

# ILLINOIS 1115 WAIVER BRIEF

## STATE TESTING FOR THE FOLLOWING ACHIEVED RESULTS:

1. Increased rates of identification, initiation, and engagement in treatment
2. Increased adherence to and retention in treatment
3. Reductions in overdose deaths, particularly those due to opioids
4. Reduced utilization of emergency departments and inpatient hospital settings for treatment where the utilization is preventable or medically inappropriate through improved access to other continuum of care services
5. Fewer readmissions to the same or higher level of care where the readmission is preventable or medically inappropriate
6. Improved access to care for physical health and behavioral health conditions among beneficiaries

## PILOTS NOT APPROVED

- FFP for 30 days of services prior to release of incarcerated individuals
- Infant/early childhood mental health consultation pilot
- First Episode Psychosis training and infrastructure pilot or workforce development pilot

## ILLINOIS OUD/SUD BENEFITS COVERAGE WITH EXPENDITURE AUTHORITY

SUD Benefit	Medicaid Authority	Expenditure Authority
Outpatient Services	State plan (Individual services covered)	
Intensive Outpatient Services	State plan (Individual services covered)	
Residential Treatment	State plan (Individual services covered)	Services provided to individuals in IMDs
Medically Supervised Withdrawal Management	State plan	Services provided to individuals in IMDs
Medication-Assisted Treatment (MAT)	State plan	Services provided to individuals in IMDs
Clinically Managed Withdrawal Management	1115 Expenditure Authority	Services provided to individuals in IMDs
SUD Case Management	1115 Expenditure Authority	Services provided to individuals in IMDs
Peer Recovery Support Services	1115 Expenditure Authority	Services provided to individuals in IMDs

## DEMONSTRATION YEARS

Demonstration Year 1	July 1, 2018 through July 30, 2019
Demonstration Year 2	July 1, 2019 through July 30, 2020
Demonstration Year 3	July 1, 2020 through July 30, 2021
Demonstration Year 4	July 1, 2021 through July 30, 2022
Demonstration Year 5	July 1, 2022 through July 30, 2023

# APPROVED PILOTS

## 1. RESIDENTIAL AND INPATIENT TREATMENT FOR INDIVIDUALS WITH SUD PILOT

STATEWIDE & NO ANNUAL LIMITS

### GOALS

- Maintain critical access to opioid use disorder (OUD) and SUD services
- Provide high-quality SUD treatment services for short-term residents in residential and inpatient treatment settings
- Continue delivery system improvements for more coordinated and comprehensive treatment
- Statewide average length of stay of 30 days in residential treatment settings

### SERVICES

- Evidence-based OUD and other SUD treatment services, including:
  - Medically supervised withdrawal management; on-going chronic care for conditions; care coordination; care for comorbid physical and mental health conditions

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### SERVICES NOT COVERED:

- Rent/Board Costs unless they qualify as inpatient facilities

## 2. CLINICALLY MANAGED RESIDENTIAL WITHDRAWAL MANAGEMENT SERVICES PILOT

MAY IMPLEMENT PILOT LESS THAN STATEWIDE & INSTITUTE ANNUAL ENROLLMENT LIMITS

### ELIGIBILITY

- Moderate withdrawal signs and symptoms
- Primary diagnosis of OUD/SUD
- Requires 24-hour structure and support

### ENROLLMENT LIMITS

Demonstration Year (DY)	Enrollment Limit (beneficiaries)
DY 1	3,875
DY 2	7,529
DY 3 – 5	11,072

### SERVICES

- Withdrawal management service
  - Intake; Observation; Medication Services; Discharge Services

## PROVIDER QUALIFICATIONS

- **Qualified treatment professional** – Certified Alcohol and Drug Counselor *OR* licensed professional counselor/clinical professional counselor *OR* physician/psychologist/licensed social worker

## 3. SUD CASE MANAGEMENT PILOT

MAY IMPLEMENT PILOT LESS THAN STATEWIDE & INSTITUTE ANNUAL ENROLLMENT LIMITS

### ELIGIBILITY

- Individuals that qualify for diversion into treatment from criminal justice system

