Approval Date	10-19-16
Approval Signature	Felicia A. Norwood

STATE OF ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

MEETING MINUTES
1115 Waiver - Public Hearing

Assembly Hall Auditorium, James R. Thompson Center, 100 W. Randolph Street, Chicago, IL 60601
Friday, September 9, 2016 - 10:30 AM - 1:00 PM CDT

AGENDA:

Call to Order
- Introduction of HHS Transformation Team
- Purpose of the Public Hearing
- Public Hearing Procedure and Guidelines
- Presentation from HHS Transformation Team
- Comments and Testimony from the Public

Adjournment

PURPOSE:

The 1115 Demonstration Waiver public hearing provides an opportunity to learn about and provide input into Illinois Department of Healthcare and Family Services' (DHFS') proposed Section 1115 Demonstration. This Demonstration sets forth a plan to transform behavioral health in Illinois with the goals of improving access, quality, and cost effectiveness. The demonstration aims to promote a robust complement of core, preventative, and supportive behavioral health services as well as the integration of behavioral and physical health for both higher-needs and lower-needs behavioral health customers.

PARTICIPANTS:
- Trey Childress, Deputy Governor
- Bhatt Hardik, Chief Information Officer
- James T. Dimas, Secretary, Department of Human Services
- George H. Sheldon, Director, Department of Children and Family Services
- Felicia Norwood, Director, Department of Healthcare and Family Services
- Erica L. Jeffries, Director, Department of Veterans' Affairs
- Matt Ryan, Chief of Staff, Department on Aging
- Jesse Montgomery, Acting Director, Department of Juvenile Justice
- Dr. Nirav Shah, Director, Department of Public Health

Agenda Item: **Introduction of HHS Transformation Team**

Presenter: *Deputy Governor Trey Childress*
Summary: Introduction of participants and highlight of State of Illinois departments involved in the transformation effort.

Agenda Item: **Purpose of the Public Hearing**

Presenter: *Deputy Governor Trey Childress*
Summary: Informed attendees that the purpose of the public hearing was to give an update on the behavioral health transformation and to provide an opportunity for them to learn more about and provide input into Illinois Department of Healthcare and Family Services' (DHFS') proposed Section 1115 Demonstration.

Agenda Item: **Public Hearing Procedure and Guidelines**

Presenter: *Deputy Governor Trey Childress*
Summary: Stated the protocols for signing in at the registration desk, submitting written and oral comments during the hearing and time limits for speakers in the audience and on the conference line.

Attachments: 1115 Waiver Public Hearing Sign-In Sheets (Chicago)
1115 Waiver Public Hearing Conference Call Attendee List (Chicago)

Agenda Item: **Presentation from HHS Transformation Team**

Presenters: *Secretary James Dimas, Director George Sheldon, Director Felicia Norwood*
Summary: Walked through the context for the team's focus on behavioral health, how stakeholders have been engaged thus far, and provided an overview of the behavioral health strategy and how the 1115 waiver application fits in. Discussed the path forward leading up to submission of the 1115 waiver to CMS.

Attachment: HHS Transformation Update: 1115 Waiver Public Hearing

Agenda Item: **Comments and Testimony from the Public** *(moderated by Deputy Governor Trey Childress)*

Speaker: *Doug Elwell, Chief Operating Officer, Cook County Health and Hospital System*
Summary: We believe the 1115 waiver cooperation was unprecedented. Cook County is 100% behind the Waiver. We have questions on implementation and tweaking. Consider how far this moves us ahead. This requires all of us to change; we should not look to the State for everything. We need to take the responsibility to understand how to maximize. The waiver is an amazing opportunity. We ask everyone to support this.

Speaker: *Eric Hargan, Partner, Greenberg Traurig*
Summary: I want to applaud the plan. I have been on the federal side of things as former Deputy Secretary of the US Department of HHS. This is an intelligent approach and it is the focus our state needs. The issue of behavioral health and mental health in human cost is profound. We are stepping up as a leader not a follower. Integrated care is fundamental.

