

**Illinois Department of Healthcare and Family Services  
N.B. Stakeholder Subcommittee of the Medicaid Advisory Committee  
July 05, 2022 2:30 pm – 3:30 pm**

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

**Members Present**

Anna Harvey	YWCA of Metropolitan Chicago
Ashley Deckert	Illinois Collaboration on Youth
Bernadette May	Family Service Association of Greater Elgin
Angie Hampton	Egyptian Public and Mental Health Department
Jennifer Roland	University of Illinois Urbana Champaign – School of Social Work
Jason Keeler	Allendale Association
Jennifer McGowan-Tomke	NAMI Chicago
Michelle Churchy-Mims	Community Behavioral Healthcare Association
Stephanie Barisch	Center for Youth and Family Solutions
Dr. Michael Naylor	University of Illinois at Chicago
Dee Ann Ryan	Family Advocate
Amanda Walsh	IL Children's Mental Health Partnership

**Members Absent**

Christine Achre	Primo Center for Women and Children
Brandy Moore	Centerstone
Regina Crider	Youth and Family Peer Support Alliance
Andrea Danes	Accelerant Health
Jud DeLoss	Illinois Association for Behavioral Health
Josh Evans	Illinois Association of Rehabilitation Facilities
Michaela Granger	Youth and Family Peer Support Alliance
Emily Miller	Illinois Association of Rehabilitation Facilities

**I. Welcome and Call to Order / Introductions**

The meeting was opened, and roll call was taken. A quorum was not established.

**II. Approval of Meeting Minutes**

A quorum was not established; therefore, no vote was taken on the approval of the minutes from the May 23, 2022 meeting.

**III. Healthcare & Family Services Implementation Update**

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

- HFS received approval of the 1915(i) State Plan Amendment on June 27, 2022 and will be moving forward with the implementation of the Pathways to Success program.
  - In August, HFS will publicly announce the CCSOs that were selected, will facilitate a kick-off meeting for the selected CCSOs, and will start the IMPACT enrollment process.

- In September, CCSOs should begin hiring required staff and complete the IMPACT enrollment process. HFS will distribute ARPA monies for CCSOs including equal distribution across DSAs of \$6 million to support Individual and Therapeutic support services and \$12 million for general operating costs for CCSOs.
  - In October, training for CCSO staff will begin.
  - In November, Mobile Crisis Response will transition to the new DSAs and to new CCSOs, if required, and CCSO Readiness Reviews will be completed.
  - In December, HFS will notify CCSOS regarding the outcome of the Readiness Review and will begin assigning children to the CCSOs that did pass the Readiness Review.
  - In January, CCSOs will begin engaging families assigned to them.
  - These timelines may be adjusted if CCSOs are able to hire staff more quickly. HFS will be working very closely with CCSOs to match child enrollment to staffing capacity.
- HFS has also submitted the Administrative Rule through JCAR for 1<sup>st</sup> filing and has received public comments. The responses to public comments have been submitted to JCAR for 2<sup>nd</sup> filing and approval. The rule will be on JCARs August calendar for adoption.
  - The Implementation Plan and Milestone document will be updated with new timelines based on the approval date of the 1915(i).
  - The decision support criteria that will be used to determine N.B. Class Member status as well as the appropriate tier of care coordination is being finalized with N.B. Class Counsel and Expert and will be shared publicly once finalized.
  - HFS will continue to gather feedback from this committee particularly regarding the public messaging for services and will continue to update the committee regarding implementation progress.

Q: If a CCSO has limited staffing capacity, can they start services with a smaller population of children?

A: Yes. HFS will be working closely with CCSOs to match child enrollment with staffing capacity.

Q: Will individual and therapeutic supports start at the same time?

A: Yes.

Q: Which staff must be hired and trained before a CCSO can begin serving children?

A: HFS will clarify for CCSOs which staff are required before enrollment can begin.

Q: Have all DSAs been accounted for?

