OIMI OFFICE OF MEDICAID INNOVATION AN HFS - UNIVERSITY OF ILLINOIS SYSTEM PARTNERSHIP

CCBHC Advisory Committee – February Meeting

February 1st, 2024 – 10:00am-11:00am

Meeting Minutes

Welcome and Introductions

Chief Jones, Chief Behavioral Health Officer of Illinois with the Governor's Office, introduced himself and requested that everyone type their names and organizations they are affiliated with into the chat.

Update on CCBHC Demonstration Efforts

Shawn Cole, OMI, provided the group with updates on the CCBHC Demonstration efforts, which included:

- System Design HFS is working on provider enrollment and claiming buildout in their System Design;
- Cost Reporting and PPS Design Costs Reporting documentation was received from providers at the end of 2023 and reporting documents are being used to draft Prospective Payment System (PPS) rates for each provider;
- **Certification Process** OMI's MTAC unit is working on the Certification Process and they are in process of scheduling onsite reviews;
- **Stakeholder Workgroups** Chief Jones is leading both stakeholder workgroups, which includes this meeting and the CCBHC Executive Committee which last met on January 18th;
- **Data and Reporting Requirements** There will be a lot of discussion about data and reporting once the department completes PPS rates and certification requirements. The data and reporting for the demonstration is significant and consistent with other specialized Medicaid authorities and they will need good strategies on getting data and metrics and making data decisions. There is still more State work to do in this space, so it will lead to dialogue with providers around data and reporting.
- Demonstration Application The Federal Demonstration Application was up for public comment through January 23rd; they anticipate it will be posted soon with an anticipated due date of March 20th. The department is doing everything they can to prepare for the application's release based on a shorter application submission timeline. OMI is working with University of Illinois Chicago's Institute for Healthcare Delivery Design (UIC IHDD) on the application writing process.

Stacie Kemp, Sinnissippi Centers, asked if she could request a meeting to discuss their cost report; Shawn responded that meeting requests have been forwarded to the department to respond to but to alert him or Kristine Herman, HFS, if they do not feel their request is not being responded to in a timely fashion. Anne Tyree, Centerstone, asked if the State will consider allowing cost rates submitted in proposals to be refined. Shawn replied that he is unsure but if this is something that the department should be aware of, we are taking note.

Mary Garrison, Heritage BH Center, asked if there is an estimated timeline for onsite reviews. Shawn replied that the group will hear updates about navigating the next chapter and there are many site-specific scenarios but that silence does not mean there is not any progress.

Mark Ishaug, Thresholds, asked what a stakeholder workgroup is, what the CCBHC Executive Committee was, and what the other stakeholder workgroups are. Shawn explained that the stakeholder workgroups are a series of different discussions and groups that are being informed of CCBHC updates and that the Executive Committee is a group of State departments that meet to make sure tasks are on time, and this group (CCBHC Advisory Committee) is considered one of the stakeholder workgroups. Chief Jones gave examples of several other stakeholder workgroups, including a fiscal workgroup that worked on PPS rates, certification workgroup, and the Executive Committee convenes most of the State department leads to ensure they are abreast of the work being done in preparation for submitting the demonstration application.

Q&A From 12/12 Presentations (Current CCBHC SAMHSA Awardees)

Kelly Epperson with Rosecrance and Debbie Pavick and Caroline Perrewe with Thresholds briefly recapped their presentations from the December 12th meeting.

Becky Brasfield, Community Counseling Centers of Chicago, asked about person-centered care; Debbie replied that person-centered care is the essence of CCBHCs and the organizations have this notion firmly established in how they provide care and engage populations. Kelly added that Rosecrance received positive feedback from clients due to their ability to offer more intensive services that weren't focused on a timebound fee-for-service model.

Chief Jones reminded the group to continue to share information and ask questions so knowledge can be leveraged for a strong application and requested lessons learned.

- Mary Garrison shared that they have had to change language and meaning for their organization moving forward, and although it's taken time, it's provided good education for their organization.
- Frank Harris, LSSI, said that consultants have been invaluable in getting through the complexity of the process and encouraged everyone to use the resources that they can.
- Anne Tyree, Centerstone, shared that improving data sharing and ensuring they are ready for use in clinical records is a journey.
- Ann Marie Stanley, Gift of Voice, shared that that the improved care coordination and sharing of her records amongst providers has benefited her greatly and is a great asset.
- Jeremy Klemanski, Gateway, shared his prior experience in another state, stating that they did not get much hospital support until they started offering to connect their targeted case management function with their frequent discharge folks in order to perform outreach and engagement.

- Kelly said that information sharing is critical and saves a lot of time and that Rosecrance used grant funding to build out their electronic health record (EHR), which proved to be a helpful tool to facilitate communication. She also expressed that relationships at the ground level are very important.
- Anne Tyree informed the group that she met with managed care organizations (MCOs) years ago but they were not interested, so data had to be collected anecdotally as hospitals were not sharing admission and discharge information. They would meet but there would be no follow-up, roles would change, and it would be costly to meet with payors.
 - Blanca Campos, CBHA, responded that there is an opportunity for the State to facilitate those conversations and address these challenges with MCOs since they are contracted with the State.
- David Berkey, IHPA, shared that they are developing educational programs for their providers who are pursuing CCBHCs and using those tools across their entire network.

