

No.	Topic(s)	<p style="text-align: center;">Public Comment</p> <p>(Note that longer public comments, such as formal organizational letters, have been summarized. Also note that some commenters developed and shared a "public comment response" template with similar stakeholders. Thereby, some comments may appear to be duplicative, but are template public comments received by HFS.)</p>	<p style="text-align: center;">Illinois Department of Healthcare and Family Services (HFS) Response</p>
1	SUD/IMD	Curious how billing works between extension application and approval. Also, Pg 23 of draft application, the combining of the IMD and SUD case management pilots make it seem like case management will only be available through IMD.	The demonstration will continue to operate in the same manner as it currently does (including billing processes) under the demonstration while HFS works with CMS on the extension approval. HFS revised the draft application to clarify that these are separate SUD services offered under the demonstration. HFS thanks you for this feedback.
2	Continuum of Care	Very supportive for the Continuum of Care license and look forward to implementing with department's help; will provide them with opp to provide care along full continuum – Current licensing system requires them to maintain multiple licenses, multiple agencies - Implementing this license will allow them to move people with more flexibility; Reiterated that they are supportive of the proposal and will provide written comment	HFS thanks you for your support of the proposed demonstration extension.
3	SUD/IMD	Would request on behalf of IABH that case management services be available in level 3.5 residential treatment; expressed concern about SUD services being provided by managed care, especially in rural areas; also request services be provided to persons who are deaf and hard of hearing as they have not historically been provided services.	Case management services are provided as part of OUD/SUD and other behavioral health treatment as determined clinically appropriate by providers. This will not change under the proposed demonstration extension. As indicated in the draft application, SUD services are offered under both managed care and fee-for-service. Also described in the draft application, eligibility for HRSN services will be open to all Medicaid state plan populations enrolled in full-scope Medicaid coverage who also meet the proposed benefit needs criteria described in the application. Hearing ability is not an eligibility criterion for the proposed HRSN services. HFS thanks you for this feedback.
4	Justice Involved Housing Employment	For justice involved: regarding 90 days pre-release services – think about the fact that release dates is not usually known for people who are coming out Jail settings until day of release – requesting more detail on how the state will start the clock for the 90 days. . Regarding Housing and Employment benefits and definition of behavioral health – make sure that BH condition includes SUD as well as mental health Managed Care – thought process question – is that for people coming out of incarceration – benefits usually suspended; so when coming out of DOC and benefits are reinstated they are FFS before MCO – can services happen sooner and can they choose MCO at same time they are applying for Medicaid? Housing – definition of homeless of some programs requires a person to be homeless for X number of days - especially coming out of incarceration – may not always meet definition of homelessness and not flexible to those who are recently released who may have no where to go upon release; asking for criteria to be simple.	HFS confirms that "behavioral health" in the draft demonstration application includes both OUD/SUD and mental health. HFS revised the draft application to make this clarification. HFS reads the remaining comments to be operational in nature and these questions will be considered by HFS and its convening stakeholder partners in the pre-planning and readiness discussions that will begin over the next few months after formal submission of the application to CMS. HFS will update stakeholders through regularly established open public/stakeholder meetings as operational elements for implementing the demonstration are established. HFS thanks you for this feedback.
5	Housing Justice Involved SUD/BH Outreach and Engagement	Hoping that HFS is coordinating with other systems; housing has conflicting policies/eligibility criteria - especially for people coming out of institutions; 2. asking for clarification re: SUD part of BH; hoping MAT also includes for alcohol treatment; 3. excited to see the outreach and engagement - hope for clarification regarding outreach and engagement - only eligible for those who are already participating in current programs, HTC's, Other?	HFS first clarifies that medication-assisted treatment (MAT) is used as an effective treatment for opioid use disorders (OUD), not for alcohol treatment. However, the SUD benefit provided under the demonstration includes medically appropriate treatment for diagnosed alcohol use disorders. As described in the draft application, eligibility for HRSN services will be open to all Medicaid state plan populations enrolled in full-scope Medicaid coverage who also meet the proposed benefit specific criteria described in the application. HFS reads the remaining comments to be operational in nature and these questions will be considered by HFS and its convening stakeholder partners in the pre-planning and readiness discussions that will begin over the next few months after formal submission of the application to CMS. HFS will update stakeholders through regularly established open public/stakeholder meetings as operational elements for implementing the demonstration are established. HFS thanks you for this feedback.
6	Housing	Addressing racial inequality by helping homeless individuals and families access interim housing, affordable permanent housing, and housing services for housing stability, better health, and economic security in South Cook and portions of Will County. They have a waiting list of 100+ and this waiver could help increase the availability of supportive housing and medical respite facilities to help alleviate the statewide crisis.	HFS thanks you for your support of the proposed demonstration extension.
7	HTCs Eligibility Criteria for HRSN	Email states support for the proposal. Letter attached with two Questions posed: 1. How can community based organizations, performing innovative public health services, have access to funding without becoming a managed care organization? What does that framework look like? 2. How can residents meet criteria for accessing emergency support services without the barrier of needing a police or hospital report? Can required reports be provided on site or in the field immediately?	HFS is working on a streamlined Medicaid enrollment process for non-traditional Medicaid providers to be able to provide and receive reimbursement for HRSN demonstration services. HFS reads the remaining comments to be operational in nature and these questions will be considered by HFS and its convening stakeholder partners in the pre-planning and readiness discussions that will begin over the next few months after formal submission of the application to CMS. HFS will update stakeholders through regularly established open public/stakeholder meetings as operational elements for implementing the demonstration are established. HFS thanks you for this feedback.
8	HRSN Providers	Commends HFS for the inclusion of social needs and for the emphasis on non-traditional Medicaid providers. SHPA will be holding a listening session with their members and submitting comments on their behalf	HFS thanks you for your support of the proposed demonstration extension.

9	Infrastructure	Want to support. Recommend that to better support the pilots, consideration should be given to adopt social care infrastructures such as closed loop referral technology. They plan to provide written comment.	HFS reads this comment to be operational in nature and this question will be considered by HFS and its convening stakeholder partners in the pre-planning and readiness discussions that will begin over the next few months after formal submission of the application to CMS. HFS will update stakeholders through regularly established open public/stakeholder meetings as operational elements for implementing the demonstration are established. HFS thanks you for this feedback.
10	Justice Housing Workforce Infrastructure	Appreciation for the application and its inclusion of health and social needs. Especially enthusiastic for justice pieces. He requested that youth at the Cook County Juvenile Detention Center also be included in the initial reentry pilot with auto assignment into County Care's Medicaid health plan, using the same rationale applied to individuals leaving Cook Co. Jail, to maintain continuity of care. Also pleased with housing supports and encouraged the Illinois proposal to include provisions from 1115 applications submitted by other states. Encourages HFS to consider adding language about workforce and infrastructure that other states have recently had approved in their 1115 applications. The proposals they are requesting are the recruitment and retention initiatives to address healthcare workforce, including behavioral health providers and to provide for career advancement, especially for individuals to start from nontraditional entry points. And for physical and IT infrastructure and planning improvements with a specific focus on our safety net health systems and regional cooperation. They find it imperative that we cannot increase the safety net, cannot achieve transformation without also investing in the physical infrastructure and the available points of access to care and initiatives that address our special populations. They strongly encourage the inclusion of provisions that will allow these things to come to fruition. They plan to submit written comments.	HFS clarified in the application that reentry services will be available to justice-involved youth and adults, who are otherwise Medicaid eligible, transitioning back to the community from a carceral setting. As described in the application, the Reentry pilot will initially start with adults who are incarcerated at Cook County Jail and will be expanded to other carceral settings based on implementation readiness. In consideration of all public comments received on the scope of the proposed HRSN benefits, HFS considered the input received against several factors, including the type of authorities approved in other state demonstration programs and state-specific and national healthcare research, to determine the appropriate scope for an implementable HRSN benefit package. As such, HFS broadened the proposed housing benefit to be as expansive as other state programs approved by CMS. HFS also added an additional service under the non-medical transportation benefit. The scope of the other HRSN services remain as proposed. HFS thanks you for your support of the proposed demonstration extension.
11	Food/Nutrition	Thrilled about food/nutrition and the things included. Encourages HFS to consider extending benefits to include other Food as Medicine programs that have a demonstrated impact on patient well-being, particularly medically tailored groceries, produce prescriptions, cooking classes, (CA, Mass, Oregon); encourage extending duration from 6 mos to 12 mos or allow reauth beyond as medically necessary, mentioned letter sent to CMS by universities; consider extended coverage to patient's families for food benefits.	In consideration of all public comments received on the scope of the proposed HRSN benefits, HFS considered the input received against several factors, including the type of authorities approved in other state demonstration programs and state-specific and national healthcare research, to determine the appropriate scope for an implementable HRSN benefit package. As such, HFS broadened the proposed housing benefit to be as expansive as other state programs approved by CMS. HFS also added an additional service under the non-medical transportation benefit. The scope of the other HRSN services remain as proposed. HFS thanks you for your support of the proposed demonstration extension.
12	Medical Respite Housing	In support of medical respite and housing. They recently had to decrease their patient capacity due to funding shortfalls. Should respite care become a covered benefit via the waiver it would allow them to sustain and possibly expand. The second major challenge is locating housing for their clients, so he also expressed support for the proposed housing supports. Their respite patients typically stay months, multiple months in the program not because of medical needs but rather due to a lack of supportive housing. Assistance with housing navigation and actual housing stock limit their respite programs ability to house clients once medically stable. This in turn reduces ability to take in new clients.	HFS thanks you for your support of the proposed demonstration extension.
13	HRSN	Expressing support for waiver; looking forward to additional benefits that will provide for their Medicaid members. Feel these are very necessary benefits.	HFS thanks you for your support of the proposed demonstration extension.
14	Food/Nutrition	Applaud HFS for focusing on SDOH to address structural inequities that include food insecurity and improve health outcomes. Commend administration's decision to take advantage of this policy opp to test Medicaid coverage of medically tailored meals, home delivered meals and other nutrition supports to individuals enrolled in Medicaid Managed Care. Cited National Strategy on Hunger, Nutrition and Health from September 2022 and other studies and results, including cost savings. Discussed Massachusetts expanded eligibility for medically tailored meals to include household family members and NC's expansion to family members. Asked HFS to consider similar changes and to consider extending the duration of food and nutrition benefit from 6 to 12 months. Also highlighted local economic impact regarding food system equity. Procuring from local producers and vendors, particularly BIPOC and socially disadvantaged producers can leverage food related interventions to become a catalyst for community wealth building, further addressing social determinants of health. Thrilled to see the range of food and nutrition benefits proposed in the demonstration extension application. A few states have expanded the range of food supports in their demonstrations even further to include produce prescriptions and medically tailored healthy grocery vouchers. These additional supports added to the food support benefit continuum might allow for greater flexibility and offerings to eligible Medicaid enrollees, benefits that suit their needs.	In consideration of all public comments received on the scope of the proposed HRSN benefits, HFS considered the input received against several factors, including the type of authorities approved in other state demonstration programs and state-specific and national healthcare research, to determine the appropriate scope for an implementable HRSN benefit package. As such, HFS broadened the proposed housing benefit to be as expansive as other state programs approved by CMS. HFS also added an additional service under the non-medical transportation benefit. The scope of the other HRSN services remain as proposed. HFS thanks you for your support of the proposed demonstration extension.
