



Sen. Heather A. Steans

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LRB101 04633 KTG 60062 a

1 AMENDMENT TO HOUSE BILL 2154

2 AMENDMENT NO. _____. Amend House Bill 2154 by replacing
3 everything after the enacting clause with the following:

4 "Section 1. References to Act; intent; purposes. This Act
5 may be referred to as the Children and Young Adult Mental
6 Health Crisis Act. It is intended to fill in significant gaps
7 in Illinois' mental health treatment system for children and
8 young adults given that this is the age group that most mental
9 health conditions begin to manifest.

10 Section 5. Findings. The General Assembly finds as follows:

11 (1) Over 850,000 children and young adults under age 25 in
12 Illinois will experience a mental health condition. Barely
13 one-third will get treatment even though treatment can lead to
14 recovery and wellness.

15 (2) Every year hundreds of Illinois children with treatable
16 serious mental health conditions are forced to remain in

1 psychiatric hospitals far beyond medical necessity because
2 subsequent treatment options are not available.

3 (3) There are many gaps in Illinois' publicly funded mental
4 health system, and private insurance does not cover proven
5 treatment approaches covered by the public sector.

6 (4) Children and young adults must have access to the level
7 of mental health treatment they need at the first signs of a
8 problem to prevent worsening of the condition and the use of
9 substances for purposes of self-medication.

10 (5) Illinois' mental health system for children and young
11 adults must align with system of care principles, which were
12 developed by The Georgetown University Center for Child and
13 Human Development and are the nationally recognized best
14 practices for developing a strong treatment system.

15 (6) This Act contains many of the crucial elements that
16 Illinois requires for building an appropriate service delivery
17 system and for coverage of a comprehensive array of services
18 through private insurance.

19 Section 10. The State Employees Group Insurance Act of 1971
20 is amended by changing Section 6.11 as follows:

21 (5 ILCS 375/6.11)

22 (Text of Section before amendment by P.A. 100-1170)

23 Sec. 6.11. Required health benefits; Illinois Insurance
24 Code requirements. The program of health benefits shall provide

1 the post-mastectomy care benefits required to be covered by a
2 policy of accident and health insurance under Section 356t of
3 the Illinois Insurance Code. The program of health benefits
4 shall provide the coverage required under Sections 356g,
5 356g.5, 356g.5-1, 356m, 356u, 356w, 356x, 356z.2, 356z.4,
6 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12, 356z.13,
7 356z.14, 356z.15, 356z.17, 356z.22, 356z.25, ~~and~~ 356z.26, ~~and~~
8 356z.29, 356z.32, and 356z.33 of the Illinois Insurance Code.
9 The program of health benefits must comply with Sections
10 155.22a, 155.37, 355b, 356z.19, 370c, and 370c.1 of the
11 Illinois Insurance Code. The Department of Insurance shall
12 enforce the requirements of this Section.

13 Rulemaking authority to implement Public Act 95-1045, if
14 any, is conditioned on the rules being adopted in accordance
15 with all provisions of the Illinois Administrative Procedure
16 Act and all rules and procedures of the Joint Committee on
17 Administrative Rules; any purported rule not so adopted, for
18 whatever reason, is unauthorized.

19 (Source: P.A. 99-480, eff. 9-9-15; 100-24, eff. 7-18-17;
20 100-138, eff. 8-18-17; 100-863, eff. 8-14-18; 100-1024, eff.
21 1-1-19; 100-1057, eff. 1-1-19; 100-1102, eff. 1-1-19; revised
22 1-8-19.)

23 (Text of Section after amendment by P.A. 100-1170)

24 Sec. 6.11. Required health benefits; Illinois Insurance
25 Code requirements. The program of health benefits shall provide

1 the post-mastectomy care benefits required to be covered by a
2 policy of accident and health insurance under Section 356t of
3 the Illinois Insurance Code. The program of health benefits
4 shall provide the coverage required under Sections 356g,
5 356g.5, 356g.5-1, 356m, 356u, 356w, 356x, 356z.2, 356z.4,
6 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12, 356z.13,
7 356z.14, 356z.15, 356z.17, 356z.22, 356z.25, 356z.26, 356z.29,
8 ~~and~~ 356z.32, and 356z.33 of the Illinois Insurance Code. The
9 program of health benefits must comply with Sections 155.22a,
10 155.37, 355b, 356z.19, 370c, and 370c.1 of the Illinois
11 Insurance Code. The Department of Insurance shall enforce the
12 requirements of this Section with respect to Sections 370c and
13 370c.1 of the Illinois Insurance Code; all other requirements
14 of this Section shall be enforced by the Department of Central
15 Management Services.

