

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
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State Demonstrations Group

JUN 28 2018

Teresa Hursey
Interim Director
Prescott E. Bloom Building
Illinois Department of Healthcare and Family Services
201 South Grand Avenue East
Springfield, IL 62763-0001

Dear Ms. Hursey:

The State of Illinois submitted its Substance Use Disorder (SUD) Implementation Protocol as required by special term and condition (STC) 21 of the state's section 1115 Illinois Behavioral Health Transformation Demonstration (Project No: 11-W-00316/5). The Centers for Medicare & Medicaid Services (CMS) has reviewed the SUD Implementation Protocol and determined that it is consistent with the requirements outlined in the STCs; therefore, with this letter, the state may now begin receiving Federal Financial Participation (FFP) for Illinois Medicaid recipients residing in the Institutions for Mental Diseases (IMD) under the terms of this demonstration as of the state's requested date of implementation which is July 1, 2018. The state may also begin receiving FFP for three additional SUD pilots that the state plans to implement on September 1, 2018: 1) clinically managed withdrawal management services, 2) SUD case management services, and 3) peer recovery support services under the terms of the demonstration. The state may begin receiving FFP for the six non-SUD pilots that the state expects to implement on the following dates: 1) Evidence-based Home Visiting on September 1, 2018, 2) Crisis Intervention Services on October 1, 2018, 3) Intensive In-Home Services on October 1, 2018, 4) Assistance in Community Integration Services on July 1, 2019, 5) Supported Employment Services on July 1, 2019, and 6) Respite Services on July 1, 2020.

As outlined in STC 27, the SUD Health Information Technology (Health IT) plan must be submitted within 90 calendar days of this letter. If the state fails to submit a SUD Health IT plan within this timeframe, CMS may issue a deferral, as specified in STC 42. Once approved by CMS, the Health IT plan will be incorporated as an addendum to the SUD Implementation Protocol. CMS is available to provide technical assistance, if needed.

If you have any questions, please contact your project officer, Mr. Felix Milburn, at 410-786-1315 or by email at Felix.Milburn@cms.hhs.gov.

We appreciate your cooperation throughout the review process.

Sincerely,



Kim Howell
Director
Division of State Demonstrations and Waivers

cc: Ruth Hughes, Associate Regional Administrator, CMS Chicago Regional Office

State of Illinois 1115 SUD Waiver Implementation Plan

Illinois Department of Human Services
Division of Substance Use Prevention and Recovery (SUPR)
July 2018



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Introduction

On May 7, 2018, the Illinois Department of Healthcare and Family Services (IHFS) was notified that the *Better Care Illinois Behavioral Health Initiative* waiver application was approved and effective July 1, 2018 through June 30, 2023. This initiative includes four pilots that will provide authority for the Illinois Department of Human Services (IDHS), Division of Substance Use Prevention and Recovery (SUPR) to serve individuals with a substance use disorder (SUD) in a more comprehensive continuum of care. The continuum matches beneficiaries with the most appropriate services to meet their need, and provides an efficient use of resources grounded in evidence based practice. This includes a pilot for services provided in residential treatment settings that qualify as an Institution for Mental Diseases (IMD) consistent with key benchmarks from nationally recognized, SUD-specific program standards. Beneficiaries will have access to high quality, evidence based, SUD treatment on a continuum of services from outpatient to residential treatment including withdraw management. Case management services will be added for individuals with an SUD who have requested diversion from the criminal justice system. Peer recovery coaching that is delivered while an individual is receiving SUD treatment will also be piloted using a research model in a targeted geographic location.

Specifically, the four Illinois SUD pilots grant waiver authority to:

- Claim expenditures for services provided in an IMD for a statewide average length of stay of 30 days;
- Add clinically managed withdrawal management (American Society of Addiction Medicine (ASAM) Level 3.2) as a covered service;
- Deliver an evidence based peer recovery support service that will engage and support recovery for individuals in SUD treatment in a specified geographic area; and
- Add case management as a covered service for individuals with an SUD who are also involved with the Illinois criminal justice system and request diversion into SUD treatment as an alternative to incarceration.

As required by Standard Terms and Conditions (STC) #11W00316/5, this document serves as the Illinois 1115 Waiver SUD Implementation Plan and is referred to as the Implementation Plan here forth. The Implementation Plan establishes goals and required milestones to ensure that the four SUD pilots succeed in improving quality, accessibility, and outcomes for SUD treatment in the most cost-effective manner over the course of the waiver period. Additionally, the State of Illinois Opioid Action Plan (SOAP) Implementation Report is included as Appendix A, Attachment 1. This report contains an overall strategy for addressing the opioid epidemic during the period of this waiver and contains several key activities for achievement of waiver milestones.

1115 Waiver Objectives

1. Increased rates of identification, initiation and engagement in SUD treatment;
2. Increased adherence to and retention in SUD treatment;
3. Reductions in overdose deaths, particularly those due to opioids;
4. Reduced utilization of emergency departments and inpatient hospital settings for SUD 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 SUD treatment where the readmission is preventable or medically inappropriate; and care for opioid use disorders (OUD) and other SUDs; and
6. Improved access to care for physical health and behavioral conditions among beneficiaries with SUD.

Waiver Achievement Milestones

The Implementation Plan includes identified staff and timetables designed to meet the following milestones:

1. Access to critical levels of care for OUD and other SUDs;
2. Use of Evidence-based SUD specific Patient Placement Criteria;
3. Use of nationally recognized, evidence-based, SUD program standards to set residential treatment provider qualifications and establishment of a provider review process that includes a requirement that residential treatment providers offer Medication Assisted Treatment (MAT) on-site or facilitate access to MAT off-site;
4. Sufficient provider capacity at each level of care, including Medication Assisted Treatment for OUD;
5. Implementation of comprehensive treatment and prevention strategies to address opioid use disorders and an SUD Health IT Plan; and
6. Improved care coordination and transitions between levels of care.

Section I: Implementation Plan Milestones

To achieve the established objectives and milestones, IDHS/SUPR will work with its internal and external stakeholders to develop, design, and operationalize activities, as needed, and as so indicated on the following tables:

Milestone #1 – Access to Critical Levels of Care for OUD and other SUDS

To improve access to OUD and SUD treatment services for Medicaid beneficiaries it is important to offer a range of services at varying levels of intensity across a continuum of care since the effectiveness of the level of care may depend on the individual beneficiary. Coverage of outpatient, intensive outpatient, day treatment in a residential setting (Level 3.5) with 16 beds or less, psychiatric residential treatment facility (PRTF) (Level 3.5) for adolescents, medically monitored withdrawal management (Level 3.7) and medication assisted treatment are already in place and included in State Plan Services. Under this waiver authority, IMD services in Level 3.5 with a statewide average length of stay of 30 days and clinically managed based withdrawal management services (Level 3.2) will be covered upon approval within the proposed timeframes. In addition, Illinois will pilot the delivery of evidence based peer recovery support for patients receiving SUD treatment in a target geographic area. Case management services for beneficiaries with a SUD who are involved with the criminal justice system and request diversion into SUD treatment as an alternative to incarceration will also be added as part of the SUD continuum.

**Milestone #1
Access to Critical
Levels of Care for
OUD and other
SUD's.**

	Current Plan	Future State	Summary of Actions Needed/Timetable
Ensure access to OUD and SUD treatment services for Medicaid beneficiaries across a continuum of care.	<p>Outpatient Care (Level 1) is currently covered in the Illinois State Medicaid Plan under Rehabilitative Services on page 13(A). Illinois has an administrative rule that authorizes licensure of outpatient substance use disorder services.</p> <p>Services authorized by this license average under nine hours weekly and include assessment, individual and group counseling, and psychiatric evaluation.</p>	Continue to monitor and evaluate services and expenditures.	No Action needed

**Milestone #1
Access to Critical
Levels of Care for
OUD and other
SUD's.**

	Current Plan	Future State	Summary of Actions Needed/Timetable
<p>Ensure access to OUD and SUD treatment services for Medicaid beneficiaries across a continuum of care.</p>	<p>Intensive Outpatient Care (Level 2) is currently covered in the Illinois State Medicaid Plan under Rehabilitative Services on page 13(A), Appendix to Attachment 3.1.- A. Illinois has an administrative rule that authorizes licensure of intensive outpatient/partial hospitalization SUD treatment. Services authorized by this license average nine or more hours weekly and include assessment, individual and group counseling and psychiatric evaluation.</p>	<p>Continue to monitor and evaluate services and expenditures.</p>	<p>No Action needed</p>
<p>Ensure access to OUD and SUD treatment services for Medicaid beneficiaries across a continuum of care.</p>	<p>MAT. Illinois SUPR allows any licensed level of care (outpatient through residential) to use Methadone as an adjunct to such treatment.</p> <p>Services include managing the medical plan of care, ordering and cost of the drug, nursing services related to administration and actual administration of the medication and coordination with other substance use disorder services. Medication Assisted Treatment is covered in the Illinois State Medicaid Plan under Rehabilitative Services on pages 14 and 39A. Illinois physicians, in accordance with their professional licensure and federal requirements, also utilize office-based MAT with buprenorphine and naltrexone.</p>	<p>Continue to monitor and evaluate services and expenditures.</p>	<p>No Action needed</p>

**Milestone #1
Access to Critical
Levels of Care for
OUD and other
SUD's.**

	Current Plan	Future State	Summary of Actions Needed/Timetable
<p>Ensure access to OUD and SUD treatment services for Medicaid beneficiaries across a continuum of care.</p>	<p>Day Treatment (Level 3.5). Illinois has an administrative rule that authorizes licensure of Level 3.5 residential treatment. Services authorized by this license must include a planned regimen of treatment averaging 25 hours or more per week. Services include individual and group counseling, discharge planning and general nursing and medical care, as needed. The current Illinois state plan covers this service as day treatment in programs with 16 beds or less and specifies that room and board is not covered. This service is covered in the Illinois State Medicaid Plan under Rehabilitative Services on page 14, Appendix to Attachment 3.1.-A treatment.</p> <p>Residential services for adolescents are delivered in PRTF, and are not subject to the IMD exclusion and are reimbursable as a full 24- hour rate. This service is covered in the Medicaid State Plan on Page 17, Appendix to 3.1-A.</p>	<p>Continue to monitor and evaluate services and expenditures.</p>	<p>No Action needed</p>

