



## 104TH GENERAL ASSEMBLY

### State of Illinois

2025 and 2026

HB2993

Introduced 2/6/2025, by Rep. Lindsey LaPointe

#### SYNOPSIS AS INTRODUCED:

305 ILCS 66/20-10

Amends the Rebuild Illinois Mental Health Workforce Act. Provides that beginning January 1, 2026, for each State fiscal year, a monthly directed payment shall be paid to each community mental health provider of community support individual services based on the number of Medicaid users of community support individual services documented by Medicaid fee-for-service and managed care encounter claims delivered by the provider in the base year. Sets forth how the monthly directed payment shall be calculated. Requires the Department of Healthcare and Family Services to adjust and pay community mental health providers for any payments authorized for all services from a community mental health provider which have been paid by a Medicaid managed care organization but no encounter claim has been recorded in the Departments' Enterprise Data Warehouse. Provides that the Department must develop a process for community mental health providers to reconcile these payments and submit claims for which the Department has not used for making payments. Permits the Department to sanction Medicaid managed care organizations for services not received by the Department.

LRB104 10054 KTG 20125 b

1 AN ACT concerning public aid.

2 **Be it enacted by the People of the State of Illinois,**  
3 **represented in the General Assembly:**

4 Section 5. The Rebuild Illinois Mental Health Workforce  
5 Act is amended by changing Section 20-10 as follows:

6 (305 ILCS 66/20-10)

7 Sec. 20-10. Medicaid funding for community mental health  
8 services. Medicaid funding for the specific community mental  
9 health services listed in this Act shall be adjusted and paid  
10 as set forth in this Act. Such payments shall be paid in  
11 addition to the base Medicaid reimbursement rate and add-on  
12 payment rates per service unit.

13 (a) The payment adjustments shall begin on July 1, 2022  
14 for State Fiscal Year 2023 and shall continue for every State  
15 fiscal year thereafter.

16 (1) Individual Therapy Medicaid Payment rate for  
17 services provided under the H0004 Code:

18 (A) The Medicaid total payment rate for individual  
19 therapy provided by a qualified mental health  
20 professional shall be increased by no less than \$9 per  
21 service unit.

22 (B) The Medicaid total payment rate for individual  
23 therapy provided by a mental health professional shall

1 be increased by no less than \$9 per service unit.

2 (2) Community Support - Individual Medicaid Payment  
3 rate for services provided under the H2015 Code: All  
4 community support - individual services shall be increased  
5 by no less than \$15 per service unit.

6 (3) Case Management Medicaid Add-on Payment for  
7 services provided under the T1016 code: All case  
8 management services rates shall be increased by no less  
9 than \$15 per service unit.

10 (4) Assertive Community Treatment Medicaid Add-on  
11 Payment for services provided under the H0039 code: The  
12 Medicaid total payment rate for assertive community  
13 treatment services shall increase by no less than \$8 per  
14 service unit.

15 (5) Medicaid user-based directed payments.

16 (A) For each State fiscal year, a monthly directed  
17 payment shall be paid to a community mental health  
18 provider of community support team services based on  
19 the number of Medicaid users of community support team  
20 services documented by Medicaid fee-for-service and  
21 managed care encounter claims delivered by that  
22 provider in the base year. The Department of  
23 Healthcare and Family Services shall make the monthly  
24 directed payment to each provider entitled to directed  
25 payments under this Act by no later than the last day  
26 of each month throughout each State fiscal year.

1           (i) The monthly directed payment for a  
2           community support team provider shall be  
3           calculated as follows: The sum total number of  
4           individual Medicaid users of community support  
5           team services delivered by that provider  
6           throughout the base year, multiplied by \$4,200 per  
7           Medicaid user, divided into 12 equal monthly  
8           payments for the State fiscal year.

9           (ii) As used in this subparagraph, "user"  
10          means an individual who received at least 200  
11          units of community support team services (H2016)  
12          during the base year.

13          (B) For each State fiscal year, a monthly directed  
14          payment shall be paid to each community mental health  
15          provider of assertive community treatment services  
16          based on the number of Medicaid users of assertive  
17          community treatment services documented by Medicaid  
18          fee-for-service and managed care encounter claims  
19          delivered by the provider in the base year.

20          (i) The monthly direct payment for an  
21          assertive community treatment provider shall be  
22          calculated as follows: The sum total number of  
23          Medicaid users of assertive community treatment  
24          services provided by that provider throughout the  
25          base year, multiplied by \$6,000 per Medicaid user,  
26          divided into 12 equal monthly payments for that

1 State fiscal year.

2 (ii) As used in this subparagraph, "user"  
3 means an individual that received at least 300  
4 units of assertive community treatment services  
5 during the base year.

6 (B-5) Beginning January 1, 2026, for each State  
7 fiscal year, a monthly directed payment shall be paid  
8 to each community mental health provider of community  
9 support individual services based on the number of  
10 Medicaid users of community support individual  
11 services documented by Medicaid fee-for-service and  
12 managed care encounter claims delivered by the  
13 provider in the base year. The monthly direct payment  
14 for a community support individual provider shall be  
15 calculated as follows: The sum total number of  
16 Medicaid users of community support individual  
17 services provided by that provider throughout the base  
18 year, multiplied by \$2,400 per Medicaid user, divided  
19 into 12 equal monthly payments for that State fiscal  
20 year.