Speaker: *Heather O'Donnell, Vice President, Public Policy & Advocacy, Thresholds*
Summary: We are excited about the 1115 waiver. There are a lot of advocates who have pushed these ideas for years. We want to give kudos for pushing the process. One of the things that I do want to re-iterate is that data is going to be king for everybody here. Providers do not have access to data. We cannot reduce costs for people who are high flyers unless we have real time data to high flyers. And that doesn't happen with the State, it doesn't happen with managed care companies nor with community providers. So that has to be part of the equation.

We need to pay at cost. And we need to be paid at cost for the rule-based services that we currently provide. We cannot add new ACT teams or CST teams, we will never be able to meet the need, and this vision will not flourish unless we do rate reform. And that means fee for service, it means managed care, it means integrative health homes.

We need direct billing for psychologists and social workers.

We would strongly encourage, in the waiver or in the plan for transformation, the State make an official public commitment to invest in rental subsidies to go with the State spending, to go along with the supportive housing services. I strongly also encourage - I hope that you will engage providers and consumers in the rule redesign and the design of health homes, the criteria, how those are done.

I hope that the State will really take responsibility for making sure all of these initiatives and efforts are implemented and not just look to the managed care companies to develop integrative health homes and to develop community counseling. We need strong leadership at the State level to make sure that this happens. So I would strongly encourage all of you to make sure the State is very active in implementation and development.

Speaker: *Larry Morrissey, Mayor, Rockford, IL*
Summary: Let me start by congratulating the transformation team for taking a holistic approach to behavioral health with a focus on community preventative care. The 1115 waiver will help us become proactive continuum of care. In December 2015, Rockford became the first city to hit functional zero on veteran's homelessness. We were bold to set the goal, incorporated community based collective impact. We were relentless in monitoring, and held accountability meetings every month and we are working to eliminate all homelessness next.

We look to utilize mobile integrated health system. Our paramedics were first licensed to do this in 2015. We piloted the project with Swedish health system. We now negotiate payment based model. We pay $100m to police and fire fighters currently. We are focusing on community violence, addressing victims and suspects - domestic violence, high risk parolees, gangs, child abuse and neglect. It will include the police department, social, community organizations, and health providers.

We are pleased with the focus on behavioral health/mental health and community based services, along with improved service delivery. Great job connecting silos organizations and driving partnership with the police department. While we transition, I stress the need to support current efforts like the Rosecrans facility substance abuse treatment. The 1115 waiver will help in future but the release of current grant funding is necessary now.

Speaker: *Mark Curran, Sheriff, Lake County, IL*
Summary: I want to applaud the transformation plan. This is an intelligent approach and it is the focus our state needs. The issue of behavioral health and mental health in human cost is profound. We are stepping up as a leader not a follower. Integrated care is fundamental.

Speaker: *Will Snyder, Vice President, Presence Health*
Summary: Presence Health is the largest healthcare system with 11 hospitals, 20 nursing homes, 90 ambulatory sites and over 150 sites of care. We are also the largest Medicaid provider. We are interested in continuing collaboration around integrated care. As the largest behavioral health care provider, we have experience in this process. We support the states' efforts to more effectively coordinate care. The Draft 1115 waiver shares the sustainable and coordinated care for mental health/behavioral health and substance abuse.

We have significant experiences in supporting crisis individuals; the first place is often the ER. Inpatient is not always needed. So the ER is not a great option. We applaud the effort to review the assessment, integrated health homes, care management, and robust after care. Presence supports facilities for observation without admission, and connecting to care providers. Outpatient care is hard to ensure, it can be months away to deliver this intervention and support. We are excited about the re-aligning of these options.

