decisions about their well-being and maintaining the highest standards of **program integrity** on behalf of the citizens of Illinois

• Ensuring families have the **opportunities they deserve** by enforcing **child support obligations** throughout the state
Child Support Services

• Division of Child Support Services (DCSS) serves almost 500,000 families who receive TANF and Medical Assistance or who are not receiving government assistance, but still need child support services
  • In FY 2015, for the tenth straight year, the Department achieved collections of more than $1 billion, with a total of $1.416 billion – most of it passed on to families

• FY 2017 budget assumes that only 14 cents of every child support services operational dollar comes from the General Revenue Fund
Providing Healthcare Coverage

• HFS is the largest insurer in Illinois

• Current Medical Assistance Enrollment (Nov. 2015): 3.17 million*
  – Children: 1.50 million
  – Seniors: 190,800
  – Adults with Disabilities: 235,100
  – Other Adults: 614,400
  – ACA Adults: 632,400

* Excludes enrollees in partial benefit programs
Medical Assistance Average Enrollment

Reflects average annual enrollees
Excludes enrollees in partial benefit programs
Medical Assistance Fiscal Year 2017 Budget Highlights

- Maintains eligibility and healthcare services for low income residents and individuals enrolled under the Affordable Care Act

- Assumes over 66% of clients enrolled in risk-based managed care
  - Begins Managed Care in Long Term Supports and Services (MLTSS) for Medicare/Medicaid dual eligibles

- Continues efforts to rebalance the long term care system
Medical Assistance Program Integrity Efforts

- Medical Assistance Redeterminations
  - Average of 3.3 million monthly Medical Assistance clients in FY 2017
  - FY 2017 budget includes resources for timely redeterminations
  - Requires cooperation with the Department of Human Services
  - FY 2017 General Revenue Fund estimated savings: $140 million
Inspector General – Fraud & Abuse Prevention

• In FY 2015, the Inspector General achieved $204 million in savings, cost avoidance and recoveries

• FY 2017 budget assumes resources for the Inspector General to combat waste, fraud and abuse in the Illinois Medical Assistance program
  • Quality control on Medical Assistance eligibility determinations and provider claims
  • Data analytics to identify outlier provider and client behavior
  • Provider payment audits
  • Client asset discovery
  • Provider and client investigations
Affordable Care Act (ACA) Enrollment

- 622,400 have enrolled under the ACA as of January 2016
- Costs offset by high federal match rate
  - Federal government will pay 100% for Medicaid clients who are newly eligible through December 31, 2016
  - Match rate declines to 95% on January 1, 2017
  - Continues phase down to 90% by January 1, 2020
- 629,000 estimated average monthly enrollment in FY 2016
- 641,600 projected average monthly enrollment in FY 2017
Affordable Care Act (ACA) Estimated Cost

- Fiscal Year 2016: $2.78 billion
  - General Revenue & Related Funds: $2.14 billion
  - Cook County: $0.64 billion
  - $0 net state cost (100% federally-funded)
- Fiscal Year 2017: $2.94 billion
  - General Revenue & Related Funds: $2.3 billion
    - $57.6 million net state cost
  - Cook County: $0.64 billion
    - $16.0 million net Cook County cost
  - Federal match rate declines to 95% on January 1, 2017
Historical Medical Assistance Liability
GRF and Related Funds

Total Liability in Billions

- FY2009: $9.1
- FY2010: $9.7
- FY2011: $10.4
- FY2012: $10.5
- FY2013: $9.8
- FY2014: $10.6
- FY2015: $12.3
- FY2016 est.: $12.5
- FY2017 proj.: $13.4

Base Liability
Non-Discretionary Item Growth
Fiscal Year 2016 Medical Assistance Budget Management Actions

• HFS is limited in Medical Assistance budget reductions it can implement without legislative action - most eligibility, service and reimbursement requirements are in state statute

• Within these limitations, HFS continues to implement Medical Assistance cost savings measures
Fiscal Year 2016 Medical Assistance Budget Management Actions

