

Illinois Department of Healthcare and Family Services
Opioid Use Disorder Withdrawal Management Subcommittee Meeting
July 19, 2019

OUD Members Present:

Kathy Chan - Cook County Hospital
Sherie Arriazola - Safer Foundation
Thomas Britton - Gateway Foundation
Jeffrey Collord - Haymarket Center
Eric Foster - Illinois Association for Behavioral Health
Thomas Huggett - Lawndale Christian Health Center
Ronald Vlasaty - Family Guidance Centers, Inc.
Kuliva Wilburn - Wilburn Strategic Solutions

HFS Staff Present:

Maria Bruni
Cheryl Easton
Arvind K. Goyal
Elizabeth Nelson

Interested Parties:

Amber Kirchoff - Thresholds
A. Grover, Amita Health
Amber Kirchhoff, Thresholds
Corey McGee, ISMS
Dani Kirby, IDHS/SUPR
Jennifer Lang, NextLevel Health
Jessica Chatman, County Care
Jill Caughney, BCBS
Katie Migala, Molina
Laura Brookes, TASC
Lia Damels, IHA
Lynn Lemke, Touchettee Regional Hospital
Maithili Panat, BCBS
Mike Wahl, IHA
Rosalind McGee, Access Community Health
Ryan Voyles, Health News Illinois
Staci Ashmore, IPHC

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- I. **Call to Order/Introductions:** The OUD Withdrawal Management Subcommittee Meeting was called to order on July 19, 2019, at 10:00 a.m., by Chair Kathy Chan. The subcommittee members introduced themselves; and stakeholders and interested parties also introduced themselves.

- II. **HFS Updates – Maria Bruni, of HFS provided the following update.**
 - On July 18, 2019, the agency submitted a Letter of Intent to the Centers for Medicare & Medicaid Services (CMS) to Apply for the Notice of Funding Opportunity for Increase Substance Use Provider Capacity.
 - Planning Phase – 18 months
 - Implementation Phase
 - Letters of Support from associations
 - Passage of SB1828 – Needle Exchange

- III. **Recap of Previous meetings – Kathy Chan, Chair of the OUD Withdrawal Management Subcommittee provided a brief summary of the previous meetings.**
 - Goals of the subcommittee to look at issue of persons who are presenting with OUD who are interacting with withdrawal management facilities.
 - Make sure that those individuals are connected with evidenced based care and connections to communities.
 - Make sure that in the long-term that these individuals are getting quality care and getting connected with the right type of care.

- IV. **Review/Discussion of proposed recommendations – Chair Chan led the discussion regarding a list of proposed recommendations that will be submitted to the Medicaid Advisory Committee who would then advise the Department of Healthcare & Family Services.**
 - Hospital based detox – Underserving patients
 - Include 3.7 settings (some providers have other levels of care to step patients into)
 - Managing the transition
 - Make sure that resources are not going to ineffective practices
 - Implement reimbursement structures that will move Medicaid providers towards a “medication-first” approach, when appropriate, where patients presenting with OUD are educated and offered a medication induction as the default course of treatment.
 - Providers to educate patients about the benefits and risks of engaging in or declining this type of treatment.
 - Require patients to sign a form acknowledging their options.
 - Require documentation to be submitted in order to process reimbursement.
 - In conjunction with the Illinois Department of Human Services (IDHS), ensure that service descriptions for ASAM Level 4.0, 3.7, 3.2 and 3.5 SUD treatment facilities are consistent with best practices around MAT.

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Follow Up Care - Discharge Planning

- Provide clarification, guidance, advice, concerning the sharing of patient information for 42 CFR Part 2 providers, and for other stakeholders when it comes to what can and cannot be shared for purposes of care coordination.
- Strengthen the discharge/transition planning process of withdrawal management providers, by establishing policies and procedures for community referrals and connections, as well as providing appropriate patient education and dispensing medication to prevent overdose. These requirements could be tied to licensure and/or reimbursement.
 - How to improve on connections – how to make physical connection between a patient and a community based setting so a hospital connection is not overly utilized, and a community based one is optimally utilized.
 - Not enough facilities for placement in a community based setting

Reimbursements/Payment Incentives

- Revise Medicaid reimbursements to encourage providers that provide “traditional” withdrawal management services (i.e. full tapering without connection to MAT and/or community-based care) to a “medication-first approach”. This may include, but not be limited to:
 - Create a positive payment incentive for withdrawal management providers, with full payment to be made once someone is successfully connected to community based treatment for a minimum period of time.
 - Shift the culture; changing the mindset of providers and the population.
 - SMART Act 2012 states that all hospitals should be required to provide linkages to community based treatment – this is not happening.
 - Cover MAT induction and subsequent monitoring in various settings at the same reimbursement rate paid for inpatient withdrawal management.
 - Incentivizing – for primary care physicians.
 - Follow-up care can be mandated, however, there is no place to follow-up.
 - Individuals are entering into care via the ER after overdosing.
- Review results of grant-funded efforts to address the opioid crisis and determine feasibility of covering these services in the Medicaid program.
 - Federal 21st Century Cures Act
 - State Targeted Response Grant
- Ensure that a broad range of Medicaid-covered services are available to persons with OUD. This may include, but not be limited to:
 - Case Management
 - Integrated Health Homes
 - State Plan Amendments
 - Peer Recovery Supports
 - Crisis Intervention Services
- Adopt current and proposed HEDIS measures that allow for accurate and appropriate capture of measurement of quality in opioid use disorder (OUD)

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engagement and ongoing treatment; consider adopting as an MCO pay-for-performance measure.

Additional

- Provide regular updates to the Medicaid Advisory Committee (MAC) and its relevant subcommittees on the status of adopted recommendations.
 - Update and revise language in HFS statutes, rules, and public communications to reflect treatment options.
 - Work with other state agencies to make similar revisions.
- V. Approval of Minutes - A motion was put to the floor by Kathy Chan to approve the minutes from June 21, 2019, meeting; it was seconded by Eric Foster and passed unanimously.
- VI. Adjournment – The meeting was adjourned at 12:14 p.m.