We support the move from incarceration to community based care. Medicaid support of health screening, differing eligibility to 90 days and the assigning of MCO's should have access to an option of a market place. We want to remove the auto assignment function to empower people to choose who providers their care. We appreciate the focus on telemedicine. Presence has a robust tele-psychiatry. We already provide tele-psychiatry in Evanston and Skokie, reaching out to Proviso now. Remote care is a highlight of our services but ensuring appropriate reimbursement for these services is key to expansion. We support a state wide assessment on the availability to telemedicine. We need to develop the workforce, tuition reimbursement and loan forgiveness to obtain and retain professionals. Impact through nursing school helps ensure we have high quality clinicians.

Speaker: *Samantha Olds, Executive Director, Illinois Association of Medicaid Health Plans*
Summary: The Illinois Association of Medicaid Health Plan service 2 million people. We are optimistic about the 1115 waiver and the state plan. We are excited about the behavioral health focus. We ask that MCOs be included in the IT process to ensure systems upgrades are addressed as well. Health plans ask that we at the State don't recreate the wheel. MCOs over the past year have created really impressive models with organizations like thresholds, the AIDS foundation of Chicago, at risk school psychology around - and we ask that you look to some of those models to see if there's scalable outside of the managed care space or learn some of the best practices that health plans have already learned from.

In terms of integration in mental health and physical health locations, we ask that you use a lot of research. And the State does have OME programs like this in the past. It would be beefed up to meet those needs. Our behavioral health system is vulnerable. Providers should be given time to transform. We strongly encourage that existing grants be phased out over time rather than removed almost immediately.

Speaker: *Nick Little, Vice President Compliance, Wexford Health Resources*
Summary: Wexford Health Resources has seen an expansion of health care services in prison systems. The 1115 waiver creates continuity of care. The state is investing in prisons but we should be investing equally in the community. They leave in relatively good health, with mental health services, and enter communities, and need the support of outpatient and community based services to maintain. Need to work with key partners, such as Cook County Health and TASK to help coordinate services upon release.

Speaker: *Stephanie Johnson, Vice President, Catholic Charities of Chicago*
Summary: Thank you for focusing on behavioral health and giving the state the ability to transform behavioral health and physical health. More robust services are essential and part of the way forward is addressing the behavioral health needs. We want compassionate community based care and cost effective prevention care. We support housing, a critical piece to improving lives and care coordinating and substance abuse treatment.

Speaker: *Patrick Gallagher, Vice President, Illinois Hospital Association*
Summary: This is an ambitious plan to address behavioral health/mental health and addition. The use of behavioral health homes is key to meeting the needs of the community. Developing the integrated health homes will also require funding to build capacity and the reimbursement model will need to provide sufficient incentives for providers to make the necessary investments for care coordination infrastructure. As providers are challenged with complying with numerous new MCO policies and procedures, it will be important to strike a balance between achieving innovation and uniformity in designing the criteria for the medical homes. We request the state develop appropriate criteria with significant provider input to better inform future strategies.

The financial component of the waiver is critical, especially obtaining a better understanding of the distribution of funding as well as the expected savings. While achieving budget neutrality is central to a waiver, a meaningful transformation of services for persons with behavioral health conditions will require an increase in funding. Illinois' average spending per Medicaid enrollee ranks 49th in the nation - substantially lower than every surrounding state in the Midwest and lower than our peer states of California, New York, Texas and Florida. In some cases this will mean increasing rates for services in order to provide adequate access to care, such as those for tele-health.

The role of the MCOs in coordinating care needs to be clearly articulated so the health homes achieve true outreach and coordination, rather than acting as a gatekeeper (clarification required not only in terms of care coordination, but also in terms of achieving the goal of value based reimbursements). Value based contracts need to be mutually agreeable between providers and the MCOs, where incentives are aligned around realistic savings expectations. Therefore, continued oversight of the MCOs will be necessary to not only gain provider participation, but also to inspire confidence in the process.

