

Illinois Early Learning Council (ELC) Health and Home Visiting Committee (HHVC)
Monday, September 11, 2023
3:00 pm – 4:30 pm

MINUTES

Participants

Co-Chairs: Joanna Su, Diana Rauner

Staff: Jean Davis, Kayla Goldfarb

Participants: Laura Phelan, Martina Rocha, Lisa Mani, Viviana Deltas, Whitney Walsh, Taylor Kirby-Meyer, Ryan Borgdorff, Jaime Russell, Aasta Ziegler, Lori Orr, Vivian Moreno, Megan Adamczewski, Vivian Palicki, Seth Rich, Brittney Hale, Tamara Sanders-Carter, Becky Harles, Katelyn Kanwischer, Maureen Hallagan, Liz Gonzalez, Jennie Pinkwater, Glendean Burton, Alli Lowe-Fotos, Ananya Stoller, Lisa Cohen, Janna Simon, Jody Anderson, Vivian Moreno, Jessica Wilkerson, Tracy Small, Lisa Masinter, Linda Steinberg, Sandra Cartagena, Delreen Schmidt-Lenz, Tiffany Powell, Jon Korfmacher, Brenda Solorzano, Tracy Patton, Sandy Schultz, Stephanie Brown, Kristin Kaufman, Victoria Persky, Laura Beavers, Katie Wise, CJ Gandam, Catherine Enright, Janna Simon, Ann Erickson, Ali Schoon, Noel Norris, Andrea Gargani, Penny Smith, Jody Anderson, Bina Habibi, Louisa St Fleur, Laronda, Jessica Wilkerson, Brittney Hale, Nicole Mann

Welcome and Agenda Review

The meeting was called to order at 3:05 pm. Co-Chair Diana Rauner provided a welcome and reviewed the agenda, including the notice of public comment at the end of the meeting. Attendees were asked to enter their name and organization into the chat for attendance. After a year of level-setting, presentation heavy meetings, the plan is to shift to more discussion.

Review of the minutes

No corrections or changes were noted. The minutes were approved by voting members of the committee.

Medicaid Financing Update (30 minutes)

Lisa Mani and Laura Phelan from the Department of Healthcare and Family Services (HFS) provided an update on Medicaid reimbursement for doula and home visiting services.

General Updates

There are 3 parts to Medicaid reimbursement – become certified and enrolled as a Medicaid provider, provide a Medicaid covered service, and provide that service to a Medicaid customer. HFS sought workgroup feedback on these items and evaluated policies and rates from other states. HFS has sought and continues to seek feedback from informal workgroups and committees like the HHVC on a range of topics including certification, background checks, national provider identification (NPI), continuing education, billing frameworks and training needs.

Note, Medicaid is the second payer. If a family has other health insurance that includes doula or home visiting coverage, Medicaid will look to see that the insurance company has paid first.

HFS is working with the Medicaid Technical Assistance Center (MTAC) to develop training and support for new providers to effectively enroll in and participate in Medicaid. A draft training has been developed and is being evaluated. The training and technical assistance will include how to enroll in the IMPACT system and become a Medicaid provider, how to contract with managed care organizations (MCOs), and how to keep records and file claims. There was a question about whether to create doula specific training. The recently submitted Medicaid 1115 waiver will bring many more community-based, non-medical organizations and providers into Medicaid. MTAC was created by the same legislation that authorized doula and home visiting coverage. The Health and Home Visiting Committee leaders will work with HFS to create a way to gather input on the MTAC training.

Doulas

Doula Certification – Because there is not a single statewide licensing agency for doulas, HFS is working with Southern Illinois University (SIU) to create and manage a certification process for doulas. Illinois has chosen to be inclusive and has compiled a list of existing certifications for doulas in Illinois. They also plan to create a grandfather pathway to allow for those without an accepted certification to work based on their experience. However, some certifications do not include training on all the core topics that have been identified, such as cultural sensitivity. SIU is developing a crosswalk of what is included in each certification to identify which certifications will require doulas to participate in additional training and what that training will be.

The doula State Plan Amendment (SPA) is drafted but does not yet have an effective date. SIU will determine when they can have a certification review process set up before they can set an effective date. The draft CPT codes for doulas are S9445 (prenatal), S9444 (postpartum), labor and delivery (59409, 59514, 59612, or 59620.) HFS changed the codes to “education” to make them apply more broadly to the services that doulas provide. All the labor and delivery codes would pay the same rate - the different codes just note the type of delivery. Doulas will be able to bill as individuals or enter into agreements with a billing agency that will bill on their behalf. At least 1 doula certifying organization is considering serving as a billing agency for doulas under their umbrella.

Note: Medicaid has 12-months postpartum coverage up to 213% of federal poverty limit regardless of immigration status.

HFS’ next steps for doulas are to finalize certification requirements and timeline, finalize rates, prepare and file the State Plan Amendment (SPA) with the federal Centers for Medicare and Medicaid Services (CMS), and develop training content and technical assistance.