### ENROLLMENT LIMITS

Demonstration Year (DY)	Enrollment Limit (beneficiaries)
DY 1	2,040
DY 2	2,440
DY 3 – 5	2,835

### SERVICES

- Comprehensive needs assessment and periodic assessment of needs
- Transition to higher/lower level of SUD care
- Client plan with service activities
- Communication, coordination, referral and related activities
- Monitoring service delivery to ensure access
- Monitoring progress
- Patient advocacy, linkages to physical and mental health, transportation, and retention in primary care services

## PROVIDER QUALIFICATIONS

- **Case Manager** – High school diploma required; Certified Alcohol and Drug Counselor *OR* supervised by CADC; completion of motivational interviewing program

## 4. PEER RECOVERY SUPPORT SERVICES PILOT

MAY IMPLEMENT PILOT LESS THAN STATEWIDE & INSTITUTE ANNUAL ENROLLMENT LIMITS

### ELIGIBILITY

- Beneficiaries receiving SUD treatment, have primary diagnosis of OUD/SUD, and assessed need by clinician for recovery support

### ENROLLMENT LIMITS

Demonstration Year (DY)	Enrollment Limit (beneficiaries)
DY 1	160
DY 2 – 3	240
DY 4 – 5	320

#### SERVICES

- Peer recovery support services

#### PROVIDER QUALIFICATIONS

- **Certified Peer Recovery Coach** – Certified by IDHS training program; supervised by BH professional and demonstrate ability to support recovery, and ongoing continuing education

### 5. CRISIS INTERVENTION SERVICES PILOT

MAY IMPLEMENT PILOT LESS THAN STATEWIDE & INSTITUTE ANNUAL ENROLLMENT LIMITS

#### ELIGIBILITY

- Age 6 – 64 experiencing a psychiatric crisis
- Require stabilization and support (including 24- hour clinical supervision and observation)

#### ENROLLMENT LIMITS

Demonstration Year (DY)	Enrollment Limit (beneficiaries)
DY 1	4,247
DY 2	6,370
DY 3 – 5	8,493

#### SERVICES

- Crisis assessment and stabilization
- Treatment planning
- Counseling services
- Discharge services
- Services provided to beneficiary’s family must be for direct benefit of beneficiary

#### SERVICES NOT COVERED

- Services delivered in any facilities that meet definition of Institution for Mental Diseases
- Room and board costs

#### PROVIDER QUALIFICATIONS

- Licensed by acute care general hospital, Psychiatric Residential Facility, or community residential treatment center with 16 or fewer beds
- Qualified mental health professional or rehabilitative services associate

## 6. EVIDENCE-BASED HOME VISITING SERVICES PILOT

MAY IMPLEMENT PILOT LESS THAN STATEWIDE & INSTITUTE ANNUAL ENROLLMENT LIMITS

### ELIGIBILITY

- Mothers during 60-day postpartum period
  - Gave birth to baby with withdrawal systems *OR* with Medicaid children up to 5 with withdrawal symptoms

### ENROLLMENT LIMITS

Demonstration Year (DY)	Enrollment Limit (beneficiaries)
DY 1	218
DY 2	467
DY 3	769
DY 4	893
DY 5	1,083

### SERVICES

- **Postpartum Home Visiting Services**
  - Stress management; STD prevention education; Tobacco use screening and cessation education; Alcohol and other substance misuse screening and counseling; Depression screening; Domestic and intimate partner violence screening and education; Breastfeeding support and education; Guidance and education for well woman visits; Medical assessment of the postpartum mother and infant (NFP only); Maternal-infant safety assessment and education; Counseling regarding postpartum recovery, family planning, needs of a newborn; Assistance for the family in establishing a primary source of care and a PCP; Parenting skills and confidence building
- **Child Home Visit Services**
  - Breastfeeding support/education; Child developmental screening at major developmental milestones to age 5; Parenting skills and confidence building