15	Housing	Appreciate the emphasis to make eligibility as broad and inclusive as possible, especially housing and other HRSNs. Will submit written comments but want to express strong support and appreciation for as broad and inclusive of an approach as possible to investing healthcare dollars in housing. Emphasis on including non-Medicaid providers in housing and other supports that relate to SDOH is really important; housing is healthcare. Ultimately this is an important piece in the puzzle in the state of Illinois reaching functional zero on homelessness.	In consideration of all public comments received on the scope of the proposed HRSN benefits, HFS considered the input received against several factors, including the type of authorities approved in other state demonstration programs and state-specific and national healthcare research, to determine the appropriate scope for an implementable HRSN benefit package. As such, HFS broadened the proposed housing benefit to be as expansive as other state programs approved by CMS. HFS also added an additional service under the non-medical transportation benefit. The scope of the other HRSN services remain as proposed. HFS thanks you for your support of the proposed demonstration extension.

16	Transportation	Food and nutrition, housing, employment, etc., is healthcare. Healthcare transportation is critical to every community and they look forward to partnering with HFS to increase access.	HFS thanks you for your support of the proposed demonstration extension.
17	General	Supports HFS and the efforts to extend the Section 1115 Demonstration	HFS thanks you for your support of the proposed demonstration extension.
18	General	Supports HFS and the efforts to extend the Section 1115 Demonstration	HFS thanks you for your support of the proposed demonstration extension.
19	Food/Nutrition	Commend HFS on the inclusion of new pilots and benefits to address HRSN. Encourage HFS to consider extending the food/nutrition benefit to include medically tailored groceries, produce prescription, and cooking classes. Encourage HFS to extend from 6 months to 12 months and/or allowing for reauthorization at 6 months, as medically necessary. Also encourage HFS to include extended coverage under their food and nutrition benefit so that they be more effective for both Medicaid patients and their families. Consider the incentivization of local purchasing.	In consideration of all public comments received on the scope of the proposed HRSN benefits, HFS considered the input received against several factors, including the type of authorities approved in other state demonstration programs and state-specific and national healthcare research, to determine the appropriate scope for an implementable HRSN benefit package. As such, HFS broadened the proposed housing benefit to be as expansive as other state programs approved by CMS. HFS also added an additional service under the non-medical transportation benefit. The scope of the other HRSN services remain as proposed. HFS thanks you for your support of the proposed demonstration extension.
20	Persons with I/DD	In general, excited and encouraged. Persons with I/DD are not in managed care, thus excluded from the HRSN services, as well as others in FFS, such as those in the collar counties with BH diagnoses. Thinks all services should be provided through MCOs and FFS. Persons with I/DD will be ineligible for Housing Support Services based on the eligibility criteria. Suggests using the eligibility criteria used for Employment Services, which includes those with I/DD. In Housing Support Services, suggest adding "Assistance with accessing all entitlements and benefits counseling" under pre-tenancy supports and "Medication management/monitoring as well as assistance with recertification processes" to tenancy sustaining supports.	HFS clarifies that only certain individuals with I/DD are not enrolled in managed care. HRSN services will be available to individuals with I/DD who are enrolled in managed care and who meet the eligibility needs criteria defined in Table 4. In response to the public input, HFS clarified in the housing benefit that I/DD is one of the "needs" criteria for eligibility for housing supports.
21	Direct Payments Violence Prevention	Appreciative to HFS. Supports the proposed language that would allow direct payments from the state to entities that are implementing State Medicaid Transformation programs. Encourages the state to be broadly inclusive in who can bill Medicaid for the provision of violence prevention programs, including hospital-based programs.	HFS will consider your feedback as part of our pre-planning and readiness processes for the demonstration extension. We thank you for your support of the proposed demonstration extension.
22	Transportation	Offers their support. Recommends including, "Trips to community-based organizations that provide health, wellness, and educational services and supports." to the Transportation Benefit.	HFS included this service recommendation in the final application submitted to CMS. In consideration of all public comments received on the scope of the proposed HRSN benefits, HFS considered the input received against several factors, including the type of authorities approved in other state demonstration programs and state-specific and national healthcare research, to determine the appropriate scope for an implementable HRSN benefit package. As such, HFS broadened the proposed housing benefit to be as expansive as other state programs approved by CMS. HFS also added an additional service under the non-medical transportation benefit. The scope of the other HRSN services remain as proposed. HFS thanks you for your support of the proposed demonstration extension.
23	Food/Nutrition	Commend HFS on the inclusion of new pilots and benefits to address HRSN. Encourage HFS to consider extending the food/nutrition benefit to include medically tailored groceries, produce prescription, and cooking classes. Encourage HFS to extend from 6 months to 12 months and/or allowing for reauthorization at 6 months, as medically necessary. Also encourage HFS to include extended coverage under their food and nutrition benefit so that they be more effective for both Medicaid patients and their families. Consider the incentivization of local purchasing.	HFS included this service recommendation in the final application submitted to CMS. In consideration of all public comments received on the scope of the proposed HRSN benefits, HFS considered the input received against several factors, including the type of authorities approved in other state demonstration programs and state-specific and national healthcare research, to determine the appropriate scope for an implementable HRSN benefit package. As such, HFS broadened the proposed housing benefit to be as expansive as other state programs approved by CMS. HFS also added an additional service under the non-medical transportation benefit. The scope of the other HRSN services remain as proposed. HFS will consider your feedback on local purchasing as part of our pre-planning and readiness processes for the demonstration extension. HFS thanks you for your support of the proposed demonstration extension.
24	General Justice Involved CHW training	Stands in strong support of the Healthcare Transformation 1115 Waiver extension which continues the implementation of certain pilot initiatives targeting and addressing behavioral health needs, supports transitions back to communities, and targets root causes of health disparities. Applauds the commitment to addressing SDOH, including access to transportation. Recommends expanding the justice-involved reentry pilot statewide. Recommends that the state examine the work of the C3 Project as it develops its CHW training and certification program, as well as including Mental Health First Aid.	HFS thanks you for your support of the proposed demonstration extension. Reentry services will be available to justice-involved youth and adults, who are otherwise Medicaid eligible, transitioning back to the community from a carceral setting. HFS clarified this in the draft application. As described in the application, the Reentry pilot will initially start with adults who are incarcerated at Cook County Jail and will be expanded to other carceral settings within the state based on implementation readiness. HFS will consider your feedback on training and certification as part of our pre-planning and readiness processes for the demonstration extension. HFS thanks you for your support of the proposed demonstration extension.
25	General	Expresses strong support for the Waiver extension application	HFS thanks you for your support of the proposed demonstration extension.

26	General	Expresses staunch support for the Waiver application	HFS thanks you for your support of the proposed demonstration extension.
27	Medical Respite	Commend Illinois for recognizing the importance of Medical Respite Care. Recommends adding additional information to your benefit description. Specifically, recommending to include: Preventive care, care plan development, connections to coordinated entry/housing placement, 24-hour/7-day a week access to room and board, and pre- and post-surgical procedural services. Importantly, the reimbursement rate should be sufficient to cover the full cost of all these services.	In consideration of all public comments received on the scope of the proposed HRSN benefits, HFS considered the input received against several factors, including the type of authorities approved in other state demonstration programs and state-specific and national healthcare research, to determine the appropriate scope for an implementable HRSN benefit package. As such, HFS broadened the proposed housing benefit to be as expansive as other state programs approved by CMS. HFS also added an additional service under the non-medical transportation benefit. The scope of the other HRSN services remain as proposed. HFS thanks you for your support of the proposed demonstration extension.
28	General	Expresses strong support for the Waiver extension application	HFS thanks you for your support of the proposed demonstration extension.
29	General	Expresses strong support for the Waiver extension application	HFS thanks you for your support of the proposed demonstration extension.
30	Housing General HRSN	<p>Fully supports the states innovation and commitment to addressing the social drivers of health, including housing related services.</p> <p>An equity plan should be included in the implementation of the housing related services. In the evaluation plan (table 7), all HRSN housing supports should be stratified by race and ethnicity and recommend including an outcome measure tracking change in housing status. Eligibility criteria should be aligned with affordable housing criteria across the state. Strengthen tenancy support services definitions to include:</p> <ul style="list-style-type: none"> • Support to access or navigate affordable housing opportunities or rental subsidy programs • Care Coordination to include a Whole Person Care model. By this we mean that care coordinators address health care needs, as well as health related social needs assistance. • Coaching on developing and maintaining relationships with landlords/property manager • Assisting in resolving disputes with landlords and/or neighbors • Advocacy and linkage to community resources to prevent eviction • Assisting with housing recertification process • Support to maintain access to benefits and entitlements • Coordinating with the tenant and care team to review and update housing support and crisis plans • Coaching on being a good tenant and lease compliance • Services to support clean air and healthy temperatures during climate emergencies <p>Recommend that 6 months of rent be contiguous with both pre-tenancy and tenancy services. Consider creating a plan for using a portion of the HRSN infrastructure funds specifically for housing supports infrastructure, to include startup funds for agencies with no history of billing Medicaid but long histories of addressing community housing and homelessness needs. The funds should be targeted for workforce development, stakeholder engagement and education, technology and IT systems, capacity building and network development for this service. HRSN services should be available to both MCO and FFS recipients. The eligibility criteria note at-risk of homelessness or institutional placement, and transitioning from an institutionalization. For persons with intellectual and developmental disabilities who want to move from residential or group home settings to a more integrated housing environment, how an institution is defined with determine if they are, or are not, going to be able to access Housing Supports.</p>	HFS will consider your feedback pertaining to implementation as part of our pre-planning and readiness processes for the demonstration extension. In consideration of all public comments received on the scope of the proposed HRSN benefits, HFS considered the input received against several factors, including the type of authorities approved in other state demonstration programs and state-specific and national healthcare research, to determine the appropriate scope for an implementable HRSN benefit package. As such, HFS broadened the proposed housing benefit to be as expansive as other state programs approved by CMS. HFS also added an additional service under the non-medical transportation benefit. The scope of the other HRSN services remain as proposed. HFS thanks you for your support of the proposed demonstration extension.
31	Food/Nutrition HEAL Grant Program	<p>Applaud the inclusion of HRSN.</p> <p>Include conditions such as cerebral palsy, kidney disease, developmental disability, and technology dependent as those eligible for food and nutrition services. Would like to see the following benefits covered for services provided by nutritionists and Registered Dietitians: Manage feeding children with chronic diseases, The Oral Motor Feeding Clinic, assessing nutrition status, management of tube feedings, and education. Cautions how safety net is defined and operationalized in the safety net-related pilot. Believes this pilot should not focus on new initiatives and should also cover the gap between Medicaid and Medicare reimbursement for needed specialists.</p>	As described in the draft application, eligibility for HRSN services will be open to all Medicaid state plan populations enrolled in full-scope Medicaid coverage who also meet the proposed benefit needs criteria described in the application. The conditions listed are not eligibility exclusions. In consideration of all public comments received on the scope of the proposed HRSN benefits, HFS considered the input received against several factors, including the type of authorities approved in other state demonstration programs and state-specific and national healthcare research, to determine the appropriate scope for an implementable HRSN benefit package. As such, HFS broadened the proposed housing benefit to be as expansive as other state programs approved by CMS. HFS also added an additional service under the non-medical transportation benefit. The scope of the other HRSN services remain as proposed. HFS thanks you for your support of the proposed demonstration extension.
32	Supported Education Outreach and Engagement Justice Involved	<p>Extremely supportive. They do recommend:</p> <p>Including supported education as a benefit and it could be incorporated into Employment Assistance benefit</p> <p>Expanding the Outreach and Engagement pilot to include behavioral health care.</p> <p>Include applying for SSI/SSDI as part of the Justice-Involved Reentry Pilot benefit for those with SMI</p>	HFS clarified in the final application that "benefits application assistance" is included under the Reentry Pilot. In consideration of all public comments received on the scope of the proposed HRSN benefits, HFS considered the input received against several factors, including the type of authorities approved in other state demonstration programs and state-specific and national healthcare research, to determine the appropriate scope for an implementable HRSN benefit package. As such, HFS broadened the proposed housing benefit to be as expansive as other state programs approved by CMS. HFS also added an additional service under the non-medical transportation benefit. The scope of the other HRSN services remain as proposed. HFS thanks you for your support of the proposed demonstration extension.

