



**Dougal Hewitt**  
Chief Mission Officer

September 29, 2016

Felicia Norwood  
Director, Department of Healthcare and Family Services  
Prescott Bloom Building  
201 South Grand Avenue  
Springfield, IL 62763

Dear Director Norwood:

On behalf of Presence Health, the largest Catholic health system based in the state, I am pleased to submit the following comments on the draft 1115 Medicaid Waiver. Presence Health's network includes 11 hospitals, over 20 nursing and senior living facilities, more than 90 ambulatory care sites, dozens of doctors' offices, home care, hospice and the largest behavioral health service network in Illinois. In total, we have more than 150 sites of care. We are committed to providing compassionate care and exceptional physical and mental health services to all patients.

Presence Health has participated in the Administration's Healthcare Transformation Initiative and provided written comments around areas of critical need throughout Illinois. The draft 1115 Waiver reflects our shared desire to create a sustainable and coordinated system of care for all individuals with mental illnesses or substance abuse disorders. We are pleased to see crisis stabilization services, care coordination, telehealth and workforce strengthening included.

While many of the program details are forthcoming, we are committed to being part of the conversation and sharing our expertise to transform delivery of behavioral health services in Illinois. We commend the administration for including proposals to address some key social determinants that impact individuals suffering from mental illness and substance abuse disorders. In particular, support to address homelessness and employment services help create a healthy community which is a decisive factor in sustaining long term, individual health.

We must find workable policies and programs to support comprehensive behavioral health now. The following comments are an extension of ongoing conversations meant to ensure successful program design and implementation. You will note they are aligned with the appropriate sections of the draft Waiver.

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**Section 3.1.3. Services to ensure successful transition for justice involved individuals.**

The 1115 Waiver addresses one of the most impacted populations by creating opportunities to engage incarcerated individuals on substance abuse and behavioral health needs before they re-enter society. Justice-involved individuals should be able to defer redetermination for eligibility until after release to ensure they are covered. Post-release, we should ensure this population has continuity of care and is connected to providers in their communities to help reduce recidivism and improve the health of the individual.

**Section 3.1.4. Short-term residential treatment in IMDs for substance use disorder.**

Often the first intervention for patients suffering from a mental illness is in the emergency room. Many patients need observation but not inpatient care. Outpatient care is often hours, days or weeks away. The waiver addresses crisis beds as an integral part of the assessment process for crisis, individual treatment, family needs, or safety plans. Co-location within or near a hospital's emergency department is an optimal setting as it meets the patient where they present in crisis. As a system, we have experienced an increased number of patients in the emergency room at a higher level of acuity than in recent years emphasizing the urgent and ongoing, unmet health needs. The costs of hospitalization for these mentally ill patients can be reduced by an amount sufficient to cover the cost of the program as the number of people needing services declines. A strategic investment in crisis stabilization facilities that can provide medically necessary observation without admitting while connecting to appropriate outpatient care providers should be made available under this waiver.

**Section 4. Integrated Health Homes.**

The waiver proposes using integrated health homes (IHHs) to build upon the existing managed care system. Providers are often in the best position to coordinate a patient's care whether it is patient and family support, health promotion or wellness. Instead of simply expanding current MCO contracts, we encourage the administration to clarify the role of health homes so they can achieve true outreach and coordination rather than acting as a gatekeeper. Challenges currently exist with changing MCO policies and procedures. For that reason, we urge caution when adding additional MCO responsibilities that aren't well-defined and have no specific oversight to ensure care coordination is being delivered and is successful in achieving better health outcomes. Presence Health would welcome the opportunity to work with our partners, including Federally Qualified Health Centers and MCOs, to make sure we are strengthening the safety net by using integration funds from the waiver to develop or expand IHHs for the Medicaid population in a way that efficiently and cost-effectively meets their needs.



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**Section 4.3. Workforce initiatives**

**Workforce strengthening.** We support tuition reimbursement, loan forgiveness and incentives to attract, educate and/or retain behavioral health providers that can practice at the top of their license. Initiatives within the waiver should include targeted efforts to address workforce shortages in high-need areas and support efforts to build a work force that is ready to practice in integrated, team-based settings in geographies and disciplines that are in the greatest demand. In fact, through our Presence Health's own nursing school, Resurrection University, we continue to respond to the changing needs required of nurses and nurse practitioners in the workforce, and the workforce shortage of nurses in the state.

**Workforce optimization.** Presence Health appreciates the State's focus on telehealth as a means of delivering high quality care when appropriate or where access and availability is an issue. We were early adopters of this technology and have a robust telehealth infrastructure. For example, we are currently designing and implementing a TelePsychiatry program to meet the needs of the mental health community in Proviso Township. Presence Health has 10 years of experience and has delivered more than 18 programs across the continuum of care throughout the state and include TelePsychiatry, TeleICU, and remote sitter among many others. We have delivered high quality, remote care to thousands of individuals. We understand how effective telehealth can be. For this reason, we support a statewide assessment of telemedicine needs in the near term. Once completed, the state could consider drawing on public-private partnerships and expertise right here in Illinois to fill those gaps both in training and in infrastructure. While the waiver must be revenue neutral, telehealth reimbursements must be increased to make the service a sustainable model of care delivery.

We understand time is of the essence in meeting the critical behavioral and mental health needs here in Illinois and creating a patient-centric, coordinated care model. Now is the time to develop a comprehensive plan and we look forward to being part of the ongoing dialogue on these important issues. We appreciate your leadership on this initiative.

Sincerely,

A handwritten signature in black ink that reads "Dougal Hewitt".

Dougal Hewitt  
Chief Officer for Mission and External Affairs  
Presence Health