• Improve timeliness of Medical Assistance redeterminations: $53 million savings ($140 million annualized savings in FY17)

• Eliminate Accountable Care Entity/Coordinated Care Entity fees - transition to risk-based managed care: $30 million savings ($60 million annualized savings in FY17)

• Reduce managed care capitation rates: $25 million savings

• Discontinue certain hospital fixed payments: $8 million
Fiscal Year 2017 Medical Assistance Cost Growth Driven By Non-Discretionary Items

- MLTSS managed care - transfer other agency fee-for-service costs to HFS: **$299 million**

- Annualization of Heroin Bill (PA 99-480): **$267.0 million** ($335.9 million FY 2017 total gross cost)

- ACA liability growth: **$160.5 million**

- Annualization of ACA hospital presumptive eligibility: **$95.4 million** ($121.1 million FY 2017 total gross cost)
Fiscal Year 2017 Medical Assistance Cost Growth Driven By Non-Discretionary Items

- Annualization of federal Medicare Part B and Part D cost increases: $72.6 million ($127.7 million FY 2017 total gross cost)

- Other non-discretionary items: $76.6 million

- GRF and related fund Medical Assistance liability grows 1.9% absent non-discretionary items
Medical Assistance Payment Processing

- Section 25 statutory caps
  - Require payment of GRF and related fund medical bills received by June 30th from current year appropriations
  - Eliminate long “budgeted” payment cycles – cannot push large amounts of unpaid medical bills into future fiscal years

- HFS is generally processing GRF-related bills to the Comptroller in less than 30 days in FY 2016

- FY 2017 introduced budget will allow HFS to continue meeting the Section 25 caps
Transforming Medical Assistance

Paying for quality, value and outcomes

• Maintaining healthcare coverage for **core low income beneficiaries** while driving **quality care** at **supportable costs**.

Actions include:

• Pay for Performance (P4P) measures for Managed Care Organizations (MCOs) to drive improvements in key quality measures for children and adults
• Assignment of beneficiaries to MCOs based on quality
• Ensure beneficiaries receive the right care, at the right place and at the right cost
Transforming Medical Assistance

Paying for quality, value and outcomes

• Continued shift to Care Coordination
  • Incorporating populations that are now mainly receiving fee for service care
• Uniformly administered Long Term Supports and Services (LTSS) assessment instrument
• Robust nursing home audits to ensure proper alignment of care and costs
• Expand community-based programs
• Integrate physical, behavioral and mental health care coordination
Transforming Care Coordination

Saving money while providing better care

• Collaboration between MCOs, ACEs and CCEs is leading to powerful alignments that mean improved coordination and quality

• Combining best of both worlds:
  • Managed Care Organizations offer superior risk and quality management, analytics and contracting expertise
  • ACEs/CCEs offer vital clinical, community and frontline experience

• Transforming approach from paying for quantity to paying for value and outcomes
Transforming Information Technology

Developing a state-of-the-art technology platform

• Replacing *decades old systems* that inhibit efficient and effective reporting, analytics and timely decision making

• New systems *increase efficiency and program integrity* while *reducing costs*

• Major system milestones:
  • Provider Enrollment System (IMPACT – Phase I)
  • Integrated Eligibility System – Phase II
  • Pharmacy Benefit Management System
  • Data Analytics Platform (MedInsight) Implementation
  • Medicaid Management Information System (IMPACT – Phase II)
  • Enterprise Resource Planning (ERP) System
### Program Area Appropriations Comparison

(Dollars in Millions)

<table>
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<th>FY2017 Appropriation Request</th>
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#### General Revenue Fund*

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1. An FY 2016 budget has not been enacted for most items.  
2. Numbers may not appear to add due to rounding.
Illinois Department on Aging

FY2017 Budget

Jean Bohnhoff, Acting Director
Jennifer Reif, Deputy Director
Matt Ryan, Chief of Staff
The FY17 Aging Budget focuses on 3 major points:

- Program sustainability in preparation for anticipated growth in aging population
- Commitment to rebalancing - supporting older adults in community-based settings
- Flexibility in delivery of services and supports

The FY17 Introduced Budget will include changes necessary for the Department to focus on those three major points.
Budget Highlights
Home Delivered Meals

An additional $3.3 million in GRF over the anticipated current year spending for Home Delivered Meals (HDM) will “maintain” the current meal levels and persons served in the HDM program.

