



MEDICAID ADVISORY COMMITTEE (MAC)

Aug 5th, 2022

Virtual WebEx Meeting

10AM - 12PM



AGENDA

- I. Call to Order**
- II. Roll Call of Committee Members**
- III. Introduction of HFS Staff**
- IV. Resignation of Chair Ann Lundy & Further Leadership of MAC Chair**
- V. Review and Approval of Meeting Minutes**
- VI. Healthcare & Family Services Executive Report**
- VII. Subcommittee Reports & Recommendations**
- VIII. Public Comments**
- IX. Additional Business: Old & New**
- X. Adjournment**



HOUSEKEEPING

A. Meeting Basics:

1. To ensure accurate records, please type your name, organization, and email address into the chat.
2. If at all possible members are asked to attend meetings with their camera's turned on, however, if you called in we do understand.
3. Please mute audio except when speaking.
4. Please note that HFS staff may mute participants to minimize disruptive noise or feedback.

B. HFS is committed to hosting meetings that are accessible and ADA compliant. Closed captioning are available to you if needed.

Facilitator: Melishia Bansa, Special Assistant to Director of HFS

I. Call to Order

II. Roll Call of Committee Members

III. Introduction of HFS Staff

IV. Resignation of Chair Ann Lundy & Further Leadership of MAC Chair

Facilitator: Kathy Chan, Acting Chair

V. Review and Approval of Meeting Minutes

VI. Healthcare & Family Services Executive Report

A. Innovations

1. Nursing Home Rate Reform

2. Healthcare Transformation

3. PHE Communication, Resources, & Updates

4. Children's Health Coordination and Expansion

Presenter: Kelly Cunningham, Medicaid Director

- A. HFS' rate reform legislation (Public Act 102-1035) signed into law by the Governor.
- B. State Plan Amendment (SPA) approved by CMS. Allows HFS to adjust reimbursement methodology to align with Medicare PDPM, incentivizes quality care and staffing levels and establishes a quality incentive payment tied to Long Stay STAR ratings.
- C. Tax Uniformity Waiver approved.
- D. Process established for nursing facilities to submit CNA employee experience/promotion information for inclusion in the rate setting process

Presenter: Kelly Cunningham, Medicaid Director

- E. Our reforms align with enforcement of IDPH minimum staffing requirements to incentivize and support rapid and sustained increases in nursing home staffing levels:
1. The first two quarters of HFS' new \$340M staffing incentives are guaranteed, but many facilities don't meet the future minimums and should be staffing up right now to earn those incentives in early 2022.
 2. HFS' will soon make the first of four quarterly payments distributing \$225M in ARPA funding. Facilities must pass two-thirds of this through to workers in wages.
 3. HFS' new optional CNA pay scale subsidy became available in July. Several thousand CNAs are already benefitting as ~200 facilities have enrolled for those subsidies. We have already seen evidence of several-thousand dollar (annual) raises for the most experienced CNAs (over half of the CNA workforce). However, many of our highest-Medicaid homes, and especially those in the Chicago area, have not yet enrolled.

Facilitator: Madam Chair Kathy Chan

To accommodate the presenters, we will move this item to the end of the HFS Executive Report regarding Innovations on the agenda.



A3. INNOVATIONS: PHE COMMUNICATION, RESOURCES AND UPDATES

Presenter: Jesse Lava

MEDICAID ADDRESS UPDATES

How Organizations Can Help People Stay Covered

- A. Public health emergency (PHE): continuous coverage for Medicaid recipients since March 2020; no renewal has been needed.
- B. Address updates may not have happened since 2019.
- C. PHE approved to 10/22 but may be extended; states will get 60 days notice from federal govt. before it ends

- D. Post-PHE, state to mail renewal notices to addresses on file; **coverage could lapse** if customers miss it and don't renew.
- E. Address must be updated by the date the notice is sent.
 - Notices to be spread over 12 months – e.g., a client who renewed in July of a previous year will get a notice saying to renew in July.

