

**Home Visiting Task Force  
Sustainability Workgroup Meeting  
September 17<sup>th</sup>, 2014**

**MINUTES**

**Attendees:** Jay Young, Nancy Shier, Shauna Ejeh, Gail Nourse, Dan Harris, Joanna Su, Liz Heneks (co-chair), Chelsea Pearsall, Penny Smith, Anna Potere, Bakahia Madison, Jennifer Froemel, Juanona Brewster, Teresa Kelly (co-chair)

**July 9<sup>th</sup> 2014 Meeting Minutes:** the minutes were approved with no changes.

**Billing Medicaid for Mental Health Assessments: Cicero**

- In the Cicero MIECHV community, Jennifer Froemel’s program is utilizing Coordinated Intake (CI) staff to bill Medicaid for mental health assessments. The program wanted to look at potential mental health and behavioral health issues from the beginning, and determined they could address that better with Master’s level trained clinicians as CI workers.
- Clinicians use the Coordinated Intake Assessment Tool (CIAT) to ask questions, and if they see obvious issues (e.g., abuse) they can offer immediate services to meet with behavioral health services and mental health specialists.
- Reimbursement via Medicaid for clients to do behavioral health assessment is \$76.04 (\$120 is the total cost, so they also have funds from CCDBG and the mental health board in Cicero).
- Since piloting in January, they have engaged 15 MIECHV participants to suggest that they have a more complete assessment and 6 of those 15 have followed through with a full, completed assessment. All 6 have remained in therapy and are receiving home visiting services as well.
- Home visitors are willing to identify families who could benefit from these services, but are having a hard time talking about it, so the program encouraged them to receive mental health first-aid training.
- There are also 2 integrated care programs in community where, during the client’s initial physical appointment, they are asked about potential behavioral health issues.

**FFY15 MIECHV Grants**

- Competitive grant: Illinois is eligible to apply for up to \$9.4M over 2 years and 7 months. The application is due October 17.
- Formula grant: Illinois is eligible to apply for \$4.0M, which is an increase over current funding. The application is due November 3.

**Medicaid Financing**

- State Plan Amendment (SPA) Content
  - The group discussed whether the SPA should refer to a targeted geographic area or the entire state. “Statewideness” (i.e., that if someone meets risk criteria, they are entitled to services) is part of the Medicaid plan, so it may be difficult to articulate geographic limitations.
  - The targeted group should include Medicaid-eligible parents of children under the age of 3; and children 3 and 4 years old with a substantiated case of abuse and neglect.
  - The intensity should be that 60-90 minute home visits are offered weekly for the duration of the involvement in the program. This might impact caseloads, which are defined by program model, especially for families involved in multiple systems (e.g. homeless families). Perhaps some of the funding through the waiver could be used to increase the number of home visitors to manage these caseloads.
  - Defining completion of a home visit and the “home” of the client is a policy issue that needs to be resolved to ensure services are provided to the highest-risk families (homeless, safety issues, etc.).

- Regarding the models, instead of listing specific models, we should articulate that this applies to evidence-based home visiting models as defined by HomVEE.
- When defining services provided, must include case management services provided to families. Home visitors need additional trainings about this, and there is a need to define the difference between case management and home visiting. In some cases, programs have both case managers and home visitors to free up time for the home visitors to focus on the visit and case managers can manage the case management services.
- Anna will circulate Ohio's State Plan Amendment and will ask people to weigh in on what Illinois' SPA should focus on by September 24<sup>th</sup>.
- Home Visitor Certification
  - This will need to be part of the State Plan Amendment.
  - This certification is directed to home visitors who are not already Medicaid-certified providers to allow them to bill for Medicaid reimbursement.
  - Anna will circulate the list of questions and comments she received to the Workgroup to provide any additional input.
- 1115 Medicaid Waiver Implementation Workgroup
  - GOHIT is responsible for the implementation of the 1115 waiver.
  - One of the 5 workgroups, the Public Health Integration workgroup, has a subcommittee focused on the expansion of home visiting proposed in the waiver application, which Dan Harris is chairing.
  - The subcommittee is using what the Sustainability Workgroup has done and is creating recommendations based on that work for the implementation of home visiting expansion in the waiver. The recommendations will be submitted to the workgroup in November for consideration.

**Sustainability Workgroup Work Plan:** The group approved the proposed FY15 work plan, which will be reviewed by the Home Visiting Task Force Executive Committee at its January meeting.

**Next Meeting:** November 19<sup>th</sup>