$350K has also been added to the HDM budget for a cost and tracking study to help the Department define new and or innovative methods of tracking costs, clients, inflation effects, and different methods of projecting needs of unique communities.
Budget Highlights: Community Care Program

Enrollment in the Department on Aging’s Community Care Program (CCP) has significantly grown over the past 10 years, from 40,965 enrollees in 2005 to 83,787 enrollees in 2015, a 105% increase over a decade. Looking forward, the growth in Illinois’ aging population will also more than double by 2030, with an expected 57 percent increase in individuals aged 60 plus over the next 15 years. Sustaining CCP as it exists today will cost an additional $93.3 million in the next six years assuming the completion of the managed care transition by FY2018.

CCP Average Monthly Caseload
Current Structure

* Dip in 2018 is due to transfer of remaining MCO participants
Budget Highlights
Community Reinvestment Program (CRP)

- The Community Reinvestment Program is a new initiative targeted to older adults who are not eligible for CCP who need assistance to live independently in the community.

- The initiative represents a long term strategy to maintain community-based supports for our current aging population as well to address the anticipated growth in the population its first year at a funding level of $225 Million.

- Transition individuals who are non-Medicaid eligible to a new Community Reinvestment Program (“CRP”).
  - Non-Medicaid eligible clients will have their DON score applied to the new service cost maximum table to derive a new individual spending allocation.
  - CRP will provide greater flexibility of services. The AAA Network (Area Agency on Aging) will be utilized as the mechanism for the coordination of preventative services.
  - Similar to other states, Illinois’ approach will maintain a service package for individuals that do not meet Medicaid eligibility requirements.
  - This approach will maintain the Department’s commitment to maintaining individuals in their own home and community and delay the number of admissions in nursing facilities, which is currently a large portion of the Medicaid budget at $1,583,008,257 per year out of the total spending for Medicaid Long Term Care.
Caseload Trends

Aging Average Monthly Caseload

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Forecasted Spending

Projected Spending

CCP - No Changes

CCP +CRP

$550,000,000

$600,000,000

$650,000,000

$700,000,000

$750,000,000

$800,000,000

$850,000,000

$900,000,000

$950,000,000

$1,000,000,000

2016 Proj

2017 Proj

2018 Proj

2019 Proj

2020Proj

2021 Proj

2022 Proj
Illinois Department of Human Services

FY2017 Budget

James Dimas, Secretary-designate
Robert Brock, CFO
Greg Bassi, Chief of Staff
Budget Request – FY2017

- General Revenue Fund
  (Includes 793 fund and 644 fund; Dollars in billions)

- FY14 Actual Expenditures: $3.587B

- FY15 Actual Expenditures: $3.841B

- FY16 Estimated Spending: $3.697B

- FY17 Appropriation Request: $4.036B
Budget Request Highlights

- The FY17 proposed budget represents a $338.5M GRF (including 793 and 644 fund) increase from FY16 Agency estimated expenses.