- F. HFS provides [Address Update Messaging Toolkit](#) saying how to update address:
 1. Flyers
 2. Sample copy for emails, texts, and social media
 3. Multiple languages available

- G. Organizations use toolkit in **everyday practice** to help customers update their addresses with the State



DO YOU GET HEALTH INSURANCE THROUGH MEDICAID?



Don't risk losing your health insurance. To keep your insurance, Illinois Medicaid needs to be able to send you paperwork. Give them an address where mail can always reach you.



**UPDATING
YOUR ADDRESS
IS EASY, FAST
AND FREE!**



CALL 877.805.5312 OR TTY: 877.204.1012
MON-FRI 7:45AM - 4:30PM



WWW2.ILLINOIS.GOV/HFS/ADDRESS

iHFS ILLINOIS DEPARTMENT OF
Healthcare and
Family Services



H. Help customers 1:1 (*gold standard*)

1. Sit with customer and enter info into [online form](#). **Customer must be present.**
 2. Tell customers how to do it on their phone while they wait – or provide computer or tablet
 3. By phone, walk customers through it online or connect them to 877-805-5312
- Hand out [toolkit](#) flyers 1:1, verbalizing importance
 - Call, email, text, or mail messages from [toolkit](#) to customers
 - Post [toolkit](#) flyers and leave stack
 - Ask other organizations to share messages from [toolkit](#)

- I. Walk customer through process:
 1. Ask if customer has moved in last 3-4 years
 2. Check MEDI (if you have access) to see if address on file is up-to-date
 3. [Update address online](#) while they sit with you – or give them handout to use in your office



- Put flyer in bag of food (or other), telling customers to look for it
- Convey that their benefits (e.g. SNAP, TANF, AABD cash, Medicare Savings Program) depend on updated address
- Post in common areas



- ***Fastest:*** Visit [Medicaid.Illinois.gov](https://www.Medicaid.Illinois.gov) to submit form online.
- ***Best long-term:*** Use Manage My Case on [ABE.Illinois.gov](https://www.ABE.Illinois.gov). Log in (or create account) and click “Report My Change.” This is best place for all customer activity.
- Call HFS at 877-805-5312 from 7:45 am to 4:30 pm M-F.

- Commit to a plan and tell us via [online form](#) or talk with the HFS staffer in touch with you
- Pick the most personalized, interactive option you can
- Ensure your staff knows what to do; follow up with them to ensure efforts are incorporated into everyday practice
- Find our [toolkit](#) in other languages if needed
- Track estimated # of Medicaid customers served, if feasible (can be rough)

1. January 1 to July 31, 2022:
 - a. Web submissions: 20,380
 - b. Phone submissions: 4,666

2. July 16-31:
 - a. Web submissions: 7,554 – a 718% increase per day
 - b. Phone submissions: 543 – 42% increase per day



A4. INNOVATIONS: CHILDREN'S HEALTH COORDINATION AND EXPANSION

Presenter: Kati Hinshaw, Policy Manager

A. Pathways to Success Program

- HFS has received approval of its 1915(i) State Plan Amendment that will allow for the implementation of the Pathways to Success (Pathways) program.
- Pathways makes intensive care coordination and home and community-based services (HCBS) available to children under the age of 21 with complex behavioral health needs who are identified as N.B. Class Members.
- Guided by System of Care principles that put children and families at the center of planning for services and supports.
- Targeted to launch January 1, 2023.

pathways.illinois.gov

Presenter: Kati Hinshaw, Policy Manager

Pathways to Success Goals



Improved family functioning and reduced caregiver stress.



More stable living situations for children and youth, including fewer out-of-home treatment episodes.



Increased family and youth involvement in services.



Increased use of evidence-based practices, including expanded access to services provided in home and community settings.



Improved school attendance and performance.



Reduced contacts with law enforcement and child welfare.