Speaker: *John Fallon, Senior Program Manager, CHS*
Summary: Data is key to monitoring. There is a need to look at what is covered under Rule 132 and expand that coverage. There is a group of people who are heavy users, and we need to include those, and expand the definition of heavy users. Look at where services are located now, and get services to where folks are; either build institution, or pay folks to travel to the homes of those they serve.

On Page 38, corrections, we listed 10,000 IDOC people. It is 20,000, at least. So need to make sure we are accurately stating the size of the problem. There are 90,000 people who leave Cook County Jail each year, not 60,000 as listed in the report. The planning, for people on the outside, needs to be supervised by Department of Human Services. There needs to be more interaction by corrections staff bringing people for assessments, and I think you're probably going to need tele-health.

Sheriffs and IDOC directors don't want to be medical health providers, need to hire folks to address, and then connect with DHS and other agencies as they transition inmates out; supervised by DHS. Take IDJJ with DCFS focus we have seen improvement. Provide health care at prison supervised by DHS, and assessments by qualified staff, consider the telehealth. Get providers into people's home instead of where offices have been traditionally located.

Speaker: *Bob Marshall, Police Chief, Naperville, IL*
Summary: As first responders, police see the impact mental health, behavioral health and substance abuse has on communities. Since 2010 call on mental health have tripled to 1k per year. Substance abuse, heroin death and overdoses continue to climb to 6-8 per year with 30 overdoses per year. We started a heroin diversion program but jail and the criminal justice system does not address the problem. The 1115 waiver's focus on funding proactive programs is essential such as crisis intervention trained officers. Funding is essential to respond to mental health calls. The need for housing and facilities is also a critical need. We have individuals who are in need of treatment and we have no place to put them, to receive the treatment they need, whether it's counseling, psychological help, or assistance with medication. Patients need on going treatment and support. Funding for first responders such as crisis intervention teams training is fundamental to adequately respond to mental health calls and for us to continue to train our officers so that they become subject matter experts when responding to mental health calls.

Speaker: *Dr. Jennifer Stelter, HCCI/Alden*
Summary: The demonstration waiver program fails to address long term issues. We have 5 residential programs treating 300 people with mental health issues. These long term services help care for families. Short and long term placements are both provided in our facilities. To fund the Waiver program, the plan is to take away $200 million dollars away from Medicaid Programs. Taking this money away and closing programs like Alden's Behavioral Health Program can have adverse consequences. It could deprive the community of needed services.

Although Illinois' Behavioral Health Transformation plan is pertinent for people suffering with mental illness who can function independently in the community, it fails to detail plans for those who either aren't ready to function independently or aren't able to, long-term. The plan discusses de-institutionalizing all patients and, in essence, discharging patients from hospital settings right to the community, which sets the patient up for failure when shortcutting a step-down approach to care that we all know works the best for long-term recovery. We believe this will lead to more relapses and an increased need for crisis level of care causing further use of hospital settings or jail to provide services for those suffering with mental illness. We discharged people out of long term care, and out of 6 discharged, 1 died, 2 are in jail and 3 returned. Some people need this type of higher level care. A 68 year old male used our facility services for 6 months, with outpatient service and health care. Once discharged, the local hospital called and he was back in the ICU. Discharge meds were not taken by the patient. Now believes he cannot live on his own. He has lived with us for almost 7 years.

Speaker: *Howard Peters*
Summary: When this is implemented no one will remember that it started during hard budget years. You were thinking seriously about the future. Looking to create the future we need. You will need sustained leadership to execute this project. I would urge you to think seriously about looking at a small manageable group of people who are stakeholders that you really can use in an advisory capacity to more closely - to help inform this implementation process as it goes forward. It is going to be important to train and reorient both providers and beneficiaries in this transition; otherwise people will continue to try to just do what they have always done.

