



January 27, 2023

Bureau of Program and Policy Coordination  
Division of Medical Programs  
Healthcare and Family Services  
201 South Grand Avenue East  
Springfield, IL 62763-0001  
E-mail address: [HFS.BPPC@illinois.gov](mailto:HFS.BPPC@illinois.gov)

Re: PROPOSED CHANGES IN METHODS AND STANDARDS FOR ESTABLISHING MEDICAL ASSISTANCE PAYMENT RATES

To Whom It Concerns,

Thank you for the opportunity to provide comments on the Illinois Department of Healthcare and Family Services' (Department) proposal to provide coverage of peer recovery support services rendered by a certified Peer Support Specialist (PSS) for the purposes of supporting recovery of individuals receiving substance use disorder treatment.

The Illinois Primary Health Care Association (IPHCA) is the statewide trade organization representing all 53 of Illinois' community health centers, otherwise known as Federally Qualified Health Centers or FQHCs. Collectively, our members care for 1.5 million patients in underserved areas annually. This means that 1 in 12 Illinoisans receive their care at a community health center, making them the state's largest primary care network. Our comprehensive, integrated approach includes three core service areas: medical care, behavioral health treatment as well as dental services. A majority of our patients identify as a racial or ethnic minority and nearly all are low income. Sixty percent of our patients have coverage through Medicaid, 20% are uninsured, and the remaining 20% have Medicare, commercial insurance, Marketplace plans, or other forms of coverage.

As a leading provider of behavioral health services, we support the Department seeking federal approval to add Peer Support Specialists to Illinois' Medicaid program pursuant to Public Act 102-1037.

### ***THE NEED FOR EXPANDED TREATMENT OPTIONS***

Our state, like much of the nation, is facing an unprecedented opioid epidemic. As a result, overdose fatalities are on track to reach the highest level in at least a decade.<sup>1</sup>

This problem was exacerbated by the stress, isolation, and hardship brought on by the COVID-19 pandemic. In fact, opioid overdoses in Illinois increased 33% from 2019 to 2020.<sup>2</sup> In 2020,

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<sup>1</sup> <https://dph.illinois.gov/topics-services/opioids/idph-data-dashboard/statewide-semiannual-opioid-report-may-2022.html>

<sup>2</sup> <https://dph.illinois.gov/topics-services/opioids/idph-data-dashboard.html>



there were 2,944 opioid overdose fatalities – more than twice the number of fatal motor vehicle accidents and more than twice the number of homicides.<sup>3</sup> The dramatic increase in the number of fatalities is largely attributable to the rise of synthetic opioids, namely fentanyl. Since 2013, synthetic opioid deaths in Illinois have increased 2,736 percent.<sup>4</sup>

Now more than ever it is incumbent upon policymakers and providers to assure all forms of high-quality treatment are available to those struggling with opioid use disorder. Peers are an important part of the care team, offering a unique perspective and ability to connect with patients in recovery. Research has shown that social supports like those provided by Peer Support Specialists are effective in facilitating recovery.<sup>5</sup> Further, growing the PSS workforce represents an opportunity to strengthen the diversity of the healthcare workforce and better ensure that the care team reflects the demographics of the community served.

### ***PEER SUPPORT SPECIALISTS AT COMMUNITY HEALTH CENTERS***

Community health centers have already begun scaling up the peer workforce. While some health centers employ Peer Support Specialists as part of their substance use treatment programs, they must identify grant funding and other inconsistent funding streams to enable these services. Eligibility for Medicaid reimbursement would allow for a more reliable source of funding, making these valuable members of the care team more broadly accessible and strengthening equitable access to evidence-based care.

IPHCA has also begun to develop potential training and professional development opportunities for PSS staff at our member health centers. For example, PSSs could be cross-trained as community health workers to expand their utility on the care team and broaden their career options. Additionally, we would like to sponsor training for the PSS role to support the growth of this workforce at community health centers. We look forward to identifying resources to bring these ideas to fruition.

### ***REIMBURSEMENT***

Lastly, we hope that the Department intends for PSS services to be delivered by community health centers, among other Medicaid providers. The methodology outlined in the [public notice](#) refers to reimbursement on a per quarter hour basis, which does not align with the community health center prospective, encounter-based payment structure. PSS would need to be added as a billable provider type in order for health centers to bill at their behavioral health encounter rate. We are aware of at least four other states – Arizona, Kentucky, New Mexico, New York – that reimburse Peer Recovery Support Specialists at the Federally Qualified Health Center behavioral health encounter rate.

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<sup>3</sup> [Ibid](#)

<sup>4</sup> [Ibid](#)

<sup>5</sup> <https://store.samhsa.gov/sites/default/files/sma09-4454.pdf>



Whether through PPS reimbursement or some other means, we welcome the opportunity to work with the Department to identify an appropriate reimbursement mechanism that enables these valuable services at community health centers through the Medicaid program.

Thank you in advance for your consideration of these comments. Please contact [Cyrus Winnett](#), Senior Vice President of Public Policy + Government Affairs, with any questions.

Sincerely,

Cyrus Winnett  
Senior Vice President  
Public Policy + Government Affairs  
Illinois Primary Health Care Association