A4. INNOVATIONS: CHILDREN'S HEALTH COORDINATION AND EXPANSION

Presenter: Kati Hinshaw, Policy Manager

A. Pathways to Success – Services

- Two tiers of Care Coordination and Support:
 - Tier 1: High Fidelity Wraparound
 - Tier 2: Intensive Care Coordination
- Family Peer Support
- Intensive Home-Based Services
- Respite
- Therapeutic Mentoring
- Therapeutic Support Services
- Individual Support Services

Presenter: Kimberly McCullough-Starks, Deputy Director

- A. Update on status of the first cohort of collaboratives**
- B. HTC Project Highlight - Supportive Reentry Network Collaborative**
- C. Status Update On Current Healthcare Transformation Collaboratives (HTC) Application Cycle**

Supportive Reentry Network Collaborative

Healthcare Transformation Collaborative

Improving Quality of Life for IL's Returning Residents While Creating Value for Health Plans



Safer Foundation, Authorized Representative

Supportive Reentry Network Collaborative

Safer Foundation, Founding Member

- Behavioral Health, Vocational Training/ Credentialing, and Housing services

Cook County Health

- Ambulatory Care & Behavioral Health

Heartland Alliance Health

- Ambulatory Care & Behavioral Health

Healthcare Alternative Systems, Inc.

- Behavioral Health
- Substance Use Treatment

KAM Alliance, Inc.

- Behavioral Health
- Substance Use Treatment
- Medication Management

Get to Work IL

- Transportation Partner for employment

TRS-Men & Women in Prison Ministries

- ID & Vital Documents Restoration

Legal Council for Health Justice

- Social Security Disability Benefits

Smart Policy Works LLC

- Implementation & Sustainability Planning

Characteristics of target population

- **80% of people incarcerated** in Illinois are **minorities**
 - 70% are African American, 9% are Hispanic and 1% Asian
- People involved in IL's criminal-legal system are *more likely* to have behavioral health challenges
 - **70%** meet diagnostic criteria for **drug and/or alcohol use disorders**, compared to 8% of the general population
 - **15% of men** and **30% of women** involved in the justice system have a **serious mental illness**, compared to 4% of the general population
- Individuals transitioning from jail are **8 x** more likely to die from overdose than the general population – that figure grows to **12.7 x** more likely for people leaving prison

Characteristics of target population

- People leaving prison are at high-risk of hospitalization...
 - **1 in 70** former inmates were **hospitalized for an acute condition** within **7 days** of release; and
 - **1 in 12** were **hospitalized** for an acute condition within 90 days of release

...costing an **excess of \$40 million dollars.**

*(*study of retrospective health claims for CMS, published in JAMA.)*

- Formerly incarcerated people are often hospitalized for conditions that could – *and should* – be managed in the community like diabetes, asthma and high blood pressure.