Speaker: *Karen Ayaa, Dupage County Health Department*
Summary: We provide local behavioral health services to 12k on an annual basis. Primary effort to integrate behavioral health/mental health and physical health services. Innovation at a local level and integration of services is key. Behavioral health services must be restored and rebuilt to me the need of the population. The failures in the past have depleted our resources. Invest in early child hood mental health is one of the best places. There is a window in pre-teen and teen population as well.
Incarcerated individuals - ensure community is ready for warm handoffs. Need stable work and living opportunities. Develop a system of care to assist clients in these opportunities. Identify state services that qualify for innovation.
Substance abuse is a key, capacity of out-patient, decreasing ER use and overdoses are all positive elements. Lifting restrictions on residential beds, creates better access healthcare is a local concern that needs to be local. The detailed plan is excellent plan, the details and implementation is key, focus on funding models that are sustainable. Address resident needs as a focal point at the middle is the true measure of success.

Speaker: *Fred Berkovits, HCCI*
Summary: People are afraid of not living in facilities. We are asking you to consider keeping people in facilities if needed. Importance to preserve the current program for residents unable to return to the community (a number of cases have been identified where individuals have been returned to community as part of the Money Follows the Person Program without positive outcomes).

Speaker: *Colleen Cicchett, Lurie Children Services*
Summary: Currently we have 800 youth on waitlist for outpatient services. This situation is replicated across the state. We want to focus on interventions, and promote social emotional behavioral health, to overcome treatment barriers. We need early intervention, assessment, without it our communities are at risk. Extended stays in residential facilities are due to a lack of services and options outside of residential services.

We urge the state to upwardly adjust the capitation rates to encourage the development of these homes in instances where the expected savings do not accrue to the HMO or the timing of savings is not within the contract period. We look forward to the more detailed explanations of these integrated health care homes and would urge the state to make these explanations public and available for comment before they are submitted to the federal government.

Under workforce strengthening initiatives in the waiver, there is mention of developing training and learning collaborative for smaller community providers to support to their capacity to work effectively with Managed Care Organizations. This need is absolutely critical, but no details are provided on how this will be accomplished.

The 1115 waiver notes that the State is migrating Department of Children and Family Service (DCFS) children to a "specialized managed care product." There are no additional details about the timeframe or development of this specialized product.

We understand that the waiver document contains only information necessary to obtain approval of the research and demonstration program. Since so much of the overall transformation will be included in State Plan Amendments and state rule changes, we encourage the administration to continue its public input process and stand ready to comment and assist on any design changes.

We need counterpart services included to ensure successful transitions from Illinois Department of Corrections and Cook County Jail. We strongly urge that counterpart services be included for Illinois Department of Juvenile Justice, and the Cook County and other Juvenile Temporary Detention Centers.

Speaker: *Vince Keenan- IAFP*
Summary: There are lots of great pilot programs going on around the state. But the pilot programs are only funded by pilot funds. So we need to be able to transform that into regular funding.

Speaker: *Katie Stonewater, Illinois Chamber of Commerce*
Summary: I believe this is the best approach to maximize federal match while also looking for alternative approaches.

Speaker: *John Markley, Centerstone*
Summary: I would suggest when we talk about getting evaluation environment that you as a group take this opportunity to not only apply it to the people that you're contracting with but to state agencies as well. Set performance metrics, that each agency is accountable too. Regarding organizational readiness, what organizations? What are you looking for and what should the organization be looking for, for organizational readiness? What should organizations be doing right now to be in preparation? What is the precise goal for pilots? With respect to cost protection, rates reform should be considered. I would suggest that the transformation be continued as a dynamic process. That somehow you incorporate not only providers but all of the stakeholders in this process and conduct reviews to ensure that we have on-going evaluation of progress.

Speaker: *Amy Totsch, United Power/Metro IAF*
Summary: Mental health and behavioral health services providers have dwindled, and now prisons and jails are default providers. This is no way to get well. We need upfront investment and police training which will result in savings.

