

Regulatory Alert: D-SNP Enrollment and Illinois Compliance Risks

If your facility has transitioned to an **Aetna, Humana, Wellcare, or Molina D-SNP**, your hearing healthcare protocols may no longer meet Illinois statutory requirements.

The Compliance Gap

Dual-Eligible Special Needs Plans (D-SNPs) typically utilize third-party vendors that mandate a **reactive care model**. Under these plans, the resident or their legal representative must individually initiate contact to schedule onsite testing. This fragmented approach shifts the burden of care coordination away from the facility, creating a systemic failure to meet mandatory assessment timelines.

Federal and State Mandates are Non-Negotiable

Failure to provide proactive hearing services is a violation of established law:

- **OBRA 1987:** Requires a comprehensive assessment of a resident's functional abilities—specifically including hearing—within **14 days of admission**.
- **The ADA & Olmstead Act:** Guarantee residents the right to effective communication access; failure to provide this constitutes discrimination.
- **Illinois State Regulations:** Demand rigorous adherence to hearing healthcare standards that third-party D-SNP vendors often fail to satisfy.

Administrative Risk: Overlooking these requirements exposes your facility to federal deficiencies, significant financial penalties, and irreversible reputational damage.

Clinical Outcomes and Liability

Hearing healthcare is a pillar of resident safety and cognitive health. Administrators who prioritize proactive, integrated hearing services do more than just ensure compliance; they improve clinical outcomes and insulate their organizations from litigation and regulatory scrutiny.

The Solution: Protecting Your Facility

To maintain full alignment with Illinois regulations and ensure your residents receive the hearing care required by law, you must exercise your right to **opt out of D-SNP**.

By opting out, you reclaim control over the quality of hearing care, ensuring every resident is assessed accurately, timely, and in full accordance with the law.

Next Steps: Contact your insurance carrier and let them know you want to opt out of these restrictive plans and return to a compliant, proactive hearing healthcare model.