

Illinois Department of Healthcare and Family Services
N.B. Stakeholder Subcommittee of the Medicaid Advisory Committee
March 27, 2023, 3:00 pm – 4:30 pm

Due to COVID-19 concerns, the N.B. Stakeholder Subcommittee was held via WebEx.

Members Present

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| Anna Harvey | University of Illinois Urbana Champaign – School of Social Work |
| Ashley Deckert | Illinois Collaboration on Youth |
| Bernadette May | Family Service Association of Greater Elgin |
| Christine Achre | Primo Center for Women and Children |
| Dee Ann Ryan | Family Advocate |
| Emily Miller | Illinois Association of Rehabilitation Facilities |
| Jason Keeler | Allendale Association |
| Jennifer Roland | University of Illinois Urbana Champaign – School of Social Work |
| Dr. Michael Naylor | University of Illinois at Chicago |
| Michelle Churchy-Mims | Community Behavioral Healthcare Association |
| Regina Crider | Youth and Family Peer Support Alliance |

Members Absent

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| Amanda Walsh | IL Children's Mental Health Partnership |
| Andrea Danes | Accelerant Health |
| Angie Hampton | Egyptian Public and Mental Health Department |
| Brandy Moore | Centerstone |
| Jennifer McGowan-Tomke | NAMI Chicago |
| Josh Evans | Illinois Association of Rehabilitation Facilities |
| Jud DeLoss | Illinois Association for Behavioral Health |
| Michaela Granger | Youth and Family Peer Support Alliance |
| Stephanie Barisch | Center for Youth and Family Solutions |

I. Welcome and Call to Order / Introductions

The meeting was opened, and roll call was taken. A quorum was established.

II. Approval of Meeting Minutes

Approval of the February meeting minutes was tabled until the April meeting.

III. Healthcare & Family Services Implementation Update

A. General Implementation Activities

Kristine provided the following update on the implementation of the Pathways to Success program:

- There are now 20 active CCSOs serving 536 youth.
- There is one additional CCSOs starting in April, pending the successful completion of their on-site reviews that will be completed this week.
- HFS continues to manually prioritize youth for the existing and new CCSOs once they have completed the on-sites. The number of youth referred continues to be matched to CCSOs

staffing capacity with half caseloads for High Fidelity Wraparound and 1/3 caseloads for Intensive Care Coordination.

- In addition, the weekly CCSO Office Hours continue and offer a good forum for getting feedback from the CCSOs about what is going well and what areas need attention during the roll out. Based on feedback from the Office Hours.
- The ARPA grant agreements have been completed and the dollars should be released very soon.
- An update on training was provided. There were 16 CCS core trainings with 142 individuals completed; nine supervisory trainings with 55 individuals completed; 22 individuals have completed Therapeutic mentoring; 12 individuals have completed Family peer support; 36 individuals have completed Intensive Home-Based and six individuals have completed Intensive home based for team leads.
- HFS continues to try to recruit providers for the community-based Pathways services through partnering with MCOs and specific outreach to Behavioral Health Clinics.

Q: Of the 536 youth who were referred, what was the date for the cutoff for these youth, and how many were actually engaged / accepted services?

A: The list was finalized on March 8th and 75 youth and families declined services.

Q: Overall, how many youth were determined eligible for the program?

A: 15,272 youth had an IM+CANS that indicated they had at least one behavioral health need. Of those 15,272 youth, 446 were eligible for Tier 1 and 5,095 were eligible for Tier 2. HFS used the Tier 1 and Tier 2 eligible youth to pull the list of youth that were prioritized and referred for Pathways to Success services.

Q: So, does that mean that the other youth in the overall 15,000 pool did not receive services?

A: No. Those other youth already have an IM+CANS completed, so they are engaged with a mental health provider who should be offering the youth and family other community-based mental health services. It would be incorrect to assume that none of those youth are receiving services. While we know we need to build capacity throughout the children's behavioral health system, this particular committee is focused on building the services that are needed to serve NB Class Members. The implementation is moving along at a reasonable rate to ensure that providers offering new services are not overwhelmed by referral numbers that they cannot accommodate.

Q: Will rates be increased for the Pathways to Success services?

A: That is outside of the scope for this subcommittee, as we do not have control over rates. The broader issue of community-based services rates is being discussed in the legislative session.

Q: The credentials for Individual Support and Therapeutic Support Services were tightened under the new rule. Can anything be done to change that?

A: Federal reviewers required HFS to be very specific about the types of services and supports that would be covered under these categories. However, HFS was pushed to define credentials for TSS providers through the rulemaking process. To satisfy commentors who requested detailed information about who could provide TSS services, HFS had to include specific credentials for those services.

Q: Once a youth is enrolled in a CCSO, is Individual Assessment and Treatment Planning (IATP) still a billable service for the CCSO and for other agencies?

A: The CCSO becomes the lead agency for reviewing and updating the IM+CANS and the payment for that service is included in the monthly case rate that the CCSO receives. Other providers can update and revise the IM+CANS, but the expectation is that all updates and revisions will be handled through the Child and Family Team (CFT) process, so other agencies should not be independently reviewing, revising or completing a new IM+CANS outside of the CFT.

Q: How will a provider know when a youth has become enrolled in Pathways to Success so that they can stop billing Case Management Services?

A: HFS is working on additional guidance for providers regarding notification and timing. HFS would like to reiterate that the prohibition against duplication of Case Management services is an existing policy. Case Management services may only be provided by the primary case manager for a customer and should not currently be billed by multiple agencies.

Q: What is the timeline for the development of Psychiatric Residential Treatment Facilities?

A: HFS is continuing to plan for the implementation of these facilities, but they will not be implemented until the capacity for community-based services has increased significantly.

B. Family Leadership Development within NB Subcommittee

Chairperson Crider lead a discussion regarding recruiting more members with lived experience to participate in the Subcommittee and asked members to provide contact information for candidates. The committee discussed one very active parent group that included mostly Spanish speaking individuals but there was technology available that would do real time translation so that English and Spanish speaking participants could participate. HFS will need to investigate that option.

IV. Subcommittee Feedback on Provider and Family Engagement Strategies

A. Update from Family Workgroup

Chairperson Crider will have update for next meeting.

B. Update from Provider Workgroup

The Provider Workgroup has not met since November when they provided recommendations to HFS. Waiting on further response. Workgroup members expressed concern about not receiving a response with feedback on the communication plan from HFS. Kristine indicated that communication needed to be phased in according to the capacity of the system to serve youth. It would not be helpful to widely discuss the program and then have parents find out that services were not yet available. Kristine explained that further messaging to providers to encourage providers to offer Pathways to Success services was being implemented. Kristine indicated that HFS would again review the phased communication approach recommended by the workgroup to see what other aspects of that plan could be implemented in the near future.

C. Paraprofessional Workforce Development Workgroup

No update.

V. Additional Business: Old & New

A. Old Business

None

B. Items for future discussion

Will there be a change in the in-person requirements for subcommittee participants once the public health emergency has officially ended?

C. Announcements

None

IV. Public Comment

There were no public comments.

V. Adjournment

Meeting was adjourned at 4:12pm