Reentry Challenges

Continuity of Health & Behavioral Healthcare

Parole Mandates & Court Orders

Basic financial needs & access to technology

Vocational training & Employment

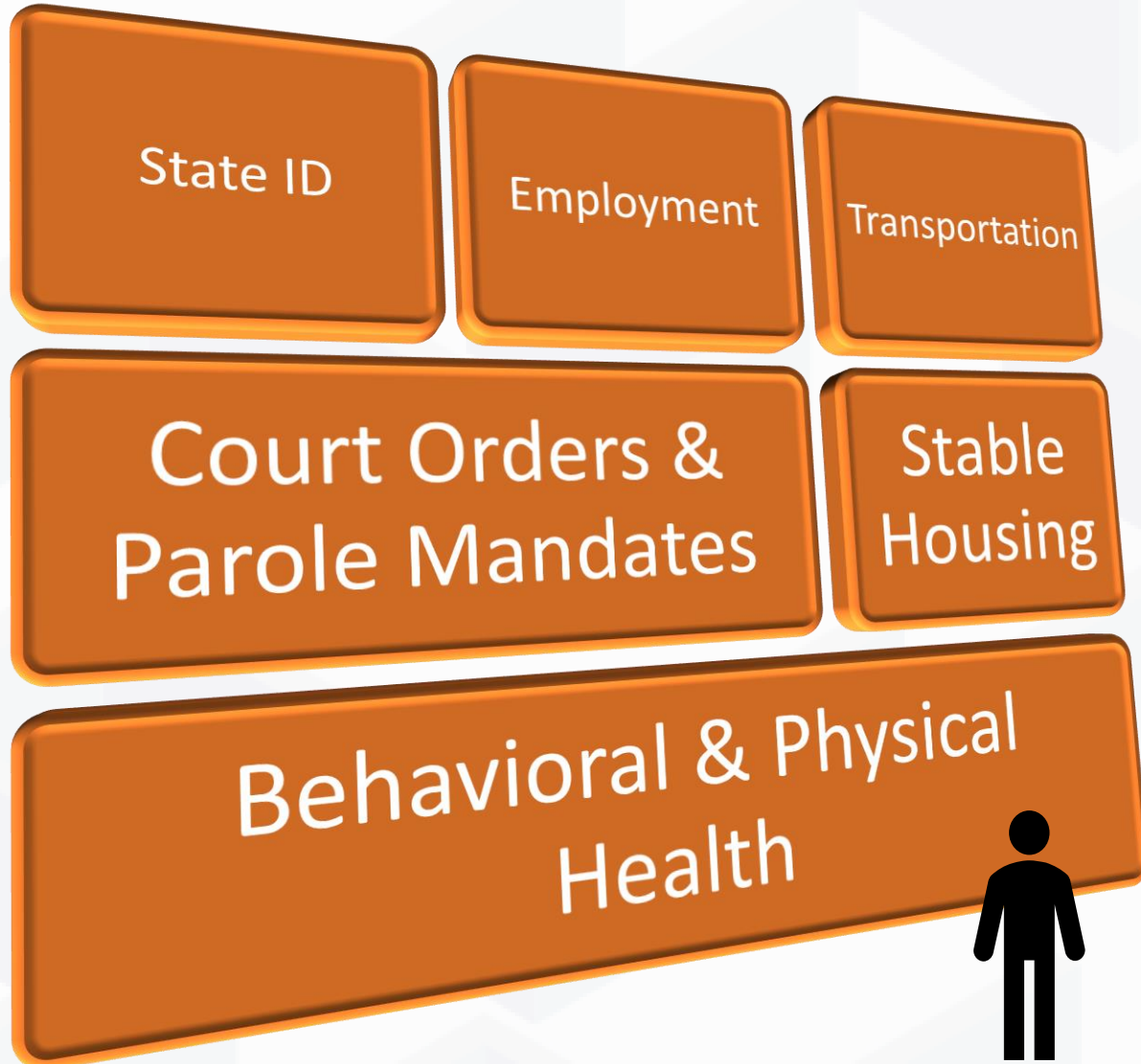
Access to a State Issued ID card

Housing & Family Supports

WITHOUT A
REENTRY NAVIGATOR
Client has to navigate
5-10 CBOs on their own



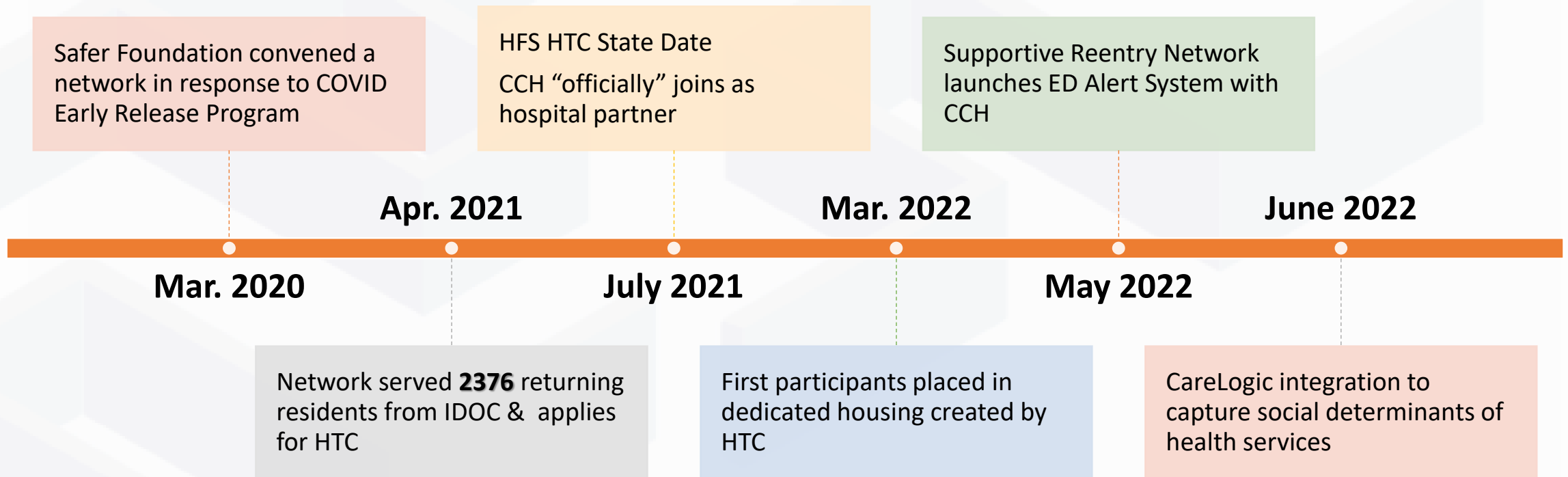
Reentry Can Feel Like Scaling a Brick Wall without a ladder...



The Supportive Reentry Network offers a **ladder** to returning residents, our Reentry Navigators and providers help participants scale multiple areas of need simultaneously.

Participants get immediate needs met, including assistance with SDOH, State IDs, court orders & parole mandates – so *together* we can focus on their health & behavioral health care.

Supportive Reentry Network Collaborative: Status of HTC Pilot Implementation



Supportive Reentry Network Collaborative: Custom Care Coordination & Reentry Support



Referral Partners

IL Department of Corrections
Cook County Sheriff's Office



Network Provider Partners

Cook County Health
Get to Work IL, Inc.
Healthcare Alternative Systems, Inc
Heartland Alliance Health
KAM Alliance, Inc.
Legal Council for Health Justice
Smart Policy Works, LLC
Transforming Reentry Services