16 Rulemaking authority to implement Public Act 95-1045, if
17 any, is conditioned on the rules being adopted in accordance
18 with all provisions of the Illinois Administrative Procedure
19 Act and all rules and procedures of the Joint Committee on
20 Administrative Rules; any purported rule not so adopted, for
21 whatever reason, is unauthorized.

22 (Source: P.A. 99-480, eff. 9-9-15; 100-24, eff. 7-18-17;
23 100-138, eff. 8-18-17; 100-863, eff. 8-14-18; 100-1024, eff.
24 1-1-19; 100-1057, eff. 1-1-19; 100-1102, eff. 1-1-19;
25 100-1170, eff. 6-1-19.)

1 Section 15. The Counties Code is amended by changing
2 Section 5-1069.3 as follows:

3 (55 ILCS 5/5-1069.3)

4 Sec. 5-1069.3. Required health benefits. If a county,
5 including a home rule county, is a self-insurer for purposes of
6 providing health insurance coverage for its employees, the
7 coverage shall include coverage for the post-mastectomy care
8 benefits required to be covered by a policy of accident and
9 health insurance under Section 356t and the coverage required
10 under Sections 356g, 356g.5, 356g.5-1, 356u, 356w, 356x,
11 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12, 356z.13,
12 356z.14, 356z.15, 356z.22, 356z.25, ~~and~~ 356z.26, ~~and~~ 356z.29,
13 356z.32, and 356z.33 of the Illinois Insurance Code. The
14 coverage shall comply with Sections 155.22a, 355b, 356z.19, and
15 370c of the Illinois Insurance Code. The Department of
16 Insurance shall enforce the requirements of this Section. The
17 requirement that health benefits be covered as provided in this
18 Section is an exclusive power and function of the State and is
19 a denial and limitation under Article VII, Section 6,
20 subsection (h) of the Illinois Constitution. A home rule county
21 to which this Section applies must comply with every provision
22 of this Section.

23 Rulemaking authority to implement Public Act 95-1045, if
24 any, is conditioned on the rules being adopted in accordance
25 with all provisions of the Illinois Administrative Procedure

1 Act and all rules and procedures of the Joint Committee on
2 Administrative Rules; any purported rule not so adopted, for
3 whatever reason, is unauthorized.

4 (Source: P.A. 99-480, eff. 9-9-15; 100-24, eff. 7-18-17;
5 100-138, eff. 8-18-17; 100-863, eff. 8-14-18; 100-1024, eff.
6 1-1-19; 100-1057, eff. 1-1-19; 100-1102, eff. 1-1-19; revised
7 10-3-18.)

8 Section 20. The Illinois Municipal Code is amended by
9 changing Section 10-4-2.3 as follows:

10 (65 ILCS 5/10-4-2.3)

11 Sec. 10-4-2.3. Required health benefits. If a
12 municipality, including a home rule municipality, is a
13 self-insurer for purposes of providing health insurance
14 coverage for its employees, the coverage shall include coverage
15 for the post-mastectomy care benefits required to be covered by
16 a policy of accident and health insurance under Section 356t
17 and the coverage required under Sections 356g, 356g.5,
18 356g.5-1, 356u, 356w, 356x, 356z.6, 356z.8, 356z.9, 356z.10,
19 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.22, 356z.25,
20 ~~and~~ 356z.26, ~~and~~ 356z.29, 356z.32, and 356z.33 of the Illinois
21 Insurance Code. The coverage shall comply with Sections
22 155.22a, 355b, 356z.19, and 370c of the Illinois Insurance
23 Code. The Department of Insurance shall enforce the
24 requirements of this Section. The requirement that health

1 benefits be covered as provided in this is an exclusive power
2 and function of the State and is a denial and limitation under
3 Article VII, Section 6, subsection (h) of the Illinois
4 Constitution. A home rule municipality to which this Section
5 applies must comply with every provision of this Section.