### PROVIDER QUALIFICATIONS

- **Qualified mental health professionals**

## 7. ASSISTANCE IN COMMUNITY INTEGRATION SERVICES PILOT

MAY IMPLEMENT PILOT LESS THAN STATEWIDE/INSTITUTE ANNUAL ENROLLMENT LIMITS

**STARTS YEAR 2**

### ELIGIBILITY

- Individuals eligible for 1915(i) SPA program *OR*
- Needs based criteria:

- **Health criteria:** repeated ED use/hospital admissions (4+ annual visits) or two + chronic conditions (mental health condition, substance use disorder, asthma, diabetes, heart disease, being overweight, as evidenced by having a Body Mass Index (BMI) over 25)
- **Housing criteria:** will experience homelessness upon release or risk of institutional placement

#### ENROLLMENT LIMITS

Demonstration Year (DY)	Enrollment Limit (beneficiaries)
DY 1	N/A
DY 2	2,250
DY 3	2,800
DY 4	3,375
DY 5	3,750

#### SERVICES

- **Pre-tenancy supports**
  - Conducting functional needs assessment identifying preference and needs; assistance in budgeting for housing/living expenses; connecting individual with social services; developing individualized plan with goals; participating in person-centered plan meetings; providing supports and interventions
- **Tenancy sustaining services**
  - Services planning support; coordinating and linking recipient to services and service providers; entitlement assistance; accessing support to preserve independent living; supporting development of independent living skills; assisting in communicating with landlord/property manager around needed accommodations; reviewing/updating housing support and crisis plan; connecting to training and resources to support lease compliance

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#### SERVICES NOT COVERED:

- Payment of rent/room/board
- Capital costs related to development/modification of housing
- Utilities or other regular occurring bills
- Good/services for leisure or recreation
- Duplicative services from other state/federal programs
- Services to individuals in correctional institution or IMD

#### PROVIDER QUALIFICATIONS

- **Assistance in Community Integration Services Providers** – Bachelor’s degree (or associate’s degree with relevant field experience); 1 year case management experience or bachelor’s with field experience; knowledge of services included in pilot

## 8. SUPPORTED EMPLOYMENT SERVICES PILOT

MAY IMPLEMENT PILOT LESS THAN STATEWIDE/INSTITUTE ANNUAL ENROLLMENT LIMITS

**STARTS YEAR 2**

### ELIGIBILITY

- 14 or older and meets at least one of health needs-based criteria and expresses desire to work:
  - **Behavioral Health Need:** Serious and persistent mental health needs OR substance use needs with at least ASAM level 1.0
  - At least one risk factor:
    - Unable to be gainfully employed for at least 90 days due to mental/substance use impairment
    - 1+ instance substance use treatment in past 2 years
    - At risk of deterioration from mental illness and/or SUD including one of following:
      - Persistent or chronic risk factors
      - Care for mental illness/SUD requires multiple provider types
      - Past psychiatric history with no significant functional improvement
      - Dysfunction in role performance, including one of the following:
        - Behaviors disrupt employment or schooling; history of multiple terminations from work or suspensions/expulsions from school; cannot succeed in work/school setting without support or accommodations; performance significantly below expectation for cognitive, developmental level

### ENROLLMENT LIMITS

Demonstration Year (DY)	Enrollment Limit (beneficiaries)
DY 1	N/A
DY 2	2,250
DY 3	2,800
DY 4	3,375
DY 5	3,750

### SERVICES

- **Supported Employment Services benefit package:**
  - **Pre-employment Services:** pre-vocational/job-related discovery or assessment; person-centered employment planning; individualized job development and placement; job carving; benefits education and planning; transportation (in conjunction with delivery of authorized service)

- **Employment sustaining services:** career advancement services; assist employee with negotiation with employers; job analysis; job coaching; benefits education and planning; transportation (in conjunction with delivery of authorized service); asset development; follow-along supports

SERVICES NOT COVERED

- Generalized employer contacts not connected to individual or service
- Employment supports in sub-minimum wage or sheltered workshop settings
- Facility-based habilitation or personal care services
- Wage or wage enhancements for individuals
- Duplicative services from other state or federal programs

PROVIDER QUALIFICATIONS

- **Supported Employment Services Providers** – Bachelor’s degree (or associate’s degree with relevant field experience); 1 year case management experience or bachelor’s with field experience; knowledge of services included in pilot