- The proposed budget for FY17 continues to provide critical services to the most vulnerable in Illinois. The Agency continues its commitment to rebalancing—moving individuals with developmental disabilities, mental illness or physical disabilities out of institutional care and into community settings. In addition, the Agency will continue to provide child care services and critical services to needy families.
Budget Request

- Division of Alcohol and Substance Abuse (DASA)
- Division of Developmental Disabilities (DDD)
- Division of Family and Community Services (DFCS)
- Division of Mental Health (DMH)
- Division of Rehabilitation Services (DRS)
Division of Alcoholism and Substance Abuse – FY2017

- General Revenue Fund (Includes 793 fund; Dollars in millions)
- FY14 Actual Expenditures: $128.1M
- FY15 Actual Expenditures: $124.9M
- FY16 Estimated Spending: $118.8M
- FY17 Appropriation Request: $98.6M
DASA Budget Request Highlights

- The FY17 budget request includes an additional investment of $6.0M in Addiction Treatment Services over estimated FY16 spending. The $6.0M will support the growth in Medicaid liability.

- DASA is working with HFS to capture Federal Financial Participation on state spending for Opioid Maintenance therapy services. Once Opioid Maintenance therapy services are converted to Medicaid services, DHS plans to fund a portion of these services from the Healthcare Provider Relief Fund (793) allowing for a ($9.0M) reduction in GRF spending.

- The GRF funding for addiction treatment services provided by MCOs has been transferred to HFS budget; a ($17.2M) reduction in the DHS budget request.
Division of Developmental Disabilities – FY2017

- General Revenue Fund (Includes 793 fund and 644 fund; Dollars in billions)
  - FY14 Actual Expenditures: $1.410B
  - FY15 Actual Expenditures: $1.419B
  - FY16 Estimated Spending: $1.443B
  - FY17 Appropriation Request: $1.463B
The FY17 proposed budget includes an additional $16.7M to continue the Agency commitment to transitioning individuals with developmental disabilities from long-term care facilities to person-centered, community-integrated services in compliance with the Ligas Consent Decree.

The budget request also includes $5.4M for annualization of FY16 transitions from institutional settings and new SODC and DCFS ward transitions planned in FY17.
DDD Budget Request Highlights

- Funding for Respite Services are maintained at the same level as FY16.

- The FY17 budget request reflects a shift of ($9.0M) off general revenue fund to the DHS Community Services (509 Fund) due to increase in revenues made available to DHS for programs for the developmentally disabled.
Division of Family and Community Services – FY2017

- General Revenue Fund (Dollars in billions)
  - FY14 Actual Expenditures: $.999B
  - FY15 Actual Expenditures: $1.230B
  - FY16 Estimated Spending: $1.036B
  - FY17 Appropriation Request: $1.338B
DFCS Budget Request Highlights

- The FY17 proposed budget includes $330.6M to support the Child Care estimated liability with eligibility increased to 185% of the federal poverty level.

- The Child Care funding proposed does include a ($22.4M) savings associated with background checks for family members providing child care.

- The FY17 request for TANF is down ($25.0M) due to declining caseloads.

- The FY17 budget request includes an additional $5.0M to support the estimated liability for the Early Intervention Program.
Division of Mental Health – FY2017

- General Revenue Fund (Dollars in millions)
  - FY14 Actual Expenditures: $487.9M
  - FY15 Actual Expenditures: $507.6M
  - FY16 Estimated Spending: $460.7M
  - FY16 Appropriation Request: $444.2M
DMH Budget Request Highlights

- The FY17 proposed budget reflects a ($4.5M) reduction for rebalancing due to excess appropriation as compared to estimated liability. Funds to support the implementation of Williams and Colbert Consent Decrees are represented in the request.

- The FY17 request for the managed care costs for mental health services has been transferred from the DHS budget to the HFS budget. A reduction in the MH funding of ($15.9M).

- Excess appropriation authority related to the Mental Health BIPP Initiatives concluding results in a proposed reduction of ($2.7M).
Division of Rehabilitation Services – FY2017

- General Revenue Fund (Dollars in millions)
- FY14 Actual Expenditures: $392.4M
- FY15 Actual Expenditures: $407.7M
- FY16 Estimated Spending: $444.0M
- FY16 Appropriation Request: $443.0M
DRS Budget Request Highlights

- The FY17 budget request includes estimated spending of $7.5M to support the annualization of the federally mandated overtime for individual providers.