33	General	Expresses strong support for the Waiver extension application	HFS thanks you for your support of the proposed demonstration extension.
34	General Violence Prevention and Intervention	Expresses staunch support for the Waiver application	HFS thanks you for your support of the proposed demonstration extension.
35	I/DD SMI HRSNs Pilots Workforce	The importance of proper and timely payment, prompt approval of services, clear and concise communication with individuals and providers, and an appropriate system for claims disputes and resolutions is imperative. Will the managed care organizations operate each program on a separate payment model, and if so, will those be done as fee-for-service or a per-member, per-month (PMPM) model? The application indicates the program benefits will be implemented statewide through "appropriate phases." Please provide further explanation of what those phases might look like. Stakeholder engagement and input on this process must be utilized.. Will individuals and organizations be required to go through the Medicaid provider enrollment process through IMPACT to become qualified provider types or will a different system be utilized? Supportive of the housing component, with questions and comments. Supportive of food and nutrition component, with questions and comments. Supportive of employment assistance component, with questions and comments. Supportive of transportation component, with questions and comments. How will the state determine the scope of each pilot? - does statewide mean anyone that qualifies, will additional MCOs be added? How will these projects coordinate with those served under the Williams and Colbert consent decrees? Consider workforce impact in implementation planning.	HFS reads these comments to be operational in nature and these questions will be considered by HFS and its convening stakeholder partners in the pre-planning and readiness discussions that will begin over the next few months after formal submission of the application to CMS. HFS will update stakeholders through regularly established open public/stakeholder meetings as operational elements for implementing the demonstration are established. HFS thanks you for this feedback.
36	Infant/Child Health HRSNs	Appreciative of the expanded focus on the priority populations and the alignment to CMS' five health equity priorities. However, they would like to see more focus on and reference to children and families. Housing: for case management under pre-tenancy and tenancy sustaining, suggest including linkages to early care and education, as well as to the Early Intervention program. Recommend adding cribs, etc. to home accessibility and safety modifications. Medical Respite: include assessment of and addressing the needs of any family concerns. Food and Nutrition: consider up to 12 months for postpartum, or ability to reauthorize, extend to all members of the family, and expand services to include medically tailored groceries, produce prescription, cooking classes, breastfeeding and lactation support, and linkages to WIC. Employment Assistance: link to early care and education programs for their children. Violence Prevention and Intervention: Recommends that HFS use the IGrow website for home visiting programs. Recommend incorporating incentives and guidance to MCOs. This would be a good coordination strengthening activity ahead of HFS' plans to pursue a SPA to create a new benefit category for home visiting services. For dyadic therapy, recommend interventions be developmentally appropriate. Justice Involved: recommend inclusion of early care and education programs for their children. Community Reintegration: transitioning from institutions - we recommend including linkages to early care and education programs. Transportation: Recommends including to early care and education programs. SUD case management: Recommend that a comprehensive assessment of needs includes the needs of family members, particularly children. Under patient advocacy, recommend including linkages to early care and education programs, particularly home visiting and the Early Intervention program. Also recommend alignment with SUPR;s pilot program for pregnant and postpartum women. Encourage the state to include the local early care and education collaboratives across the state in the HTC initiatives. Recommend early care and education programs in case management for reentry (repeat from above). Also, assess for the parenting needs of individuals leaving custody. Justice Involved pilot should be linked to the state's efforts to expand a universal system of newborn supports. As well, the HTC programs should be linked to these efforts as well. For Violence Prevention and Intervention, recommend that culturally responsive, trauma-informed therapeutic interventions and supports be developmentally appropriate. Recommend that CHW training include age- and developmentally appropriate practices/interventions. SUD pilot: Recommend including early care and education programs in case management and patient advocacy (repeat from above). Housing Support: Recommend including linkages to early care and education, as well as the Early Intervention program (repeat from above). Employment Assistance: Recommend linkages to early care and education programs for their children. Encourages HFS to also focus on the mental health needs of very young children. Recommend including all maternal health outcomes in the evaluation plan.	HFS will consider your feedback as part of our pre-planning and readiness processes for the demonstration extension. Pertaining to the input on early care and education programs, upon consideration, these types of programs are not within the HRSN parameters upon which the proposed demonstration extension was developed in accordance with CMS guidance. Further, the Medicaid benefit of early and periodic screening, diagnostic, and treatment (EPSDT) services provides comprehensive and preventive health care services for all children under age 21 who are enrolled in Medicaid and would be available to address the needs of these child populations. HFS thanks you for this feedback.
37	General	Expresses strong support for the Waiver extension application	HFS thanks you for your support of the proposed demonstration extension.
38	General	Expresses strong support for the Waiver extension application	HFS thanks you for your support of the proposed demonstration extension.
39	General	Expresses staunch support for the Waiver application	HFS thanks you for your support of the proposed demonstration extension.
40	General Housing Medical Respite	Medicaid should reimburse medical respite in a straightforward manner such as a daily per diem rate that covers all services. Should include transportation benefit for those in Medical Respite. Cautions about making payment systems too complicated for medical respite providers.	HFS will consider your feedback as part of our pre-planning and readiness processes for the demonstration extension. We note that non-medical transportation is one of the proposed benefits stated in the draft application. We thank you for your support of the proposed demonstration extension.
41	Medical Respite Transportation	For Medical Respite: recommend standardized per diem and eligibility measures, tiered payments, option to extend length of stay, programs should follow standards for Medical Respite Care Programs (NIMRC), and add Onsite Occupational Therapy. Transportation is important	HFS will consider your feedback as part of our pre-planning and readiness processes for the demonstration extension. We thank you for your support of the proposed demonstration extension.
42	General	Expresses staunch support for the Waiver application	HFS thanks you for your support of the proposed demonstration extension.
43	Infant/Child Health HRSNs	Appreciative of the expanded focus on the priority populations and the alignment to CMS' five health equity priorities. However, they would like to see more focus on and reference to children and families. Housing: for case management under pre-tenancy and tenancy sustaining, suggest including linkages to early care and education, as well as to the Early Intervention program. Recommend adding cribs, etc. to home accessibility and safety modifications. Medical Respite: include assessment of and addressing the needs of any family concerns. Food and Nutrition: consider up to 12 months for postpartum, or ability to reauthorize, extend to all members of the family, and expand services to include medically tailored groceries, produce prescription, cooking classes, breastfeeding and lactation support, and linkages to WIC. Employment Assistance: link to early care and education programs for their children. Violence Prevention and Intervention: Recommends that HFS use the IGrow website for home visiting programs. Recommend incorporating incentives and guidance to MCOs. This would be a good coordination strengthening activity ahead of HFS' plans to pursue a SPA to create a new benefit category for home visiting services. For dyadic therapy, recommend interventions be developmentally appropriate. Justice Involved: recommend inclusion of early care and education programs for their children. Community Reintegration: transitioning from institutions - we recommend including linkages to early care and education programs. Transportation: Recommends including to early care and education programs. SUD case management: Recommend that a comprehensive assessment of needs includes the needs of family members, particularly children. Under patient advocacy, recommend including linkages to early care and education programs, particularly home visiting and the Early Intervention program. Also recommend alignment with SUPR;s pilot program for pregnant and postpartum women. Encourage the state to include the local early care and education collaboratives across the state in the HTC initiatives. Recommend early care and education programs in case management for reentry (repeat from above). Also, assess for the parenting needs of individuals leaving custody. Justice Involved pilot should be linked to the state's efforts to expand a universal system of newborn supports. As well, the HTC programs should be linked to these efforts as well. For Violence Prevention and Intervention, recommend that culturally responsive, trauma-informed therapeutic interventions and supports be developmentally appropriate. Recommend that CHW training include age- and developmentally appropriate practices/interventions. SUD pilot: Recommend including early care and education programs in case management and patient advocacy (repeat from above). Housing Support: Recommend including linkages to early care and education, as well as the Early Intervention program (repeat from above). Employment Assistance: Recommend linkages to early care and education programs for their children. Encourages HFS to also focus on the mental health needs of very young children. Recommend including all maternal health outcomes in the evaluation plan.	Pertaining to the input on early care and education programs, upon consideration, these types of programs are not within the HRSN parameters upon which the proposed demonstration extension was developed in accordance with CMS guidance. Further, the Medicaid benefit of early and periodic screening, diagnostic, and treatment (EPSDT) services provides comprehensive and preventive health care services for all children under age 21 who are enrolled in Medicaid and would be available to address the needs of these child populations. HFS will consider your other feedback as part of our pre-planning and readiness processes for the demonstration extension. HFS thanks you for this feedback.

44	SUD Case Management Justice Employment Assistance Transportation Deaf/Deaf-Blind/Hard of Hearing Safety Net Hospitals	SUD Case Management: Should remove the OUD/SUD diagnosis as requirement: Referrals for SUD case management are made by criminal-legal system stakeholders (e.g., judges) who may observe a potential connection between an individual's use of drugs or alcohol and their criminal behavior but who are not qualified to make a diagnosis. The provider conducts an assessment prior to diagnosis so the assessment of any individual who meets the other eligibility criteria should be considered a covered service under the waiver. In addition, if a non-SUD diagnosis is identified (e.g., mental health diagnosis) and the individual's risk of recidivism and negative health outcomes can be lowered through provision of case management, inclusion in this pilot initiative would be beneficial. SUD Case Management: Recommend including pre-arrest referrals. SUD Case Management: Need to improve the current claims submission process. SUD Case Management: Should not be limited to those in an IMD. Justice Reentry: Recommend including a statewide overdose prevention strategy for returning residents. Initiation of medication for OUD should be covered. Employment Assistance, Transportation, and SUD Case Management: concerned that these services, specifically the transportation and case management will be funded and assigned to MCOs who do not sufficiently provide the service. This is a key issue in rural areas. Lack of mention of healthcare services for the deaf/deafblind/hard of hearing people. There are communication barriers which mean that they don't get the services they need - how will they state ensure the deaf community has the same access to ALL of these services as the hearing population? One barrier is the inability for service providers to be reimbursed to provide ASL. Audiology services are critical tet these reimbursement rates have not been increased, nor for hearing aid equipment in years. 8. Recommend individuals with SUD severe enough to require ASAM level III.5 services be included. Recommned there should be a safety-net SUD provider catagory, that could admit 24 hours a day and could ensure a continuum of services.	HFS notes that hearing ability is not an eligibility criterion for the proposed HRSN services; this is not an eligiblity exclusion. As described in the draft application, eligibility for HRSN services will be open to all Medicaid state plan populations enrolled in full-scope Medicaid coverage who also meet the proposed benefit needs criteria described in the application. HFS will consider your remaining input as part of our pre-planning and readiness processes for the demonstration extension. HFS thanks you for this feedback.
45	General	Supports the Illinois Healthcare Transformation Section 1115 Demonstration	HFS thanks you for your support of the proposed demonstration extension.
46	Food and Nutrition	Commend HFS for taking full advantage of CMS's new policy opportunity. 1. Recommends meals for the household family members. 2. Consider extending food and nutrition services from 6 to 12 months. 3. Recommends implementing in a way that will support food system equity. 4. Recommend including produce prescriptions and medically tailored groceries.	In consideration of all public comments received on the scope of the proposed HRSN benefits, HFS considered the input received against several factors, including the type of authorities approved in other state demonstration programs and state-specific and national healthcare research, to determine the appropriate scope for an implementable HRSN benefit package. As such, HFS broadened the proposed housing benefit to be as expansive as other state programs approved by CMS. HFS also added an additional service under the non-medical transportation benefit. The scope of the other HRSN services remain as proposed. HFS thanks you for your support of the proposed demonstration extension.