Supportive Reentry Network Benefits Package

- Health & Behavioral Health services – facilitated access to appointments, prescription drugs, access to Medication Assisted Treatment or treatment
- Assistance in applying for public benefits
- Assistance in ID restoration
- Assistance in pathways to housing
- Assistance with Court Orders and Parole Mandates
- Help with applications and/challenges with SSI/SSDI
- Assistance with employment, vocational training, credentialing and job placement
- Transportation to work
- Access to financial literacy

SRN Benefits Card

Jerry Jones

Reentry Navigator: 888-888-8888

Behavioral Health: XXX-XXX-XXXX

Primary Care: XXX-XXX-XXXX

- ✓ Comprehensive **person-centered approach** to reentry
- ✓ Reentry Navigators have **lived experience & work cross-systems** to facilitate access to health, behavioral health & social determinants of recidivism
- ✓ Provider & community partners **prioritize** Network enrollees

Supportive Reentry Network Collaborative: Performance Metrics & Custom SDOH Metrics

HFS HTC Metrics

Adults Access to Preventative/
Ambulatory Health (AAP)

Controlling High Blood Pressure (CBP)

Follow-Up After Hospitalization for
Mental Illness (FUH)

Follow-Up After Emergency Department
Visit for Alcohol and Other SUD (FUA)