6 Rulemaking authority to implement Public Act 95-1045, if
7 any, is conditioned on the rules being adopted in accordance
8 with all provisions of the Illinois Administrative Procedure
9 Act and all rules and procedures of the Joint Committee on
10 Administrative Rules; any purported rule not so adopted, for
11 whatever reason, is unauthorized.

12 (Source: P.A. 99-480, eff. 9-9-15; 100-24, eff. 7-18-17;
13 100-138, eff. 8-18-17; 100-863, eff. 8-14-18; 100-1024, eff.
14 1-1-19; 100-1057, eff. 1-1-19; 100-1102, eff. 1-1-19; revised
15 10-4-18.)

16 Section 25. The School Code is amended by changing Section
17 10-22.3f as follows:

18 (105 ILCS 5/10-22.3f)

19 Sec. 10-22.3f. Required health benefits. Insurance
20 protection and benefits for employees shall provide the
21 post-mastectomy care benefits required to be covered by a
22 policy of accident and health insurance under Section 356t and
23 the coverage required under Sections 356g, 356g.5, 356g.5-1,
24 356u, 356w, 356x, 356z.6, 356z.8, 356z.9, 356z.11, 356z.12,

1 356z.13, 356z.14, 356z.15, 356z.22, 356z.25, ~~and~~ 356z.26, ~~and~~
2 356z.29, 356z.32, and 356z.33 of the Illinois Insurance Code.
3 Insurance policies shall comply with Section 356z.19 of the
4 Illinois Insurance Code. The coverage shall comply with
5 Sections 155.22a, 355b, and 370c of the Illinois Insurance
6 Code. The Department of Insurance shall enforce the
7 requirements of this Section.

8 Rulemaking authority to implement Public Act 95-1045, if
9 any, is conditioned on the rules being adopted in accordance
10 with all provisions of the Illinois Administrative Procedure
11 Act and all rules and procedures of the Joint Committee on
12 Administrative Rules; any purported rule not so adopted, for
13 whatever reason, is unauthorized.

14 (Source: P.A. 100-24, eff. 7-18-17; 100-138, eff. 8-18-17;
15 100-863, eff. 8-14-18; 100-1024, eff. 1-1-19; 100-1057, eff.
16 1-1-19; 100-1102, eff. 1-1-19; revised 10-4-18.)

17 Section 30. The Illinois Insurance Code is amended by
18 adding Section 356z.33 as follows:

19 (215 ILCS 5/356z.33 new)

20 Sec. 356z.33. Coverage of treatment models for early
21 treatment of serious mental illnesses.

22 (a) For purposes of early treatment of a serious mental
23 illness in a child or young adult under age 26, a group or
24 individual policy of accident and health insurance, or managed

1 care plan, that is amended, delivered, issued, or renewed after
2 December 31, 2020 shall provide coverage of the following
3 bundled, evidence-based treatment:

4 (1) Coordinated specialty care for first episode
5 psychosis treatment, covering the elements of the
6 treatment model included in the most recent national
7 research trials conducted by the National Institute of
8 Mental Health in the Recovery After an Initial
9 Schizophrenia Episode (RAISE) trials for psychosis
10 resulting from a serious mental illness, but excluding the
11 components of the treatment model related to education and
12 employment support.

13 (2) Assertive community treatment (ACT) and community
14 support team (CST) treatment. The elements of ACT and CST
15 to be covered shall include those covered under Article V
16 of the Illinois Public Aid Code, through 89 Ill. Adm. Code
17 140.453(d)(4).

18 (b) Adherence to the clinical models. For purposes of
19 ensuring adherence to the coordinated specialty care for first
20 episode psychosis treatment model, only providers contracted
21 with the Department of Human Services' Division of Mental
22 Health to be FIRST.IL providers to deliver coordinated
23 specialty care for first episode psychosis treatment shall be
24 permitted to provide such treatment in accordance with this
25 Section and such providers must adhere to the fidelity of the
26 treatment model. For purposes of ensuring fidelity to ACT and

1 CST, only providers certified to provide ACT and CST by the
2 Department of Human Services' Division of Mental Health and
3 approved to provide ACT and CST by the Department of Healthcare
4 and Family Services, or its designee, in accordance with 89
5 Ill. Adm. Code 140, shall be permitted to provide such services
6 under this Section and such providers shall be required to
7 adhere to the fidelity of the models.

