



For economic and racial justice

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July 28, 2023

VIA ELECTRONIC SUBMISSION

Secretary Xavier Becerra
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, DC 20201
Re: Illinois Healthcare Transformation Section 1115 Demonstration

Dear Secretary Becerra:

The Shriver Center on Poverty Law respectfully requests that CMS approve the Illinois proposal to extend the Behavioral Health Transformation Section 1115 Demonstration. We are submitting the following comments in support of the waiver extension.

The Shriver Center on Poverty Law (Shriver Center) fights for economic and racial justice. Today, we litigate, shape policy, and train and convene multi-state networks of lawyers, community leaders, and activists nationwide. Together, we are building a future where all people have equal dignity, respect, and power under the law. We fight with and for marginalized people and communities by advocating for policies and laws that direct resources to communities and community-based supports to keep people out of poverty.

Shriver Center believes Illinois' proposals will support the objectives of the Medicaid program by improving coverage for enrollees and advance race and income equity for the communities we serve. Overall, Shriver strongly supports the proposed waiver extension. We commend Illinois for working to ensure that data related to HRSN benefits is collected and available for reporting. Accurate, reliable reporting is essential not just for budget neutrality purposes but also to ensure that enrollees are receiving services as part of care coordination and to facilitate overall demonstration monitoring and evaluation.

We recommend that CMS work with Illinois to assure that the demonstration projects support the use of community-based providers to deliver services. The demonstration provides an important opportunity to include community-based providers in the delivery of waiver services and for Medicaid managed care organizations (MCO) in Illinois to partner with essential community-based providers to develop appropriate rates and to reimburse these providers for non-clinical services.

Medical Respite

Our clients who are homeless and facing serious mental health challenges routinely need and can rarely access medical respite care—either to end or to avoid an acute hospitalization. We frequently receive inquiries from the community-based enrollment assisters, case managers and care coordinators we work with looking for respite services for their vulnerable clients and patients. The current health

coverage options for these individuals are fundamentally inadequate. We strongly support the proposed waiver's plan to provide medical respite for this population.

Food and Nutrition Services

Our clients frequently experience food insecurity, and food access is often hampered by their complex medical needs. We strongly support the waiver provisions around food access and assistance in applying for SNAP. Food is health and recognizing that Medicaid members with significant behavioral and mental health needs have even greater barriers to adequate nutrition is an important step forward for the Medicaid program. Likewise, accessing benefits like SNAP presents particular and acute challenges for individuals who are medically complex and homeless. Ensuring that SNAP functions as it should to prevent hunger in this population depends on the supports included in the waiver proposal.

Non-Medical Transportation

For our clients, transportation to access key services, food, and medications often presents a significant challenge. We often receive referrals and questions from social service providers about help to pay for non-medical transportation for their clients. These clients often have very little or no income and access to public transportation is cost prohibitive. Because of structural disinvestment, our clients are often staying in neighborhoods that are food and pharmacy deserts. Necessary services and goods are often located a non-walkable distance or require travel through areas that may not be safe. Eligibility for health care and food assistance is not meaningful if there is no access to receive services. Therefore, we strongly support the supports in the proposed waiver for transportation.

Justice-Involved Community Reintegration

Shriver Center strongly supports the waiver proposal to include services that have long been shown to be best practices to reintegrate justice-involved individuals into the community. We have worked with providers and clients and patients coming out of the justice system to enroll them in healthcare coverage and other public benefits for many years. We have seen firsthand how hard it is to access necessary benefits and supports, especially a continuum of care and medication coordination, at the vulnerable juncture of release and reentry. Gaps in coverage and care contribute to homelessness, mental health crises, and unsuccessful reintegration. Therefore, we strongly support Illinois's request to provide services in the 90-days prior to release. Covering a targeted set of services (including enhanced care management and coordination, MAT, and a 30-day supply of medications (including MAT) and DME), during the last 90 days of incarceration for a defined high-needs population is critical to ensuring the best transition possible.

We urge CMS to have Illinois 1) establish a clear, limited set of covered pre-release services that are tailored to the goal of improving continuity of care as people return to the community and 2) prioritize the use of community-based providers to deliver the services in partnership with the use of MCOs to coordinate care. We also support CMS requiring a Reentry Initiative Reinvestment Plan to ensure that Medicaid funding doesn't simply replace other current funding sources. Finally, we strongly recommend that CMS ensure that the state's correctional system have the caseworker capacity and training necessary to ensure access to Medicaid (both enrollment and services).

Housing Supports

We work closely with community-based providers seeking housing support for their clients and patients. Adequate, safe, supportive housing is too often very difficult to find. Serious mental health or substance use issues cannot be adequately treated without housing as a medical intervention. Therefore, we strongly support all aspects of the proposed Illinois housing supports plan.

Community Reinvestment Pool

We support the state's proposed Community Reinvestment Pool, which would be spent on implementing HRSN initiatives in communities that have historically been underserved. We urge CMS to comprehensively monitor and require an evaluation of the projects funded under the pool. As a starting point, CMS should require that the state seek input from its Medicaid Advisory Committee (MAC) and the MAC's subcommittees as it develops strategies and interventions that will be supported by the Community Reinvestment Pool, and that the MAC be consulted prior to deployment of any such strategies. CMS should require the state evaluate the impact of re-allocating funding on access to care (when uncompensated care funding is reduced) and the state's safety-net infrastructure.

In conclusion, Shriver Center supports the approval of the extension of the Illinois Healthcare Transformation Section 1115 Demonstration. We believe that this demonstration will have far-reaching positive benefits for the communities we work with and will advance the aims of the Medicaid program as well as reduce health, racial and income inequities for people living in poverty in Illinois.

Sincerely,

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