Custom SDOH Metrics

Transportation

Vocational Credentialing & Employment

Identification Restoration

Social Security Disability Benefits

Housing stability

Reduce Recidivism

Supportive Reentry Network Collaborative: Electronic Infrastructure & Interoperability

- Leveraging Healthcare Transformation Collaborative investment to build Health IT infrastructure
 - Customizing CareLogic
- Network Provider partners use Encryo for email encryption and secure file sharing for referrals and appointments
- Network Provider partners use a secure portal for pilot milestone tracking, data collection on participant demographics & referrals



Supportive Reentry Network Collaborative: Potential for Collaboration with MCOs

Partner on Care Coordination for Services *outside* of Supportive Reentry Network

- Specialty care for chronic conditions
- Home & community-based services related to disability
- Coordination with MCOs when SRN participants are hospitalized

Data Sharing

- Data sharing for enrolled participants related to HFS HTC Performance Metrics

Strategic Investments in a Housing Continuum

- The Collaborative recognizes returning residents need a continuum of housing

Other MCO Priorities?

Supportive Reentry Network Collaborative: Potential for Collaboration with other HTC's

Supported Employment Services

- Returning Residents with disabilities

Coordination after Hospitalization

- Coordinated discharge process

HTC Priorities

- Supportive Reentry Network is interested in meeting with other HTC's to see how we can support each other

Supportive Reentry Network Collaborative: Sustainability

- Leadership Group is exploring leveraging HTC infrastructure investments to move toward:
 - 2022- 2023: Contractual arrangements to manage care coordination & reentry needs
 - Medicaid Managed Care Organizations
 - Join an existing Independent Practice Association
 - 2024: Value-based care payment model





Thank you!

Supportive Reentry Network Collaborative: For More Information

Safer Foundation: Victor Dickson, Victor.Dickson@saferfoundation.org

Sodiqa Williams, Sodiqa.Williams@saferfoundation.org

Rucha Shastri, Rucha.Shastri@saferfoundation.org

CCH: Kathy Chan, kchan5@cookcountyhhs.org

Get to Work: Jonas Watson, jonas.watsongtwinc300@gmail.com

HAS, Inc: Marco Jacome, MJacome@hascares.org

HAH: Ed Stellon, estellon@heartlandalliance.org

KAM Alliance: Angela Ratcliffe, info@kamalliance.com

Legal Council for Health Justice: Thomas Yates, tyates@legalcouncil.org

Smart Policy Works: Barbara Otto, barbara@smartpolicyworks.com

TRS/MWIP: Rev. Doris Green, queenmakeda11@gmail.com

VI. Healthcare & Family Services Executive Report (Contd.)

B. Program Updates

- 1. Budget and Legislative Updates**
- 2. HealthChoice Illinois Metrics**
- 3. Eligibility Metrics**
- 4. Vaccine Updates**
- 5. Reproductive Healthcare**

Facilitator : Melishia Bansa, Special Assistant to Director

- A. FY23 Budget Highlights were provided during the May 9, 2022 MAC meeting. The presentation deck containing this information can be referenced on our HFS MAC website at the following link [MAC Meeting Presentation Decks | HFS \(illinois.gov\)](https://www.illinois.gov/hfs/mac/meeting-presentation-decks)

Presenter: Patrick Hostert & Dani Mendez – Legislative Liaisons

- A. Veto Session scheduled for November 15, 16, 17 & November 29, 30 and December 1

Presenter: Robert Mendonsa. Deputy Administrator

- A. HealthChoice membership was 2,810,482 as of June 2022 compared to 2,762,183 as of February 2022
- B. MMAI membership was 88,522 as of June 2022 compared to 89,138 as of February 2022
- C. MMAI Transition
 - Program ends in 2023 with option to extend for two years through 2025
 - Plan needs to be submitted to CMS by 10/1/22 including transition to Integrated D-SNP in 2026
 - Department evaluating the feasibility of transition to integrated D-SNP