8 (c) Development of medical necessity criteria for
9 coverage. Within 6 months after the effective date of this
10 amendatory Act of the 101st General Assembly, the Department of
11 Insurance shall lead and convene a workgroup that includes the
12 Department of Human Services' Division of Mental Health, the
13 Department of Healthcare and Family Services, providers of the
14 treatment models listed in this Section, and insurers operating
15 in Illinois to develop medical necessity criteria for such
16 treatment models for purposes of coverage under this Section.
17 The workgroup shall use the medical necessity criteria the
18 State and other states use as guidance for establishing medical
19 necessity for insurance coverage. The Department of Insurance
20 shall adopt a rule that defines medical necessity for each of
21 the 3 treatment models listed in this Section by no later than
22 June 30, 2020 based on the workgroup's recommendations.

23 (d) For purposes of credentialing the mental health
24 professionals and other medical professionals that are part of
25 a coordinated specialty care for first episode psychosis
26 treatment team, an ACT team, or a CST team, the credentialing

1 of the psychiatrist or the licensed clinical leader of the
2 treatment team shall qualify all members of the treatment team
3 to be credentialed with the insurer.

4 (e) Payment for the services performed under the treatment
5 models listed in this Section shall be based on a bundled
6 treatment model or payment, rather than payment for each
7 separate service delivered by a treatment team member. By no
8 later than 6 months after the effective date of this amendatory
9 Act of the 101st General Assembly, the Department of Insurance
10 shall convene a workgroup of Illinois insurance companies and
11 Illinois mental health treatment providers that deliver the
12 bundled treatment approaches listed in this Section to
13 determine a coding solution that allows for these bundled
14 treatment models to be coded and paid for as a bundle of
15 services, similar to intensive outpatient treatment where
16 multiple services are covered under one billing code or a
17 bundled set of billing codes. The coding solution shall ensure
18 that services delivered using coordinated specialty care for
19 first episode psychosis treatment, ACT, or CST are provided and
20 billed as a bundled service, rather than for each individual
21 service provided by a treatment team member, which would
22 deconstruct the evidence-based practice. The coding solution
23 shall be reached prior to coverage, which shall begin for plans
24 amended, delivered, issued, or renewed after December 31, 2020,
25 to ensure coverage of the treatment team approaches as intended
26 by this Section.

1 (f) If, at any time, the Secretary of the United States
2 Department of Health and Human Services, or its successor
3 agency, adopts rules or regulations to be published in the
4 Federal Register or publishes a comment in the Federal Register
5 or issues an opinion, guidance, or other action that would
6 require the State, under any provision of the Patient
7 Protection and Affordable Care Act (P.L. 111-148), including,
8 but not limited to, 42 U.S.C. 18031(d)(3)(b), or any successor
9 provision, to defray the cost of any coverage for serious
10 mental illnesses or serious emotional disturbances outlined in
11 this Section, then the requirement that a group or individual
12 policy of accident and health insurance or managed care plan
13 cover the bundled treatment approaches listed in this Section
14 is inoperative other than any such coverage authorized under
15 Section 1902 of the Social Security Act, 42 U.S.C. 1396a, and
16 the State shall not assume any obligation for the cost of the
17 coverage.

18 (g) After 5 years following full implementation of this
19 Section, if requested by an insurer, the Department of
20 Insurance shall contract with an independent third party with
21 expertise in analyzing health insurance premiums and costs to
22 perform an independent analysis of the impact coverage of the
23 team-based treatment models listed in this Section has had on
24 insurance premiums in Illinois. If premiums increased by more
25 than 1% annually solely due to coverage of these treatment
26 models, coverage of these models shall no longer be required.

1 (h) The Department of Insurance shall adopt any rules
2 necessary to implement the provisions of this Section by no
3 later than June 30, 2020.