47	Justice	The proposed Justice-Involved Reentry Pilot is a significant step forward to address the importance of quality and continuous health care. If the application is accepted the Cook County Sheriff's Office, along with the Community Resource Center, expect to be key stakeholders in the implementation process.	HFS thanks you for your support of the proposed demonstration extension.
48	Food and Nutrition	Expresses support for HFS' efforts. Recommends extending benefits to include other nutrition programs that have a demonstrated impact on participant wellbeing such as our Meal Box program that we are currently calling – Title III C 1.5 because it falls between Title III C 1 – congregate and Title III C 2 – home delivered meals.	In consideration of all public comments received on the scope of the proposed HRSN benefits, HFS considered the input received against several factors, including the type of authorities approved in other state demonstration programs and state-specific and national healthcare research, to determine the appropriate scope for an implementable HRSN benefit package. As such, HFS broadened the proposed housing benefit to be as expansive as other state programs approved by CMS. HFS also added an additional service under the non-medical transportation benefit. The scope of the other HRSN services remain as proposed. HFS thanks you for your support of the proposed demonstration extension.
49	Stakeholder Engagement Community Reintegration Justice	Supports HFS. 1. Stakeholder engagement will be critically important through this process. 2. Implementaiton planning should include ensuring that direct service providers and community and government stakeholders are aware of the services and how people can access them. 3. The Community Reintegration pilot could be an important step toward ensuring that Williams and Colbert Class Members can transition. 4. The Justice-Involved pilot could increase connection to necessary care after a period of disconnection from the community. - Does recommend that the Department consider the structure of the benefits offered to align more closely to the care planning outlined in the Community Reintegration Pilot. Individuals returning to community from an incarcerated setting should have an individualized plan.	HFS reads these comments to be operational in nature and these questions will be considered by HFS and its convening stakeholder partners in the pre-planning and readiness discussions that will begin over the next few months after formal submission of the application to CMS. HFS will update stakeholders through regularly established open public/stakeholder meetings as operational elements for implementing the demonstration are established. HFS thanks you for this feedback.

50	Housing General HRSN	<p>Fully supports the states innovation and commitment to addressing the social drivers of health, including housing related services.</p> <ol style="list-style-type: none"> 1. An equity plan should be included in the implementation of the housing related services. 2. In the evaluation plan (table 7), all HRSN housing supports should be stratified by race and ethnicity and recommend including an outcome measure tracking change in housing status. 3. Eligibility criteria should be aligned with affordable housing criteria across the state. 4. Strengthen tenancy support services definitions to include: <ul style="list-style-type: none"> • Support to access or navigate affordable housing opportunities or rental subsidy programs • Care Coordination to include a Whole Person Care model. By this we mean that care coordinators address health care needs, as well as health related social needs assistance. • Coaching on developing and maintaining relationships with landlords/property manager • Assisting in resolving disputes with landlords and/or neighbors • Advocacy and linkage to community resources to prevent eviction • Assisting with housing recertification process • Support to maintain access to benefits and entitlements • Coordinating with the tenant and care team to review and update housing support and crisis plans • Coaching on being a good tenant and lease compliance • Services to support clean air and healthy temperatures during climate emergencies 5. Recommend that 6 months of rent be contiguous with both pre-tenancy and tenancy services. Consider creating a plan for using a portion of the HRSN infrastructure funds specifically for housing supports infrastructure, to include startup funds for agencies with no history of billing Medicaid but long histories of addressing community housing and homelessness needs. The funds should be targeted for workforce development, stakeholder engagement and education, technology and IT systems, capacity building and network development for this service. 6. HRSN services should be available to both MCO and FFS recipients 7. The eligibility criteria note at-risk of homelessness or institutional placement, and transitioning from an institutionalization. For persons with intellectual and developmental disabilities who want to move from residential or group home settings to a more integrated housing environment, how an institution is defined with determine if they are, or are not, going to be able to access Housing Supports. 	<p>In consideration of all public comments received on the scope of the proposed HRSN benefits, HFS considered the input received against several factors, including the type of authorities approved in other state demonstration programs and state-specific and national healthcare research, to determine the appropriate scope for an implementable HRSN benefit package. As such, HFS broadened the proposed housing benefit to be as expansive as other state programs approved by CMS. HFS also added an additional service under the non-medical transportation benefit. The scope of the other HRSN services remain as proposed. HFS will consider your remaining input as part of our pre-planning and readiness processes for the demonstration extension. HFS thanks you for your support of the proposed demonstration extension.</p>
51	Housing Food and Nutrition HTCs Safety Net/HEAL Outreach and Engagement CHWs SUD Pilot Violence Prevention DSH Budget Neutrality	<p>Applauds HFS for its ambitious vision and strong leadership to address health inequity and build an equitable and sustainable healthcare delivery system. HIS supports the concepts included in the proposed Waiver. The following are comments and questions for consideration as the details and implementation strategies for the Waiver are developed:</p> <p>Housing: A. should be able to refer regardless of number of ED visits. B. Unclear if SUD would count as a behavioral or mental health need, suggest that they be included. Food and Nutrition: Encourage the Department to extend the benefit to 12 months. HTCs: A. Funding levels - If new HTCs are approved, will the funding allocation increase? B. It is not clear if the proposed HTC program under the waiver would apply to existing HTCs or only to new HTCs. We suggest that current programs continue and new programs are added as funding is available. C. It is not clear if payments will be made to HTCs or to a Medicaid provider such as a hospital. In either case, it should be made clear that the funds do not count as payments to a hospital for the purposes of determining compliance with applicable federal Medicaid spending limits for hospitals, such as the upper payment limit under fee-for-service or the average commercial rate demonstration under managed care. This is especially important for Safety Net Hospitals, as any expenditure authority under the applicable hospital spending limit needs to be used to provide additional support for the hospital services that they are directly providing to patients. D. It is not clear from the application what the process will be for developing the measures applicable to each HTC. It will be important to develop these in collaboration with the HTCs. E. It is not clear if the proposed HTC program will include capital funding to enable the HTCs to invest in technology or infrastructure needed to achieve their goals, such as electronic health records and other technology solutions.</p> <p>Safety Net / HEAL: A. Funding for these programs should supplement, not supplant current Safety Net Hospital funding. Similarly, funds should not come from redirecting current funds provided to other hospitals. B. When defining Safety Net Hospitals, consider avoiding criteria that have hard cutoffs/thresholds, scaling funding, and taking a multi-year data approach to eligibility parameters. C. Payments should not count toward payments to a hospital for purposes of determining compliance with applicable federal spending limits. D. It is not clear from the application what the process will be for developing the measures and it will be important to do this with the Safety Net Hospitals. Outreach and Engagement: A. Concerns about the patient navigators - may be an added layer to MCOs that may impose additional administrative burden and complexity. It is unclear if this is the approach or if it will be more similar to CHWs. B. Concerns that it will only be implemented in areas where there is no HTC. This will keep much of Cook County unable to access these primary and preventative health services for people that would benefit from culturally and linguistically appropriate health navigators.</p> <p>CHWs: A. Does the Department anticipate funding organizations not participating in an HTC? the pilot description says they "may" be eligible for funding. B. Can the Department elaborate on what it means to collaborate with MCOs to "intergrate systems and implement a seamless process for members to access physical, behavioral, and HRSN services?"</p> <p>SUD Pilot: A. Urge the Department to consider expanding the waiver benefit for SUD services in IMDs to include hospital-based, Medicaid FFS coverage for Medically Monitored High-Intensity Inpatient Services for adolescents, Medically Monitored Intensive Inpatient Withdrawal Management for adults, and Medically Managed Intensive Inpatient Treatment (i.e. the American Society of Addiction Medicine's levels 3.7 and 4.0 of care) Violence Prevention: A. Consider parallel, hospital-based benefits and encourage coverage for hospital-based violence recovery programs and violence case management.</p> <p>Cook County DSH: We understand that under the Cook County DSH/Community Reinvestment Pool proposal, the CCH DSH payments would continue to be used as reimbursement for uncompensated care costs at hospitals operated by CCH and would not diminish the use of Illinois' full annual DSH allotment. IHA is seeking confirmation that our understanding, as outlined above, is accurate and that this "re-purposing" would not diminish the maximum use of the state's annual DSH allotment to cover hospital uncompensated care costs. Budget Neutrality: IHA would appreciate confirmation from the Department that our understanding of the budget neutrality demonstration requirement is correct and that the approval of this Waiver will not constrain future state Medicaid investments, particularly rate increases. Specifically, we request confirmation from HFS that should the waiver be approved, the budget neutrality demonstration requirements will not preclude or limit future investment in hospital rates or the overall spending level of the Illinois Medicaid program.</p>	<p>HFS will consider your feedback as part of our pre-planning and readiness processes for the demonstration extension. HFS will update stakeholders through regularly established open public/stakeholder meetings as operational elements for implementing the demonstration are established. We thank you for your support of the proposed demonstration extension.</p>
52	Implementation planning Supported Employment Education Assistance	<p>Expresses support. Urges the state to create a robust implementation plan that includes key stakeholders. Urges the state to dedicate a percentage of the HRSN-specific infrastructure to support: A - IT Infrastructure and comprehensive data planning across all pilots to promote coordination of services and supports prior to rolling out the pilots B - implementation planning and support at the community level .</p> <p>Recommends that under supported employment services, "substance use or mental health condition" be used to avoid those with SUD being left out.</p> <p>Suggest adding "education assistance" as a benefit.</p>	<p>HFS clarified the definition of behavioral health to include both OUD/SUD and mental health in the final application submission to CMS. HFS is unclear as to what the commenter meant by "education assistance" but all eligible individuals will be counseled on the demonstration services received as clinically appropriate. HFS and its convening stakeholder partners will begin pre-planning and readiness discussions over the next few months after formal submission of the application to CMS. HFS will update stakeholders through regularly established open public/stakeholder meetings as operational elements for implementing the demonstration are established. HFS thanks you for this feedback.</p>

53	Implementation planning Supported Employment Education Assistance	Expresses support. Urges the state to create a robust implementation plan that includes key stakeholders. Urges the state to dedicate a percentage of the HRSN-specific infrastructure to support: A - IT Infrastructure and comprehensive data planning across all pilots to promote coordination of services and supports prior to rolling out the pilots B - implementaion planning and support at the community level Recommends that under supported employment services, "substance use or mental health condition" be used to avoid those with SUD being left out. Suggest adding "education assistance" as a benefit.	HFS clarified the definition of behavioral health to include both OUD/SUD and mental health in the final application submission to CMS. HFS is unclear as to what the commenter meant by "education assistance" but all eligible individuals will be counseled on the demonstration services received as clinically appropriate. HFS and its convening stakeholder partners will begin pre-planning and readiness discussions over the next few months after formal submission of the application to CMS. HFS will update stakeholders through regularly established open public/stakeholder meetings as operational elements for implementing the demonstration are established. HFS thanks you for this feedback.
