



**SHRIVER
CENTER**

Sargent Shriver National Center on Poverty Law

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November 18, 2016

VIA ELECTRONIC SUBMISSION

The Honorable Sylvia Mathews Burwell
Secretary
Department of Health and Human Services
200 Independence Avenue SW
Washington, DC 20201

Re: Illinois Behavioral Health Transformation

Dear Secretary Burwell,

The Sargent Shriver National Center on Poverty Law (Shriver Center) advocates for comprehensive, accessible, and affordable health care coverage and services for all populations experiencing poverty. In particular, we have a special focus and expertise in Medicaid policy and programs. With our health advocacy partners, we work to strengthen policies that assist populations who are experiencing mental illness and/or substance use disorder and need access to appropriate treatment options. These populations may be individuals involved in the justice system, at-risk youth, children experiencing trauma, and/or people with chronic homelessness and persistent mental illness and other chronic conditions.

We have served on and actively participated in multiple state task forces and committees in an advisory capacity over the past several decades including the Medicaid Advisory Committee and its various subcommittees, the Older Adult Services Advisory Committee, the Social Services Advisory Committee, the Balancing Incentive Program Steering Committee and Governor's Commission on Criminal Justice and Sentencing Reform. We have submitted oral and written comments to the Commission on the opportunities the Affordable Care Act's expansion of Medicaid to all low income adults offers for keeping people out of the criminal justice system. In particular, we have emphasized in our testimony, the need for significant improvements and investments in the Illinois behavioral health systems.

In general, we would like to express our strong support for the proposed waiver. We believe that approval of the waiver will allow Illinois to take a significant step forward in expanding access to mental health and substance addiction services for individuals, families and children. These services are vital to the families we serve to improve their access to care and improve their health. We sincerely appreciate the willingness of Illinois to provide stakeholder engagement throughout the waiver development process, through multiple hearings, community town halls, workgroups and comment periods - both informal and formal - to allow us to provide input on behalf of the clients we serve on the features of the proposed waiver. We are pleased that the state incorporated many of the comments provided by advocates and providers in the final waiver proposal. We believe that the state is firmly committed to continuing to engage advocates, consumers and providers in a transparent and robust ongoing implementation process, if the waiver is approved, and we intend to participate fully if given the opportunity.



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In particular, we submit the following detailed comments in support of the waiver:

3.1.1 Supportive Housing Services

- We support establishing a supportive housing pre-tenancy and tenancy services benefit.
- We support the inclusion of individuals with a primary SUD diagnosis as an eligible diagnosis for these services and the clarification that an eligible individual's immediate family also be eligible for services
- To the extent that eligibility for these services is defined in the Special Terms and Conditions, we recommend a broad definition of homelessness and at-risk of homelessness beyond just the HUD chronically homeless definition. We also recommend that at-risk of institutional care include criminal facilities.

3.1.2 Supported Employment

- We support establishing a supported employment IPS benefit.

3.1.3 DOC/CCJ/DJJ Transition Services

- We support establishing a benefit to support returning citizens prior to their release from DOC/CCJ/DJJ facilities.
- We support the addition of individuals in DJJ facilities and the expansion of the MAT pilot to CCJ.
- We recommend that pre-release services not be limited to only 30 days and only one visit with a community-based provider prior to release. We instead recommend that clinical needs and medical necessity dictate the number of days and visits prior to release.
- We recommend that the MAT pilot not be limited to Naltrexone but rather to long-acting injectable MAT of all forms. This avoids concerns about diversion but gives the state flexibility to pilot other medications as needed and as they come to market.
- We recommend including successful connection to a community provider as evaluation metrics for MCOs who are accountable to ensure the returning citizens are connected to needed supports.

3.1.4 Substance Use Disorder Redesign

- We support establishing new SUD benefits in the SUD service continuum, including removing the IMD exclusion for up to 30 days of inpatient SUD treatment.
- We support the removal of the certificate of need process for level III.5 facilities.

3.1.5 Mental Health Redesign

- We support establishing new MH benefits in the MH service continuum.
- We recommend the waiver include strict guidelines regarding the medical necessity of IMD services and discharge policy to avoid unnecessarily long stays.

3.1.6 Additional Benefits for Children and Youth

- We support establishing additional benefits for children and youth, as well as their caregivers.
- We support establishing intensive in-home services through pilots that include home-based clinical and support services.





- We also support the state's approach that home-based support services are intended to support both the child and his/her family.
- We support extending the age range from 5-21 to 3-21.

4.1 Integrated Health Homes

- We support the establishment of Integrated Health Homes and expect the state to seek stakeholder input in their development and implementation.

4.2 Infant/Early Childhood Initiatives

- We support additional mental health initiatives for infants and young children, including Infant/Early Childhood Mental Health Consultation (I/ECMHC).
- We support the addition of home visiting for families of babies born with drug withdrawal syndrome.

4.3 Workforce Initiatives

- We support the range of workforce initiatives proposed by the state.
- The state workforce needs assessment should be discussed in the implementation council and with a broad range of stakeholders.
- The state's needs assessment should include assessing existing provider's ability to participate in Medicaid, including IT systems, billing systems, and electronic health records. The funds allocated to address workforce capacity issues should be used to address provider needs for administrative and IT systems if the needs assessment indicates that is the most pressing need.
- Bonus pool payment should not be restricted only to safety net hospitals but also other safety net providers who establish tuition forgiveness programs, including FQHCs and community mental health centers.
- We support an expanded concept of "technical assistance" to include linking community service providers to managed care to linking them to Medicaid more broadly and recommend that the training and technical assistance resources provided by the state be developed in response to stakeholder input.

4.4 First Episode Psychosis

- We support the FEP initiative as a critical and evidence-based treatment to prevent early signs of serious mental illness early and prevent future disability.
- We support expanding eligibility beyond schizophrenia spectrum diagnoses to include any mental illness-induced psychosis or pre-psychosis, as well as an expanded age range down to 12 from 14 years old.





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Sincerely,

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