

Illinois Department of Healthcare and Family Services
N.B. Stakeholder Subcommittee of the Medicaid Advisory Committee
September 29, 2020
1:30 pm – 3:00 pm

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

Members Present

X McCarrell, Deborah	Illinois Collaboration on Youth (ICOY)
X Ryan, Dee Ann	Family Advocate
X Crider, Regina	Youth and Family Peer Support Alliance
X Josh Evans	Illinois Association of Rehabilitation Facilities
X Griffin, Gene	IL Children's Mental Health Department
X Hampton, Angie	Egyptian Public and Mental Health Department
X Keeler, Jason	Allendale Association
X Michelle Churchy-Mims	Community Behavioral Healthcare Association
X McGowan-Tomkeat, Jennifer	National Alliance on Mental Illness
X Naylor, Michael	Illinois Psychiatric Society
X Nierman, Peter	Illinois Psychiatric Society
X Roethlisberger, Margo	Ada S. McKinley Community Services

Members Absent

Achre, Christine	Primo Center for Women and Children
Carmichael, Michelle	Education Consultant
Danes, Andrea	Accelerant Health
Doyle, Tamara	Family Advocate
Foster, Eric	Illinois Association for Behavioral Health
Griffin, Gene	IL Children's Mental Health Department
Lenzo, Eric	Mt. Sinai Health Services
Roberts, Katrina	Family Advocate

I. Welcome and Call to Order

The meeting was opened and roll call was taken.

II. Introductions

A quorum was met and minutes from the previous meeting were approved.

III. Implementation Update

Kristine Herman provided an implementation update. HFS will be moving forward with the enhanced care coordination and additional services for children with high behavioral health needs that we committed to under the NB consent decree. These will be implemented as a cohesive array of services rather than launching care coordination first and then following with services. This will push the timeline for implementation back to roughly the second quarter of 2021, but will provide a better foundation for the children's behavioral health system of care envisioned for Illinois and required under NB. HFS will be publishing a provider notice in the next few days explaining the shift in implementation.

Dee Ann Ryan provided an update on the Workforce Development Workgroup. The workgroup has been continuing to develop recommendations for a cohesive training curriculum for unlicensed, paraprofessional workforce to ensure that they are coming into the behavioral health workforce with a consistent level of knowledge. The training curriculum being discussed is founded on PracticeWise. Recommendations will be provided to HFS in December.

IV. Feedback and Discussion

Question regarding if the care coordination and other services would remain the same?

All of the services committed to in the NB Implementation Plan and under IHHs will remain the same.

Question regarding conflict free case management under 1915i.

Conflict-free is a federal requirement, and HFS will be negotiating with CMS regarding the more effective way to address.

Concern was raised regarding the implications for doing concurrently rather than sequentially; cohesive package is attractive but there is an enormity to doing this all at once. COVID makes services even more challenging.

While the authority for the services will be obtained all at once, the services will not all begin at the same time. There will need to be time spent identifying providers, hiring staff, training staff, and making sure that billing and payment systems are up and running. Some services will be implemented more quickly while other take more time.

Question regarding the underlying reason for switching federal authorities.

HFS weighed all the current options and current challenges and determined that utilizing the 1915i authority had more benefits than the IHH authority. But, we should not spend too much time worrying about the authority. The services are still the same and implementation is still going to take all our focus.

Question about the role of the MCO's be in care coordination for kids who qualify for intensive care coordination under the 1915i authority?

MCOs will have provider agreements with the agencies that are doing the care coordination and will still have responsibility for prior authorization, utilization management, payment and quality monitoring.

Question regarding if the new care coordination entity will still need to register as a new provider type in IMPACT and still be called an IHH?

The care coordination entity will still need to register in IMPACT, but we will have to come up with a new name other than IHH as IHHs will be serving a different population.

Question regarding how the move from IHH to 1915i will impact rates?

Rate are being developed right now. Anticipate little change but do not have final rates yet.

Question regarding whether a child could be enrolled in an IHH for complex conditions and under the 1915(i)?

The child could receive behavioral health services other than care coordination under the 1915(i) if they were enrolled in IHHs.

Question regarding the start date for IHH for adults and children with complex needs?

IHHs for adults and children with complex needs will start later in 2021.

V. Adjournment

Dee Ann motioned to adjourn; Dr Naylor seconded. Adjourned at 2:39 pm.