**Milestone #1
Access to Critical
Levels of Care for
OUD and other
SUD's.**

	Current Plan	Future State	Summary of Actions Needed/Timetable
<p>Ensure access to OUD and SUD treatment services for Medicaid beneficiaries across a continuum of care.</p>	<p>Medically Monitored Withdrawal Management (Level 3.7). Illinois has an administrative rule that authorizes licensure of medically monitored withdrawal management in a residential setting.</p> <p>Services are delivered under a defined set of physician-approved procedures with nursing staff in 24-hour inpatient care. The current Illinois state plan covers this service as day treatment in programs with 16 beds or less and specifies that room and board is not covered.</p> <p>This service is covered in the Medicaid State Plan on Page 14, Appendix to 3.1-B.</p>	<p>Continue to monitor and evaluate services and expenditures.</p>	<p>No action needed</p>
<p>Ensure access to OUD and SUD treatment services for Medicaid beneficiaries across a continuum of care.</p>	<p>Residential treatment (Level 3.5) and withdrawal management (Level 3.2 and 3.7) services in an IMD. These services are currently not covered in the State Plan but they are licensed and funded through Illinois general revenue funding (GRF).</p>	<p>Illinois will allow all currently licensed residential Level 3.2, 3.5 and 3.7 providers at current bed size capacity that are IMD's to receive reimbursement from Medicaid within 12-18 months of program demonstration approval.</p>	<p>Illinois SUPR staff will issue Medicaid certification and establish all billing procedure by September 2018. Illinois SUPR staff will amend administrative rules to reflect these changes to services delivered in an IMD by February 2019. Illinois SUPR staff, with input from HFS staff, will evaluate the possibility of increasing the number of providers and /or bed size by July 2020.</p>

**Milestone #1
Access to Critical
Levels of Care for
OUD and other
SUD's.**

	Current Plan	Future State	Summary of Actions Needed/Timetable
<p>Ensure access to OUD and SUD treatment services for Medicaid beneficiaries across a continuum of care.</p>	<p>Peer Recovery Support is not a covered service in the Medicaid State plan but some funding is provided with Illinois GRF.</p>	<p>Illinois will select a provider in a targeted geographic area with experience in delivering peer recovery support services to pilot delivery of these services while an individual is receiving SUD treatment. The selected provider will use individuals with Illinois certification as a Peer Recovery Support Specialist to deliver these services. Peer Recovery Support Specialists will engage families, help develop recovery plans and link participants to self-help, housing, vocational services, medical care and other services. They will also assist with the transition to additional recovery support upon discharge. Reimbursement rate for this service will be based on SUPR recovery support service rates.</p>	<p>Illinois SUPR staff will select the provider and have the service fully operational by September 2018. Illinois SUPR staff will amend administrative rules to include a section that includes recovery support requirements for all licensed providers by July 2019.</p> <p>Illinois SUPR staff, in coordination with IHFS staff, will explore the possibility of expanding providers to continue piloting peer recovery support during treatment by July 2020.</p>
<p>Ensure access to OUD and SUD treatment services for Medicaid beneficiaries across a continuum of care.</p>	<p>Case Management for SUD is not a covered service in the Medicaid State plan. This service is funded with Illinois GRF.</p>	<p>The waiver will allow for the selection of providers who are SUPR licensed as “designated programs” to receive Medicaid reimbursement for case management services delivered on behalf of individuals who are involved in the Illinois criminal justice system and who requested diversion into SUD treatment as an alternative to incarceration.</p> <p>As specified in the STCs, individuals determined to meet the definition of an inmate of a public institution as defined in 42 CFR 435.1010 are not eligible to receive services through this pilot.</p>	<p>Illinois SUPR staff will work with designated program licensed providers to identify billing procedure and have the service fully operational by September 2018.</p> <p>Illinois SUPR staff will amend administrative rules to include a section that includes specification of case management requirements for all licensed providers by July 2019.</p> <p>Illinois SUPR staff, in coordination with IHFS staff, will explore the possibility of expanding providers to continue piloting case management for the individuals’ diverted into SUD treatment by July 2020.</p>

**Milestone #1
Access to Critical
Levels of Care for
OUD and other
SUD's.**

	Current Plan	Future State	Summary of Actions Needed/Timetable
Ensure access to OUD and SUD treatment services for Medicaid beneficiaries across a continuum of care.	Clinically Managed Withdrawal Management (Level 3.2) is not covered service in the Medicaid State plan. This service is funded with Illinois GRF.	Any SUPR licensed Level 3.2 clinically managed withdrawal management program will be able to bill Medicaid for services provided to Medicaid beneficiaries.	<p>Illinois SUPR staff will issue Medicaid certification to all Level 3.2 programs and have providers enrolled and billing by July 2019.</p> <p>Illinois SUPR staff will start the formal amendment process for administrative rules to reflect these changes by February 2019. Projected effective date of December 2019.</p> <p>Illinois SUPR staff, with input from IHFS staff, will evaluate the possibility of increasing the number of providers by July 2021.</p>

Milestone #2-1 – Use of Evidence-Based SUD-Specific Patient Placement Criteria

Currently, Illinois SUPR licensed providers are required through administrative rule to utilize criteria established by the ASAM for all patient assessment, initial placement in treatment and continuing stay reviews. These providers are also required to use the Diagnostic and Statistical Manual for Mental Disorders (DSM5) for diagnosis. SUPR staff conduct on- site monitoring and post-payment auditing to ensure compliance with these regulations.

Milestone #2-1 Use of Evidence-Based, SUD Specific Patient Placement Criteria.	Current Plan	Future State	Summary of Actions Needed/Timetable
Providers assess treatment needs based on SUD- specific, multi- dimensional assessment tools, e.g., the ASAM Criteria, or other patient placement assessment tools that reflect evidence- based clinical treatment guidelines.	Illinois SUPR licensed providers have been required to use ASAM and the DSM5 since 1996 per Administrative Rule, Title 77, Chapter X, Subchapter d, Part 2060. Illinois currently, by policy is requiring use of the most recent version of ASAM (2013) and is offering free ASAM training for all providers that will be concluded in August of 2018. A training of trainers’ event will also be offered in August to develop a cadre of trainers composed of SUPR staff and larger provider organizations to ensure that ASAM training is offered on a routine basis.	Continue to track and monitor the number of providers, total professional staff trained, and total trained staff currently available to provide treatment services.	No action needed.

Milestone #2-2 – Patient Placement

This milestone requires a utilization management approach so that beneficiaries have access to SUD services at the appropriate level of care and that the interventions are appropriate for the diagnosis and level of care, including an independent process for reviewing placement in residential treatment settings. Illinois has several different strategies in place to meet this milestone. First, for Medicaid eligible individuals enrolled in a Managed Care Organization (MCO), the MCO conducts pre-authorization on many SUD services, including placement and continuing stay in residential settings. SUPR administrative rule also requires that each licensed provider have its own utilization management process. In addition, SUPR staff conduct post-payment audits annually and administrative rule monitoring at least once in a three-year licensure cycle. Both the audit and the on-site monitoring examine the assessment, identification of symptoms and need and how those translate to the diagnosis and treatment plan. Providers with non-compliance in these areas may face recoupment of reimbursement and/or sanctions against the provider license. These requirements help to ensure that beneficiaries have access to SUD services at the appropriate level of care and that those services are appropriate for the diagnosis and treatment needs of the individual.

Milestone #2-2 Patient Placement	Current Plan	Future State	Summary of Actions Needed/Timetable
<p>Utilization management approaches are implemented to ensure that beneficiaries have access to SUD services at the appropriate level of care and that interventions are appropriate for the diagnosis and level of care and there is an independent process for reviewing placement in residential treatment settings.</p>	<p>Most Medicaid beneficiaries receive pre-authorization of residential services by a MCO. For those beneficiaries that are not in an MCO, SUPR currently audits and inspects placement retrospectively.</p> <p>Additionally, all licensed providers are required to establish their own utilization management process, which can be conducted by the provider or through an independent contractor.</p>	<p>Illinois will propose regulatory amendment to strengthen the utilization management requirement to ensure its independence from the licensed provider. Illinois will also seek policy or rule amendment to initiate a pre-authorization process for residential treatment for those beneficiaries not enrolled in an MCO.</p>	<p>Illinois SUPR staff will start the formal amendment process for administrative rules to reflect these changes by February 2019. Projected effective date of December 2019.</p>

Milestone #3-1 – Use of nationally recognized, evidence-based, SUD program standards to set residential treatment provider qualifications

The requirements for residential treatment providers are contained in administrative rule, Part 2060, and regulate administrative, facility, personnel and clinical standards. Residential treatment providers must deliver a planned regimen of clinical services for a minimum of 25 hours per week. All services must be delivered in accordance with the treatment criteria established by the American Society of Addiction Medicine. Non-hospital based residential SUD programs are required by legislation to obtain licensure from SUPR and are subject to inspection at least once in a three-year period. Illinois administrative rule, Part 2060, also requires that each licensed program have a Medical Director and at least one other professional staff who meet the credential requirements specified in the rule. At a minimum, professional staff must hold Illinois certification as an alcoholism and drug counselor. Other recognized credentials include licensed professional counselors, physicians, psychologists and licensed clinical social workers. All licensed residential providers that bill Medicaid are also subject to annual post-payment audit and funds will be recouped if qualified staff are not utilized to deliver services in accordance with administrative rule.

Milestone #3-1

Use of Nationally Recognized SUD-specific Program Standards to Set Provider Qualifications for Residential Treatment Facilities

	Current Plan	Future State	Summary of Actions Needed/Timetable
Implementation of residential treatment provider qualifications in licensure requirements, policy manuals, managed care contracts, or other guidance. Qualifications should meet program standards in the ASAM Criteria or other nationally recognized, SUD-specific program standards regarding the types of services, hours of clinical care, and credentials of staff for residential.	Illinois administrative rule, Part 2060, codifies the required regulations for residential treatment. Managed Care contracts also require that SUD providers have licensure and meet all requirements for professional staff.	Continue to monitor and enforce adherence to licensure requirements.	No action needed.

Milestone #3-2 – Standards of Care - Provider Review Process

Illinois currently has a provider review process for all licensed programs including residential treatment to monitor if providers deliver care consistent with the specifications of the ASAM criteria for the types of services, hours of clinical care and credentials for staff. As stated previously, all residential providers are monitored on-site at least once every three years or more often if complaints are received or problems are identified in some other manner. Non-compliance must have corrective action and can also result in a sanction against the license, more frequent inspection schedule or a finding of probation and/or revocation.

