Illinois Health Reform, Public Health, and Health Planning Initiatives

April, 2014

This fact sheet provides descriptions of Illinois initiatives that are relevant to health reform, public health, and health planning. Descriptions were collected from the initiatives’ webpages, condensed, and edited, as needed. The purpose of this fact sheet is to provide readers with a basic understanding of this group of projects and direct them to the associated webpages for further reading and engagement. There are other initiatives that intersect with and are related to these large-scale reform projects, so this should not be regarded as a comprehensive list.

GoVernor’s Office of Health Innovation and Transformation (GOHIT)  
www.healthcarereform.illinois.gov

The Governor’s Office of Health Innovation and Transformation (GOHIT), created in January, 2014 by Governor’s Executive Order, is responsible for directing Illinois’ health reform initiatives, particularly those related to the State’s Alliance for Health Innovation Plan. The Alliance for Health was developed with a six-month planning grant awarded from the Center for Medicare and Medicaid Innovation (CMMI). GOHIT is responsible for leading and coordinating implementation of the initiatives and policy changes in the Innovation Plan, supporting stakeholder engagement, and creating and operating an Innovation and Transformation Resource Center to provide technical assistance.

Alliance for Health: State Innovation Model Grant  
www.healthcarereform.illinois.gov

On February 21, 2013, Illinois was awarded a State Innovation Model grant from CMMI. This funding supported planning efforts for delivering high-quality health care, lowering costs, and improving health system performance. Illinois used the CMMI grant to bring together a broad array of stakeholders, including health plans, providers, payers, purchasers, advocates, and public health professionals, to develop innovative strategies to improve the healthcare delivery system. The Alliance developed a plan that builds upon the delivery and payment system reforms already underway in the state, including changes implemented under Illinois’ Care Coordination Innovations Project, and the CMS Coordinated Care for Medicare-Medicaid Enrollees Demonstration, as well as innovations being spearheaded by commercial insurers. The Alliance plan was published in December of 2013 and the State of Illinois is awaiting an expected request for proposals for implementation grants from CMMI to fund work related to implementation of the plan (which is available on the website listed above.)

Health Care Reform Implementation Council (HCRIC)  
www.healthcarereform.illinois.gov

Governor Pat Quinn signed an Executive Order on July 29th, 2010 to create the Illinois Health Care Reform Implementation Council. The Council has helped the state implement the health care reforms contained in the federal Affordable Care Act (ACA) and provided recommendations that have helped guide other planning efforts, including a January, 2014 HCRIC Workgroup on Workforce report and recommendations. A number of other reports and recommendations made by HCRIC are available at the website noted above.

“Path to Transformation” Medicaid Section 1115 Waiver (1115 Waiver)  
www.healthcarereform.illinois.gov

Building on the work of the Alliance for Health, from November 2013 to March 2014, the State has developed a waiver application for submission to the Centers for Medicare and Medicaid Services. Section 1115 of the Social Security Act gives the Secretary of Health and Human Services authority to approve experimental, pilot, or demonstration projects that promote the objectives of the Medicaid and CHIP programs and that differ from federal program rules. The purpose of these demonstrations, which give states additional flexibility to design and improve their programs, is to demonstrate and evaluate policy approaches such as: expanding eligibility to individuals who are not otherwise Medicaid or CHIP eligible; providing services not typically covered by Medicaid; and using innovative service delivery systems that improve care, increase efficiency, and reduce costs. Illinois’ proposal includes using federal funding to implement reforms that will: 1) improve healthcare delivery systems; 2) help integrate population health efforts into healthcare delivery; 3) invest in the healthcare workforce; and 4) improve long-term services infrastructure, choice, and coordination.

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Illinois Workforce Investment Board (IWIB) Healthcare Task Force

The Illinois Workforce Investment Board (IWIB) established the Healthcare Task Force in April 2004 to develop recommendations for addressing the causes of healthcare worker shortages in Illinois identified by the Critical Skill Shortages Initiative (CSSI) and other national and state studies and initiatives. The Healthcare Task Force has recently been reconstituted for the purposes of addressing the increased demand for healthcare workers and educators as a result of healthcare reforms and an aging population. The IWIB facilitates workforce development services and programs to help meet the workforce needs of Illinois employers and workers. To meet this directive, the IWIB, in accordance with federal legislation, includes leaders from state, business, industry, labor, education, and community-based organizations. Through a taskforce structure and one standing steering committee, representatives from the mandated and optional private/public partner programs develop recommendations for the full IWIB's consideration. The IWIB Healthcare Task Force, which is being led by the Illinois Department of Public Health, is expected to release its report in the fall of 2014.

State Health Improvement Plan (SHIP)
www.idph.state.il.us/ship/icc/index.htm

As mandated by statute, the state of Illinois regularly produces a State Health Improvement Plan (SHIP) that outlines priorities and strategies for health status and public health system improvement, with a focus on prevention. The SHIP also addresses reducing racial, ethnic, geographic, age, and socioeconomic health disparities. The plan is produced by a team of public, private, and voluntary sector stakeholders appointed by the director of the Illinois Department of Public Health. The current version of the SHIP is from 2010. In 2011, Governor Quinn appointed members to the SHIP Implementation Coordination Council (ICC), which released its preliminary action plan in January of 2013.

Community Transformation Grant: We Choose Health (CTG)
www.idph.state.il.us/wechoosehealth/

The Illinois Department of Public Health (IDPH) was awarded a multi-million dollar grant to implement activities throughout Illinois that focus on tobacco-free living, active living and healthy eating, quality clinical and other preventive services, social and emotional wellness, and fostering healthy and safe physical environments. We Choose Health funds efforts by local organizations, health providers, schools, businesses, and other community groups statewide, except for in Cook, Kane, DuPage, Lake, and Will Counties. IDPH is working on sustainability planning for the CTG work, as the CDC announced that the program funding will end in September of 2014.

Balancing Incentive Program (BIP)
http://mfp.illinois.gov/bip.html

The Federal Balancing Incentive Program (BIP) authorizes enhanced Medicaid matching funds to States to increase access to non-institutional long-term services and supports (LTSS) as of October 1, 2011. Illinois' BIP application was approved June 12, 2013. The Balancing Incentive Program will help Illinois transform the long-term care systems in the following ways: 1) Lowering costs through improved systems performance and efficiency; 2) Creating tools to help consumers with care planning and assessment; 3) Improving quality measurement and oversight. The Balancing Incentive Program also provides new ways to serve more people in home and community-based settings and is closely tied with current Long Term Care Rebalancing initiatives in Illinois such as the Money Follows the Person program. The BIP supports the integration mandate of the Americans with Disabilities Act (ADA), as required by the Olmstead decision, and was created by the Affordable Care Act of 2010 (Section 10202).

Budgeting For Results (BFR)
www2.illinois.gov/gov/budget/Pages/results.aspx

On July 1, 2010, Governor Quinn signed into law Budgeting For Results (BFR), a spending reform act requiring the state of Illinois to institute a results-based budgeting process that will end the automatic funding of programs. By requiring the State to live within its means and focus on performance, BFR will transform the way that state officials, legislators – and the public – prioritize, think about, and implement the State’s budget. Going forward, the State will fund only those programs that can demonstrate effectiveness and help the State achieve its stated outcomes and goals.