4 Section 35. The Health Maintenance Organization Act is
5 amended by changing Section 5-3 as follows:

6 (215 ILCS 125/5-3) (from Ch. 111 1/2, par. 1411.2)

7 Sec. 5-3. Insurance Code provisions.

8 (a) Health Maintenance Organizations shall be subject to
9 the provisions of Sections 133, 134, 136, 137, 139, 140, 141.1,
10 141.2, 141.3, 143, 143c, 147, 148, 149, 151, 152, 153, 154,
11 154.5, 154.6, 154.7, 154.8, 155.04, 155.22a, 355.2, 355.3,
12 355b, 356g.5-1, 356m, 356v, 356w, 356x, 356y, 356z.2, 356z.4,
13 356z.5, 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12,
14 356z.13, 356z.14, 356z.15, 356z.17, 356z.18, 356z.19, 356z.21,
15 356z.22, 356z.25, 356z.26, 356z.29, 356z.30, 356z.32, 356z.33,
16 364, 364.01, 367.2, 367.2-5, 367i, 368a, 368b, 368c, 368d,
17 368e, 370c, 370c.1, 401, 401.1, 402, 403, 403A, 408, 408.2,
18 409, 412, 444, and 444.1, paragraph (c) of subsection (2) of
19 Section 367, and Articles IIA, VIII 1/2, XII, XII 1/2, XIII,
20 XIII 1/2, XXV, and XXVI of the Illinois Insurance Code.

21 (b) For purposes of the Illinois Insurance Code, except for
22 Sections 444 and 444.1 and Articles XIII and XIII 1/2, Health
23 Maintenance Organizations in the following categories are
24 deemed to be "domestic companies":

1 (1) a corporation authorized under the Dental Service
2 Plan Act or the Voluntary Health Services Plans Act;

3 (2) a corporation organized under the laws of this
4 State; or

5 (3) a corporation organized under the laws of another
6 state, 30% or more of the enrollees of which are residents
7 of this State, except a corporation subject to
8 substantially the same requirements in its state of
9 organization as is a "domestic company" under Article VIII
10 1/2 of the Illinois Insurance Code.

11 (c) In considering the merger, consolidation, or other
12 acquisition of control of a Health Maintenance Organization
13 pursuant to Article VIII 1/2 of the Illinois Insurance Code,

14 (1) the Director shall give primary consideration to
15 the continuation of benefits to enrollees and the financial
16 conditions of the acquired Health Maintenance Organization
17 after the merger, consolidation, or other acquisition of
18 control takes effect;

19 (2) (i) the criteria specified in subsection (1) (b) of
20 Section 131.8 of the Illinois Insurance Code shall not
21 apply and (ii) the Director, in making his determination
22 with respect to the merger, consolidation, or other
23 acquisition of control, need not take into account the
24 effect on competition of the merger, consolidation, or
25 other acquisition of control;

26 (3) the Director shall have the power to require the

1 following information:

2 (A) certification by an independent actuary of the
3 adequacy of the reserves of the Health Maintenance
4 Organization sought to be acquired;

5 (B) pro forma financial statements reflecting the
6 combined balance sheets of the acquiring company and
7 the Health Maintenance Organization sought to be
8 acquired as of the end of the preceding year and as of
9 a date 90 days prior to the acquisition, as well as pro
10 forma financial statements reflecting projected
11 combined operation for a period of 2 years;

12 (C) a pro forma business plan detailing an
13 acquiring party's plans with respect to the operation
14 of the Health Maintenance Organization sought to be
15 acquired for a period of not less than 3 years; and

16 (D) such other information as the Director shall
17 require.

18 (d) The provisions of Article VIII 1/2 of the Illinois
19 Insurance Code and this Section 5-3 shall apply to the sale by
20 any health maintenance organization of greater than 10% of its
21 enrollee population (including without limitation the health
22 maintenance organization's right, title, and interest in and to
23 its health care certificates).

24 (e) In considering any management contract or service
25 agreement subject to Section 141.1 of the Illinois Insurance
26 Code, the Director (i) shall, in addition to the criteria

1 specified in Section 141.2 of the Illinois Insurance Code, take
2 into account the effect of the management contract or service
3 agreement on the continuation of benefits to enrollees and the
4 financial condition of the health maintenance organization to
5 be managed or serviced, and (ii) need not take into account the
6 effect of the management contract or service agreement on
7 competition.