Milestone #3-2 Provider Review Process	Current Plan	Future State	Summary of Actions Needed/Timetable
A provider review process for all licensed programs including residential treatment to monitor if providers deliver care consistent with the specifications of the ASAM criteria for the types of services, hours of clinical care and credentials for staff.	Continue the monitoring schedule for all licensed residential providers.	Continue to monitor providers’ adherence or fidelity to ASAM criteria, and the extent to which on-site monitoring is occurring.	No action needed

Milestone #3-3 – Standards of Care - Establishment of a Requirement that Residential Treatment Providers Offer MAT On-site or Facilitate Access to MAT Off-site

Illinois does not have a requirement that all residential treatment providers offer MAT on-site or facilitate access to MAT off-site. A few of our licensed residential providers do have MAT along with other residential services and some also offer MAT through linkage agreement with separately licensed

Methadone programs or primary care physicians that can prescribe Buprenorphine, Vivitrol, etc.

**Milestone #3-3
Implementation of a
requirement that
residential treatment
offer MAT on-site or
facilitate access off- site**

	Current Plan	Future State	Summary of Actions Needed/Timetable
Require all residential treatment providers to offer MAT on-site or facilitate MAT off- site	Very few residential programs offer MAT on-site and most do not have linkage agreements specifically for MAT off-site.	All residential treatment providers will be required to have MAT on-site or have linkage agreements for the MAT off-site.	SUPR will enact a policy change within 6 months that require all residential providers to have MAT on-site or a linkage agreement for MAT off-site. Illinois SUPR staff will start the formal amendment process for administrative rules to reflect these changes by February 2019. Projected effective date of December 2019.

Milestone #4 – Sufficient Provider Capacity at Each Level of Care Including Medication Assisted Treatment for OUD

Illinois has capacity information about providers that are subject to licensure by SUPR in all levels of care and uses this information to expand services and/or solicit new providers for funding opportunities in underserved areas. Illinois is also currently surveying active MAT providers to identify those accepting new patients and those with eligibility for Medicaid reimbursement and has received several federal grants to expand MAT services. The Illinois Department of Public Health (IDPH) is working on a qualitative study of active and inactive MAT providers to identify facilitators and barriers to office-based MAT. Many other activities to address the Opioid crisis are contained in SOAP, copy attached, and further explained in Milestone #5. Currently, with the exception of expanded MAT services, Illinois has sufficient provider capacity in the remaining levels of care as SUPR licenses approximately 1100 locations that provide SUD treatment statewide. This number does not include office-based MAT or other SUD treatment that is delivered directly by Illinois physicians or psychologists. Illinois will also ensure that a participant in any demonstration pilot authorized through the section 1115 demonstration population is eligible to receive the full array of Medicaid services offered by the State. When a pilot reaches its enrollment cap and/or the participant is no longer eligible to receive the pilot service, they will remain eligible for the broad Medicaid service package offered under the Medicaid State Plan.

**Milestone #4
Sufficient Provider
Capacity at Critical
Levels of Care
including
Medication
Assisted Treatment**

	Current Plan	Future State	Summary of Actions Needed/Timetable
<p>Identify and expand, as needed, access to critical levels of care, including MAT for OUD.</p>	<p>Illinois is currently building capacity for OUD treatment in Illinois using a “hub and spoke” model where individuals with complex needs receive care through specialty treatment “hubs” responsible for coordinating care across health and SUD treatment systems, while individuals with less complex needs receive care through “spokes” comprising MAT-prescribing physicians and collaborating professionals who provide supportive services.</p> <p>Illinois is using federal State Targeted Response funds to pilot two Hub and Spoke projects in geographic areas of Illinois without access to MAT. SUPR is currently surveying active MAT providers to identify capacity. The IDPH is working on a qualitative study to identify active and inactive office based MAT. SUPR recently contracted with 12 new community based organizations to provide expanded OUD services. As of May 2018, nearly 2000 more patients have been admitted to these expanded services. Three new recovery homes for patients with OUD have also been added and 40 new individuals are receiving this service. Illinois will also ensure that a participant in any demonstration pilot authorized through the section 1115 demonstration population is eligible to receive the full array of Medicaid services offered by the State.</p>	<p>Illinois will evaluate the results of the Hub and Spoke pilots and replicate the model in future phases of implementation.</p> <p>Included in the capacity plan, Illinois will identify unmet needs and develop methods to address capacity insufficiency.</p> <p>IDPH, in cooperation with the SUPR Advisory Council, will compile targeted training activities for these MAT providers.</p> <p>Continue to monitor capacity for MAT and expand services as necessary. Continue to monitor capacity management to determine sufficient capacity for all levels of care.</p>	<p>Based upon the results of all SOAP activities in this area, study, Illinois will propose methods to address capacity insufficiency and include recommendations for re-distribution of services no later than July 2021.</p>

Milestone #5 -1 – Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD

On September 6, 2017, Illinois released its SOAP, along with an Executive Order, establishing the Governor’s Opioid Prevention and Intervention Task Force. The SOAP forms the strategic framework for addressing the opioid epidemic in Illinois, setting a statewide goal of reducing opioid-related deaths by one-third in three years using a three-pillared approach of prevention, treatment and recovery and response. The Action Plan is a three-year plan with implementation in multiple phases. Contained within the plan are evidence-based strategies to achieve the overall goal and nine associated priorities, some of which address the milestone requirements in this implementation plan.

**Milestone #5-1
Implementation of
Comprehensive
Treatment and
Prevention Strategies
to Address Opioid
Abuse and Opioid Use
Disorder (OUD).**

	Current Plan	Future State	Summary of Actions Needed/Timetable
<p>Implementation of opioid prescribing guidelines along with other interventions to prevent opioid abuse</p> <p>Implementation of strategies to increase utilization and improve functionality of prescription drug monitoring programs</p>	<p>The SOAP contains an overall priority of increasing the use of the Illinois Prescription Monitoring (PMP) program and reducing high-risk opioid prescribing through provider education and guidelines.</p> <p>Illinois law currently requires all prescribers with an Illinois controlled substance license to register with the PMP. The law also requires prescribers to document an attempt to access the PMP when providing an initial prescription for Schedule II narcotics, including opioids.</p> <p>The PMP currently identifies practitioners who are prescribing outside of Center for Disease Control and Prevention guidelines and sending letters informing them of how their practice compares to other providers in the same area of practice. PMP also sends providers of patients with a prescription history that might suggest “doctor shopping” behavior.</p> <p>Legislation was just passed that will require all health care professionals that hold a controlled substance license to take three of the mandated continuing education hours on proper opioid prescribing. I</p>	<p>Fully integrate the PMP into all electronic health record systems by 2021, prioritizing hospital systems in areas of high need for initial integration.</p> <p>Provide licensed delegates (e.g., registered nurses, physician assistants, certified nurse practitioners) and other non-licensed professionals access to the Illinois PMP.</p> <p>PMP will use identified high prescribers as the focus for dissemination of information about risk mitigation tools, prescribing guidelines, continuing medical education programs and academic detailing.</p>	<p>Continue implementation of the Electronic Health Records into the PMP</p> <p>DHS will implement technical infrastructure to enroll and give access to licensed delegates within 12 months</p> <p>The Department of Financial and Professional Regulation (DFPR) will adopt rules for the new continuing education requirement within 12 months. DFPR is currently in the process of implementing rules that will adopt the Federation of State Medical Boards’ Guidelines for the Chronic Use of Opioid Analgesics into the Medical Practice Act’s rules which govern all Illinois licensed physicians. This should be completed within 12 months.</p>

**Milestone #5-1
Implementation of
Comprehensive
Treatment and
Prevention Strategies
to Address Opioid
Abuse and Opioid Use
Disorder (OUD).**

	Current Plan	Future State	Summary of Actions Needed/Timetable
<p>Facilitate naloxone access statewide and expand naloxone purchase, training and distribution services throughout Illinois</p> <p>Expand coverage of, and access to, naloxone for overdoses reversal</p>	<p>SUPR is currently supporting expanded naloxone purchase, training and/or distribution services in Illinois through its Drug Overdose Prevention Program (DOPP) including the use of funding provided through SAMHSA. To date, around 113,000 individuals have been trained in naloxone administration and around 1800 opioid reversals have been reported to the DOPP. In addition, over 17,000 naloxone kits have been distributed in Illinois.</p> <p>IDPH has released a statewide standing order for Naloxone and over 166 pharmacies and organizations have downloaded the standing order.</p> <p>IDPH has provided free naloxone and naloxone administration training to municipal and law enforcement agencies in 18 rural counties in south-central Illinois</p>	<p>Illinois will continue to utilize and expand training and use of naloxone to prevent overdose and to implement all other strategies contained within the SOAP.</p>	<p>Continue to maintain and expand training on the use of Naloxone and access to overdose prevention treatment and services.</p>

Milestone #5-2 – SUD Health IT Plan

Illinois will provide CMS with assurance that it has 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. Specified below are strategies and activities already in place. HFS staff will complete any other required activities at a later date.

Milestone #5-2 SUD Health IT Plan	Current Plan	Future State	Summary of Actions Needed/Timetable
Infrastructure for SUPR Provider and Federal reporting	<p>SUPR has an administrative data collections systems (DARTS) for patients who receive SUD treatment in Illinois that is reimbursed with state general revenue or other federal funding except for those recipients covered through a MCO. DARTS is used by all licensed, funded and or Medicaid certified providers in Illinois. DARTS collects demographic, substance use, financial, clinical and service information. DARTS also collects and produces the National Outcome Measures and generates the data needed for Provider Performance Reports. It is also used to fulfill the Federal Substance Abuse Prevention and Treatment Episode Data System reporting requirements.</p> <p>SUPR recently amended a data sharing agreement with IHFS to ensure that all recipient and service data regarding MCO patient services is shared with SUPR for the above</p>	Continue work with IHFS to ensure that all patient and service data is correct and linked appropriately and timely for state and federal reporting purposes	Ensure accuracy of shared data within 12 months
IT Plan for enhancing the Illinois Prescription Drug Monitoring Program (PDMP)	See Milestone #5 and the Attached SOAP, Strategy #5.	See Milestone #5	See Milestone #5

Milestone #6 – Improved Care Coordination and Transitions Between Levels of Care

This milestone requires that residential facilities ensure that beneficiaries are linked with community-based services and supports following stays in those facilities. Current administrative rules require linkage agreements with facilities for services not authorized by the licensed organization. Case management to coordinate these linkages is reimbursed through state general revenue funds. A pilot to reimburse case

management services for individuals who are involved in the Illinois criminal justice system and request diversion into SUD treatment as an alternative to incarceration is part of the 1115 Waiver for Illinois (see milestone #1). Illinois is in the process of transitioning all services to a Recovery Oriented System of Care that includes the projected expansion of recovery support services, pre- and post-treatment.

