

**1. Title page for the state’s substance use disorder (SUD) demonstration or the SUD component of the broader demonstration**

<b>State</b>	Illinois
<b>Demonstration name</b>	Illinois Behavioral Health Transformation Demonstration
<b>Approval period for section 1115 demonstration</b>	07/01/2018 – 06/30/2023
<b>SUD demonstration start date<sup>a</sup></b>	07/01/2018
<b>Implementation date of SUD demonstration, if different from SUD demonstration start date<sup>b</sup></b>	07/01/2018
<b>SUD (or if broader demonstration, then SUD -related) demonstration goals and objectives</b>	<p>Overall, the purpose of the Illinois Behavioral Health 1115 Demonstration Waiver is to transform the system of behavioral healthcare for Medicaid members by improving access to community-based services. To achieve this purpose, the waiver demonstration focuses on the following six goals:</p> <ol style="list-style-type: none"> <li>1. Rebalance the behavioral health ecosystem, reducing overreliance on institutional care and shifting to community-based care.</li> <li>2. Promote integration of behavioral health and physical health care for behavioral health members with high needs.</li> <li>3. Promote integration of behavioral health and primary care for behavioral health members with lower needs.</li> <li>4. Support development of robust and sustainable behavioral health services that provide both core and preventative care to ensure that members receive the full complement of high- quality treatment they need.</li> <li>5. Invest in support services to address the larger needs of behavioral health members, such as housing and employment services.</li> <li>6. Create an enabling environment to move behavioral health providers toward outcomes and value-based payments.</li> </ol>
<b>SUD demonstration year and quarter</b>	DY3Q4
<b>Reporting period</b>	04/01/2021 – 06/30/2021

**<sup>a</sup> SUD demonstration start date:** For monitoring purposes, CMS defines the start date of the demonstration as the *effective date* listed in the state’s STCs at time of SUD demonstration approval. For example, if the state’s STCs at the time of SUD demonstration approval note that the SUD demonstration is effective January 1, 2020 – December 31, 2025, the state should consider January 1, 2020 to be the start date of the SUD demonstration. Note that the effective date is considered to be the first day the state may begin its SUD demonstration. In many cases, the effective date is distinct from the approval date of a demonstration; that is, in certain cases, CMS may approve a section 1115 demonstration with an effective date that is in the future. For example, CMS may approve an extension request on 12/15/2020, with an effective date of 1/1/2021 for the new demonstration period. In many cases, the effective date also differs from the date a state begins implementing its demonstration.

**<sup>b</sup> Implementation date of SUD demonstration:** The date the state began claiming federal financial participation for services provided to individuals in institutions for mental disease.

## 2. Executive summary

### Evaluation Planning

During this monitoring period (April 1, 2021 – June 30, 2021) Illinois finalized, resubmitted, and received approval for the 1115 waiver evaluation plan.

### Administrative Rule Revisions

The Department of Human Services (DHS), Division of Substance Use Prevention and Recovery (SUPR), is in the process of a rule re-write for 77 IL Admin Code 2060 that governs licensure and delivery of SUD treatment services in Illinois. Update related to Milestone 6 (Sec. 3.7.2.1).

### Illinois Legislative Update

Illinois’ 102<sup>nd</sup> General Assembly concluded on May 31, 2021 with several pieces of legislation related to treatment of substance use disorder in community and medical settings, most notably 1) Legislation that eliminated a treatment limit on readmission for Hospital based Medically Managed Withdrawal Management (Detoxification) 2) Legislation requiring the creation of SBIRT services in Illinois. Update to Section 4.11 SUD-related demonstration operations and policy.

### Pilot updates

**SUD Case Management:** There were 347 individuals determined eligible for this pilot during the report period.

**SUD Clinical Withdrawal Management:** There were no individuals determined eligible for this pilot during the report period.