Next Steps and Announcements

The next CCBHC Advisory Committee meeting will be held on April 4th, 2024.

Meeting adjourned at 10:58am.

Action Items

• Committee members to complete post-meeting survey – All

Attendees

- \boxtimes Chief David T. Jones, CBHO/GO
- \boxtimes David Albert, DHS-DMH
- 🗆 Leanna Altamore, GO
- \boxtimes Jayne Antonacci, DHS-SUPR
- ⊠ Scott Banken, FTI
- \boxtimes Jes Banner, Chestnut Health Systems
- ⊠ David Berkey, IHPA
- □ Derrick Booth, Trillium Place
- \boxtimes Becky Brasfield, Community Counseling
- Centers of Chicago
- $\hfill\square$ Georgianne Broughton, Community
- **Resource** Center
- \Box Kimber Browne, ComWell
- oxtimes Heather Buechele, OMI
- 🖂 Blanca Campos, CBHA
- \boxtimes Dan Carton, Heritage BH Center

- ⊠ Michelle Churchey-Mims, CBHA
- Shawn Cole, OMI
- □ Elizabeth Cook, Egyptian Health
- ⊠ Marcy Cox, Arukah Institute of Healing
- □ Kelly Cunningham, HFS
- 🛛 Lia Daniels, IHA
- ⊠ Dora Dantzler-Wright, The Path
- 🗆 Shreya Das, OMI
- \boxtimes Jud DeLoss, IABH
- 🗆 Nikki Dugger, Centerstone
- ⊠ Kelly Epperson, Rosecrance Behavioral Health
- ⊠ Jennifer Epstein, IDPH
- □ Josh Evans, IARF
- ⊠ Adam Flores, DOI
- $\hfill\square$ Juan Flores

- ⊠ Eric Foster, HFS
- \Box AJ French, Gift of Voice
- 🛛 Amy Frye, OMI
- 🛛 Dana Frye, Lawrence Co. Health Dept
- ⊠ Laura Garcia, DHS-SUPR
- ⊠ Mary Garrison, Heritage BH Center
- ☑ David Gomel, Rosecrance Behavioral Health
- 🛛 Teresa Good, Sinnissippi Centers
- □ Tierney Hammer, IAMHP
- ⊠ Angie Hampton, Egyptian Public & MH Dept
- ⊠ Frank Harris, LSSI
- ⊠ Shea Haury, Comwell
- □ Jill Hayden, Sellers Dorsey (Rep. of IAMHP)
- \Box Kristine Herman, HFS
- \boxtimes Tyrone Hill, Amare NFP
- □ Kaitlinn Himes
- \boxtimes Kati Hinshaw, HFS
- \boxtimes Grace Hong Duffin, Kenneth Young Center
- ⊠ John Horsley, Kenneth Young Center
- □ Eugene Humphrey, HRDI
- \boxtimes Mark Ishaug, Thresholds
- 🗆 Ruth Jajko, LSSI
- Alicia Jansen, MSLC
- Stacie Kemp, Sinnissippi Centers
- ⊠ Amber Kirchhoff, IPHCA
- ☑ Jeremy Klemanski, Gateway Foundation
- ⊠ Amanda Lake, DHS-SUPR
- ☑ Tricia Larson, Trillium Place
- Michael Lau, Arukah Institute of Healing
- □ Shannon Lightner, IDPH
- Dan Lustig, Haymarket Center

- □ Amy Marley, Lawrence Co. Health Dept
- Maggie McKenzie, Arrowleaf
- ⊠ Emily Miller, IARF
- Matt Mollenhauer, Chestnut Health Systems
- ⊠ Carrie Muehlbauer, OMI
- □ Meredith O'Brien, IABH
- ☑ Debbie Pavick, Thresholds
- ☑ Caroline Perrewe, Thresholds
- ⋈ Kim Petit, Ecker Center for BH
- □ Keith Polan, DCFS
- □ Matt Richards, CDPH
- □ Judith Ruiz-Branch, IAMHP
- ☑ Daphne Sandouka, Ecker Center for BH
- □ Sarah Scruggs, Arukah Institute of Healing
- Dana Severinghaus, DOI
- Dave Sharar, Chestnut Health Systems
- ⊠ Tyler Smith, CBHA
- ☑ Ann Marie Stanley, Gift of Voice
- □ Mark Stutrud, LSSI
- ⊠ Mary Thompson, Trillium Place
- $\hfill\square$ Luke Tomsha, Perfectly Flawed Foundation
- 🛛 Anne Tyree, Centersone
- ☑ Mike Tyson, Take Action Today
- Michael Vick, Rosecrance Behavioral Health
- ⊠ Hillary Wang, CDPH
- Alisha Warren, CDPH
- □ Randy Wells, IABH
- ☑ Carrie Wilcox, DHS-DMH
- ⊠ Megan Wyatt, MSLC
- □ Stacy Zawacki, Perfectly Flawed Foundation