Milestone #6 Improved Care Coordination and Transitions between Levels of Care

	Current Plan	Future State	Summary of Actions Needed/Timetable
Implementation of policies to ensure residential and inpatient facilities link beneficiaries with community- based services and supports following stays in these facilities	Illinois has procedures in place to ensure residential and inpatient facilities link beneficiaries with community-based services. Current Licensing Regulations require Providers have linkage agreements with other community-based services.	Illinois will pursue administrative rule amendment to strengthen policies and linkage agreements relative to community-based services that cover other levels of SUD care and other primary care or mental health needs.	Illinois SUPR staff will start the formal amendment process for administrative rules to reflect these changes by February 2019. Projected effective date of December 2019.

Section II: Illinois Point of Contact for the Implementation Plan

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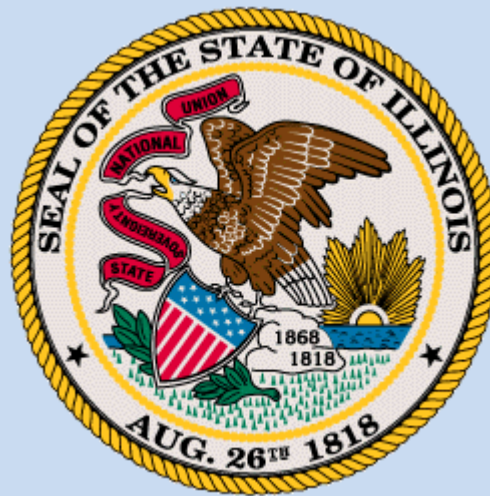
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Section III: Relevant Documents

Appendix A, Attachment 1: SOAP Implementation Report

State of Illinois Opioid Action Plan Implementation Report



May 31, 2018

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Introduction

On September 6, 2017, Illinois released its State Opioid Action Plan (SOAP)¹, along with Executive Order (EO) 2017-05, establishing the Governor's Opioid Prevention and Intervention Task Force (Task Force). The SOAP forms the strategic framework for addressing the opioid epidemic in Illinois, setting a **statewide goal of reducing opioid related deaths by one-third in three years** and formulating a set of evidence-based strategies to achieve this goal. The SOAP focuses on efforts falling into **three pillars**:

- 1) **Prevention**: preventing people from using opioids
- 2) **Treatment and Recovery**: providing evidence-based treatment and recovery services to Illinois citizens with opioid use disorder (OUD)
- 3) **Response**: avoiding death after overdose

The three pillars encompass **six main priorities**, which are addressed through **nine evidence-based strategies**.

The EO directed the Task Force to collaborate with the Illinois Opioid Crisis Response Advisory Council (Advisory Council), the statewide opioid stakeholder group, to formulate a detailed implementation plan with specific activities and metrics for the execution of the strategies set forth in the SOAP. In October 2017, the Task Force charged the Advisory Council with developing recommendations for each of the nine strategies in the SOAP. The Advisory Council recommendations were released² and reviewed by the Task Force earlier this year, and form the basis of the State's implementation plan.

The State of Illinois Opioid Action Plan is a three-year plan, and implementation will occur in multiple phases over the next few years. This report details accomplishments since the release of the SOAP last year, as well as the **first phase** of implementation. This report is intended to be dynamic and continually updated as the State and its partners roll out further activities, recommendations, and planned initiatives.

¹ <http://dph.illinois.gov/sites/default/files/publications/Illinois-Opioid-Action-Plan-Sept-6-2017-FINAL.pdf>

² <http://www.dhs.state.il.us/OneNetLibrary/27896/documents/CommitteeRecommendationsGoalandMetricsJanuary122018.pdf>

OVERALL GOAL

Reduce Opioid-Related Deaths by 33%
Against Estimated Deaths in Three Years

PREVENTION

A Safer Prescribing and Dispensing

- 1 Increase PMP use by providers
- 2 Reduce high-risk opioid prescribing through provider education and guidelines

B Education and Stigma Reduction

- 3 Increase accessibility of information and resources
- 4 Increase impact of prevention programming in communities and schools

C Monitoring and Communication

- 5 Strengthen data collection, sharing, and analysis to better identify opportunities for intervention

TREATMENT AND RECOVERY

D Access to Care

- 6 Increase access to care for individuals with opioid use disorder

E Supporting Justice-Involved Populations

- 7 Increase the capacity of deflection and diversion programs statewide

RESPONSE

F Rescue

- 8 Increase the number of first responders as well as community members who are trained and have access to naloxone

G Supporting Justice-Involved Populations

- 9 Decrease the number of overdose deaths after an at-risk individual's immediate release from a correctional or other institutional facility

Stakeholder Collaboration

Summary of Initiatives

Prevention

A

Initiative 1.1
Integrate PMP into all EHRs by 2021

Initiative 1.2
Expand PMP access to delegates & other professionals

Initiative 2.1
Identify & evaluate high-prescribers

Initiative 2.2
Require PMP registration & opioid CE for CS licensing

B

Initiative 3.1
Tailor messaging on opioids & OUD

Initiative 3.2
Develop comprehensive state opioids website

Initiative 3.3
Expand IL Helpline capacity

Initiative 4.1
Understand how opioids impact schools, students & families

C

Initiative 5.1
Increase opioid-related public data reporting

Initiative 5.2
Grow opioid data collection & interagency collaboration

Initiative 5.3
Track & map opioid ODs in real time

Treatment & Recovery

D

Initiative 6.1
Implement "Hub & Spoke" treatment model

Initiative 6.2
Increase & support MAT prescribers

Initiative 6.3
Expand OMT & recovery home services

Initiative 6.4
Update DCFS opioids training & policies

Initiative 6.5
Mental health & SUD treatment parity

Initiative 6.6
Address impact of opioids on pregnant women & newborns

E

Initiative 7.1
Educate on diversion & deflection frameworks

Initiative 7.2
Linkage & bridge services for individuals with OUD

Initiative 7.3
Promote opioids & diversion trainings for legal professionals

Response

F

Initiative 8.1
Expand naloxone training and access

Initiative 8.2
Educate public about naloxone

G

Initiative 9.1
Expand naloxone distribution to justice-involved individuals & supporters

Initiative 9.2
Expand MAT availability at correctional facilities

Initiative 9.3
Post-release linkage services for justice-involved individuals

I. Prevention

A) Safer Prescribing and Dispensing

On December 13, 2017, Governor Rauner signed Senate Bill 772 (Public Act 100-0564) into law. The bill was aimed directly at promoting safer opioid prescribing and dispensing by strengthening the Illinois Prescription Monitoring Program (PMP) and increasing PMP use by providers. Key mandates include:

- Requiring all prescribers with an Illinois controlled substances license to register with the PMP;
- Requiring prescribers or their designees to document an attempt to access the PMP when providing an initial prescription for Schedule II narcotics, including opioids;
- Requiring the Illinois Department of Human Services (DHS) to adopt rules requiring all electronic health records (EHR) systems to integrate with the PMP by 2021; and
- Requiring DHS to adopt rules allowing prescribers and pharmacists registered with the PMP to authorize designees to check PMP records on their behalf, as well as requiring hospitals to facilitate the designation process.

Implementation initiatives and activities under the priority of Safer Prescribing and Dispensing were developed in collaboration with the Advisory Council, with a focus on reflecting the requirements of PA 100-0564.

Strategy 1: Increase Prescription Monitoring Program Use by Providers

Initiative 1.1: Fully integrate the Illinois Prescription Monitoring Program into all electronic health records systems by 2021, prioritizing hospital systems in areas of high need for initial integration

Implementation Activities and Progress

- PMP has been actively integrating EHRs with the PMP statewide over the past year, allowing prescribers in these systems to make PMP queries via an automated EHR connection (PMPNow). PMP will continue implementing PMPNow in more health system EHRs statewide in the upcoming months and years, prioritizing and targeting areas of high need in Illinois. As of May 2018, 35

health systems across Illinois have had their EHRs integrated with the PMP, with an additional 51 systems in process (see map below).

- There have been more than 14 million automated PMPNow queries in the first four months of 2018, 40% more than PMPNow queries in all of 2017. Nonautomated PMP checks via the PMP website have also increased significantly, with 32% more checks in April 2018 (315,862) as compared to December 2017 (239,193).

Metrics

- Number of EHR systems integrated with the PMP
- Number of automated PMPNow queries via EHR-integrated systems
- Number/proportion of EHR systems in high-need areas identified and integrated



EHR-Integrated PMPNow
Connections, May 2018

Initiative 1.2: Give licensed delegates (e.g., registered nurses, physician assistants, certified nurse practitioners) and other non-licensed professionals access to the Illinois Prescription Monitoring Program

Implementation Activities and Progress

- PMP is in the process of implementing the technical infrastructure to enroll and give access to licensed delegates. This process is expected to be completed and live by the end of fiscal year 2018.

- PMP is currently revising administrative rules to expand PMP access to non-licensed professionals (e.g., medical assistants, veterinarians, coroners/medical examiners). These rule changes are expected to be completed by the end of calendar year 2018.

Metrics

- Rule adoption for registered prescribers or pharmacists to authorize a designee
- Number of designees authorized to use in the PMP
- Number of hospitals facilitating designees' access to the PMP
- Number of hospital designees registered with the PMP
- Proportion of designees registered with the PMP who are utilizing the PMP

Strategy 2: Reduce High-Risk Opioid Prescribing Through Provider Education and Guidelines

Initiative 2.1: Identify providers statewide who are prescribing opioids at levels higher than recommended guidelines and evaluate their practice.

Implementation Activities and Progress

- PMP is identifying practitioners statewide who are prescribing outside of CDC guidelines (>90 MMEs/day) and sending letters informing them of how their practice compares to other providers in the state within the same area of practice. These letters are in addition to unsolicited letters that PMP is sending providers of patients with a prescription history suggesting “doctor shopping” behavior.
- PMP plans to use identified prescribers as the focus for dissemination of information about risk mitigation tools, prescribing guidelines, continuing medical education programs, and academic detailing. PMP also plans to evaluate activity before and after such interventions to determine the most effective methods to impact opioid prescribing practices.
- The Illinois Department of Insurance (DOI) has held meetings with six of the largest insurers in the state to address OUD and mental health parity. These discussions incorporated plans for addressing the highest prescribers of opioids, including incentives and penalties as appropriate. DOI plans to hold an Insurer Summit in 2018 to review additional action items.