21 As used in this subparagraph, "user" means an  
22 individual that received at least 100 units of  
23 community support individual services during the base  
24 year.

25 (C) The base year for directed payments under this  
26 Section shall be calendar year 2019 for State Fiscal

1 Year 2023 and State Fiscal Year 2024. For the State  
2 fiscal year beginning on July 1, 2024, and for every  
3 State fiscal year thereafter, the base year shall be  
4 the calendar year that ended 18 months prior to the  
5 start of the State fiscal year in which payments are  
6 made.

7 (D) The Department must adjust and pay community  
8 mental health providers for any payments authorized  
9 under this paragraph (5) for all services from a  
10 community mental health provider which have been paid  
11 by a Medicaid managed care organization but no  
12 encounter claim has been recorded in the Departments'  
13 Enterprise Data Warehouse. The Department must develop  
14 a process for community mental health providers to  
15 reconcile these payments and submit claims for which  
16 the Department has not used for making payments. The  
17 Department may sanction Medicaid managed care  
18 organizations for services not received by the  
19 Department.

20 (b) Subject to federal approval, a one-time directed  
21 payment must be made in calendar year 2023 for community  
22 mental health services provided by community mental health  
23 providers. The one-time directed payment shall be for an  
24 amount appropriated for these purposes. The one-time directed  
25 payment shall be for services for Integrated Assessment and  
26 Treatment Planning and other intensive services, including,

1 but not limited to, services for Mobile Crisis Response,  
2 crisis intervention, and medication monitoring. The amounts  
3 and services used for designing and distributing these  
4 one-time directed payments shall not be construed to require  
5 any future rate or funding increases for the same or other  
6 mental health services.

7 (c) The following payment adjustments shall be made:

8 (1) Subject to federal approval, beginning on January  
9 1, 2024, the Department shall introduce rate increases to  
10 behavioral health services no less than by the following  
11 targeted pool for the specified services provided by  
12 community mental health centers:

13 (A) Mobile Crisis Response, \$6,800,000;

14 (B) Crisis Intervention, \$4,000,000;

15 (C) Integrative Assessment and Treatment Planning  
16 services, \$10,500,000;

17 (D) Group Therapy, \$1,200,000;

18 (E) Family Therapy, \$500,000;

19 (F) Community Support Group, \$4,000,000; and

20 (G) Medication Monitoring, \$3,000,000.

21 (2) Rate increases shall be determined with  
22 significant input from Illinois behavioral health trade  
23 associations and advocates. The Department must use  
24 service units delivered under the fee-for-service and  
25 managed care programs by community mental health centers  
26 during State Fiscal Year 2022. These services are used for

1 distributing the targeted pools and setting rates but do  
2 not prohibit the Department from paying providers not  
3 enrolled as community mental health centers the same rate  
4 if providing the same services.

5 (d) Rate simplification for team-based services.

6 (1) The Department shall work with stakeholders to  
7 redesign reimbursement rates for behavioral health  
8 team-based services established under the Rehabilitation  
9 Option of the Illinois Medicaid State Plan supporting  
10 individuals with chronic or complex behavioral health  
11 conditions and crisis services. Subject to federal  
12 approval, the redesigned rates shall seek to introduce  
13 bundled payment systems that minimize provider claiming  
14 activities while transitioning the focus of treatment  
15 towards metrics and outcomes. Federally approved rate  
16 models shall seek to ensure reimbursement levels are no  
17 less than the State's total reimbursement for similar  
18 services in calendar year 2023, including all service  
19 level payments, add-ons, and all other payments specified  
20 in this Section.

21 (2) In State Fiscal Year 2024, the Department shall  
22 identify an existing, or establish a new, Behavioral  
23 Health Outcomes Stakeholder Workgroup to help inform the  
24 identification of metrics and outcomes for team-based  
25 services.

26 (3) In State Fiscal Year 2025, subject to federal

1 approval, the Department shall introduce a  
2 pay-for-performance model for team-based services to be  
3 informed by the Behavioral Health Outcomes Stakeholder  
4 Workgroup.

5 (e) Beginning January 1, 2026, the Department must  
6 increase the on-site and off-site rates for family therapy,  
7 individual therapy, community support individual, targeted  
8 case management, and assessment and treatment planning  
9 services provided by mental health professionals (Modifier  
10 HN), qualified mental health professionals (Modifier HO) and  
11 psychologists with masters degree (Modifier AH). The increased  
12 rates for all these services must be 5% higher than the rates  
13 in effect January 1, 2025 and no service provided by the same  
14 staff level may be less than any other service increased under  
15 the provisions of this Section. The Department must also  
16 increase the hourly rate for intensive outpatient services for  
17 children to no less than \$100.

18 (Source: P.A. 102-699, eff. 4-19-22; 102-1118, eff. 1-18-23;  
19 103-102, eff. 7-1-23; 103-154, eff. 6-30-23.)