Presenter: Tracy Keen, Division of Eligibility

A. Metrics

- 2,345 Applications on Hand over 45 days old
- 9,412 Renewals on Hand

B. Undocumented Coverage

- 12,570 ever enrolled in Immigrant Seniors (65+), \$186M in claims
- 5,327 ever enrolled in Immigrant 55-64, \$14M in claims
- 761 ever enrolled in Immigrant 42-54 as of 7/14/2022, too new for claims data

C. CHIP

- **Effective 7/1/2022, individuals enrolled in Share, Premium 1 and/or Premium 2 are covered under Title XIX as Medicaid Expansion. Key changes**
 - No premiums or copays even after the Public Health Emergency ends.
 - Premium Level 2 individuals will now have access to emergency transportation.
 - Premium Level 2 individuals will be eligible to enroll in Managed Care.

Presenter: Jose Jimenez

A. COVID-19

All COVID-19 updates, including the COVID-19 fee schedules and all COVID-related provider notices, may be found on HFS' [COVID-19 Updates webpage](#)

1. The HFS system and most recent COVID-19 fee schedule, posted 7/21/2022, have been updated to include coverage for the new Novavax vaccine, effective 7/13/20.

Presenter: Jose Jimenez

2. Vaccine counseling, billable as CPT 99402, is reimbursable for the additional time needed for parental/caregiver counseling and informed consent for the COVID-19 vaccination of children with the following effective dates in accordance with the [7/27/2022 provider notice](#):
 - a. Ages 5 through 20, effective with dates of service 10/29/2021
 - b. Ages 6 months through 4, effective with dates of service 6/7/2022
3. Reimbursement for COVID-19 vaccine counseling is not tied to the child receiving the vaccine, in accordance with the [5/23/2022 provider notice](#)

Presenter: Jose Jimenez

B. Adm Rate Increase

1. These increased rates are for administration of CDC approved vaccines other than COVID-19 vaccines where we are able to match rates to Medicare rates.
2. We hope these increased rates for vaccine admin will improve access and vaccination rates by encouraging more providers to participate in the VFC program to obtain free pediatric vaccines and administer right in their offices or clinics at the point of care.

Presenter: Jose Jimenez

4. Immunization Administration Rate Increase to \$16.71 Effective July 1, 2022
5. Vaccine administration rate increased to \$12.56 Effective January 1, 2022, per [Public Act 102-0043](#). This increase was identified in [provider notice](#) dated January 14, 2022.
6. After additional discussion with stakeholders, HFS is increasing the vaccine administration rate to \$16.71 effective with dates of service beginning July 1, 2022.

Presenter: Mary Doran

A. Supporting Access to Abortion Services

1. 20% rate increase effective 9/1/22
2. Eliminating provider requirement to receive a Medicare denial prior to Medicaid payment for dual eligible customers effective 8/1/22

B. Pharmacist Dispensing of Contraception

1. System programming taking longer than anticipated
2. Updated provider notice will be issued

C. Family Planning Program Implementation

1. Targeting 12/1/22 implementation date
2. Program eligibility and presumptive eligibility SPA pending at CMS
3. Companion coverage SPA will be submitted soon

D. 12-Month Postpartum SPA

1. SPA to transition authority from an 1115 waiver to a SPA pending at CMS

E. Exploring Addition of Family Planning Measure to Future MCO Metrics

VII. Subcommittee Reports

A. Community Integration

B. Health Equity and Quality

C. Public Education Subcommittee

D. NB Stakeholder

Presenter: Amber Smock, Subcommittee Chair

- A. Last meeting was Thursday, July 7
- B. Reviewed and confirmed process for drafting and finalizing final recommendations
- C. We will utilize input from subcommittee members and the public
- D. Final recommendations to be confirmed by subcommittee at last meeting on Thursday November 3; will present at MAC December meeting
- E. Next meeting: Thursday September 1, from 2 to 5 pm. Topics will include:
 - 1. Supporting home and community based services for seniors
 - 2. Issues in the Medically Fragile and Technology Dependent Waivers
 - 3. Status of home and community based services for people returning from jail or prison