**Peer Recovery support:** There were thirteen individuals determined eligible for this pilot during the report period.

**3. Narrative information on implementation, by milestone and reporting topic**

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
<b>1. Assessment of need and qualification for SUD services</b>			
<b>1.1 Metric trends</b>			
1.1.1. The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to assessment of need and qualification for SUD services	<b>X</b>		
<b>1.2 Implementation update</b>			
1.2.1. Compared to the demonstration design and operational details, the state expects to make the following changes to: 1.2.1.i. The target population(s) of the demonstration	<b>X</b>		
1.2.1.ii. The clinical criteria (e.g., SUD diagnoses) that qualify a beneficiary for the demonstration	<b>X</b>		
1.2.2 The state expects to make other program changes that may affect metrics related to assessment of need and qualification for SUD services	<b>X</b>		

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0  
 Illinois Behavioral Health Transformation

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
<b>2. Access to Critical Levels of Care for OUD and other SUDs (Milestone 1)</b>			
<b>2.1 Metric trends</b>			
2.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 1	<b>X</b>		
<b>2.2 Implementation update</b>			
2.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:  2.2.1.i. Planned activities to improve access to SUD treatment services across the continuum of care for Medicaid beneficiaries (e.g. outpatient services, intensive outpatient services, medication-assisted treatment, services in intensive residential and inpatient settings, medically supervised withdrawal management)	<b>X</b>		
2.2.1.ii. SUD benefit coverage under the Medicaid state plan or the Expenditure Authority, particularly for residential treatment, medically supervised withdrawal management, and medication-assisted treatment services provided to individual IMDs	<b>X</b>		

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0  
Illinois Behavioral Health Transformation

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Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
2.2.2 The state expects to make other program changes that may affect metrics related to Milestone 1	X		

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0  
 Illinois Behavioral Health Transformation

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
<b>3. Use of Evidence-based, SUD-specific Patient Placement Criteria (Milestone 2)</b>			
<b>3.1 Metric trends</b>			
3.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 2	<b>X</b>		
<b>3.2. Implementation update</b>			
3.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to:  3.2.1.i. Planned activities to improve providers' use of evidence-based, SUD-specific placement criteria	<b>X</b>		
3.2.1.ii. Implementation of a utilization management approach to ensure (a) beneficiaries have access to SUD services at the appropriate level of care, (b) interventions are appropriate for the diagnosis and level of care, or (c) use of independent process for reviewing placement in residential treatment settings	<b>X</b>		
3.2.2 The state expects to make other program changes that may affect metrics related to Milestone 2	<b>X</b>		

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0  
 Illinois Behavioral Health Transformation

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
<b>4. Use of Nationally Recognized SUD-specific Program Standards to Set Provider Qualifications for Residential Treatment Facilities (Milestone 3)</b>			
<b>4.1 Metric trends</b>			
4.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 3 <i>Note: There are no CMS-provided metrics related to Milestone 3. If the state did not identify any metrics for reporting this milestone, the state should indicate it has no update to report.</i>	<b>X</b>		
<b>4.2 Implementation update</b>			
4.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 4.2.1.i. Implementation of residential treatment provider qualifications that meet the ASAM Criteria or other nationally recognized, SUD-specific program standards	<b>X</b>		
4.2.1.ii. Review process for residential treatment providers' compliance with qualifications.	<b>X</b>		
4.2.1.iii. Availability of medication-assisted treatment at residential treatment facilities, either on-site or through facilitated access to services off site	<b>X</b>		
4.2.2 The state expects to make other program changes that may affect metrics related to Milestone 3	<b>X</b>		

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0  
 Illinois Behavioral Health Transformation

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
<b>5. Sufficient Provider Capacity at Critical Levels of Care including for Medication Assisted Treatment for OUD (Milestone 4)</b>			
<b>5.1 Metric trends</b>			
5.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 4	<b>X</b>		
<b>5.2 Implementation update</b>			
5.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: Planned activities to assess the availability of providers enrolled in Medicaid and accepting new patients in across the continuum of SUD care	<b>X</b>		
5.2.2 The state expects to make other program changes that may affect metrics related to Milestone 4	<b>X</b>		
<b>6. Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD (Milestone 5)</b>			
<b>6.1 Metric trends</b>			
6.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 5	<b>X</b>		
<b>6.2 Implementation update</b>			
6.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 6.2.1.i. Implementation of opioid prescribing guidelines and other interventions related to prevention of OUD	<b>X</b>		



Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0  
 Illinois Behavioral Health Transformation