54	General	Expresses Support for the waiver	HFS thanks you for your support of the proposed demonstration extension.
55	General	Expresses Support for the waiver	HFS thanks you for your support of the proposed demonstration extension.
56	Housing General HRSN	Fully supports the states innovation and commitment to addressing the social drivers of health, including housing related services. An equity plan should be included in the implementation of the housing related services. In the evaluation plan (table 7), all HRSN housing supports should be stratifies by race and ethnicity and recommend including an outcome measure tracking change in housing status. Eligibility criteria should be aligned with affordable housing criteria across the state. Strengthen tenancy support services definitions to include: <ul style="list-style-type: none"> • Support to access or navigate affordable housing opportunities or rental subsidy programs • Care Coordination to include a Whole Person Care model. By this we mean that care coordinators address health care needs, as well as health related social needs assistance. • Coaching on developing and maintaining relationships with landlords/property manager • Assisting in resolving disputes with landlords and/or neighbors • Advocacy and linkage to community resources to prevent eviction • Assisting with housing recertification process • Support to maintain access to benefits and entitlements • Coordinating with the tenant and care team to review and update housing support and crisis plans • Coaching on being a good tenant and lease compliance • Services to support clean air and healthy temperatures during climate emergencies Recommend that 6 months of rent be contiguous with both pre-tenancy and tenancy services. Consider creating a plan for using a portion of the HRSN infrastructure funds specifically for housing supports infrastructure, to include startup funds for agencies with no history of billing Medicaid but long histories of addressing community housing and homelessness needs. The funds should be targeted for workforce development, stakeholder engagement and education, technology and IT systems, capacity building and network development for this service. HRSN services should be available to both MCO and FFS recipients The eligibility criteria note at-risk of homelessness or institutional placement, and transitioning from an institutionalization. For persons with intellectual and developmental disabilities who want to move from residential or group home settings to a more integrated housing environment, how an institution is defined with determine if they are, or are not, going to be able to access Housing Supports.	In consideration of all public comments received on the scope of the proposed HRSN benefits, HFS considered the input received against several factors, including the type of authorities approved in other state demonstration programs and state-specific and national healthcare research, to determine the appropriate scope for an implementable HRSN benefit package. As such, HFS broadened the proposed housing benefit to be as expansive as other state programs approved by CMS. HFS also added an additional service under the non-medical transportation benefit. The scope of the other HRSN services remain as proposed. HFS will consider your remaining input as part of our pre-planning and readiness processes for the demonstration extension. HFS thanks you for your support of the proposed demonstration extension.
57	General	Strongly urges approval of this draft 1115 Demonstration Waiver	HFS thanks you for your support of the proposed demonstration extension.
58	General	Expresses strong support for the Waiver extension application	HFS thanks you for your support of the proposed demonstration extension.
59	General Justice	Expresses support. Recommends including the collar counties as part of the re-entry services.	HFS thanks you for your support of the proposed demonstration extension.
60	Housing HRSNs	Fully supports the states innovation and commitment to addressing the social drivers of health, including housing related services. In the evaluation plan (table 7), all HRSN housing supports should be stratifies by race and ethnicity and recommend including an outcome measure tracking change in housing status. Strengthen tenancy support services definitions to include: <ul style="list-style-type: none"> • Support to access or navigate affordable housing opportunities or rental subsidy programs • Care Coordination to include a Whole Person Care model. By this we mean that care coordinators address health care needs, as well as health related social needs assistance. • Coaching on developing and maintaining relationships with landlords/property manager • Assisting in resolving disputes with landlords and/or neighbors • Advocacy and linkage to community resources to prevent eviction • Assisting with housing recertification process • Support to maintain access to benefits and entitlements • Coordinating with the tenant and care team to review and update housing support and crisis plans • Coaching on being a good tenant and lease compliance • Services to support clean air and healthy temperatures during climate emergencies Recommend that 6 months of rent be contiguous with both pre-tenancy and tenancy services. Consider creating a plan for using a portion of the HRSN infrastructure funds specifically for housing supports infrastructure, to include startup funds for agencies with no history of billing Medicaid but long histories of addressing community housing and homelessness needs. The funds should be targeted for workforce development, stakeholder engagement and education, technology and IT systems, capacity building and network development for this service. HRSN services should be available to both MCO and FFS recipients. The eligibility criteria note at-risk of homelessness or institutional placement, and transitioning from an institutionalization. For persons with intellectual and developmental disabilities who want to move from residential or group home settings to a more integrated housing environment, how an institution is defined with determine if they are, or are not, going to be able to access Housing Supports. Eligibility criteria should be aligned with affordable housing criteria across the state. An equity plan should be included in the implementation of the housing related services.	In consideration of all public comments received on the scope of the proposed HRSN benefits, HFS considered the input received against several factors, including the type of authorities approved in other state demonstration programs and state-specific and national healthcare research, to determine the appropriate scope for an implementable HRSN benefit package. As such, HFS broadened the proposed housing benefit to be as expansive as other state programs approved by CMS. HFS also added an additional service under the non-medical transportation benefit. The scope of the other HRSN services remain as proposed. HFS will consider your remaining input as part of our pre-planning and readiness processes for the demonstration extension. HFS thanks you for your support of the proposed demonstration extension.
61	General	Expresses Support for the waiver	HFS thanks you for your support of the proposed demonstration extension.
62	General	General statements to the importance of case management, and state licensed Recovery Homes. No comments related to the Section 1115 Transformation.	HFS thanks you for your support of the proposed demonstration extension.

63	Food and Nutrition	Commends HFS on the inclusions of new pilots and benefits to address HRSNs. 1. Consider medically tailored groceries, produce prescriptions, and cooking classes. 2. Consider extending the duration of the food and nutrition benefit to 12 months and/or allowing reauthorization as medically necessary. 3. Consider expanding to family members. 4. Consider incentivization of local purchasing.	In consideration of all public comments received on the scope of the proposed HRSN benefits, HFS considered the input received against several factors, including the type of authorities approved in other state demonstration programs and state-specific and national healthcare research, to determine the appropriate scope for an implementable HRSN benefit package. As such, HFS broadened the proposed housing benefit to be as expansive as other state programs approved by CMS. HFS also added an additional service under the non-medical transportation benefit. The scope of the other HRSN services remain as proposed. HFS will consider your remaining input as part of our pre-planning and readiness processes for the demonstration extension. HFS thanks you for your support of the proposed demonstration extension.
64	OT Housing Medical Respite	Supports the proposed additional services and requests that HFS formally recognize OT providers as an essential provider outlined in the proposal for the Housing Support and Medical Respite pilots. For Housing Support specifically: Home accessibility and safety modification consultation (pre-tenancy support); early identification of at-risk behaviors; education and connection to resources (tenancy sustaining supports). For Medical Respite specifically: Specific Benefit Description Service: Specialized, onsite case management, transition support, limited support for activities of daily living and/or instrumental activities of daily living.	HFS clarifies that existing Medicaid providers, such as occupational therapists (OTs), are not excluded from providing HRSN demonstration services. In consideration of all public comments received on the scope of the proposed HRSN benefits, HFS considered the input received against several factors, including the type of authorities approved in other state demonstration programs and state-specific and national healthcare research, to determine the appropriate scope for an implementable HRSN benefit package. As such, HFS broadened the proposed housing benefit to be as expansive as other state programs approved by CMS. HFS also added an additional service under the non-medical transportation benefit. The scope of the other HRSN services remain as proposed. HFS will consider your remaining input as part of our pre-planning and readiness processes for the demonstration extension. HFS thanks you for your support of the proposed demonstration extension.
65	OT Housing Medical Respite	Supports the proposed additional services and requests that HFS formally recognize OT providers as an essential provider outlined in the proposal for the Housing Support and Medical Respite pilots. For Housing Support specifically: Home accessibility and safety modification consultation (pre-tenancy support); early identification of at-risk behaviors; education and connection to resources (tenancy sustaining supports). For Medical Respite specifically: Specific Benefit Description Service: Specialized, onsite case management, transition support, limited support for activities of daily living and/or instrumental activities of daily living.	HFS clarifies that existing Medicaid providers, such as occupational therapists (OTs), are not excluded from providing HRSN demonstration services. In consideration of all public comments received on the scope of the proposed HRSN benefits, HFS considered the input received against several factors, including the type of authorities approved in other state demonstration programs and state-specific and national healthcare research, to determine the appropriate scope for an implementable HRSN benefit package. As such, HFS broadened the proposed housing benefit to be as expansive as other state programs approved by CMS. HFS also added an additional service under the non-medical transportation benefit. The scope of the other HRSN services remain as proposed. HFS will consider your remaining input as part of our pre-planning and readiness processes for the demonstration extension. HFS thanks you for your support of the proposed demonstration extension.
66	I/DD	Inclusion of the DD population is not explicitly stated. In fact, the stated eligibility for proposed services is “enrolled in managed care”. As you know DD services are not enrolled in managed care. All 1115 proposed services should be provided under both types of Medicaid funding, MCO or Fee-For-Service. The application should be updated to reflect that from the beginning. The Eligibility Needs Criteria for Housing/Pre-tenancy and Sustaining tenancy as well as the eligibility criteria for Employment Services should explicitly say “Have a physical, intellectual, or developmental disability”. Benefits counseling and support with Medicaid redetermination process should be included in pre-tenancy and sustaining tenancy services. The Continuum of Care Facility Licensure sets a dangerous precedent. I understand that IL HFS was legislatively mandated to apply for this waiver from the IL General Assembly, but it is inadvisable to propose this concept as serious service option for our State. It essentially creates a bubble over a provider entity that exempts them from other policy-based guidelines that other provider agencies are obligated adhere to. Current licensing standards are in place to ensure that an individual and their choices are protected. There is not enough transparency on how someone whose “condition changes” will be moved through the continuum. This also promotes the proliferation of campus-based services for people with DD. It is frankly jarring to see advances towards community integration (pre-tenancy and employment supports) listed in the same waiver application as the continuum of care concept that blatantly seeks to shelter individuals from regular community life. It is also really unclear to me how the HCBS settings rules could be implemented with fidelity under this model. Finally, the site proposed for the pilot site has exclusionary acceptance policies for residents. This site does not reflect an accurate picture of the full breadth of needs and backgrounds in the DD community and therefore would not be an accurate pilot location	As described in the draft application, eligibility for HRSN services will be open to all Medicaid state plan populations enrolled in full-scope Medicaid coverage who also meet the proposed benefit needs criteria described in the application. HRSN services will be available to individuals with I/DD who are enrolled in managed care and who meet the eligibility needs criteria defined in Table 4. In response to the public input, HFS clarified in the housing benefit that I/DD is one of the “needs” criteria for eligibility for housing supports.
67	HTCs CHWs	Supports the 1115 waiver renewal. Encouraged by the HTC inclusions, but would like clarification on the funding, especially the payment mechanism and if the direct payments will cover all HTC services, and would recommend clarifying as such in the waiver. Specific questions and recommends clarification to: Will HTCs be able to bill the Department and be paid directly for all services they currently provide, including subsidizing traditional medical services, under this waiver, or is direct payment only for HRSN services the HTC provides? If an HTC does not currently provide an HRSN service covered by the waiver, but begins providing it, will reimbursement be made directly by HFS or through another method? 2. Pleased with the expansion of CHWs, but would like clarification as the waiver does not explicitly include support for the employment of such workers. Specific questions and recommends clarification to: Will HTCs bill and be reimbursed directly for providing the services of certified CHWs under either this waiver or as part of the state plan? We request that HFS list the Medicaid-covered services that certified CHW’s would be providing under the waiver.	HFS will consider your feedback as part of our pre-planning and readiness processes for the demonstration extension. HFS will update stakeholders through regularly established open public/stakeholder meetings as operational elements for implementing the demonstration are established. We thank you for your support of the proposed demonstration extension.