Metrics

- Number of outlier prescribers identified
- Number of practice evaluation letters sent
- List of DOI OUD action items

Initiative 2.2: As part of controlled substance licensing, require (a) that prescribers be registered with the PMP, and (b) that prescribers receive continuing education regarding opioid prescribing

Implementation Activities and Progress

- Per PA 100-0564, controlled substance (CS) licensed prescribers are now mandated to register with the PMP. There have been significant increases in new PMP registrations from prescribers since PA 100-0564 was passed, with 28,418 new enrollments since December 2017, raising the total number of PMP registered users to 65,630.
- The Illinois Department of Financial and Professional Regulation (DFPR) introduced a bill (SB 2777) requiring all health care professionals holding a CS license to take three of the mandated continuing education hours on proper opioid prescribing. SB 2777 was passed by the Illinois General Assembly on May 30, 2018. DFPR will adopt rules for the administration of the new continuing education requirement.
- DFPR has proposed rulemaking that would adopt the Federation of State Medical Boards' Guidelines for the Chronic Use of Opioid Analgesics into the Medical Practice Act's Administrative Rules which would govern all licensed physicians in Illinois. These proposed rule changes are currently scheduled for review by the Illinois Joint Committee on Administrative Rules in June 2018.

Metrics

- Status of SB 2777 and administrative rules
- Number of CS-licensed prescribers registered with the PMP
- Proportion of PMP-registered licensed prescribers utilizing the PMP

B) Education and Stigma Reduction

Strategy 3: Increase Accessibility of Information and Resources

Initiative 3.1: Tailor the content and delivery of messaging about opioids and OUD to different audiences, including messaging about the Illinois Helpline for Opioids and Other Substances, using research-based, non-stigmatizing, and effective strategies

Implementation Activities and Progress

- In December 2017, DHS-SUPR launched the Illinois Helpline for Opioids and Other Substances (Helpline), a 24-hour helpline providing treatment referral and informational support services for individuals in Illinois suffering from OUD and SUD as well as their supporters. As of May 2018, there have been more than 3,000 calls to the Helpline.



- DHS recently launched *#EOM: Ending Opioid Misuse in Illinois*, a statewide media campaign. *#EOM* targets individuals who are misusing opioids as well as their friends, families, and communities, using non-stigmatizing messaging in both English and Spanish to encourage them to call the Illinois Helpline for Opioids and Other Substances (Helpline). *#EOM* is also being promoted for incorporation in all social media messaging regarding opioid misuse. As of May 2018, over 18,000 *#EOM: Ending Opioid Misuse* posters are being displayed on the CTA as well as at gas stations and convenience stores, with an estimated 58 million views by members of the public per month.

- The Outdoor Advertising Association of Illinois has donated approximately 100 billboards to help promote the Helpline. In developing the billboards, over 700 people were surveyed to test billboard messaging for effectiveness and non-stigmatizing language.
- DHS also launched *Guard and Discard*, a statewide media campaign that focuses on raising public awareness of the importance of safe use, storage, and disposal of prescription pain medications. As of May 2018, over 200,000 *Guard and Discard* posters, postcards, and magnets, in both English and Spanish, are being displayed or circulated.
- The Illinois Department of Public Health (DPH) has been working with the Illinois Broadcaster's Association to conduct a series of public service announcement (PSA) campaigns on radio and television regarding opioid use disorder, Illinois' Good Samaritan Law, and stigma reduction. DPH's radio-based PSA regarding opioid overdose and Illinois' Good Samaritan Law began airing in south-central Illinois in March 2018. DPH's television and radio-based PSA raising awareness of OUD began airing in February 2018. A third television-based PSA focused on stigma reduction and OUD awareness has completed production and is expected to begin airing in late May 2018.
- DPH has been awarded a grant from the Association of State and Territorial Health Officials (ASTHO) to develop and disseminate patient-centered and research-based educational materials statewide regarding opioids, OUD, Neonatal Abstinence Syndrome (NAS), and breastfeeding. DPH is collaborating closely with perinatal administrators across the state as well as the Illinois Perinatal Quality Collaborative (ILPQC) Mothers and Newborns affected by Opioids (MNO) Initiative in this effort. One set of educational materials will provide information on prevention and opioid prescriptions to all pregnant women. The second set of materials will provide education to mothers with OUD on the importance of breastfeeding, providing skin-to-skin contact, and rooming in with their baby. In developing these educational materials, DPH compiled existing materials on these topics, utilizing feedback from several focus groups comprising women and recent mothers to review and update the content. DPH will distribute the newly developed educational materials to hospitals, who will then work with their outpatient providers and clinics to distribute and discuss these materials with women in prenatal care through their quality improvement work on the ILPQC MNO initiative.

- DOI has developed and disseminated educational materials, including an informational video, FAQ, and Fact Sheet regarding mental health, substance use disorders (SUDs), and opioids on its website.³ Updates and revisions to the Consumer Toolkit are currently underway, as are plans to publish a Provider Toolkit.

Metrics

- Messaging, communication strategies, media campaigns, and educational materials developed, implemented, and disseminated
- Estimated number of informational contacts by members of the public across various media sources
- Number of calls to the Illinois Helpline for Opioids and Other Substances

Initiative 3.2: Develop a dedicated, comprehensive opioids website specific to Illinois and target a range of audiences by using various platforms and technology

Implementation Activities and Progress

- A comprehensive single state opioids website is currently being developed and is expected to launch in late 2018. Once developed, partners will use a variety of social media platforms and technologies to promote the website. In the meantime, both DPH and DHS' Division of Substance Use Prevention and Recovery (DHS-SUPR) have recently overhauled their respective opioids websites⁴ to include updated and additional information specific to Illinois with respect to prevention, treatment, overdose response, naloxone, relevant statutes and regulations, and data.
- DOI is developing a landing page on its website dedicated to mental health, SUDs, and opioids to provide consumers with easier access to relevant insurance-related resources and educational materials. These resources will also be made available on the comprehensive single state opioids website.

³ <http://multimedia.illinois.gov/ins/ins-parity.html>
<http://insurance.illinois.gov/HealthInsurance/MentalHealthFAQs.pdf>
<http://insurance.illinois.gov/healthInsurance/MentalHealthConsumerFactSheet.pdf>

⁴ www.dph.illinois.gov/opioids
<http://www.dhs.state.il.us/page.aspx?item=93882>

Metrics

- Single state opioids website developed and launched
- Number of website hits, webpage hits, website materials downloaded
- Number/proportion of users linked to website by link medium (e.g., social media, smartphone apps)

Initiative 3.3: Expand the capacity of the Illinois Helpline for Opioids and Other Substances to include texting, social media, and/or other non-verbal forms of communication

Implementation Activities and Progress

- Social media, texting, and other non-verbal forms of communication are included in the marketing plan for the Helpline. During the launch of the Helpline, business cards, posters, and a social media #EOM campaign were included in initial marketing. The Helpline website was recently launched,⁵ with a Spanish-language version to be released in summer 2018. More robust social media presence and activities are currently in development. The goal of social media promotion will be to increase engagement with the Helpline by providing multiple marketing platforms to reach various audiences. In recognition that texting is often a primary form of communication for youth and young adults, the Helpline is currently in the process of exploring options for individuals to access help via text messaging.

Metrics

- Helpline expanded to include texting, social media, and other non-verbal forms of communication
- Number of texts/social media posts made or sent to the Helpline

⁵ <https://helplineil.org/>

Strategy 4: Increase the Impact of Prevention Programming in Communities and Schools

Initiative 4.1: Strengthen understanding of how schools, students, and families are affected by the opioid epidemic; identify existing school-based prevention programming with respect to opioids and support existing training activities for school nurses regarding opioids and naloxone access

Implementation Activities and Progress

- The Advisory Council is currently reviewing the Illinois Youth Survey (IYS) to assess existing opioid-related questions and provide recommendations on modifications to understand how schools, students and families are affected by the opioid epidemic in Illinois. Once these recommendations are released, the Task Force will coordinate to incorporate new opioid-related questions as appropriate and to promote IYS use by more school districts and communities.
- In Fall 2017, DPH's School Health Program provided trainings incorporating information about the opioid epidemic in Illinois as well as naloxone to approximately 1,000 school nurses at four locations statewide. Discussions are in progress between the Illinois State Board of Education, DPH, and DHS-SUPR to improve coordination of school naloxone access, training, and procedures, as well as to perform an inventory of school-based prevention programming statewide.

Metrics

- IYS questions assessing impact of opioids on students and families developed and added
- Number of schools administering the IYS version with opioids-related questions
- Opioid-related trainings for school nurses conducted
- Existing school-based prevention programming inventoried

C) Monitoring and Communication

Strategy 5: Strengthen Data Collection, Sharing, and Analysis to Better Identify Opportunities for Intervention

Initiative 5.1: Strengthen reporting of opioid-related data to the public so that stakeholders and other interested individuals can be better informed on how the opioid epidemic affects their communities

Implementation Activities and Progress

- DPH—in collaboration with other state agencies—has been actively working on more robust public reporting of opioid-related data, including the development of a dynamic, searchable, public-facing Opioid Data Dashboard. In March 2018, DPH released the Opioid Data Dashboard,⁶ which presents non-fatal and fatal opioid overdose data by county and ZIP code, trends by demographics and cause of overdose, prescribing trends, a more detailed breakdown of the type of opioid involved in fatal overdoses, and an interactive map of all pharmacies and other entities in Illinois that provide naloxone without a prescription. DPH is in the process of developing additional capabilities on the dashboard. These include interactive maps of prescription drug disposal sites as well as OUD treatment services locations, which are expected to be added to the Dashboard by summer 2018.
- DPH released the State of Illinois Comprehensive Opioid Data Report⁷ in December 2017.
- DPH produces an Opioid Overdose Semiannual Report in June and December. Additionally, DPH reports fatal drug overdoses, including opioid overdose, by county and demographics, in its Drug Overdose Deaths report which is updated monthly. These reports, along with the DPH Opioid Data Dashboard and the State of Illinois Comprehensive Opioid Data Report, are viewable under the Publications list on DPH's Opioids Data webpage.⁸

⁶ <https://idph.illinois.gov/OpioidDataDashboard/>

⁷ <http://dph.illinois.gov/sites/default/files/publications/publicationsdoil-opioid-data-report.pdf>

⁸ <http://dph.illinois.gov/opioids/idphdata>

Metrics

- Data reports, dashboards, and other reporting mechanisms developed and released
- Number of website hits to DPH's Opioid Data Dashboard

Initiative 5.2: Strengthen opioid-related data surveillance; enhance sharing, linkage, and cross-analysis of opioid-related datasets housed across different agencies.