- The DRS proposed budget also reflects a ($12.2M) reduction related to the transfer of the managed care organization Home Services Program payments from the DHS budget to HFS.
Illinois Department of Children and Family Services

FY2017 Budget

George Sheldon, Director
Andrew Flach, Chief of Staff
Matthew Grady, CFO
FY17 Budget Highlights

**Adoption**—normal caseload decrease in subsidized Adoptive and Guardianship homes as the population ages

**Foster Care**—increased reliance on and investment in community-based foster care

**Institution & Group Home**—decreased reliance on shelters and congregate care

**Personal Services**—maintains the current authorized headcount

**SACWIS**—Primary cost includes the DCFS portion of the new Enterprise Resource Planning (ERP) statewide financial system that will streamline financial processes across the state

**Fund Balance**—FY17 budget matches Children’s Services Fund (CSF) spending with annual revenue; accrued receivables spent-down in FY16
Child Welfare Reform Initiatives

**Fewer Youth in Residential Care**—step-down focus has yielded 3% drop in residential placements

**Fewer Children in Emergency Shelters**—current population is half that of calendar year 2014

**Fewer Youth Waiting in Cook County Jail**—children awaiting release down by 50%

**Cook County Child Recovery Unit**—ground breaking partnership with Cook County Sheriff to enhance child safety and recovery
Child Welfare Reform Initiatives

Older Youth: Incentives for Independence—increased flexibility, self-determination, and Federal reimbursement

<table>
<thead>
<tr>
<th>FY16 Federal Reimbursement Increase ($ in millions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>$ 13.4 Independent/Transitional Living Eligibility</td>
</tr>
<tr>
<td>$ 7.3 Income-Related Eligibility (Close/Reopen)</td>
</tr>
<tr>
<td>$ 0.8 Unlicensed Relative Care Ages 18-21</td>
</tr>
</tbody>
</table>

$ 21.5 Million New Reimbursement in FY16
Community-Based Care Investments

**Treatment Foster Care Pilots**—five-year, evidence-based program to provide community care for youth exiting residential facilities

**“Illinois Choices” Expansion**—care coordination enhances the effectiveness of existing community care efforts (wraparound, Child & Family Teams)

**Pay for Success Pilot**—innovative private investment partnership for re-integrating delinquent youth back into their communities

**Regenerations Program**—expansion of a successful Cook program serving delinquent youth

**Intensive Placement Stabilization (IPS) Expansion**—50% increase in foster care stability support services
## Appropriation Summary

<table>
<thead>
<tr>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Adoption</td>
<td>$ 182,317,200</td>
<td>$ 170,676,200</td>
<td>$ (11,641,000)</td>
<td>-6.4%</td>
</tr>
<tr>
<td>Foster Care</td>
<td>$ 309,943,800</td>
<td>$ 329,503,000</td>
<td>$ 19,559,200</td>
<td>6.3%</td>
</tr>
<tr>
<td>Institution &amp; Group Home</td>
<td>$ 233,485,900</td>
<td>$ 209,675,500</td>
<td>$ (23,810,400)</td>
<td>-10.2%</td>
</tr>
<tr>
<td>All Other Grants</td>
<td>$ 133,286,500</td>
<td>$ 133,523,500</td>
<td>$ 237,000</td>
<td>0.2%</td>
</tr>
<tr>
<td>Personal Services/ Social Security</td>
<td>$ 221,739,200</td>
<td>$ 218,571,300</td>
<td>$ (3,167,900)</td>
<td>-1.4%</td>
</tr>
<tr>
<td>All Other Operations</td>
<td>$ 50,537,800</td>
<td>$ 50,537,800</td>
<td>$</td>
<td>0.0%</td>
</tr>
<tr>
<td>SACWIS</td>
<td>$ 18,225,600</td>
<td>$ 22,678,300</td>
<td>$ 4,452,700</td>
<td>24.4%</td>
</tr>
<tr>
<td>Other CSF Lump Sums</td>
<td>$ 15,042,100</td>
<td>$ 15,042,100</td>
<td>$</td>
<td>0.0%</td>
</tr>
<tr>
<td>566 / 582 Funds (Fed Projects, Trusts)</td>
<td>$ 11,200,700</td>
<td>$ 11,683,100</td>
<td>$ 482,400</td>
<td>4.3%</td>
</tr>
<tr>
<td><strong>GRAND TOTAL</strong></td>
<td><strong>$ 1,175,778,800</strong></td>
<td><strong>$ 1,161,890,800</strong></td>
<td><strong>$ (13,888,000)</strong></td>
<td><strong>-1.2%</strong></td>
</tr>
</tbody>
</table>
FY 17 Budget by Fund

