

**ILLINOIS SECTION 1115 MEDICAID DEMONSTRATION
FACT SHEET
May 7, 2018**

Name of Demonstration: Illinois Behavioral Health Transformation Demonstration

Waiver Number: 11-W-00316/5

Date Proposal Submitted: October 5, 2016

Date Approved: May 7, 2018

Date Implemented: July 1, 2018

Date Expires: June 30, 2023

SUMMARY

During the approval period, the state will test whether the demonstration is likely to assist in promoting the objectives of Medicaid by achieving the following results:

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

The Illinois Behavioral Health Transformation section 1115 demonstration authorizes the state to implement 10 pilots. The 10 approved pilots include:

1. Residential and Inpatient Treatment for Individuals with Substance Use Disorder (SUD) Pilot (will be statewide and will have no annual enrollment limits);
2. Clinically Managed Withdrawal Management Services Pilot;
3. SUD Case Management Pilot;
4. Peer Recovery Support Services Pilot;
5. Crisis Intervention Services Pilot;
6. Evidence-based Home Visiting Services Pilot;
7. Assistance in Community Integration Services Pilot;
8. Supported Employment Services Pilot;
9. Intensive In-Home Services Pilot; and
10. Respite Services Pilot.

PILOTS

- 1. Residential and Inpatient Treatment for Individuals with SUD Pilot (will be statewide and will have no enrollment limits).**

Expenditures for otherwise covered services furnished to otherwise eligible individuals who are primarily receiving treatment and withdrawal management services for SUD who are short-term residents in facilities that meet the definition of an institution for mental diseases (IMD). Room and board costs are not considered allowable costs for residential treatment service providers unless they qualify as inpatient facilities under section 1905(a) of the Social Security Act (the Act). This pilot will operate statewide and there are no annual enrollment limits.

2. Clinically Managed Residential Withdrawal Management Pilot.

Withdrawal management services include intake, observation, medication services, and discharge services. They must be recommended by a Physician or a Licensed Practitioner of the Healing Arts and must be delivered in accordance with an individualized plan of care. The state may implement this pilot less than statewide and may institute annual enrollment limits.

3. SUD Case Management Pilot.

SUD case management services assist a beneficiary with accessing needed medical, social, educational, and other services. Case management services are individualized for beneficiaries in treatment, reflecting particular needs identified in the assessment process, and those developed within the treatment plan. The state may implement this pilot less than statewide and may institute annual enrollment limits.

4. Peer Recovery Support Services Pilot.

Peer recovery support services are delivered by individuals in recovery from a substance use disorder (peer recovery coach) who is certified to provide counseling support to help prevent relapse and promote recovery. The state may implement this pilot less than statewide and may institute annual enrollment limits.

5. Crisis Intervention Services Pilot.

Crisis intervention services support stabilization, rapid recovery, and discharge of the individual experiencing psychiatric crisis. The services include crisis assessment and stabilization, treatment planning, counseling services, and discharge services. The state may implement this pilot less than statewide and may institute annual enrollment limits.

6. Evidence-based Home Visiting Services Pilot.

The state will cover evidence-based home visiting services, including postpartum home visiting services and child home visits, to postpartum mothers who gave birth to a baby born with withdrawal symptoms and Medicaid eligible children up to 5 years old who were born with withdrawal symptoms. The state may implement this pilot less than statewide and may institute annual enrollment limits.

7. Assistance in Community Integration Services Pilot.

The state will cover a set of home and community-based services (HCBS) including pre-tenancy supports and tenancy sustaining services. The state may implement this pilot less than statewide and may institute annual enrollment limits.

8. Supported Employment Services Pilot.

The supported employment services benefit package will be offered to eligible beneficiaries through a person-centered planning process where eligible services are identified in the plan of care. Supported employment services are individualized and may include any combination of the following services:

Pre-employment services

- Pre-vocational/job-related discovery or assessment
- Person-centered employment planning
- Individualized job development and placement
- Job carving
- Benefits education and planning
- Transportation (only in conjunction with the delivery of an authorized service)

Employment sustaining services

- Career advancement services
- Assist the employee with negotiation with employers
- Job Analysis
- Job coaching
- Benefits education and planning
- Transportation (only in conjunction with the delivery of an authorized service)
- Asset development
- Follow-along supports

The state may implement this pilot less than statewide and may institute annual enrollment limits.

9. Intensive In-Home Services Pilot.

The intensive in-home services covered under this pilot consist of the following two services defined below:

- a. Intensive In-Home Clinical (IIH-C)
 - IIH-C is a face-to-face, time-limited, focused intervention targeted to support and stabilize a child/youth in their home or home-like setting. IIH-C is a strengths-based, individualized, and therapeutic service driven by a clinical intervention plan that is focused on symptom reduction.
- b. Intensive In-Home Support (IIH-S)
 - IIH-S is a time-limited, focused intervention targeted to support and stabilize a child/youth in their home or home-like setting. IIH-S is an adjunct service that may only be provided in conjunction with Intensive In-Home - Clinical (IIH-C) services. The goal of IIH-S is to support the client and family in implementing the therapeutic interventions, skills development, and behavioral techniques that are focused on symptom reduction, as outlined in the IIH-C clinical intervention plan.

The state may implement this pilot less than statewide and may institute annual enrollment limits.

10. Respite Services Pilot.

Respite care is a set of individualized time-limited services that provide families scheduled relief to help prevent stressful situations, including avoiding a crisis or escalation within the home. Services can be delivered in or out of the home as long as they take place in community-based settings.

- Services must be provided on a scheduled basis and planned as part of a child's individualized care plan and therefore are not to be utilized as emergency child care
- Services will be culturally competent and aligned with the family's beliefs and preferences
- Services shall not exceed seven hours per event, 21 hours per month, or 130 hours annually
- Services are not standalone and must be offered in conjunction with other treatment services

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