

Illinois Premature Infant Health Network
Meeting Minutes 6-21-2010

In attendance: Sara Howard, Kathy Chan, Lenny Gibeault, Rupa Nimmagadda, Brad Schmidgall, Benita Carpenter-Smith, Cathy Wiggins, MaryEllen Baker, Edith Chernoff, Susan Knight, Loretta Lattyak, Amy Zimmerman, Diane Eikenberry, Sheree Hammond, Glenda R. Spearman, LaConda Mines, Ann Borders, Laura Amsden, Kaitlin Wolf

- I. Federal Policy Updates: Sara Howard, IMCHC
 - a. Medicaid: Expanded to 133% FPL for everyone, which helps if we consider prematurity as a lifespan issue
 - b. CHIP and All Kids: Continued through 2019 with full federal funding through 2015
 - c. Maintenance of Effort Requirement: States may not scale back eligibility for individuals who were eligible as of March 23, 2010. If states choose to scale back eligibility they will forfeit all of their Medicaid funding
 - d. Home visiting: There are additional funds set aside for new home visitation models, but we are still waiting for guidance from the federal government on this issue
- II. State Policy Updates: Kathy Chan, IMCHC
 - a. The General Assembly passed several budget bills which gave lump sum appropriations to the departments and an additional lump sum appropriation to the Governor to distribute as he chooses, most of this is via the Emergency Budget Act which does the following:
 - i. Gives unprecedented powers to the governor to make changes to contracts, eligibility standards and programs at will until January 2011
 - ii. Extends the time period of "lapsed spending" from August 31 to December 31 so that some fiscal year 2010 bills will not be paid until the end of the year
 - iii. Mandates that prior bills be paid before the fiscal year 2011 bills
 - b. Anticipated impact on providers: The funding levels of the lump sum appropriations are similar to last year's funding levels, but this doesn't mean that FY11 will be the same. Right now the Governor, the Governor's Office of Management and Budget, and the Department heads are making decisions about where the lump sum appropriations should go. Because they don't have adequate revenue this means more cuts and delays to try and fill the gap. Another problem is that the budget does not guarantee that providers will be paid for services within the year of providing the services or even paid at the same levels as were included in the original signed contract. Human services providers are again being put in the position of operating in an environment of increasing uncertainty, where funding levels, contracts and payments are in flux.
 - c. Other children's health bills: the move to permanent medical cards for individuals on public insurance plans (about 2.6 million people) and the elimination of the 3 month waiting period for families to get back on All Kids after they've had past due premiums
 - d. SB 3273 came out of the Prematurity Summit and requires IDPH to pull information from hospital records to follow the rehospitalization of premature infants, as well as create informational materials for families with premature infants

- i. IPIHN will draft and send a letter to IDPH to let them know we are available to help with those materials
- III. Continuity of Care Committee Update: Rupa Nimmagadda
 - a. We're still figuring out the best way to use the survey in conjunction with ICAAP and the Fetus & Newborn committee, Dr. Vasa is connecting us there
 - b. We're also looking at what happens when children age out of EI, and starting to consider prematurity as a lifespan issue
 - c. We're reaching out to other groups
 - d. We've decided to highlight prevention for Prematurity Awareness Month
- IV. EI Task Force, EI Issues: Pam Northrop and Amy Zimmerman
 - a. CFCS are struggling with what to do about the state budget, services coordinators
 - i. Problems include loss of providers, EI providers not being available, wait lists for services, evaluations getting done but then children can't get the services they need from the eval – statewide issue
 - ii. They're seeing a decrease in referrals, which are important for early identification of higher needs children
 - iii. Pediatricians don't want to take the time to put everything in writing for EI, they need a model of what to say for EI
 - iv. Under 3 medical diagnostics are only through EI, not mandated federally and a team assessment is hard with insurance (a year ago child and family connections got in trouble for not doing the assessments in a team setting)
 - v. IFSP – must be done
 - vi. Over 3 availability is very limited, EI pays a higher rate
 - b. EI Task force
 - i. Recommendation for a web-based system
 - ii. Review of the service delivery model (compare it with other states)
 - iii. Personnel issues
 - iv. Create a workgroup for identifying referral best practices, and to get kids under age 1
 - v. Review eligibility annually
 - vi. Consistent use of technology
 - vii. Qualitative monitoring
 - viii. Transition issues
 - ix. Funding – need to cut costs
- V. March of Dimes Updates: Susan Knight, MOD
 - a. They have 2 RFPs, one is for 5 hospitals to use the California Toolkit to prevent elective C-Sections before 39 weeks
 - b. Their NICU Family Support Group is looking for a part-timer at Prentice
 - c. Perinatal networks are also looking at elective C-Sections
- VI. Other Issues
 - a. Email Sara (showard@ilmaternal.org) with ideas for November's Prematurity Awareness Month
 - b. If you would like to join the education committee email Sara as well
- VII. Special presentation: The National Children's Study

- VIII. Next Full IPIHN Meeting: September 20th from 9-11:30am at Northshore University Health System, Room 1602 in the Women's Building (and they are graciously providing us breakfast!)
- a. Next IPIHN Committee Calls will be on August 9th, with Continuity of Care at 11 and State Policy at 1