68	DSH Justice Violence Prevention Food and Nutrition Housing Medical Respite Safety Net/HEAL CHWs	Supports the repurposing of DSH, but requests financial stress testing and organizational risk and volatility assessments be performed on a routine basis and would request an opt-out clause that would revert back to the original DSH arrangement. Request that youth at the Cook County Juvenile Temporary Detention Center also be included in the reentry pilot, with auto-assignment to CountyCare Medicaid health plan. Encourage HFS to be broadly inclusive of the types of violence intervention prevention services eligible for reimbursement through this waiver application to include hospital-based violence prevention programs. Encourage HFS to include medically tailored groceries and produce prescriptions, as well as extending the food and nutrition benefit to 12 months and/or allowing for reauthorization as medically necessary. HFS should also consider seeking the benefit for the entire household. Finally, encourage HFS to incentivize partnerships with locally sourced food and food procured or produced from BEP designated or socially disadvantaged growers and producers. Recommends allowing coverage for permanent supportive housing and/or transitional housing for a period greater than 6 months. Also, specifically include survivors of domestic violence within the eligibility needs criteria. Recommend that the coverage of medical respite be tied to medical necessity, with the option to extend beyond six month based on clinical guidance and confirmed discharge to stable and safe housing. Also recommend that onsite staff such as OT or others that can support the individual's return to independent living be incorporated into the medical respite model. Also recommend that different levels of medical respite be recognized through tiered payments that adequately cover the costs of service delivery. . They would like confirmation that they are included in the Safety Net Hospital Health Equity Transformation Program. Also, would recommend that physical infrastructure and IT infrastructure be considered an allowable expense. . Recommends that the CHW certification is made available to CHWs embedded within provider and MCOs in addition to the HTCs.	HFS will consider your feedback as part of our pre-planning and readiness processes for the demonstration extension. HFS will update stakeholders through regularly established open public/stakeholder meetings as operational elements for implementing the demonstration are established. We thank you for your support of the proposed demonstration extension.
69	HIV Housing Nutrition Justice	Recommends the HFS align the demonstration's goals to the national Ending the HIV Epidemic Initiative. Specific Comments: Housing and Nutrition Support - Encourages HFS to work with state housing program officials to coordinate and share best practices as a way to increase positive outcomes in medical care and treatment of people with HIV. Services for Incarcerated Individuals - Recommends including HIV testing, treatment for those with positive results and PrEP for all others. Urge the state to provide for successful retention in care and treatment for incarcerated individuals diagnosed with HIV on their release. The state should supply individuals diagnosed with HIV with between 30 to 90 days of HIV treatment medication upon their release to bridge the gap until they can receive care from a community provider. We also encourage the state to connect diagnosed individuals with linkage to a provider in their community post-incarceration, in the form of a scheduled appointment within the first 30 days after release.	HFS will consider your feedback as part of our pre-planning and readiness processes for the demonstration extension. HFS will update stakeholders through regularly established open public/stakeholder meetings as operational elements for implementing the demonstration are established. We thank you for your support of the proposed demonstration extension.
70	CHWs HTC Safety Net DSH Measures Workforce	Support the proposed expansion of the current waiver. CHW training - Recommend including people with lived experience relevant to the people and health goals of people being served in the description, in addition to CHWs living in the geographic community served. HFS should maximize the funding for safety net hospitals participating in the HTC Program, and preference should be given to community safety-net hospitals, and HTCs should have advisory councils for community input. Recommend HFS commit to a percent of funds to be dedicated to worker training, recruitment, and retention that is at least 10%, triple the minimum required by statute to be devoted to workforce. Recommend the application name a workforce strategy – training, recruitment, and retention – as a required element of each collaboration. To measure this critical workforce investment piece of the Transformation Collaboratives, recommend HFS include the following in its implementation activities: 1) Tracking workforce retention and turnover, and 2) Collecting starting wage or salary levels for jobs created by the Collaboratives. CHW training: Regarding the steps the state will take to operationalize this pilot, recommend inclusion of an additional step of “developing trainings specific to people and health goals being served by CHWs in the pilot initiatives,” rather than general curriculum development only. Recommend naming that support to Healthcare Transformation Collaboratives will support recruiting those with lived experience. Recommend that HFS include qualitative evaluation of how well supervision and structure on the teams have supported the community health and health equity purposes of the CHW role. Two eligibility criteria recommendations to make items listed as “could be based on” into mandatory criteria. First, recommend the inclusion of a cumulative Medicaid, Medicare, and uncompensated care utilization percentage for determining hospital eligibility. Second, recommend eligible hospitals should be those located in medically underserved communities. Recommend HFS require “community safety-net hospitals” designation in the Safety Net Health Equity program. Recommend HFS should require that all Safety Net Health Equity projects include a component dedicated to investing in workforce. . Concerned by the proposal to repurpose up to \$331,000,000 of Cook County Disproportionate Share Hospital (DSH) funds. Removing DSH payments made to a hospital based on a large amount of uncompensated care could leave a significant hole in the hospital budget, which could harm quality of care and/or health equity. Recommend at minimum HFS strike the sentence “DSH payments based on uncompensated care only serve to shore up and sustain inequities in local systems and in many cases do nothing to drive quality of care or health equity” from this part of the application because it is not accurate. Recommend that HFS commit to measuring quality of jobs supported with a goal of not reducing quality of jobs supported as a result of DSH repurposing. Recommend the process measures for the Transformation Collaboratives include workforce retention and turnover, similar to the measures HFS intends to use for the CHW Training pilot, at minimum covering hospital nursing and CNA or PCT titles. Concerned that HFS may evaluate the Transformation Collaboratives pilot in part based on outcome measures that tend to penalize hospitals serving the most socioeconomically disadvantaged communities. A bevy of recent studies indicate that value-based-purchasing and other outcome-related reimbursement schemes tend to disadvantage such facilities. Concerned about the inclusion of utilization measures that could create any incentive to limit inpatient care in communities where few non-hospital providers operate, and residents lack dependable access to preventive care and chronic condition management services. Recommend that ED and inpatient utilization will be adjusted for socioeconomic risk (for HTCs and Safety Net pilot.) Recommend that HFS consider removing prevalence of chronic conditions from the list of health outcome measures for evaluation (for HTCs and Safety Net pilots), as chronic conditions typically would develop or be prevented from developing on a time scale longer than the five-year duration of the waiver. Recommend the process measures for the Safety Net Health Equity program include workforce retention and turnover, similar to the measures HFS intends to use for the CHW Training pilot, and at minimum covering hospital nursing and CNA or PCT titles.	HFS clarifies that the DSH/Community Reinvestment Pool component pertains to Cook County Health and Hospital System only given the significant inequities that persist in Cook County. This pool will not be implemented to impact any other safety net hospital and is a voluntary component of the demonstration that can be reverted back to the traditional DSH payment if there are implementation challenges upon CMS approval or is otherwise determined to be unnecessary to achieve the demonstration’s goals. HFS will consider your other feedback as part of our pre-planning and readiness processes for the demonstration extension. We thank you for your feedback.
71	General	Expresses strong support for the Waiver extension application	HFS thanks you for your support of the proposed demonstration extension.
72	Implementation planning Supported Employment Education Assistance	Expresses support. Urges the state to create a robust implementation plan that includes key stakeholders. Urges the state to dedicate a percentage of the HRSN-specific infrastructure to support: A - IT Infrastructure and comprehensive data planning across all pilots to promote coordination of services and supports prior to rolling out the pilots B - implementaion planning and support at the community level Recommends that under supported employment services, "substance use or mental health condition" be used to avoid those with SUD being left out. Suggest adding "education assistance" as a benefit.	HFS clarified the definition of behavioral health to include both OUD/SUD and mental health in the final application submission to CMS. HFS is unclear as to what the commenter meant by "education assistance" but all eligible individuals will be counseled on the demonstration services received as clinically appropriate. HFS and its convening stakeholder partners will begin pre-planning and readiness discussions over the next few months after formal submission of the application to CMS. HFS will update stakeholders through regularly established open public/stakeholder meetings as operational elements for implementing the demonstration are established. HFS thanks you for this feedback.

73	General housing	Support all sections of the proposed 1115 Waiver extension. 1. Encourage HFS to include both pre-tenancy and tenancy supports to help low-income people access other income-increasing benefits they might be eligible to receive, such as TANF, AABD Cash, and Medicare Savings Programs. 2. Recommend including "move-in fees". 3. support the inclusion of "report of stable housing" as an outcome measure. When measuring "stable housing", hopes the state will include data that truly measures whether people who are homeless or who are risk of homeless have obtained housing that is stable. This measure could include monitoring of data related to eviction rates, as well as rates at which recipients move from one unit to another to avoid eviction or because housing is uninhabitable, etc 4. Transportation - Recommends including trips to view apartments/housing placements.	As described in the application, both pre-tenancy and tenancy support services are offered as described in eligibility Table 4. In consideration of all public comments received on the scope of the proposed HRSN benefits, HFS considered the input received against several factors, including the type of authorities approved in other state demonstration programs and state-specific and national healthcare research, to determine the appropriate scope for an implementable HRSN benefit package. As such, HFS broadened the proposed housing benefit to be as expansive as other state programs approved by CMS. HFS also added an additional service under the non-medical transportation benefit. The scope of the other HRSN services remain as proposed. HFS will consider your remaining input as part of our pre-planning and readiness processes for the demonstration extension. HFS thanks you for your support of the proposed demonstration extension.
74	Disability rights	Expresses strong opposition to the continuum of care pilot and selection of Misericordia as initial provider of group homes, MC/DDs, and ICF/IDDs. Requests that HFS withdraw the continuum of care pilot from the 1115 application on the grounds that: (1) the concept of a "continuum of care" perpetuates a false narrative that adequate care for people with disabilities can only occur in an institutional setting as opposed to increasing in-home services and supports; (2) the pilot exacerbates Illinois' record of having one of the highest rates of institutionalization in the nation; (3) the waiver is not innovative and therefore contrary to the purpose of 1115 waiver; and (4) violates the settings rule. Notes that Misericordia is vocal opponent of integration and inclusion of people with disabilities and points out that Illinois Department of Public Health records indicate that Misericordia's campus population is over 80% non-Hispanic white, making the racial and ethnic composition of Misericordia's campus incongruent with Chicago's population and as a result, unable to address the impacts of racism on health outcomes and social determinants of health.	HFA appreciates your concerns and appreciate your feedback. As described in the application, the state is legislatively directed to request from CMS a "waiver pursuant to the federal Social Security Act" to define the requirements for a continuum of care facility licensure, to establish a process for receiving and maintaining such a license, and to establish an alternative budget-neutral reimbursement approach for adopting continuum of care facility licensure. HFS intends to implement this pilot in compliance with the CMS home and community-based settings criteria and in alignment with the overall goals of the demonstration for equitable healthcare to all Medicaid beneficiaries.
75	Employment opportunities and wraparound support for justice-involved populations	Expresses strong support for the Waiver extension application and requests that HFS establish implementation work groups for each pilot consisting of Medicaid members, Community-Based Organizations, people with lived experience, and health plans. Specifically requests that HFS consider a person's participation in a work group "adult education" which is an allowable service under the Employment Assistance waiver benefit.	HFS will be convening with an array of stakeholder partners in the pre-planning and readiness discussions that will begin over the next few months after formal submission of the application to CMS. HFS will update stakeholders through regularly established open public/stakeholder meetings as operational elements for implementing the demonstration are established. HFS thanks you for this feedback.
76	Community re-integration support for individuals who have been incarcerated.	Expresses support for the Waiver extension application. SRNC strongly supports prioritization of people in criminal legal system and Healthcare Transformation Collaboratives (HTC). Urges HFS to create robust implementation plan that includes key stakeholders, including community-level providers, the HTCs, city and county government partners, and which strives to adopt consistent processes across HTCs, Demonstration Pilots, and community-level partners.	HFS will be convening with an array of stakeholder partners in the pre-planning and readiness discussions that will begin over the next few months after formal submission of the application to CMS. HFS will update stakeholders through regularly established open public/stakeholder meetings as operational elements for implementing the demonstration are established. HFS thanks you for this feedback.
77	General	Expresses strong support for the Waiver extension application	HFS thanks you for your support of the proposed demonstration extension.