A: There are still a few DSAs that do not have a CCSO selected. HFS is working to fill those gaps.

Q: Are the CCSOs still rolling out on a region basis, or all going live in all regions in Jan.?

A: HFS has moved away from a regional approach and will be targeting CCSOs who have staffing to begin CCSO services.

Q: When will other services under Pathways be rolling out?

A: Training for all services will be available in October. HFS will continue to educate providers on the other Pathways services and is hoping that providers will begin the process of enrolling in IMPACT as providers of these services in September.

Q: Will Therapeutic Mentoring and Respite providers have to be hired by Intensive Home-Based providers?

A: They can be independent providers but must still be a CMHC or BHC.

Q: What is expected for new CCSO providers in the implementation process?

A: The CCSO will have to go through all the trainings that are required, will have to obtain a program approval to do MCR, will have to ensure that staff are certified in the utilization of the IM+CAT, and have staffing to cover the DSA.

Q: Will children be transferred from existing providers to the new CCSO?

A: Yes, children who are receiving MCR, FSP or SFSP will move to the new CCSO for those services.

Q: Will CCSOs have to subcontract with existing providers?

A: Each CCSO is responsible for ensuring MCR is covered through the entire DSA. CCSOs may choose to partner with others, but that is at the discretion of the CCSO. HFS and CARES will only need to know which agency to contact.

Q: What is the interface with 590 and 988?

A: MCR under Medicaid is going to continue to run the same way. 988 works like a hotline for everybody, and anyone anywhere can call. 988 call centers will have partnerships MCR providers who will respond if a 988 call requires a response. If that MCR team finds that they are working with a Medicaid covered child and the child needs to be hospitalized, then 988 team or the hospital will call CARES to arrange for the screening.

#### **IV. Subcommittee Feedback on Provider and Family Engagement Strategies**

The subcommittee previously discussed the need to establish two workgroups to assist with messaging about the Pathways to Success program. One will be focused on messaging for families to help them understand when and how to have an IM+CANS completed for their child and what services are available for youth who are or are NOT eligible for Pathways to Success. The other workgroup will be focused on messaging for providers so that they understand when and how a child should receive and IM+CANS, particularly if the child is cycling through crisis without ever obtaining an IM+CANS and the other community services that can be provided.

Regina Crider agreed to chair the Family Workgroup and Stephanie Barisch agreed to chair the Provider Workgroup. HFS encouraged N.B. Subcommittee members to volunteer for either or both groups.

#### **V. Additional Business: Old & New**

##### **A. Items for future discussion**

Dee Ann Ryan discussed the continued need to focus on workforce development and indicated that she sent out a copy of a statement and some recommendations. She explained that her concern is that HFS will not be able to launch the new services, because there are not enough paraprofessionals in the workforce. She stated that we will never have enough licensed clinicians to do the work, so we will have to train paraprofessionals. She reported that the N.B.

Subcommittee had a workgroup that worked for a year and put out recommendations, but that not much had been done since then. She asked if there was another avenue that the workgroup could take to get some additional attention on the need to train paraprofessionals, since it impacts more than just kids who are eligible for the Pathways to Success program.

The Subcommittee discussed the fact that everyone is concerned about this issue. Suggestions were made to discuss with the Illinois Community College Board to see if there was interest in them adopting recommendations and building a core training program. Other suggestions were discussed and questions were raised about the best entity to pull it all together into an actionable framework.

HFS indicated that there have been ongoing discussions with Dana Weiner, the Director of the Children's Behavioral Health Transformation Initiative and that she has expressed interest in workforce development being a part of the overall plan to transform the children's behavioral health system. HFS also discussed the new rate structure based on legislation from last session that will increase rates for RSA level staff as well as American Rescue Plan Act dollars that are dedicated to workforce development that will be distributed in the next several months.

#### **IV. Public Comment**

There were no public comments.

#### **V. Adjournment**

Meeting was adjourned at 3:33pm.