Presenter: Howard Peters, Subcommittee Chair

- A. HFS Discussion of LTSS Pay-for-Reporting measures
 - 1. LTSS Comprehensive Care Plan and Update
 - 2. Successful Transition after Long-term Care Stay

- B. MCO Presentations (ten minutes each) - Use of data to identify analysis of LTSS Data and Interventions

- C. Additional Business
 - 1. Long Term Care Services and Support and Equity

Presenter: Kathy Chan, Subcommittee Chair

A. Summary of June 16 meeting – [materials posted online](#)

1. Medical Programs:

- a. Nursing home rate reform (HB246) – need to file SPA and rules for implementation
- b. PACE – in early process of rolling out program that combines Medicare and Medicaid resources; focused on high-need zip codes to help those 55+ receive high-quality care coordination to allow individuals to remain in the community
- c. Supportive Housing Services – originally part of 1115 waiver; HFS is looking at other ways to roll out services that also pairs with housing

Presenter: Kathy Chan, Subcommittee Chair

2. Eligibility:

- b. Update on HBIA and HBIS, with coverage for 42+ starting July 1, 2022
- c. PHE continues through mid-October – HFS shared several PHE flexibilities that they seek permission to make permanent (ex-parte rede for those reporting \$0 income, using customer info provided to MCOs, parity in applying same reasonable opportunity period)
- d. COVID-19 services for the uninsured – HRSA program funded ended; HFS continues to cover testing, testing-related services, vaccines. [See HFS notice.](#)
- e. Continue to use [HFS messaging toolkit](#) to encourage [reporting address changes](#)

- B. 2022 subcommittee meetings: August 18, October 20, December 15, all 10am-noon
 - Special meeting to discuss end of PHE *tentatively* scheduled for September 1 10:30-11:30am

Presenter: Melishia Bansa, Special Assistant to Director of HFS –Filling in For Chair

- A. A new chairperson has been appointed – Regina Crider, Executive Director, Youth and Family Peer Support Alliance
- B. CMS approved the 1915(i) State Plan Amendment in late June
- C. NB Subcommittee has been updated with the full implementation timeline
- D. NB Subcommittee will be advising HFS regarding the implementation progress or barriers that need to be addressed
- E. Currently working on messaging recommendations to ensure that families have a clear understanding of the Pathways to Success program and how their child's eligibility may be determined
- F. Working with providers to ensure that they understand program benefits, eligibility, and how they can play an active role in ensuring that children who could benefit from the program are engaged

VIII. Public Comment(s):

A. None submitted.

IX. Additional Business: Old & New

A. Items for future discussion

B. HFS Announcements

Presenter: Arvind K. Goyal, HFS Medical Director

- A. Opioid Policy Recommendations from DUR Board**
- B. Monkey Pox-Update**

Presenter: Melishia Bansa, Special Assistant to Director of HFS

C. To Receive MAC Email Notifications Regarding Public Meeting Notices, sign up for our MAC and Subcommittee Listserv at the following links:

1. [Medicaid Advisory Committee \(MAC\) | HFS \(illinois.gov\)](#)
2. [MAC and Subcommittees E-mail Notification Request | HFS \(illinois.gov\)](#)

Presenter: Melishia Bansa, Special Assistant to Director of HFS

D. Follow us on social media!

- I. The Illinois Department of Healthcare and Family Services (HFS) recently launched a range of social media accounts to better reach our customers and stakeholders. We encourage you to follow us on [Facebook](#), [Twitter](#), and [LinkedIn](#) for important news, announcements and alerts. And please spread the word to your own followers.

Together, let's keep those we serve well informed, educated and empowered!

X. Adjournment



THANK YOU!