78	Affordable Housing / Homelessness Prevention	Expresses support for the Healthcare Transformation Sec. 1115 Demonstration Waiver's proposal to address health-related social needs and housing supports for individuals who are homeless or experiencing housing instability. Housing Forward makes the following recommendations to HFS to improve the 1115 waiver extension application: develop a specific equity plan for implementation of Housing Related Services; Stratify outcome measures in the evaluation plan by race and ethnicity for all HRSN and Housing Supports; Add outcome measure to evaluation plan that tracks change in housing status; Strengthen the definitions for pre-tenancy and tenancy supports using Arizona or Oregon's 1115 waiver for HRSN as a model; Include six months of rental costs in the pre-tenancy services such that pre-tenancy and tenancy support run contiguous with rental assistance; Create a plan to use portion of HSRN infrastructure funds to increase housing supports infrastructure, including workforce development to support long-standing community-based housing providers successfully enroll as Medicaid providers and develop experience with Medicaid billing; Make all HRSN available to all Medicaid beneficiaries whether enrolled in Medicaid managed care or fee-for-service; Ensure that definition used for "institutionalization" permits individuals with I/DD disabilities to move from institutionalized setting to integrated housing; Align waiver eligibility criteria with affordable housing criteria; Use waiver funds to cover the costs of application, inspection, security deposit, and moving costs; Reimburse medical respite services as a daily per diem rate which addresses acuity with different reimbursement rates; Expand professional qualifications for housing supports and HRSN to include occupational therapists; and Eliminate the 6-month cap on medical respite care in favor of a 3-month evaluation which would allow for 3-month extensions of medical respite up to 12-months.	In consideration of all public comments received on the scope of the proposed HRSN benefits, HFS considered the input received against several factors, including the type of authorities approved in other state demonstration programs and state-specific and national healthcare research, to determine the appropriate scope for an implementable HRSN benefit package. As such, HFS broadened the proposed housing benefit to be as expansive as other state programs approved by CMS. HFS also added an additional service under the non-medical transportation benefit. The scope of the other HRSN services remain as proposed. HFS will consider your remaining input as part of our pre-planning and readiness processes for the demonstration extension. HFS thanks you for your support of the proposed demonstration extension.
79	SUD, Mental Health, Primary Care Provider	Expresses broad support for extension of the behavioral health 1115 waiver. Haymarket Center had comments related to pilots 6, 7, and 9. With regard to pilot #6 - Haymarket urges HFS to expand the definition of safety net hospitals to include SUD and Mental Health centers given continued rise of overdose deaths in Illinois. Haymarket Center proposes that an SUD and/or mental health treatment providers must meet the following criteria to be considered "safety net" providers: (1) be IL-licensed, nationally accredited SUD and/or mental health treatment centers; (2) have a patient population is at least 51% Medicaid-eligible patients; (3) have capacity to admit patients 24 hours per day; and (4) have capacity to provide medication-assisted treatment (MAT) to individuals with Opioid Use Disorder (OUD). With regard to pilot #7 - Haymarket encouraged HFS to expand the waiver to cover new SUD programs because several SUD programs previously covered under the waiver have now closed. Haymarket also urges HFS to permit larger provider entities (programs with up to 32 beds) because Haymarket believes this size will allow for increased access to SUD treatment and decreased costs. In regard to pilot #9 - Haymarket urges HFS to expand eligibility for supported employment to individuals who are younger than age 18 who are: (1) enrolled in Medicaid; (2) living with a physical, intellectual, developmental disability, or behavioral health or mental health condition (including individuals with SUD who have been assessed to require clinically managed, high-intensity residential services (ASAM level III.5); and (3) who have very low income.	HFS will consider your input as part of our pre-planning and readiness processes for the demonstration extension. HFS thanks you for your support of the proposed demonstration extension.

80	Cloud-based Software as a Service (SaaS) closed loop referral technology company	Unite Us expressed strong support for 1115 waiver extension application and inclusion of HRSN-specific infrastructure. United Us recommends that HFS include requirement for use of closed-loop referral technology as an HRSN infrastructure expense. Unite Us is a private software company that is operating in 45 states. The Unite Us SaaS closed loop referral is embedded wherever individuals seek services and using closed loop technology increases access to resources to address SDOH. Unite Us indicates that it is prepared to provide the Unite Us care coordination platform free-of-charge to all community-based organizations in the Unite Illinois network (estimated to be 300 network partners representing 800 programs)	HFS reads this comment to be operational in nature and this question will be considered by HFS and its convening stakeholder partners in the pre-planning and readiness discussions that will begin over the next few months after formal submission of the application to CMS. HFS will update stakeholders through regularly established open public/stakeholder meetings as operational elements for implementing the demonstration are established. HFS thanks you for this feedback.
81	Private company that owns the "Find Help" online platform allowing users to connect to HRSN resources	Expresses support for the 1115 waiver extension application. Find Help was founded in 2010 and provided assistance finding and connecting to resources that address social determinants of health. Illinois Find Help network consists of 8,595 community programs, and over 565,000 Illinois users. Find Help urges HFS <u>not</u> to adopt a single-vendor approach and instead require that all HTC's use interoperable software such as the approach taken by the Accountable Health Communities (AHC) Grant Model. Find Help also recommends that all interoperable platforms be capable of ensuring compliance with Medicaid privacy requirements.	HFS reads this comment to be operational in nature and this question will be considered by HFS and its convening stakeholder partners in the pre-planning and readiness discussions that will begin over the next few months after formal submission of the application to CMS. HFS will update stakeholders through regularly established open public/stakeholder meetings as operational elements for implementing the demonstration are established. HFS thanks you for this feedback.
82	UCAN's Gun violence prevention division of Metropolitan Family Services	Expresses strong support for the IL Healthcare Transformation 1115 Waiver Extension.	HFS thanks you for your support of the proposed demonstration extension.
83	Statewide independent practice association for Community Mental Health Centers and Substance Use Disorder Treatment providers	Expresses support for the Illinois Behavioral Health 1115 Waiver. Commented that the Benefit Descriptions and Eligibility Needs Criteria in Table Four of the waiver application is an "ideal way to conceptualize these benefits so that the right benefit gets to the right person, without unnecessary barriers." Recommends that HFS adopt a single, steamlined SDOH assessment that builds off existing assessments and coding systems. Recommends that HFS focus on fundamental social determinant outcomes rather than process outcomes - in other words what is measured is what got done. Commented that use of workforce with lived experience of HRSN is critical to the success of the waiver and urged HFS to work to remove employment barriers related to non-violent criminal records. Commented that HFS should use an attribution model to assign beneficiaries to primary care providers and community-based care managers who are responsible for addressing a client's HRSN. Argues that assignment is needed to avoid duplication of effort, cost inefficiencies, and confusion between the person and their care team. Further specify that where a person is using more CMHC or SUD treatment services, these providers should be responsible for the person's care coordination. Recommends that HFS provide technical assistance under the waiver to community-based organizations to assist them with Medicaid enrollment and Medicaid billing. Urges HFS to address administrative burden on community-based organizations that have no prior experience with Medicaid billing, including but not limited to: (1) require pilot programs to use a universal care platform; (2) cover administrative expenses for community-based organizations to enroll as Medicaid providers; and (3) provide technical assistance to community-based organization with little experience with contracting and sub-contracting to set up collaborative service delivery environment envisioned by the waiver.	HFS will consider your input as part of our pre-planning and readiness processes for the demonstration extension. HFS thanks you for your support of the proposed demonstration extension.
84	Children's medical provider	Expresses support for the IL 1115 Waiver Extension application. Lurie Children's Hospital made the following recommendations: HFS must engage in careful, inclusive, and transparent implementation planning that invests in children and their families; develop an Evaluation Advisory Committee comprised of providers, coding experts, evaluation experts, and data scientists; use the CMS Children's Core Set and stratify other data to assess pediatric outcomes such as ED utilization for children under age 18; Use ICD-10 psychosocial risk and economic determinant-related codes (i.e., "Z codes") to capture standardized information on SDOH; Expand opportunity to participate as a Healthcare Transformation Collaborative (HTC) to those organizations that were not initially selected as an HTC grantee; Use the "shovel-ready" All Hands Health Network (AHHN) to participate as a Pilot #1 provider; For pilot #7 Violence Prevention and Intervention (VPI) allow providers to bill for conducting evidence-based assessments and providing care coordination support, and include a family support component for those families who have been exposed to violence; Include hospital-based violence recovery programs in pilot #7; Leverage learnings from the CMMI Integrated Care for Kids pilot into pilots # 1 and 4; increase availability of behavioral health prevention services to address trauma and exposure to violence; Regarding pilot #5, HFS should develop pathways that can offer child additional training and certification in child-specific issues; expand eligibility for housing supports to include <u>all</u> children ages 0-6 and pregnant persons; expand definition of homelessness to include families who are doubled-up and tripled up; expand housing support services to include home safety modifications (e.g., mitigation or elimination of mold, pests, poor ventilation); expand eligibility for food benefits and nutritional counseling to include children and adolescents who are overweight or obese; expand the food benefit and nutritional counseling to include "whole family coverage"; extend the duration of food and nutrition benefits from 6 months to 12 months and/or allow for reauthorization of food benefit beyond six months if medically necessary; add food provision appropriate to specific chronic health conditions to the existing chronic condition nutritional benefits (e.g., case management, nutrition education, coaching and skill development, and group education) for individuals with health-related nutritional needs; and expand eligibility for employment assistance to youth age 16 and older.	In consideration of all public comments received on the scope of the proposed HRSN benefits, HFS considered the input received against several factors, including the type of authorities approved in other state demonstration programs and state-specific and national healthcare research, to determine the appropriate scope for an implementable HRSN benefit package. As such, HFS broadened the proposed housing benefit to be as expansive as other state programs approved by CMS. HFS also added an additional service under the non-medical transportation benefit. The scope of the other HRSN services remain as proposed. HFS will consider your remaining input as part of our pre-planning and readiness processes for the demonstration extension. HFS thanks you for your support of the proposed demonstration extension.
85	Advocacy organization for stakeholders confronting systemic inequities and working to end gun violence.	Expresses strong support.	HFS thanks you for your support of the proposed demonstration extension.
86	Advocacy organization for people with disabilities	Neutral regarding support. Shared the following comments: Demonstration extension should be expanded to address access barriers and health care gaps for people with disabilities; include people with disabilities as part of eligible population for pilots # 8 and #9; and Please provide more detailed explanation on how the Continuum of Care facility licensure will work and please include our organization in stakeholder input for this issue.	HFS clarifies that individuals with disabilities are not excluded from Pilots 8 or 9; the draft application actually includes this population in the listed eligibility criteria. HFS will consider your remaining input as part of our pre-planning and readiness processes for the demonstration extension. HFS will update stakeholders through regularly established open public/stakeholder meetings as operational elements for implementing the demonstration are established. HFS thanks you for this feedback.
87	Anti-gun violence community organization	Strong support of waiver extension application.	HFS thanks you for your support of the proposed demonstration extension.

