Illinois Psychiatric Society

Health and Medicine Policy Research Group

RE: Comments on Medicaid 1115 Draft Application

January 22, 2014

I am writing on behalf of the Illinois Psychiatric Society (IPS), a state-wide organization of over 1100 psychiatrists. We are submitting the following comments in response to the State's Proposed Medicaid 1115 Application.

1. **Telehealth (Recommendation 9):** IPS supports the increased use of Telepsychiatry and other Telehealth services to provide quality services to people in rural and underserved areas. It should be noted that in addition to the telemedicine program noted at page 17 of the Proposed 1115 Waiver, UIC also provides telephone behavioral health consultation services to pediatricians and Telepsychiatry services to children and adolescents through the DocAssist program. This program has been very well received by providers and patients and could be used as a prototype. For additional information about the DocAssist program: http://www.psych.uic.edu/docassist/

2. **Medicaid Graduate Medical Education Recommendations:** IPS supports the creation of a Medicaid Graduate Medical Education program in Illinois. Psychiatry residency programs should be included in this new program as there is a shortage of psychiatrists in Illinois. In particular, the State may want to also consider funding Child & Adolescent Psychiatry Fellowship programs as there is a huge need for additional child and adolescent psychiatrists.
3. **Workforce:**
    a. **Integrated Care:** IPS supports the use of various integrated care models such as embedding behavioral healthcare professionals in primary care practices as well as the use of patient registries particularly in community mental health centers. IPS also supports improved coordination of care especially the use of care coordinators. The use of such coordinators will be particularly helpful for services for children and adolescents where input from teachers, social workers, psychologists, psychiatrists and family members can be coordinated so that all providers are working on the same page. The coordination of care team should be under the medical leadership of the psychiatrist.
    b. **Allied Health Care Professionals:** The Proposal mentions several times that healthcare professionals should be working at the fullest extent of his or her education and training. IPS believes that while individuals should be working to the full extent allowed within the scope of the license, this statement should not be interpreted to support the independent practice of allied health practitioners and IPS strongly opposes the use of the 1115

Waiver as a vehicle for the independent practice of allied health professions including as a vehicle for the licensing of prescribing psychologists.

4. **Use of Assertive Community Treatment (ACT) and Community Support Teams (CST).** IPS supports the use of ACT and CST teams as these have been empirically proven to help persons with mental illnesses. Multiple studies show that ACT programs reduce hospital days by 58% compared to case management services, and by 78% compared to outpatient clinic care. A review of published results from several forensic ACT programs indicated lower arrests, jail days and hospitalizations. For example, one forensic ACT program had 85% fewer hospital days, saving $917,000 in a single year, and also found an 83% reduction in jail days, saving jail costs. *NAMI FACT Sheet, September 2007.*

Respectfully submitted,

Linda Gruenberg, DO

President, Illinois Psychiatric Society