Prompt	State has no trends/updates to report (place an X)	Related metric(s) (if any)	State response
6.2.1.ii. Expansion of coverage for and access to naloxone	X		
6.2.2 The state expects to make other program changes that may affect metrics related to Milestone 5	X		
<b>7. Improved Care Coordination and Transitions between Levels of Care (Milestone 6)</b>			
<b>7.1 Metric trends</b>			
7.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to Milestone 6	X		
<b>7.2 Implementation update</b>			
7.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: Implementation of policies supporting beneficiaries' transition from residential and inpatient facilities to community-based services and supports			Illinois Dept. Human Services, Division of Substance Use Prevention and Recovery (SUPR) is actively engaged in drafting changes to 77 Il. Admin. Code 2060 (Rule 2060) which establishes the licensing requirements for SUD treatment prevention and recovery support services in Illinois. Revisions will include specific language to clarify 'Referral Agreements', and specifically address Co-Occurring Disorders. The current draft of Rule 2060 was provided to selected stakeholders for review and comment.
7.2.2 The state expects to make other program changes that may affect metrics related to Milestone 6	X		
<b>8. SUD health information technology (health IT)</b>			
<b>8.1 Metric trends</b>			

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0  
 Illinois Behavioral Health Transformation

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
8.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to its health IT metrics	<b>X</b>		
<b>8.2 Implementation update</b>			
8.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 8.2.1.i. How health IT is being used to slow down the rate of growth of individuals identified with SUD	<b>X</b>		
How health IT is being used to treat effectively individuals identified with SUD	<b>X</b>		
8.2.1.ii. How health IT is being used to effectively monitor “recovery” supports and services for individuals identified with SUD	<b>X</b>		
8.2.1.iii. Other aspects of the state’s plan to develop the health IT infrastructure/capabilities at the state, delivery system, health plan/MCO, and individual provider levels	<b>X</b>		
8.2.1.iv. Other aspects of the state’s health IT implementation milestones	<b>X</b>		
8.2.1.v. The timeline for achieving health IT implementation milestones	<b>X</b>		

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0  
 Illinois Behavioral Health Transformation

Prompt	State has no trends/update to report (place an X)	Related metric(s) (if any)	State response
8.2.1.vi. Planned activities to increase use and functionality of the state’s prescription drug monitoring program	X		
8.2.2 The state expects to make other program changes that may affect metrics related to health IT	X		
<b>9. Other SUD-related metrics</b>			
<b>9.1 Metric trends</b>			
9.1.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to other SUD-related metrics	X		
<b>9.2 Implementation update</b>			
9.2.1 The state reports the following metric trends, including all changes (+ or -) greater than 2 percent related to other SUD-related metrics	X		

**4. Narrative information on other reporting topics**

Prompts	State has no update to report (Place an X)	State response
<b>10. Budget neutrality</b>		
<b>10.1 Current status and analysis</b>		

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0  
 Illinois Behavioral Health Transformation

Prompts	State has no update to report (Place an X)	State response
10.1.1 If the SUD component is part of a broader demonstration, the state should provide an analysis of the SUD-related budget neutrality and an analysis of budget neutrality as a whole. Describe the current status of budget neutrality and an analysis of the budget neutrality to date.	<b>X</b>	
<b>10.2 Implementation update</b>		
10.2.1 The state expects to make other program changes that may affect budget neutrality	<b>X</b>	
<b>11. SUD-related demonstration operations and policy</b>		
<b>11.1 Considerations</b>		
11.1.1 The state should highlight significant SUD (or if broader demonstration, then SUD-related) demonstration operations or policy considerations that could positively or negatively affect beneficiary enrollment, access to services, timely provision of services, budget neutrality, or any other provision that has potential for beneficiary impacts. Also note any activity that may accelerate or create delays or impediments in achieving the SUD demonstration’s approved goals or objectives, if not already reported elsewhere in this document. See report template instructions for more detail.		<p><b>New State Legislation –</b></p> <p>1) Initiative to expand access to screening and early intervention of SUD; enhancements to existing Drug Overdose Prevention Program grant funding opportunities under DHS, and requirement for HFS to create a Screening Brief Intervention and Referral to Treatment (SBIRT) benefit for Medicaid populations. In addition, a Medicaid bundled reimbursement in Emergency Departments for initiation of MAT after an OUD Overdose, including referral and coordination with community-based SUD treatment provider services. (<a href="https://www.ilga.gov/legislation/102/HB/PDF/10200HB2589lv.pdf">https://www.ilga.gov/legislation/102/HB/PDF/10200HB2589lv.pdf</a>)                      Legislation passed the general assembly and pending final approval by the Administration.</p> <p>2) Sunset of Medicaid Utilization Management provision limiting readmission to Hospital-based Detoxification (Medically Managed Withdrawal Management) to once every 60 days.</p>