Implementation Activities and Progress

- DPH has received approximately \$1.2 million in federal funding to enhance statewide monitoring and surveillance of opioid-related mortality and morbidity as well as facilitating collaboration and data sharing between criminal justice, public health, and SUD treatment communities.
- DPH has received federal funding from the Maternal and Child Health (Title V) Block Grant program to support data analysis specifically identifying how opioids are affecting Illinois women of reproductive age (15-44 years old), including analysis of opioid-related mortality and morbidity in pregnant and post-partum women and newborns. DPH has recently published a data snapshot⁹ reporting on and summarizing these analyses.
- DPH and PMP have signed a data-sharing agreement and are in the process of performing various data analyses cross-linking PMP prescription opioid and DPH opioid mortality/morbidity data.
- DPH and the Illinois Criminal Justice Information Authority (ICJIA) will be collaborating to study opioid-related mortality, morbidity, and hospital utilization of individuals recently released from correctional facilities.
- DPH is collaborating with the Chicago High Intensity Drug Trafficking Area program (Chicago-HIDTA) and the University of Chicago Urban Labs to cross-analyze law enforcement data with DPH opioids data.
- DPH is collaborating with the University of Chicago and Southern Illinois University under a federal grant from the National Institute on Drug Abuse to perform predictive/epidemiological modeling on HIV, Hepatitis C, opioid

⁹ http://dph.illinois.gov/sites/default/files/publications/publicationsowhdrug-poisoning-and-opioid-deathsamong-women_0.pdf

overdose, and related comorbidities in rural communities in southern Illinois affected by opioid injection drug use.

Metrics

- Number of data sharing agreements signed; data analysis collaborations implemented
- Reports, studies, and evaluations resulting from data collaborations

Initiative 5.3: Implement platforms for tracking and mapping opioid overdoses in real time in order to identify geographical hot spots for targeted interventions and alert public health and safety authorities.

Implementation Activities and Progress

- The Illinois State Police (ISP) is implementing the Overdose Detection Mapping Application Program (ODMAP), a real-time opioid overdose reporting and tracking platform offered through HIDTA, for state troopers to report overdoses and naloxone administrations.
- DPH has implemented the BioSpatial platform to track and analyze opioid overdose reports from emergency medical services (EMS) in real-time. DPH is also implementing ODMAP for use by law enforcement agencies in rural Illinois receiving naloxone under DPH's First Responders – Comprehensive Addiction Recovery Act (FR-CARA) Rural Opioid Overdose Prevention Program funded by the federal Substance Abuse and Mental Health Services Administration (SAMHSA).

Metrics

- Real-time overdose tracking platforms implemented
- Number of agencies utilizing ODMAP to report overdoses in real-time

II. Treatment and Recovery

D) Access to Care

In May 2018, federal CMS approved Illinois' 1115 Medicaid waiver, enabling the state to implement a series of 10 pilot programs. These pilot programs are focused on better integrating behavioral health treatment with physical health treatment for the approximately three million Medicaid recipients in Illinois, with a strong focus on improving access to OUD and other SUD treatment statewide. The approved programs include:

- A pilot lifting the “IMD exclusion” that normally excludes OUD/SUD treatment services provided in residential and inpatient treatment settings that qualify as an Institution for Mental Disease (IMD), which will allow for expansion of inpatient treatment beds available statewide;
- A pilot covering clinically managed withdrawal management services;
- An SUD case management services pilot for justice-involved individuals;
- A peer recovery pilot supporting services delivered by individuals in SUD recovery (*i.e.*, a peer recovery coach) to provide counseling support, promote recovery, and help prevent relapse;
- An evidence-based home visiting services pilot to support mothers with babies born with substance withdrawal symptoms, including neonatal abstinence syndrome;

In addition to the above OUD/SUD specific pilots, the 1115 waiver covers several pilots covering home and community-based services – including community integration, housing support, employment support, and respite care services – as well as crisis intervention and in-home behavioral health services. Illinois will implement these pilot programs over the next five years. More information on the 1115 waiver can be found on the DHFS website¹⁰.

Strategy 6: Increase Access to Care for Individuals with Opioid Use Disorder

Initiative 6.1: Build capacity in Illinois to implement the “Hub and Spoke” model of opioid use disorder treatment.

¹⁰ <https://www.illinois.gov/hfs/SiteCollectionDocuments/BetterCareIllinoisFAQs.pdf>

Implementation Activities and Progress

- In the “Hub and Spoke” model of OUD treatment, individuals with complex needs receive care through specialty treatment “hubs” responsible for coordinating care across health and SUD treatment systems, while individuals with less complex needs receive care through “spokes” comprising MAT-prescribing physicians and collaborating professionals who provide supportive services. DHS-SUPR will use federal State Targeted Response (STR) funds to pilot two Hub and Spoke projects in geographic areas of Illinois without access to Medication Assisted Treatment (MAT). The pilot projects will incorporate an evaluation component to document project process and outcomes measures. Pilot project results and “lessons learned” will be used to inform training and replicate the Hub and Spoke model in future phases of implementation. DHS-SUPR released a Notice of Funding Opportunity for these pilot projects on April 30, 2018. Program funding available under this opportunity will total \$1 million, split between two projects. Grantees are expected to be selected in July 2018 and project implementation is expected to begin by September 2018.

Metrics

- Notice of Funding opportunity for pilot projects released
- Pilot projects selected and implemented
- Evaluation component implemented
- Pilot project data on process and outcomes collected
- Programmatic, administrative, and financial metrics developed

Initiative 6.2: Increase the number of Medication Assisted Treatment (MAT) prescribers in Illinois and support current MAT prescribers by providing technical assistance and targeted training

Implementation Activities and Progress

- DHS-SUPR is supporting Southern Illinois Healthcare, located in the Illinois Delta region, to sponsor and coordinate meetings discussing opportunities and resources related to MAT. These meetings will provide a training venue in which experienced MAT providers share successes and barriers in providing MAT and address questions from new/prospective providers on how MAT programs can work in their practices.

- DHS-SUPR is currently using federal STR funds to support a multi-disciplinary program at the Rush University Hospital network on the west side of Chicago (Rush STR Program). This program includes peer-to-peer support for MAT prescribers via substance use intervention consult teams, training programs regarding MAT for clinical staff, as well as the establishment of an addiction medicine fellowship for physicians and nurse practitioners.
- DHS-SUPR is surveying active MAT providers to identify those currently accepting new patients and Medicaid. DPH is working on a qualitative study of active and inactive MAT providers to identify facilitators and barriers to office-based MAT to inform further training, technical assistance, and policy activities in future phases of implementation.
- The Advisory Council is in the process of identifying, reviewing, and compiling recommendations with respect to existing training materials for MAT prescribers. These recommendations will form the basis of targeted training activities in future phases of implementation.
- DHS-SUPR and DPH conducted a naloxone webinar for MAT providers on May 3, 2018. DHS-SUPR will develop more training materials for MAT providers regarding the importance of providing naloxone to MAT patients at both initial treatment induction and discharge.

Metrics

- Number of providers receiving training and technical assistance
- Number of new providers becoming MAT prescribers

Initiative 6.3: Expand existing outpatient methadone services and recovery home services.

Implementation Activities and Progress

- DHS-SUPR has contracted with 12 community-based licensed provider organizations to provide expanded OMT services through the STR grant. As of May 2018, nearly 2000 clients have been admitted to these expanded OMT services.
- DHS-SUPR has contracted with three organizations through the STR grant to provide expanded recovery home services for individuals with OUD who have unstable living arrangements and are active in some form of MAT. As of May 2018, nearly 40 clients have been admitted to these services.

Metrics

- Number of organizations contracted to provide expanded services
- Number of clients served by expanded services

Initiative 6.4: Review and update opioid-related policies, procedures, and trainings at the Illinois Department of Children and Family Services (DCFS) to ensure that they reflect the most current understanding of best practices for short and long-term child and family well-being and safety

Implementation Activities and Progress

- DCFS will create new general training as well as review and update policies and procedures regarding opioids, OUD, and related topics for all DCFS staff in the upcoming year.
- DCFS will disseminate updated procedures regarding opioids and OUD to its delegate agencies and hospitals via existing communications processes.

Metrics

- Training/procedures regarding OUD and related topics developed and updated
- Number of DCFS trainings
- Number of delegate agencies and hospitals receiving communications plan

Initiative 6.5: Promote the equal treatment and coverage of mental health and substance use disorders, including OUD, and ensure that insurers comply with mental health parity laws.

Implementation Activities and Progress

- DOI has been conducting internal training of staff for researching and identifying mental health parity violations. These trainings will continue as new materials are developed and made available.

- DOI has held meetings with six of the largest insurers in the state to review action items with respect to OUD and mental health parity. DOI plans to hold an Insurer Summit in 2018 to review additional action items.
- DOI is conducting several examinations of health companies operating in Illinois to review their practices related to mental health and substance use disorders for compliance with state and federal laws and regulations with respect to mental health parity. Reports on the results of these examinations will be released once examinations are concluded.
- DOI has developed a “palm card, quick use guide” to educate consumers and non-clinical professionals on mental health parity rights and resources available through DOI. These materials will be distributed throughout Illinois, including during DOI’s Statewide Engagement Tour in 2018.
- DOI has developed and posted a video¹¹ on its website to aid consumers in understanding and protecting their health care rights regarding mental health and substance use disorders. The video provides valuable resources to support consumers who feel their rights have been violated.

Metrics

- Mental health parity internal trainings developed and conducted
- DOI mental health parity action items reviewed and implemented
- Mental health parity market conduct examinations conducted and reports released
- Educational materials regarding mental health parity developed and distributed

Initiative 6.6: Strengthen activities and develop resources aimed specifically at addressing the impact of opioid misuse on pregnant women and newborns.

