

**Illinois Department of Healthcare and Family Services
N.B. Stakeholder Subcommittee of the Medicaid Advisory Committee
November 9, 2020
2:30 pm – 3:30 pm**

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

Members Present

x	Achre, Christine	Primo Center for Women and Children
x	Crider, Regina	Youth and Family Peer Support Alliance
x	Danes, Andrea	Accelerant Health
x	Griffin, Gene	IL Children's Mental Health Department
x	Hampton, Angie	Egyptian Public and Mental Health Department
x	Keeler, Jason	Allendale Association
x	Lindsey, Marvin	Community Behavioral Healthcare Association
x	McCarrell, Deborah	Illinois Collaboration on Youth (ICOY)
x	McGowan-Tomkeat, Jennifer	National Alliance on Mental Illness
x	Naylor, Michael	Illinois Psychiatric Society
x	Roethlisberger, Margo	Ada S. McKinley Community Services
x	Ryan, Dee Ann	Family Advocate

Members Absent

Carmichael, Michelle	Education Consultant
Doyle, Tamara	Family Advocate
Foster, Eric	Illinois Association for Behavioral Health
Lenzo, Eric	Mt. Sinai Health Services
Nierman, Peter	Illinois Psychiatric Society
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 with one revision that was proposed by Regina Crider regarding her attendance at the previous meeting.

III. Implementation Update

Dee Ann Ryan provided an update on the Workforce Development Workgroup. The objectives of the Workgroup are to increase workforce capacity in light of the NB Implementation Plan and the paraprofessional services that Behavioral Health Clinics and Community Mental Health Centers will need to provide. The Workgroup is making recommendations on a curriculum and is deciding on central competencies that will be required for paraprofessionals. The Workgroup has discussed certification and credentialing, recruitment of paraprofessionals as well as incentives for agencies to hire paraprofessionals who have obtained the certification/credential. The Workgroup will be reviewing and finalizing the draft report with the recommended curriculum and training requirements under PracticeWise including practitioner guides and training resources. The Workgroup has had discussions with PracticeWise on the process for utilizing the practitioner guides with the goal being to make the training available in multiple modalities, such as community colleges for certificate program or credit courses. The Workgroup will discuss engagement of CMHCs and BHCs at their 11/10 meeting and will also be focusing on diversity and minority groups for potential workforce population. The Workgroup will be prepared to make recommendations to HFS in December.

Kristine Herman notified the group that the DRAFT 1915(i) application had been posted, that comments had been received during the public comment period and that responses to the comments would be posted as soon as the public comment period was completed and HFS had time to respond to the comments received. Kristine asked if the group had any questions that they wanted to discuss and reiterated that the official answers to all questions would be included in the comments and response document posted after the public comment period.

IV. Feedback and Discussion

Question regarding if it would be possible for trained and certified RSAs to provide intensive in-home services?

Answer: We do not have an answer at this time but will officially respond in the comments.

Question regarding if Care coordination providers offering Crisis Assessment, Safety and Prevention Planning and Response (CASPR) will replace SASS providers?

Answer: Yes, they will take over the SASS service area designation to avoid multiple crisis systems overlapping in the same area.

Question for clarification can a CMHC register in IMPACT to also be a Care Coordination and Support Organization (CCSO)?

Answer: Yes, a CMHC can also be a CCSO. However, the CCSO cannot provide other 1915i services, unless they are the only provider in the geographic area in accordance with federal conflict-free requirements.

Question regarding where the Request for Application (RFA) process will fall in the overall timeline for implementation.

Answer: The RFA process will not begin until after the rule has been submitted to JCAR for approval. HFS will provide notification to providers before the RFA is posted to ensure that all interested providers are aware that the RFA process is beginning.

Question regarding if the rate structure for services been decided?

Answer: Rates are still in development.

Question regarding where CST and ACT services will fall within this, or if will they become obsolete?

Answer: Those services actually will increase in importance. The 1915i is targeted toward high-intensity populations, but for those who do not meet that level or who are stepping down from that level, CST, ACT, and MCO involvement will be vital. Other community services will still be necessary for step down or to prevent rising intensity levels

V. Adjournment

Jason Keeler motioned to adjourn; Michelle Churchy-Mims seconded.