

## Community Input: Improving Substance Use Disorder (SUD) Care in Illinois Medicaid

The Illinois Department of Healthcare and Family Services (HFS) is seeking community input regarding how to improve substance use disorder care for Medicaid beneficiaries. To complement feedback received through community forums and stakeholder interviews held across Illinois, we also welcome written comments.

We have provided some questions below to help guide your responses. Answering all the questions is **not expected or required**. Please limit written comments to no more than 3 pages.

In your responses, please be concise and do not include extensive background information for well-accepted concepts. Please do provide examples, references, or data for newer concepts. Be sure to include a contact name, title, email, and organization, if applicable.

Thank you for providing us with your valuable input!

Please send your thoughts to the following with Subject Line: SUD Comments **by 5pm on Monday, June 29, 2020**.

- Southern Illinois, South Central Illinois and Central Illinois - Angie Bailey, Southern Illinois Healthcare, at [angie.bailey@sih.net](mailto:angie.bailey@sih.net)
- Northern Illinois or State-Wide Agency or Organization - Christie Edwards, Cook County Health at [credwards@cookcountyhhs.org](mailto:credwards@cookcountyhhs.org)

\* This activity is funded by the Centers for Medicare and Medicaid Services (CMS) through Sec. 1003 of the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act

### **Treatment Initiation, Retention & Recovery**

- What is working well in Illinois?
- What are the biggest challenges/ barriers to accessing and initiating evidence-based treatment?  
*(E.g. provider access/capacity, medications, staff recruitment, behavioral health capacity)*
- What are the biggest challenges/ barriers to retention?  
*(E.g. support staff capacity)*
- What are the biggest challenges/ barriers to recovery?  
*(E.g. case management and referral processes/handoffs especially to mental health services, employment, social support)*
- What are gaps in the continuum of care spanning from early intervention and outpatient services to medically monitored intensive inpatients services and medically managed intensive inpatient services?  
*(E.g. linkage to a higher level of care, transition from crisis care settings to community-based settings)*
- What are the barriers to providing behavioral health care, including SUD treatment, integrated in a primary care setting?
- What opportunities should Illinois Medicaid pursue to improve treatment initiation, retention, and recovery?

## Supportive Services

- What are the essential supportive services and what is their capacity in Illinois for those with SUD?  
*(E.g. housing, mental health services, family supports, life skills, job training, education, recovery support)*
- What is working well in Illinois?
- What are the biggest challenges/barriers?  
*(E.g. homelessness and lack of available housing, unemployment)*
- What should Illinois Medicaid do to foster access to supportive services?

## Harm Reduction & Health Promotion

- What is the role of harm reduction and health promotion in treatment of SUD?  
*(E.g. Naloxone distribution, syringe services, overdose prevention/safe consumption sites, hepatitis testing and treatment)*
- How might Illinois Medicaid more fully support overdose prevention and harm reduction for Medicaid beneficiaries?
- What more can we do in terms of early intervention?

## Payment Issues

- How has the current reimbursement model affected treatment?  
*(E.g. fee for service, lack of Medicaid for those incarcerated, MAT coverage)*
- How might alternative models of payment for care help facilitate improved access to care for Medicaid beneficiaries? *(please provide data and references for innovative solutions whenever possible, including contact information for further discussion)*

## Special Populations

- Do you have any specific concerns regarding special populations?  
*(E.g. justice-involved population, post-partum women, women with children, DCFS-referred persons, individuals with co-occurring serious mental illness (schizophrenia, bipolar disorder))*

## Policy & Societal Barriers

- How does racism and discrimination affect those with SUD and their recovery?  
*(E.g. Disparities in outcomes, Disparities in justice-involvement (e.g. incarceration, probation))*
- How does bias and stigma affect those with SUD and their recovery?
- What are promising proposals for Medicaid to consider that would require a policy change at the Federal level?

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Please feel free to include any other comments or feedback about other ways to improve SUD care and treatment for Medicaid enrollees.