88	Homelessness prevention organization	<p>Fully supports the states innovation and commitment to addressing the social drivers of health, including housing related services.</p> <p>An equity plan should be included in the implementation of the housing related services. In the evaluation plan (table 7), all HRSN housing supports should be stratified by race and ethnicity and recommend including an outcome measure tracking change in housing status. Eligibility criteria should be aligned with affordable housing criteria across the state. Strengthen tenancy support services definitions to include:</p> <ul style="list-style-type: none"> • Support to access or navigate affordable housing opportunities or rental subsidy programs • Care Coordination to include a Whole Person Care model. By this we mean that care coordinators address health care needs, as well as health related social needs assistance. • Coaching on developing and maintaining relationships with landlords/property manager • Assisting in resolving disputes with landlords and/or neighbors • Advocacy and linkage to community resources to prevent eviction • Assisting with housing recertification process • Support to maintain access to benefits and entitlements • Coordinating with the tenant and care team to review and update housing support and crisis plans • Coaching on being a good tenant and lease compliance • Services to support clean air and healthy temperatures during climate emergencies <p>Recommend that 6 months of rent be contiguous with both pre-tenancy and tenancy services. Consider creating a plan for using a portion of the HRSN infrastructure funds specifically for housing supports infrastructure, to include startup funds for agencies with no history of billing Medicaid but long histories of addressing community housing and homelessness needs. The funds should be targeted for workforce development, stakeholder engagement and education, technology and IT systems, capacity building and network development for this service. HRSN services should be available to both MCO and FFS recipients</p> <p>The eligibility criteria note at-risk of homelessness or institutional placement, and transitioning from an institutionalization. For persons with intellectual and developmental disabilities who want to move from residential or group home settings to a more integrated housing environment, how an institution is defined with determine if they are, or are not, going to be able to access Housing Supports.</p>	<p>HFS will consider your feedback pertaining to implementation as part of our pre-planning and readiness processes for the demonstration extension. In consideration of all public comments received on the scope of the proposed HRSN benefits, HFS considered the input received against several factors, including the type of authorities approved in other state demonstration programs and state-specific and national healthcare research, to determine the appropriate scope for an implementable HRSN benefit package. As such, HFS broadened the proposed housing benefit to be as expansive as other state programs approved by CMS. HFS also added an additional service under the non-medical transportation benefit. The scope of the other HRSN services remain as proposed. HFS thanks you for your support of the proposed demonstration extension.</p>
89	SUD Case Management / Justice-involved Provider	<p>Expressed strong support for services and supports to aid transition to community from carceral status. Requests HFS to remove SUD case management from the waiver and seek approval of SUD case management under the state plan to provide greater continuity and sustainability. Points out that there appears to be an error on page 23 where waiver application indicates that SUD case management services can only be provided to individuals who are in an IMD. TASC recommends rewording this passage as follows: "Treatment for Individuals with Substance Use Disorder (SUD) Pilot that will continue to authorize expenditures for primary SUD treatment services for short-term residents of facilities that meet the definition of an IMD and for SUD case management services to assist beneficiaries in accessing needed medical, social, educational, and other services." Urges HFS to remove requirement that person have OUD/SUD diagnosis as condition of eligibility for case management. Urges HFS to make SUD case management services available at the earlier possible opportunity, such as pre-arrest referrals for SUD case management from police. TASC expressed concern about Justice-Involved Reentry Pilot: (1) Include enrollment in SSI/disability and connection to a health home in benefit package; (2) Include a statewide overdose prevention strategy for people being released into community from carceral setting; (3) Make medication for opioid use disorder immediately available for people with OUD who are leaving Illinois prison, jail, youth center, or juvenile temporary detention.</p>	<p>HFS clarified in the final application that "benefits application assistance" is included under the Reentry Pilot. In consideration of all public comments received on the scope of the proposed HRSN benefits, HFS considered the input received against several factors, including the type of authorities approved in other state demonstration programs and state-specific and national healthcare research, to determine the appropriate scope for an implementable HRSN benefit package. As such, HFS broadened the proposed housing benefit to be as expansive as other state programs approved by CMS. HFS also added an additional service under the non-medical transportation benefit. The scope of the other HRSN services remain as proposed. HFS thanks you for your support of the proposed demonstration extension.</p>
90	Health Plan	<p>Expressed support for the inclusion of HRSN benefits and elaborated by saying, "...addressing SDOH needs consistently and early in one's care delivery provides the opportunity to prevent avoidable complications from undetected and undertreated chronic diseases over a person's care journey."</p>	<p>HFS thanks you for your support of the proposed demonstration extension.</p>
91	gun violence community based organization	<p>Expressed strong support</p>	<p>HFS thanks you for your support of the proposed demonstration extension.</p>
92	Food and Nutrition	<p>Laudes the state for the inclusion of the food and nutrition benefit. Recommend that eligibility be for any Medicaid beneficiary who chooses to engage in support services. Recommend that all Medicaid beneficiaries be able to receive "unlimited nutrition, education, coaching, & skill development, and/or medical nutrition therapy (MNT), administered by a Registered Dietitian (RD) Nutritionist (RDN)." By clarifying that RDs are the appropriate provider of nutrition education and MNT, HFS establishes a standard of member care quality by stipulating care be provided under the clinical expertise of licensed RDs. MNT administered by RDs is a broadly recognized, and broadly reimbursed, category of care nationwide. Recommend more concrete guidance around the modality of care delivery be included; explicit mention of telehealth (e.g. phone, video) approval will greatly clarify how managed care organizations can facilitate delivery of nutrition support. Recommends that group nutrition classes be administered by RDs. Recommends that HFS stipulate that it will provide coverage for medically-supportive fresh food boxes (FFB).</p>	<p>HFS will consider your feedback pertaining to implementation as part of our pre-planning and readiness processes for the demonstration extension. In consideration of all public comments received on the scope of the proposed HRSN benefits, HFS considered the input received against several factors, including the type of authorities approved in other state demonstration programs and state-specific and national healthcare research, to determine the appropriate scope for an implementable HRSN benefit package. As such, HFS broadened the proposed housing benefit to be as expansive as other state programs approved by CMS. HFS also added an additional service under the non-medical transportation benefit. The scope of the other HRSN services remain as proposed. HFS thanks you for your support of the proposed demonstration extension.</p>

93	Housing Food and Nutrition	<p>We commend the Department on the inclusion of new pilots and benefits to address HRSN Housing</p> <p>An equity plan should be included in the implementation of the housing related services. In the evaluation plan (table 7), all HRSN housing supports should be stratified by race and ethnicity and recommend including an outcome measure tracking change in housing status. Eligibility criteria should be aligned with affordable housing criteria across the state. Strengthen tenancy support services definitions to include:</p> <ul style="list-style-type: none"> • Support to access or navigate affordable housing opportunities or rental subsidy programs • Care Coordination to include a Whole Person Care model. By this we mean that care coordinators address health care needs, as well as health related social needs assistance. • Coaching on developing and maintaining relationships with landlords/property manager • Assisting in resolving disputes with landlords and/or neighbors • Advocacy and linkage to community resources to prevent eviction • Assisting with housing recertification process • Support to maintain access to benefits and entitlements • Coordinating with the tenant and care team to review and update housing support and crisis plans • Coaching on being a good tenant and lease compliance • Services to support clean air and healthy temperatures during climate emergencies <p>Recommend that 6 months of rent be contiguous with both pre-tenancy and tenancy services. Food and Nutrition: 1. Recommend adding medically tailored groceries, produce prescriptions, and cooking classes. 2. Recommend extending to 12 months. 3. Recommend expanding to families. 4. Recommend locally sourced foods</p>	<p>HFS will consider your feedback pertaining to implementation as part of our pre-planning and readiness processes for the demonstration extension. In consideration of all public comments received on the scope of the proposed HRSN benefits, HFS considered the input received against several factors, including the type of authorities approved in other state demonstration programs and state-specific and national healthcare research, to determine the appropriate scope for an implementable HRSN benefit package. As such, HFS broadened the proposed housing benefit to be as expansive as other state programs approved by CMS. HFS also added an additional service under the non-medical transportation benefit. The scope of the other HRSN services remain as proposed. HFS thanks you for your support of the proposed demonstration extension.</p>
94	General	Strongly supports all aspects of the proposed waiver extension.	HFS thanks you for your support of the proposed demonstration extension.
95	General	Expresses support for the Waiver extension	HFS thanks you for your support of the proposed demonstration extension.
96	Housing Medical Respite Food and Nutrition Transportation	<p>Supports approval of the Section 1115 Demonstration. Housing. A. Recommend that these benefits be accessible to as many individuals in need as possible. An example of the impacts of homelessness on pregnant women and newborns is provided, highlighting that a history of homelessness should make a pregnancy high risk. B. Increasing access to OT can help Medicaid recipients maintain a safe and person-centered living environment. C. Recommend a certification process where individuals can re-apply for additional financial assistance would help sustain housing. Medical Respite. A. Recommends standardized per diem and measures to assess eligibility, tiered payments, an option to extend the length of stay, and programs should align with quality of care standards from NIMRC. B. Recommend onsite OT. 3. Food and Nutrition. A. Recommend extending to the household. Transportation. A. Transportation to health-related resources, inclusive of grocery stores, pharmacies, and support groups can help build community and improve health outcomes. This transportation should be easily accessible and supported by staff to set up rides as well as report any missed or canceled rides by contracted transportation organizations.</p>	<p>In consideration of all public comments received on the scope of the proposed HRSN benefits, HFS considered the input received against several factors, including the type of authorities approved in other state demonstration programs and state-specific and national healthcare research, to determine the appropriate scope for an implementable HRSN benefit package. As such, HFS broadened the proposed housing benefit to be as expansive as other state programs approved by CMS. HFS also added an additional service under the non-medical transportation benefit. The scope of the other HRSN services remain as proposed. HFS thanks you for your support of the proposed demonstration extension.</p>
97	Financing for HRSN	Provided a JAMA article regarding the cost of providing social solutions to address HRSNs is \$60 PMPM, however, existing federal funding is currently at \$27 PMPM.	HFS thanks you for this feedback.
98	General	Expresses support for the Waiver extension	HFS thanks you for your support of the proposed demonstration extension.
99	Medical Respite; Received post state notice period	<p>The Boulevard of Chicago supports approval of the Illinois Healthcare Transformation Section 1115 Demonstration Extension Proposed Benefits and believes it can help move Illinois towards a healthy fiscal solution to the current challenge of comprehensive care for individuals who are vulnerably housed. We endorse the inclusion of coverage for medical respite services with provisions related to the reimbursement structure, the length of stay, and alignment with nationally recognized standards of medical respite care and recommend that Occupational Therapy (OT) be included as a critical component of wrap-around services for those benefiting from medical respite. As a Medical Respite provider of almost 30 years, we can attest to its value and fully support the inclusion of a medical respite benefit within the 1115 Extension Proposal, however, to be effective, we recommend the addition of the following parameters:</p> <ul style="list-style-type: none"> • Standardized Per Diem/Standardized Measures: Reimburse medical respite services by a standardized daily rate (per diem) that covers a bundled set of services, including room and board, with standardized measures to assess eligibility across all participating Medicaid managed care organizations. • Tiered Payments: Recognize different levels of care and establish tiered payments that adequately cover the cost of medical respite services provided at each tier. • Option to Extend Length of Stay: Premature discharge from medical respite can jeopardize the successful stabilization of an individual's health and housing status. Allow individuals to apply for an extension of medical respite benefits in 3-month increments, based on medical need. Quality of Care: Medical respite programs should demonstrate quality care in alignment with the Standards for Medical Respite Care Programs, established and updated by the National Institute for Medical Respite Care (NIMRC), and align with the Issue Brief, Medicaid Reimbursement Principles for Medical Respite Care, put forth by NIMRC in December 2022. • Occupational Therapy: We strongly recommend adding onsite occupational therapy as a specific health-related service that is covered under the medical respite benefit. Growing evidence and expertise demonstrates that occupational therapy serves as a critical component in building the bridge between homelessness and stable housing. <p>Comments regarding Non-Medical (NMT) Transportation:</p> <ul style="list-style-type: none"> • Non-Medical Transportation (NMT) Transportation: NMT is an important social determinant of health and research has demonstrated that interventions aimed at non-medical transportation barriers to access health care are associated with fewer missed appointments. Transportation to health-related resources, inclusive of grocery stores, pharmacies, and support groups can help build community and improve health outcomes. 	<p>HFS received this comment after the official close of the public comment period. However, we will still consider your input as part of our pre-planning and readiness processes for the demonstration extension. HFS thanks you for your support of the proposed demonstration extension.</p>