**FY 2017 Introduced**

- **General Revenue Fund**
  - $695,074,200
  - 59.8%

- **DCFS Children’s Services Fund**
  - $454,833,500
  - 39.1%

- **Other Funds**
  - $11,983,100
  - 1.0%

- **Total (All Funds)**
  - $1,161,890,800
The DCFS Budget Briefing Book will be available for review or download tomorrow from the DCFS Website under the “DCFS Features” heading.

www.DCFS.illinois.gov
FY2017 Budget

Nirav D. Shah, M.D., J.D., Director
Erik Rayman, Chief of Staff
Vicki Wilson, CFO
FY2017 IDPH Appropriations
$583.8 Million

GRF, $109.0, 18.7%
Other State, $157.2, 26.9%
Federal, $317.5, 54.3%
## Budget Comparisons: Requested FY2017 – Proposed FY2016
(millions)

<table>
<thead>
<tr>
<th>Funding Source</th>
<th>Requested FY2017</th>
<th>Proposed FY2016</th>
<th>Change from Proposed FY16</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Revenue (GRF)</td>
<td>$109.0</td>
<td>$111.3</td>
<td>($2.3) (2.1%)</td>
</tr>
<tr>
<td>Other State</td>
<td>$157.2</td>
<td>$156.7</td>
<td>$0.5 (0.3%)</td>
</tr>
<tr>
<td>Federal</td>
<td>$317.5</td>
<td>$317.5</td>
<td>$0.0 (0.0%)</td>
</tr>
<tr>
<td>Total</td>
<td>$583.8</td>
<td>$585.5</td>
<td>($1.7) (0.3%)</td>
</tr>
</tbody>
</table>
FY2017 Budget Recommendations

GRF Line Reductions

Regional Database System, Adoption Registry, Health Info Systems, Prevention Systems, Center for Rural Health, Assisted Living & Shared Housing - $1.1 million
- Reflects continued staffing and contractual spending
- Operations will now be centrally managed through GRF and Other State Funds
- Consolidation of spending into the larger lump sum allows for management of vacancies and maximum flexibility to meet program needs

Grant Lines - $135,000
- Eliminates Prostate Cancer Awareness grants

HIV/ADAP - $2.0 million
- Continued ACA migration and the use of Federal Medicaid rebates will be used to help offset reductions
  - Federal Ryan White match requirements are sufficiently met and the level of coverage is consistent with previous fiscal years
FY2017 Budget Recommendations

GRF Increases

Local Health Protection Grant - $1 million

- The statewide network of local health departments represents a vital partnership for the Department.
  - The LHPG helps protect communities by funding disease control, outbreak management, food safety, and sanitation efforts at the local level
- LHDs have not received a significant increase in many years and have been expected to do more with less
- The recommended increase provides greater flexibility by allowing LHDs to focus on specific local priorities
FY2017 Budget Recommendations

Other State Fund Increases

Epilepsy Fund, Autoimmune Disease Fund, Hospice Fund - $50,000

- Appropriation amounts increased to match cash balances

Death Certificate Surcharge Fund - $450,000

- Increased for the Coroner Training Board (P.A. 99-0408)
Q&A