¹¹ <http://multimedia.illinois.gov/ins/ins-parity.html>

Implementation Activities and Progress

- DPH's Office of Women's Health and Family Services has developed a directory listing OUD treatment resources for pregnant women on Medicaid. The directory is available on DPH's opioids website¹² and will be provided to the Helpline so that pregnant women in Illinois can be appropriately directed to treatment resources in their communities.
- The Illinois Neonatal Abstinence Syndrome (NAS) Advisory Committee, formed by DPH in 2015, has been charged with developing processes, protocols, guidelines, and programs to better identify and treat NAS as well as improve pregnancy outcomes. Since its inception, the NAS Advisory Committee has developed an appropriate standard clinical definition of NAS, developed a uniform process of identifying NAS, and made recommendations on evidence-based guidelines and programs to improve the outcomes of pregnancies with respect to NAS. The NAS Advisory Committee has released three annual reports on their progress,¹³ and will continue to develop recommendations for DPH to implement going forward.
- DPH has funded the Illinois Perinatal Quality Collaborative (ILPQC) to implement the Mothers and Newborns affected by Opioid (MNO) initiative for obstetric and neonatal teams across all Illinois birthing/newborn hospitals. The goals of the MNO initiative are to (1) prevent OUD through a systems-based approach emphasizing reduced opioid prescribing for routine deliveries, increased PMP use, and OUD prevention/stigma reduction education; (2) increase screening and MAT linkage for mothers with OUD through implementation of validated screening tools, systematic local resource mapping, and development of protocols to manage women who screen positive for opioids; and (3) optimize care for mothers and newborns affected by opioids through the development of prenatal, intrapartum, and postpartum checklists and protocols. The initiative will work closely with the Alliance for Innovation on Maternal Health and leaders in obstetrics, neonatology/pediatrics, and addiction medicine to provide hospital teams with obstetric and newborn toolkits. The MNO initiative began in January 2018 with approximately 30 Wave 1 hospitals and was expanded to all participating Illinois hospitals in April 2018 with a launch webinar. In May 2018, a kick-off collaborative face-to-face meeting was held with monthly collaborative webinars for all hospital teams to follow.

¹² http://dph.illinois.gov/sites/default/files/publications/publicationsowhopioid-use-treatment-resource-manual-ab_0.pdf

¹³ <http://dph.illinois.gov/topics-services/prevention-wellness/prescription-opioids-and-heroin/neonatalabstinence-syndrome>

- As described earlier in this report, DPH has been performing data analysis on how opioid misuse affects women of reproductive age in Illinois as well as developing and disseminating educational materials for pregnant women and new mothers regarding opioids, OUD, NAS, and breastfeeding.
- As described earlier, a pilot project to support home visiting services for mother with babies born with substance withdrawal symptoms, including NAS, was approved in Illinois' 1115 Medicaid waiver.

Metrics

- Resources for pregnant women and new mothers developed and disseminated
- Recommendations from the NAS Advisory Committee developed and implemented
- Number of hospital teams participating in MNO initiative

E) Supporting Justice-Involved Populations

Strategy 7: Increase the Capacity of Deflection and Diversion Programs Statewide

Initiative 7.1: Educate jurisdictions about and support their implementation of diversion and deflection frameworks, as well as diversion efforts that occur at the court level

Implementation Activities and Progress

- As part of the FR-CARA Rural Opioid Prevention Initiative funded by SAMHSA, DPH will develop a training for law enforcement agency leadership participating in diversion/deflection programs and the importance of linking opioid overdose survivors to treatment and recovery supports.
- ICJIA has been conducting trainings, performing evaluations, publishing reports, and administering/identifying funding opportunities related to diversion/deflection programs, and plans to continue with these efforts.
- ICJIA has conducted multiple trainings on diversion/deflection programs. Most recently, ICJIA has hosted a conference on criminal justice responses to the opioid crisis, a summit with UChicago Labs, and conducted trainings at the Illinois Association of Chiefs of Police Annual Conference and Illinois Problem Oriented Policing Conference.
- ICJIA has completed a process evaluation of the Safe Passage deflection program and is currently conducting an outcome evaluation of Safe Passage to inform future implementation efforts for diversion/deflection programs.
- ICJIA has administered a number of deflection/diversion grants. These include diversion/deflection programs in Lee County and Naperville (Justice Assistance Grant program), and eight drug court programs serving 23 counties (Adult Redeploy Illinois).

Metrics

- Number of jurisdictions trained on diversion/deflection programs
- Process and outcome evaluations of diversion/deflection programs conducted
- Number of grants identified, issued, or obtained
- Number of new diversion/deflection programs implemented

Initiative 7.2: Identify linkage gaps for justice-involved individuals with OUD; implement critical bridge services at the point of law enforcement and/or emergency department/hospital contact so that opioid overdose survivors can stay safe, stable, and alive while they wait to enter formal OUD treatment

Implementation Activities and Progress

- DHS-SUPR, DPH, and ICJIA will perform an environmental scan to survey current services and linkage gaps as well as existing resources and funding mechanisms for justice-involved individuals with OUD.
- DHS-SUPR is supporting a number of linkage, referral, and “warm hand-off” pilot projects for individuals with OUD using federal STR funds. DHS-SUPR will continue supporting these programs and begin working on ways to scale these pilot projects out more broadly.
- DHS-SUPR has contracted with four organizations to provide screening and “warm hand-off” services for individuals with OUD in targeted Illinois hospitals. Services have thus far been initiated at nine hospitals and multiple Cook County Health and Hospitals System locations, with 1,287 patients having been served as of May 2018. Of these patients, 80.2% (1,032) were admitted to formal OUD treatment by the community-based treatment providers to which they were referred following discharge.
- DHS-SUPR has entered into a contract to provide community-based outreach, referral, and linkage services for individuals with OUD in high-need areas across Illinois. As of April 2018, 2,908 individuals received outreach services, of whom 1,231 screened positive for opioid use and expressed interest in treatment, 772 completed a meeting with a linkage manager, and 590 appeared for treatment intake.

- During the first five months of operation, the Rush STR Program provided SBIRT (Screening, Brief Intervention, and Referral to Treatment) services to 2,516 of their inpatients, of whom 708 screened positive for any SUD and 227 screened positive for OUD. Buprenorphine services were initiated for 94 of these patients and 62 were referred to external SUD providers
- DPH's FR-CARA Rural Opioid Prevention Initiative will, among other things, provide care coordination services for opioid overdose survivors in 18 rural counties in south-central Illinois. Care coordinators under this program will develop referral relationships with hospital emergency departments as well as law enforcement to follow up on overdose survivors and refer them to appropriate long-term treatment and recovery supports.

Metrics

- Environmental scan conducted; current client/service flow and linkage gaps and existing resources/funding mechanisms for justice-involved individuals with OUD inventoried
- Number of clients served by DHS-SUPR STR-funded linkage, referral, and "warm hand-off" programs

Initiative 7.3: Promote training for prosecutors, judges, and other attorneys regarding opioids, OUD, MAT, and the diversion of people with OUD to evidence-based treatment programs

Implementation Activities and Progress

- New rules regarding continuing legal education (CLE) in Illinois require that all attorneys participate in at least one hour of CLE covering mental health/substance abuse topics. The Task Force will engage with the Illinois Attorney Registration and Disciplinary Commission and the Minimum Continuing Legal Education Board of the Supreme Court of Illinois in the upcoming year to promote CLE credits for training regarding opioids/OUD/diversion programs.

Metrics

- CLE regarding opioids/OUD/diversion programs made available

III. Response

F) Rescue

Strategy 8: Increase the Number of First Responders and Community Members Who Are Trained and Have Access to Naloxone

Initiative 8.1: Facilitate naloxone access statewide; expand naloxone purchase, training, and distribution services throughout Illinois

Implementation Activities and Progress

- DHS-SUPR is supporting (and will continue to support) expanded naloxone purchase, training, and/or distribution services in Illinois through its Drug Overdose Prevention Program (DOPP), including funding through the SAMHSA STR and Prescription Drug/Opioid Overdose (PDO) projects. As of April 2018, 113,187 individuals have been trained in naloxone administration and 1,828 opioid overdose reversals have been reported to the DOPP. In addition, 17,356 naloxone kits have been distributed in fiscal year 2018 under STR and PDO funded services.
- DPH's FR-CARA Rural Opioid Overdose Prevention Program will, among other things, provide free naloxone and naloxone administration training for municipal and county law enforcement agencies in 18 rural counties in south-central Illinois.
- In October 2017, DPH released a statewide standing order for naloxone. As of May 2018, 166 pharmacies and organizations have downloaded the standing order.
- DPH and partners have conducted two webinars for new pharmacists regarding the statewide naloxone standing order.

Metrics

- Number of individuals trained in naloxone administration
- Number of naloxone kits purchased/distributed
- Number of opioid overdose reversal reported

Initiative 8.2: Educate the general public regarding what naloxone is, how it saves lives, and how to access it

Implementation Activities and Progress

- DPH will develop, compile, and disseminate educational materials regarding naloxone for the general public, including materials for people with low literacy. These materials will be made available on DPH's own opioids website as well as on the single state opioids website currently in development.
- DPH's Opioid Data Dashboard has a module mapping out every pharmacy and naloxone distribution program in Illinois that provides naloxone without a prescription. The map is interactive, searchable by city, and provides directions/contact information for each pharmacy/program listed.
- DHS-SUPR will expand the current *#EOM* communication campaign efforts targeting the general public to include naloxone education.
- Helpline operators have been trained on naloxone and are currently offering information regarding naloxone and naloxone training to callers.

Metrics

- Educational materials regarding naloxone developed and disseminated
- Interactive standing order pharmacy map released on Opioid Data Dashboard

G) Supporting Justice-Involved Populations

Strategy 9: Decrease the Number of Overdose Deaths After an At-Risk Individual's Immediate Release from A Correctional Facility

Initiative 9.1: Expand the number of counties and correctional facilities that distribute naloxone and provide training to at-risk justice-involved individuals and their supporters

Implementation Activities and Progress

- A number of Illinois counties have already begun naloxone programs for justice-involved individuals or are working on forming partnerships with local law enforcement to establish naloxone programs for released individuals. In particular, DHS-SUPR is currently using federal funds to offer naloxone to individuals released from Lake County Jail and Cook County Jail. Additionally, the Chicago Recovery Alliance is collaborating with the Cook County Sheriff's Department to provide naloxone to individuals on electronic monitoring. Will County is also distributing naloxone to residents at a halfway house. The Task Force will actively encourage and promote expansion of these programs to more counties.
- ICJIA has convened a working group on OUD in Illinois correctional facilities, with involvement from the Illinois Department of Corrections (DOC), DPH, DHS-SUPR, as well as local stakeholders. Take-home naloxone as well as MAT in IDOC facilities are both active topics of discussions. ICJIA is administering a survey of Illinois sheriffs on naloxone use and MAT, the results of which will be shared in a future report.

