

January 29, 2020

**ILLINOIS HEALTH AND HOSPITAL ASSOCIATION  
M E M O R A N D U M**

**SUBJECT:** Integrated Health Homes – Comments Requested

On Jan. 24, the Illinois Department of Healthcare and Family Services (HFS) posted a [Public Notice](#) proposing to begin Medicaid coverage for Integrated Health Home (IHH) services on Apr. 1. The IHH is a care coordination model created under Section 2703 of the Affordable Care Act, which would create a comprehensive system of care coordination services for Medicaid individuals with chronic conditions. This two-year program, funded with 90% federal matching funds, was proposed under the previous administration, but was subsequently postponed. HFS plans to implement two IHH models: one child-focused IHH and one adult-focused IHH.

IHH services as proposed under the Pritzker administration will still encompass those required by the federal Centers for Medicare & Medicaid Services to qualify for reimbursement, including comprehensive care management, care coordination, health promotion, comprehensive transitional care/follow-up, patient and family support, and referral to community and social support services. The reimbursement for IHH services will be paid to the Medicaid Managed Care Organizations by an unspecified State-determined capitation fee for qualified care coordination services. According to HFS, these proposed changes will increase expenditures by approximately \$390 million based on current utilization patterns.

HFS has directed all questions or comments concerning the proposed changes in reimbursement methods and standards to be **submitted in writing by Sunday, Feb. 23** (see Public Notice for submission instructions). HFS will also hold several [town hall style meetings](#) in the upcoming months to discuss this enhancement in care (initial meetings will be held Feb. 5 in Chicago and Feb. 6 in Springfield). **Members are urged to attend the town hall style meetings and send any comments and concerns to IHA by Monday, Feb. 17 for inclusion in IHA's comment letter to HFS.** IHA will provide members with more information as details are shared and submit written comments prior to the deadline.

*Background on IHHs*

IHHs are intended to integrate and coordinate all services for physical health, behavioral health and social care needs. The coordination of a member's care is done through a dedicated care coordinator, who oversees and coordinates access to all services a member requires. HFS has planned for the professionals and others involved in a member's care to communicate with one another so that the member's medical, behavioral health and social service needs are

addressed in a comprehensive manner. The method of communication between the patient's care team was, however, unspecified in the public notice.

HFS held the last public meeting on IHHs on Aug. 23, 2019, outlining potential plans for the child- and adult-focused IHHs. The meeting slides were not posted publicly following the meeting, and the new Public Notice does not specify if these details have changed. It is known that any applications or contractual agreements with community providers under the previous administration for this program will be invalid. HFS' [IHH webpage](#) has no further details at this time.

At the Aug. 23 public meeting, HFS noted that IHH staffing would be limited to nurse and social work case manager leaders and care coordinators, the latter requirement being a high school diploma or GED. Unlike under the previous plan, Illinois Medicaid Program Advanced Cloud Technology (IMPACT) enrollment would not be required. The adult- and child-focused IHHs will have separate rates and certification requirements for staff. Child IHH coordinators may be required to be certified by a University of Illinois Champaign School of Social Work program, and receive ongoing training. HFS previously shared that, in order to qualify for IHH services, Medicaid beneficiaries must have two or more chronic conditions, have one chronic condition and be at risk for a second condition, or have at least one serious and persistent mental health condition. Chronic conditions include, but are not limited to, mental health, substance use disorder, cancer, asthma, diabetes and heart disease. Medicaid beneficiaries will be categorized in three main tiers, and each tier will have specific criteria as follows:

- Tier A: will serve beneficiaries with high behavioral and high physical health needs;
- Tier B: will serve beneficiaries with high behavioral and low physical health needs; and
- Tier C: will serve beneficiaries with low behavioral and high physical health needs.

HFS shared a concern that a Tier D inclusion of low behavioral and low physical health needs, potentially representing 88% of Medicaid beneficiaries, may not qualify for the 90:10 federal matching dollars, and thus would not be included in the proposed program. These plans were not reiterated in the recent Public Notice, so their validity is unknown at this time. The proposed details shared at the Aug. 23 public meeting do appear to have fewer restrictions than the plan under the previous administration.