When a SPA is submitted, there is a 90-day clock for review and approval by CMS. Sometimes this clock is stopped, but CMS generally assures the state that they will meet their effective date. HFS is unlikely to hold implementation for final approval, even if it is delayed. HFS is hoping for implementation in very early 2024. HFS does not typically do rule making for these types of additions.

Once the SPA is approved, it will take a while to translate into coverage. In order to bill Medicaid, doulas will need to submit documentation of their certification to SIU, enroll in the Medicaid IMPACT system, and contract with MCOs.

Home Visiting

States vary in their billing methodology for home visiting. HFS is still working on the billing methodology for home visiting but will likely use a fee schedule where one code is billed per visit. HFS intends to include all home visiting models in Illinois and plans to use documentation of being in good standing with the agency’s home visiting model, for the purposes of certification. From the Medicaid perspective, HFS is planning to include Universal Newborn Support System providers (UNSS) as home visitors. The UNSS finance group has offered to help research rates and rate methodology.

HFS’ next steps with home visiting are to review the MTAC training and review rates and rate methodologies. HFS is also gathering information about each home visiting model’s certification.

Doula Survey

Following the June 5, 2023, HHVC meeting, a survey was fielded to gather input from doulas working in home visiting agencies on certification and training, Medicaid billing experience, provision of telehealth services, and equity considerations. There were 19 responses, mostly from the Chicagoland area. Respondents identified one additional doula certification to be added to the list compiled by HFS. Most doulas provide some virtual services prenatally, during labor and delivery, and during the post-partum period. Equity concerns included a lack of Spanish speaking doulas and a general lack of awareness of how doulas can support families. There were a range of questions about Medicaid billing and the impact on current programs and services. The results were shared with HFS for their consideration. If it is helpful, the HHVC may conduct a similar survey in the future regarding home visiting.

Doula Alignment

The ELC Executive Committee has charged the HHVC to set a table for multiple stakeholders and ensure the table centers women of color and to provide feedback on how to support doulas across programs.

Taylor Kirby-Meyer is a doula with Kids Above All. One of the participants in her program also joined the meeting. Taylor shared her experiences serving as a doula and the importance of access to doula services. She shared an example of the second birth of a person who had undergone a c-section previously. Taylor was able to help her and give her a sense of control throughout the process. The birthing person said, "I am so glad that you are here. I didn't make it this far last time."

A number of issues were identified for discussion and exploration:

- Certification – should doulas also be certified as home visitors?
- Back up for doulas
- Transitions between doulas and home visitors
- Expectations for supervision and of supervisors
- The availability of technical assistance and support
- Expectations regarding capacity
- Should there be a standard of care
- Availability of support programs including screening and lactation support services
- Cultural competency
- Greater inclusion of fathers/men

The best process(es) to gather information were discussed. A mix of methods might be needed. A survey may not be adequate to get at the issues and to engage a broad enough group of doulas. Listening sessions may be a better way to gather information about the complex issues being raised. Several existing meetings of doulas were discussed that might be hosts to listening sessions. These included the Raising Illinois Perinatal Supports group, the ISBE doula supervisor and technical assistance meetings, and Birth to Five councils. IDHS does not currently host doula meetings but would encourage programs they fund to participate. It was suggested to be sure to include areas where there are disparities such as rural communities and the west side of Chicago. A workgroup may be formed to gather more information and make recommendations to the Committee on doula alignment. Members interested in participating should contact Jean Davis at jean.davis@illinois.gov.

Agency Updates with Emphasis on Smart Start Plans

Joanna Su provided an overview of Smart State FY24 funding increases. ISBE received an additional \$75M for Early Childhood Block Grant Prevention Initiative Home-based and Center-based, Preschool for All (PFA), and PFA Expansion. Awards will be announced by early October.

The IDHS-DEC Home Visiting Bureau received a \$5 million increase in FY24 funds for IDHS Home Visiting. Funds are being used to sustain slots expanded with federal relief funds, align all grantees with cost model for services, invest in infrastructure to support expanded service delivery and expand slots. SFY25 will build on SFY24's foundation by expanding slots into new communities in partnership with ISBE. Slots will be expanded across existing and/or new grantees, maintaining gains made in SFY24. The goal is to serve approximately 500-650 additional families above SFY24 levels. The current grantees are required to meet the salary cost model by FY25. Most have done so. The cost model is being updated during SFY24.

The IDHS-DEC Bureau of Home Visiting is interested in stakeholder feedback about priorities and potential plans for FY25 Smart Start expansions. It hasn't been determined yet what the best format for gathering that feedback is. It may be an HHVC hosted meeting or a separate meeting. The December Health and Home Visiting Committee will also include a focus on FY25 plans.

Public Comments (5 minutes)

There were no public comments. The meeting adjourned at 4:32 pm

Next Meeting: December 6, 2023, 1:30 – 3:00 pm.

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