STATE MUST COMPLY WITH REQUIREMENTS: PERSON-CENTERED PLANNING, CONFLICT OF INTEREST, AND HCBS REQUIREMENTS

9. INTENSIVE IN-HOME SERVICES PILOT

MAY IMPLEMENT PILOT LESS THAN STATEWIDE/INSTITUTE ANNUAL ENROLLMENT LIMITS  
**STARTS YEAR 2**

ELIGIBILITY

- Individuals 3 to 21 who meet Tier A (high psychical, high BH needs) or Tier B (high BH, low physical needs) of the Integrated Health Home
- Must meet one of the following criteria:
  - History of experiencing hallucinations, delusions, unusual/strange thought processes, bizarre/idiosyncratic behavior, or evidence of ongoing delusions/hallucinations/both
  - Risk of 1+ inpatient psychiatric hospital admission within the past 12 months and meeting three or more clinical criteria from the IM-CANS in the following categories:
    - Behavioral or emotional needs
    - Risk behaviors
    - Caregiver Resources and needs
    - Life functioning domains
  - Risk of having one or more crisis episodes within last 6 months and meeting 3+ of the clinical criteria from the above IM-CANS in the following categories

ENROLLMENT LIMITS

Demonstration Year (DY)	Enrollment Limit (beneficiaries)
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DY 1	N/A
DY 2	10,775
DY 3	15,852
DY 4	18,650
DY 5	18,650

## SERVICES

- Intensive In-Home Clinical (IIH-C)
  - Face-to-face, time-limited, focused intervention targeted to support and stabilize a child in their home
- Intensive In-Home Support (IIH-S)
  - Adjunct services that may only be provided in conjunction with IIH-C
  - Support client and family in implementing therapeutic interventions, skills development, and behavioral techniques focused on symptom reduction

## PROVIDER QUALIFICATIONS

- **Community Mental Health Centers** – Bachelor’s degree in human/social services field OR Associate’s degree with field experience; 1 year case management experience OR bachelor’s degree in related field and field experience; knowledge of principals, methods, and procedures
- **Behavioral Health Clinics** – Bachelor’s degree in human/social services field OR Associate’s degree with field experience; 1 year case management experience OR bachelor’s degree in related field and field experience; knowledge of principals, methods, and procedures

STATE MUST COMPLY WITH REQUIREMENTS: PERSON-CENTERED PLANNING, CONFLICT OF INTEREST, AND HCBS REQUIREMENTS

## 10. RESPITE SERVICES PILOT

MAY IMPLEMENT PILOT LESS THAN STATEWIDE/INSTITUTE ANNUAL ENROLLMENT LIMITS

**STARTS YEAR 3**

## ELIGIBILITY

- Individuals 3 to 21 with behavioral health conditions when their family needs relief
- Meet Tier A (high psychical, high BH needs) or Tier B (high BH, low physical needs) of the Integrated Health Home with one of the following:
  - Rating of three (thought disorder) on psychosis of the IM-CANS
  - Risk factor of more than one inpatient psychiatric admission within past 12 months and meets three+ clinical criteria from IM-CANS in following categories:
    - Behavioral or emotional needs; risk behaviors, caregiver resources and needs; life functioning domains
  - Risk factor of having 1+ crisis episodes in last 6 month and meeting 3 + clinical criteria from IM-CANS categories

- Behavioral or emotional needs; risk behaviors, caregiver resources and needs; life functioning domains

#### ENROLLMENT LIMITS

Demonstration Year (DY)	Enrollment Limit (beneficiaries)
DY 1	N/A
DY 2	N/A
DY 3	3,871
DY 4	3,871
DY 5	3,871

#### SERVICES

- Respite Care – set up individualized time-limited services that provide family with relief
  - In or out of home as long as they are in community-based setting
  - Provided on a scheduled basis – not emergency child care
  - Culturally competent
  - Shall not exceed 7 hours per event, 21 hours per month, or 130 hours annual
  - Not standalone service