Metrics

- Number of take-home naloxone programs implemented statewide
- Number of participants in programs

Initiative 9.2: Expand the availability of MAT in correctional facilities, in particular following the model currently being piloted at DOC's Sheridan and Southwestern Illinois (SWICC) Correctional Centers

Implementation Activities and Progress

- The ICJIA-led working group on OUD in Illinois correctional facilities is actively discussing MAT availability, as is the working group led by DHS-SUPR, DOC, and Treatment Alternatives for Safe Communities (TASC), which is directing the Sheridan Correction Center (Sheridan) and Southwestern Illinois Correctional Center (SWICC) Vivitrol pilots. Currently there are 31 clients in Sheridan and seven clients at SWICC being prescribed Vivitrol under the pilot project.
- DOC is reviewing plans to expand its SUD treatment and dual diagnosis programs at the Logan Correctional Center for women. Discussions are also underway regarding the expansion of the Sheridan/SWICC MAT pilot projects into Logan Correctional Center, in addition to a potential pilot project of other MAT medications, pending evaluation of funding streams.

Metrics

- Number of correctional facilities providing MAT services
- Number/proportion of incarcerated individuals with SUD who receive treatment, including MAT, in correctional facilities

Initiative 9.3: Ensure that linkage services, case management, timely access to treatment, and other resources to support recovery are available to individuals leaving jails and prisons.

Implementation Activities and Progress

- DHS-SUPR has entered into contracts with six organizations to provide long-acting naltrexone-based MAT for individuals with OUD in Illinois county jails. These services consist of screening, assessment, initial long-acting naltrexone injections, and post-release treatment referrals while incarcerated. As of May 15, 2018, nine county jails implemented services and served 299 clients. Of these 299 clients, 91.6% (275) were admitted for formal OUD treatment by the community-based providers to which they were referred.

- DOC is reviewing plans to expand the number of correctional facilities educating clients about MAT and providing linkages to treatment. Currently there are seven DOC facilities providing MAT education for all clients, with TASC assisting with getting clients onto Medicaid and making active linkages to treatment.
- The Helpline currently provides assistance with accessing SUD treatment services and/or other treatment and linkage resources for individuals leaving jails or prisons.
- A pilot project to focus on case management for SUD for justice-involved individuals, was recently approved in Illinois' 1115 Medicaid Waiver.

Metrics

- Number of jails/prisons that have discharge/release programs for individuals with SUD
- Number of individuals inducted into, and maintained on, MAT from jails/prisons with release programs for individuals with SUD

List of Abbreviations

#EOM: Ending Opioid Misuse in Illinois

Advisory Council: Illinois Opioid Crisis Response Advisory Council

ASTHO: Association of State and Territorial Health Officials

CDC: Center for Disease Control and Prevention

Chicago-HIDTA: Chicago High Intensity Drug Trafficking Area

CLE: Continuing Legal Education

CS: Controlled Substance

DCFS: Illinois Department of Children and Family Services

DFPR: Illinois Department of Financial and Professional Regulation

DHS: Illinois Department of Human Services

DHS-SUPR: Illinois Department of Human Services, Division of Substance Use Prevention and Recovery

DOC: Illinois Department of Corrections

DOI: Illinois Department of Insurance

DOPP: Drug Overdose Prevention Program

DPH: Illinois Department of Public Health

EO: Executive Order

FR-CARA: First Responders – Comprehensive Addiction Recovery Act

Helpline: Illinois Helpline for Opioids and Other Substances

HER: Electronic Health Record

ICJIA: Illinois Criminal Justice Information Authority

ILPQC MNO: Illinois Perinatal Quality Collaborative, Mothers and Newborns Affected by Opioids

ISP: Illinois State Police

IYS: Illinois Youth Survey

MAT: Medication-Assisted Treatment
MME: Morphine Milligram Equivalent
NAS: Neonatal Abstinence Syndrome
ODMAP: Overdose Detection Mapping Application Program
OUD: Opioid Use Disorder(s)
PDO: Prescription Drug/Opioid Overdose
PMP: Illinois Prescription Monitoring Program
PSA: Public Service Announcement
SAMHSA: Substance Abuse and Mental Health Services Administration
SBIRT: Screening, Brief Intervention, and Referral to Treatment
Sheridan: Sheridan Correction Center
SOAP: State of Illinois Opioid Action Plan
STR: State Targeted Response
SUD: Substance Use Disorder(s)
SWICC: Southwestern Illinois Correctional Center
TASC: Treatment Alternatives for Safe Communities
Task Force: Governor's Opioid Prevention and Intervention Task Force

Illinois Demonstration Pilots with Enrollment Limits Implementation Plan

Illinois has three SUD pilots that have enrollment limits: Clinically Managed Withdrawal Management, SUD Case Management, and Peer Recovery Support Services Pilot. Illinois has three non-SUD pilots starting in Demonstration Year One: Crisis Intervention Services, Evidence-Based Home Visiting, and Intensive In-Home Services. Illinois has two pilots scheduled to start on July 1, 2019. Illinois has one pilot scheduled to start on July 1, 2020. Each pilot is scheduled to start as detailed in the table below.

Pilot Name	STC #	Projected Start Date
Clinically Managed Withdrawal Management (SUD Pilot)	28	09-01-2018
SUD Case Management (SUD Pilot)	29	09-01-2018
Peer Recovery Support Services Pilot (SUD Pilot)	30	09-01-2018
Crisis Intervention Services	31	10-01-2018
Evidence-Based Home Visiting	32	09-01-2018
Intensive In-Home Services	36	10-01-2018
Assistance in Community Integration Services	34	07-01-2019
Supported Employment Services	35	07-01-2019
Respite Services	37	07-01-2020

Outreach

HFS will conduct outreach to potentially-qualified beneficiaries through the use of Public Notices, Provider Notices, and public forums. HFS has formed workgroups associated with each pilot to specifically discuss and plan for implementation, including outreach and marketing.

Each Demonstration Year One pilot has an annual enrollment limit. The state will manage enrollment through a combination of strategies, including establishment of a specific code for each pilot. This code will be assigned to each pilot participant enabling the state to monitor enrollment activity and other pilot-specific limitations, e.g. length of time participating in the pilot, etc. In addition to the utilization of specific waiver tracking codes, a referral from an approved Mobile Crisis Response provider will be required for participant entry into the Crisis Intervention. The state will also work closely with its pilot providers to manage communications with potential pilot participants.

With the implementation of Integrated Health Homes and the universal assessment tool HFS believes that the various pilots will be presented to the potential participants for review and consideration.

Eligibility

Beneficiary eligibility for pilot services varies by the demonstration pilot, but all nine pilot services listed below allow the state to institute annual enrollment limits.

- Clinically Managed Withdrawal Management** eligibility is targeted to beneficiaries who have moderate withdrawal signs and symptoms, has a primary diagnosis of OUD/SUD, and requires 24-hour structure and support to complete withdrawal management and increase the likelihood of continuing treatment and recovery. This pilot is scheduled to start September 1, 2018.

- ***SUD Case Management*** eligibility is targeted to beneficiaries with an OUD/SUD diagnosis that qualify for diversion into treatment from the criminal justice system. This pilot is scheduled to start September 1, 2018.
- ***Peer Recovery Support Services*** eligibility is targeted to beneficiaries receiving SUD treatment, have a primary diagnosis of OUD/SUD, and have an assessed need by a physician or other licensed practitioner of the health arts for recovery support. This pilot is scheduled to start September 1, 2018.
- ***Crisis Intervention Services*** eligibility is targeted to beneficiaries aged 6 through 64 who are experiencing a psychiatric crisis and require stabilization and support, including 24-hour clinical supervision and observation and is scheduled to start October 1, 2018.
- ***Evidence-Based Home Visiting Services*** will target both mothers (during their 60 day postpartum period) who have delivered a baby born with withdrawal symptoms as well as Medicaid eligible children up to five years of age who were born with withdrawal symptoms. This demonstration pilot is scheduled to start September 1, 2018.
- ***Intensive In-Home Services*** will be provided to beneficiaries aged 3 to 21 who meet established attribution requirements under the State’s proposed Integrated Health Home State Plan and demonstrate a history of serious mental illness, inpatient psychiatric hospitalization or risk of experiencing an episode of crisis. Individuals qualifying for pilot eligibility through the “Inpatient psychiatric hospitalization” and “risk of crisis” components must meet specific clinical criteria, as determined by the Illinois Medicaid-Comprehensive Assessment of Needs and Strengths assessment tool. Implementation of this assessment tool will occur through the Integrated Assessment and Treatment Planning State Plan, effective July 1, 2018. HFS anticipates an October 1, 2018 effective date for its Integrated Health Home State Plan and has aligned the pilot start date with the amendment’s effective date.
- ***Assistance in Community Integration Services*** will be provided to beneficiaries described in STC 34. This pilot is scheduled to start July 1, 2019.
- ***Supported Employment Services*** will be provided to beneficiaries described in STC 35. This pilot is scheduled to start July 1, 2019.
- ***Respite Services*** will be provided to beneficiaries described in STC 37. This pilot is scheduled to start July 1, 2020.

Access

A participant in any demonstration pilot authorized through the section 1115 demonstration is eligible to receive the full array of Medicaid services offered by the state. When a pilot reaches its enrollment cap and/or the participant is no longer eligible to receive the pilot service, they will remain eligible for the broad Medicaid service package offered under Illinois’ Medicaid State Plan.

Illinois’ Medicaid State Plan provides all federally required medical assistance services including: certified pediatric and family nurse practitioner services; emergency services; emergency services for non-citizens; Early and Periodic Screening, Diagnostic and Treatment; family planning services and supplies; federally qualified health center services; freestanding birth center services; home health services; inpatient hospital services; laboratory and X-ray services; medical/surgical services

by a dentist; nurse midwife services, nursing facility services (age 21 and over); outpatient hospital services; physician medical and surgical services; rural health clinic services; tobacco cessation counseling for pregnant women and transportation to covered medical services.

Optional services covered by HFS in the Medicaid State Plan, Children's Health Insurance Program and certain All Kids programs include: audiology services, case management services, certified registered nurse anesthetist; chiropractic services; clinic services, including Medicaid Option/Community Mental Health; clinical nurse specialist; dental services, including dentures; diagnostic services; durable medical equipment and supplies; eyeglasses; home and community-based services through federal waivers; hospice services; inpatient psychiatric services for individuals 21 and under, including State-operated facilities; nursing facility services for individuals under 21 years of age; occupational therapy services, optometric services; physical therapy services; podiatric services; prescribed drugs; preventive services, prosthetic devices; rehabilitative services (Medicaid Rehabilitation Option) services provided through a managed care health plan, special tuberculosis services, speech, hearing and language therapy services and transplant services.