Speaker: *Christina LePage, Illinois Children's Mental Health Partnership*
Summary: Children's mental health partnership is a statewide public private partnership that is committed to improving scope quality and access to mental health services. The 2003 Mental Health Act created this partnership. It is critical that families and consumers are involved in the creation of outcome measurements to ensure that their individual characteristics, needs, preferences, and circumstances are accurately represented. As Illinois makes Transformation shift in practice, the Partnership strongly cautions the State to remain mindful of the complexities involved with defining and measuring mental health outcomes, especially among children (including the importance of adopting a child developmental approach when establishing outcome measures). To further support providers with the transition to outcome-based reimbursement models, funding for behavioral health services needs to be consistent and sustainable in order to prevent service disruptions, staff turnover, and program cuts that negatively impact child and family outcomes.

Speaker: *Daniel Frey, AIDS Foundation of Chicago*
Summary: It is very important that our waiver application include access to services which allow for the repurposes of private service dollars into rental subsidies, to create housing units to serve homeless, especially those with chronic illnesses. Focus should include all people with disabilities, not just SMI. We request you take a close look at your definition of homelessness. Use the HUD definition that's going to restrict some people who will be able to access housing

Speaker: *Nadeen Israel, Ever Thrive Illinois*
Summary: There is a need to develop an update of fee schedule, a provider or practitioner fee schedule that needs to be updated so essentially the payment method is available and allows them to school based health centers. We really encourage and recommend that the state consider the maternal depression and woman's and mom's health and how that impacts the infant and the child's health. We didn't see that really reflected in any of the sort of points that were made in the waiver. We strongly encourage that we supplement and not supplant the dollars that currently exist to fund behavioral health service. Expanded eligibility and an increased array of service reforms should occur. And we ask that there are other efforts that supplement this (public input involvement process in those efforts as well).

Speaker: *David McCurdy, SHIPICC / Elmhurst College*
Summary: Regarding auto assignment, I realize there may be practical reasons for auto assignment. On the other hand, the freedom of choice aspect, which is part of the waiver request, I think it still remains a consideration to take into account, as these people should not be deprived of more freedom than is necessary. With respect to the demonstration hypotheses and the preliminary evaluation plan, the measures of effectiveness for hypotheses under the goals involve improving satisfaction of the members. I would encourage you to maybe take a little deeper look at how that word "satisfaction" gets used and what it might signify.

Speaker: *Frank Harriman, Presence Behavioral Health*
Summary: Presence Health believes that individuals should have access to a free and open marketplace to accept and to select coverage that is most appropriate for them and for their families. Therefore we would respectfully request the removal of an auto-assignment provision in the waiver so that people can truly have choice in the providers that they select for their care.

Speaker: *Emily Gelber MSW, Associate Director of Strategic Health Initiatives, HDA*
Summary: HAD urges you to focus on workforce development. Use the waiver to make much needed strategic investments in workforce and infrastructure in the short and long term. We also need rate reform. Loan forgiveness and training are not enough. Though the waiver does reference expanding tele-health which will likely help increase access to care, we will still need adequate rates to pay a provider on the other end of the screen; therefore, need for rate reform. In order to implement many of the benefits and initiatives proposed in this waiver, there is a need to address systemic capacity, clarify roles of payers and providers (including roles of Managed Care Organizations vs. roles of providers), as well as improve infrastructure and accountability.

Speaker: *Margaret Stapleton, Director Community Justice, Shriver Center*
Summary: Ensure folks have a seamless transition from corrections. Commend the conclusion of Section 4.2 on management and early childhood mental health consultation.

Attachment: 1115 Waiver Public Comments - Chicago

Attachments

1. 1115 Waiver Public Hearing Sign In Sheets – Chicago, IL

2. 1115 Waiver Public Hearing Conference Call Attendee List – Chicago, IL

3. HHS Transformation Update: 1115 Waiver Public Hearing – PowerPoint presentation presented by HHS Transformation Team.

4. Written testimony submitted at the 1115 Waiver Public Hearing - Chicago