#### PROVIDER QUALIFICATIONS

- **Respite Service Providers** – Bachelor’s degree (or associate’s degree with relevant field experience); 1 year case management experience or bachelor’s with field experience; knowledge of services included in pilot

STATE MUST COMPLY WITH REQUIREMENTS: PERSON-CENTERED PLANNING, CONFLICT OF INTEREST, AND HCBS REQUIREMENTS

# OTHER REQUIREMENTS

PROGRAM REQUIREMENTS	
<b>SUD Implementation Protocol</b>	<ul style="list-style-type: none"> <li>• State must submit within 90 calendar days after approval of demonstration</li> <li>• Cannot claim FFP for services provided in IMDs until protocol incorporated</li> <li>• Must describe:                             <ul style="list-style-type: none"> <li>○ Access to critical levels of care for OUD and other SUDs</li> <li>○ Use of Evidence-based SUD-specific Patient Placement Criteria</li> <li>○ Patient Placement</li> <li>○ Use of Nationally Recognized SUD-specific Program Standards to set Provider Qualifications for Residential Treatment Facilities</li> <li>○ Standard of Care</li> <li>○ Sufficient Provider Capacity at each Level of Care including Medication Assisted Treatment for OUD</li> <li>○ Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD</li> <li>○ SUD Health IT Plan</li> <li>○ Improved Care Coordination and Transitions between Levels of Care</li> </ul> </li> </ul>
<b>SUD Monitoring Protocol</b>	<ul style="list-style-type: none"> <li>• State must submit within 150 calendar days after approval of demonstration</li> <li>• Will identify baseline, target to be achieved, and an annual goal for closing gap between baseline and target</li> </ul>
<b>Mid-Point Assessment</b>	<ul style="list-style-type: none"> <li>• State must conduct mid-point assessment by December 31, 2020</li> <li>• Assessor must collaborate with key stakeholders, including representatives of MCOs, SUD treatment providers, beneficiaries, and other key partners</li> <li>• Assessment to include:                             <ul style="list-style-type: none"> <li>○ Determination of factors that affected milestones and performance measure gap closure percentage AND selected factors to affect future performance</li> <li>○ Status update of budget neutrality requirements</li> <li>○ Recommendations for adjustments in state’s implementation plan for milestones and measure targets at medium and high risk of not being met                                     <ul style="list-style-type: none"> <li>▪ Submit to CMS modifications to SUD Implementation Protocol and SUD Monitoring Protocol for these milestones/targets</li> </ul> </li> <li>○ Report to State and CMS that include methodologies, limitations, determination, and recommendations</li> </ul> </li> </ul>
<b>SUD Evaluation Design</b>	<ul style="list-style-type: none"> <li>• State must submit draft within 180 calendar days after effective date of STCs</li> <li>• State must use independent evaluator to develop draft Evaluation Design</li> </ul>
<b>SUD Health Information Technology (Health IT)</b>	<ul style="list-style-type: none"> <li>• Provide CMS with an assurance (or plan to develop) that it has a sufficient health IT infrastructure/”ecosystem” at every appropriate level (i.e. state, delivery system, health plan/MCO and individual provider) to achieve the goals of the demonstration</li> </ul>

## DELIVERY SYSTEM

### INTEGRATED MANAGED CARE MODEL FOR PHYSICAL AND BEHAVIORAL HEALTH

- MCOs – deliver integrated services to individuals enrolled in managed care
  - Starting July 1, 2018, all SUD demonstration services delivered through managed care deliver system with exception of dual eligible population, American Indians/Alaska Natives, participants presumptively eligible, in Breast/Cervical Cancer program, with comprehensive third-party insurance, and eligible through Asylees and Torture Victims
    - Will receive services, including OUD/SUD, via FFS
  - Starting October 1, 2018, title V children and spend-down medically needy populations will receive their Medicaid state plan services and OUD/SUD treatment services via managed care.
- State – delivers SUD services via FFS for beneficiaries who are not in mandatory managed care or are in their managed care plan choice period
  - State must inform and to CMS 60 days from date of approval if it will deliver pilot services via managed care plans
    - State must send letter to CMS 60 days from approval explaining which pilot services will be delivered via managed care and FFS