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0  
 Illinois Behavioral Health Transformation

Prompts	State has no update to report (Place an X)	State response
<b>11.2 Implementation update</b>		
11.2.1 Compared to the demonstration design and operational details, the state expects to make the following changes to: 11.2.1.i. How the delivery system operates under the demonstration (e.g. through the managed care system or fee for service)	<b>X</b>	
11.2.1.ii. Delivery models affecting demonstration participants (e.g. Accountable Care Organizations, Patient Centered Medical Homes)	<b>X</b>	
11.2.1.iii. Partners involved in service delivery	<b>X</b>	
11.2.2 The state experienced challenges in partnering with entities contracted to help implement the demonstration (e.g., health plans, credentialing vendors, private sector providers) and/or noted any performance issues with contracted entities	<b>X</b>	
11.2.3 The state is working on other initiatives related to SUD or OUD	<b>X</b>	
11.2.4 The initiatives described above are related to the SUD or OUD demonstration (The state should note similarities and differences from the SUD demonstration)	<b>X</b>	
<b>12. SUD demonstration evaluation update</b>		
<b>12.1 Narrative information</b>		
12.1.1 Provide updates on SUD evaluation work and timeline. The appropriate content will depend on when this report is due to CMS and the timing for the demonstration. There are specific requirements per Code of Federal Regulations (CFR) for annual reports. See report template instructions for more details.		For the period of April 1, 2021 to June 30, 2021, HFS worked with University of Illinois at Urbana Champaign (UIUC) School of Social Work (SSW), to obtain CMS approval on the 1115 Evaluation Plan.

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0  
 Illinois Behavioral Health Transformation

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Prompts	State has no update to report (Place an X)	State response
12.1.2 Provide status updates on deliverables related to the demonstration evaluation and indicate whether the expected timelines are being met and/or if there are any real or anticipated barriers in achieving the goals and timeframes agreed to in the STCs	X	
12.1.3 List anticipated evaluation-related deliverables related to this demonstration and their due dates		UIUC SSW anticipates receiving necessary HFS data for review and analysis to feed into the mid-term evaluation due in 2022.
<b>13. Other demonstration reporting</b>		
<b>13.1 General reporting requirements</b>		
13.1.1 The state reports changes in its implementation of the demonstration that might necessitate a change to approved STCs, implementation plan, or monitoring protocol	X	
13.1.2 The state anticipates the need to make future changes to the STCs, implementation plan, or monitoring protocol, based on expected or upcoming implementation changes	X	
13.1.3 Compared to the demonstration design and operational details, the state expects to make the following changes to: 13.1.3.i. The schedule for completing and submitting monitoring reports	X	
13.1.3.ii. The content or completeness of submitted reports and/or future reports	X	
13.1.4 The state identified real or anticipated issues submitting timely post-approval demonstration deliverables, including a plan for remediation	X	

Medicaid Section 1115 SUD Demonstrations Monitoring Report – Part B Version 3.0  
 Illinois Behavioral Health Transformation

Prompts	State has no update to report (Place an X)	State response
<b>13.2 Post-award public forum</b>		
13.2.2 If applicable within the timing of the demonstration, provide a summary of the annual post-award public forum held pursuant to 42 CFR § 431.420(c) indicating any resulting action items or issues. A summary of the post-award public forum must be included here for the period during which the forum was held and in the annual report.	<b>X</b>	
<b>14. Notable state achievements and/or innovations</b>		
<b>14.1 Narrative information</b>		
14.1.1 Provide any relevant summary of achievements and/or innovations in demonstration enrollment, benefits, operations, and policies pursuant to the hypotheses of the SUD (or if broader demonstration, then SUD related) demonstration or that served to provide better care for individuals, better health for populations, and/or reduce per capita cost. Achievements should focus on significant impacts to beneficiary outcomes. Whenever possible, the summary should describe the achievement or innovation in quantifiable terms, e.g., number of impacted beneficiaries.	<b>X</b>	

\*The state should remove all example text from the table prior to submission.

Note: Licensee and states must prominently display the following notice on any display of Measure rates:

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