

Behavioral Health Outcomes

Stakeholder Meeting - Final

Wednesday, February 28th, 2024 | 2:30pm-3:30pm

Meeting held virtually using [Zoom](#). Pre-registration is not required.

Meeting Minutes

Welcome, Roll Call, and Minute Approval

Kati Hinshaw, HFS, welcomed the group and reminded that the representatives would be voting on approval of minutes from the kickoff meeting held on 1/24. Quorum was met with 10 of the 13 stakeholder workgroup representatives present at roll call; 1/24 minutes were approved. Reminder that materials will be shared on [HFS's BH Outcomes Stakeholder Workgroup webpage](#)

Presentation from Kati Hinshaw, HFS: Overview of Value-Based Payment (VBP) Model

Kati Hinshaw, HFS, gave a presentation overviewing the Value-Based Payment (VBP) Model, including explaining the concept of Triple Aim Framework and differences between three healthcare payment models, including Fee-for-Service (FFS), Value-Based Care (VBC), and Alternative Payment Models (APMs). Kati also discussed common APM approaches, including Pay for Performance (P4P), Bundled Payments, Shared-Savings and Shared-Risk Models, and Capitation and Sub-Capitation approaches. She reminded the group that the two approaches discussed the most will be P4P and Bundled Payments and added that multiple payment approaches can be combined, so it is less about choosing between one or the other and more about considering difference financial structures. Additionally, Kati reviewed the types of quality metrics, including structural, process, outcome, and customer experience, and concluded the presentation by discussing APMs and Team-Based Services.

Group Discussion: Feedback and Q&A

Kati opened the floor for questions. The following were questions and concerns were presented by the group:

- Aaron Mallory, GRO, asked what the outcome measures were. Kati responded that this group will provide input on what those should be.
- Debbie Pavick, Thresholds, asked if there are currently VBP models for mental health Medicaid in Illinois. Kati replied that some MCOs have some things similar but there is nothing system-wide and suggested bringing examples both from Illinois and other states. Kristine Herman, HFS, added that there are limited examples of APMs under the Integrated Care for Kids grant that are specific to two providers (Egyptian and Lurie Children's

Hospital) that have been utilized around integration of behavioral health and medical services and offered to speak more about those at the next meeting.

- Drue Cannata, Arukah Institute of Healing, mentioned that his company has a Living Room program and asked if that will be wrapped in with team-based care. Kati replied not to start, as HFS's is starting with team-based services the behavioral health space.
- Matt Werner, M. Werner Consulting, mentioned keeping in mind how data is measured, how outcomes are collected, and how payments are set up. He added that a challenge Medicaid has always stagnant and suggested reevaluating it on an annual basis and making it dynamic so it will stay current moving forward.
- Jill Hayden, IAMHP, asked if there is a standard of care or description of services for team-based services and suggested that reviewing that might help the overall discussion on what the group is trying to achieve. Kati offered to share the service requirements and expectations for ACT and CST. She added that ACT has a lot more since it is an evidence-based practice, but CST is more homegrown and a step-down version of ACT. She also suggested in future meetings bringing more nuance into components of ACT and CST from a model perspective.
- Debbie Pavick wondered if they should think about the conversation within the context of prospective payment (PPS) rates and CCBHCs and further asked if the State will try to align things going forward. Kati responded that they are open to feedback and stated that while there might be some challenges with CCBHCs from a demonstration perspective, they are limited in what control they have over some of it. Debbie expressed concern with administratively managing two separate systems based on encounters versus seeing someone a minimum number of times per month.
- Drue Cannata asked if the group coming up with a standard way of training in a productive way on the administrative side (billing, etc.) is something this workgroup can do. Kati responded that they want to take all ideas and rate avenues and support what everyone is interested in; she further explained that provider types are paid differently in Medicaid, so hospitals and MCOs are not paid the same way as CMHCs or SUD providers.
- Aaron Mallory commented that he is a fan of FFS and asked if the State is willing to invest in this or if they are just brainstorming. Kati responded that they are open to all ideas and feedback and had hopes to see examples to gain an understanding of what this looks like for non-team-based services and pros and cons in a future meeting. Aaron suggested having a conversation with IHPA and Meridian to explore their model.
- Aaron further requested clarification if this meeting is for gathering ideas or if there is financial investment in implementation. Kati replied that they are legislatively required to move their payment model for team-based services and implement a P4P program and the State is invested, but HFS does not set the budget or budget priority and they are advocates of supporting that work.
- Matt Werner suggested that this is about how they can evolve into the next step to drive better outcomes and make services more streamlined rather than starting from scratch.

- Tom Miles, Trilogy, asked what the projected timeline is; Kati said that according to the legislation states in the next fiscal year (FY25), but it is dependent on the workgroup and what is achievable.
- Fanya Burford-Berry, Person with Lived Experience, asked why Capitation was taken off the table right away. Kati answered that they are the hardest to pull off, involve the most risk for providers, have the biggest chance of going wrong, and can be too overwhelming and dangerous from an organization's perspective.
- Aron Janssen, Lurie Children's Hospital, suggested listing out what the specific goals are and problems they are trying to resolve, as that might help the workgroup consider different targets and interventions.

Next Steps

The next BH Outcomes Stakeholder Workgroup meeting will be held virtually on *March 27th, 2024 from 2:30pm-3:30pm at the same Zoom link provided.

(*Note: after the close of this meeting, it was decided that the cadence would be changed to bimonthly with the next meeting occurring on April 24th, 2024 and no longer on March 27th.)

Meeting adjourned at 3:30pm CST.

Action Items

- Share slides on HFS's BH Outcomes Stakeholder Workgroup webpage – Kati Hinshaw, HFS
- Share finalized minutes on HFS's BH Outcomes Stakeholder Workgroup webpage – Amy Frye, OMI
- Share what ACT and CST service expectations and requirements are – Kati Hinshaw, HFS
- List of specific goals/problems to be resolved for workgroup's consideration of targets and interventions – Kati Hinshaw, HFS

Member Attendance

Non-Government

	First Name	Last Name	Organization
X	Fanya	Burford-Berry	Person with Lived Experience (PLE)
X	Clara	Burklow	Egyptian Health Department (EHD)
X	Drue	Cannata	Arukah Institute of Healing
X	LeNita	Gardner	Person with Lived Experience (PLE)
	Mary	Garrison	Heritage Behavioral Health Center
X	Jill	Hayden	Illinois Association of Medicaid Health Plans (IAMHP)
X	Aron	Janssen	Lurie Children's Hospital of Chicago
X	Aaron	Mallory	God.Restoring.Order Community (GRO)

	Jen	McGowan-Tomke	Illinois National Alliance on Mental Illness (NAMI)
X	Susan	Newberry	Person with Lived Experience (PLE)
X	Melissa	Pappas	Rosecrance
X	Debbie	Pavick	Thresholds
X	Matt	Werner	M. Werner Consulting

Government

	First Name	Last Name	Organization
X	Shawn	Cole	Office of Medicaid Innovation (OMI)
X	Amy	Frye	Office of Medicaid Innovation (OMI)
X	Kristine	Herman	Illinois Department of Healthcare and Family Services (HFS)
X	Kati	Hinshaw	Illinois Department of Healthcare and Family Services (HFS)
	David T.	Jones	Office of Illinois Governor JB Pritzker
X	Carrie	Muehlbauer	Office of Medicaid Innovation (OMI)