8 (f) Except for small employer groups as defined in the
9 Small Employer Rating, Renewability and Portability Health
10 Insurance Act and except for medicare supplement policies as
11 defined in Section 363 of the Illinois Insurance Code, a Health
12 Maintenance Organization may by contract agree with a group or
13 other enrollment unit to effect refunds or charge additional
14 premiums under the following terms and conditions:

15 (i) the amount of, and other terms and conditions with
16 respect to, the refund or additional premium are set forth
17 in the group or enrollment unit contract agreed in advance
18 of the period for which a refund is to be paid or
19 additional premium is to be charged (which period shall not
20 be less than one year); and

21 (ii) the amount of the refund or additional premium
22 shall not exceed 20% of the Health Maintenance
23 Organization's profitable or unprofitable experience with
24 respect to the group or other enrollment unit for the
25 period (and, for purposes of a refund or additional
26 premium, the profitable or unprofitable experience shall

1 be calculated taking into account a pro rata share of the
2 Health Maintenance Organization's administrative and
3 marketing expenses, but shall not include any refund to be
4 made or additional premium to be paid pursuant to this
5 subsection (f)). The Health Maintenance Organization and
6 the group or enrollment unit may agree that the profitable
7 or unprofitable experience may be calculated taking into
8 account the refund period and the immediately preceding 2
9 plan years.

10 The Health Maintenance Organization shall include a
11 statement in the evidence of coverage issued to each enrollee
12 describing the possibility of a refund or additional premium,
13 and upon request of any group or enrollment unit, provide to
14 the group or enrollment unit a description of the method used
15 to calculate (1) the Health Maintenance Organization's
16 profitable experience with respect to the group or enrollment
17 unit and the resulting refund to the group or enrollment unit
18 or (2) the Health Maintenance Organization's unprofitable
19 experience with respect to the group or enrollment unit and the
20 resulting additional premium to be paid by the group or
21 enrollment unit.

22 In no event shall the Illinois Health Maintenance
23 Organization Guaranty Association be liable to pay any
24 contractual obligation of an insolvent organization to pay any
25 refund authorized under this Section.

26 (g) Rulemaking authority to implement Public Act 95-1045,

1 if any, is conditioned on the rules being adopted in accordance
2 with all provisions of the Illinois Administrative Procedure
3 Act and all rules and procedures of the Joint Committee on
4 Administrative Rules; any purported rule not so adopted, for
5 whatever reason, is unauthorized.

6 (Source: P.A. 99-761, eff. 1-1-18; 100-24, eff. 7-18-17;
7 100-138, eff. 8-18-17; 100-863, eff. 8-14-18; 100-1026, eff.
8 8-22-18; 100-1057, eff. 1-1-19; 100-1102, eff. 1-1-19; revised
9 10-4-18.)

10 Section 40. The Illinois Public Aid Code is amended by
11 changing Section 5-5.23 and by adding Sections 5-36, 5-37,
12 5-38, and 5-39 as follows:

13 (305 ILCS 5/5-5.23)

14 Sec. 5-5.23. Children's mental health services.

15 (a) The Department of Healthcare and Family Services, by
16 rule, shall require the screening and assessment of a child
17 prior to any Medicaid-funded admission to an inpatient hospital
18 for psychiatric services to be funded by Medicaid. The
19 screening and assessment shall include a determination of the
20 appropriateness and availability of out-patient support
21 services for necessary treatment. The Department, by rule,
22 shall establish methods and standards of payment for the
23 screening, assessment, and necessary alternative support
24 services.

1 (b) The Department of Healthcare and Family Services, to
2 the extent allowable under federal law, shall secure federal
3 financial participation for Individual Care Grant expenditures
4 made by the Department of Healthcare and Family Services for
5 the Medicaid optional service authorized under Section 1905(h)
6 of the federal Social Security Act, pursuant to the provisions
7 of Section 7.1 of the Mental Health and Developmental
8 Disabilities Administrative Act. The Department of Healthcare
9 and Family Services may exercise the authority under this
10 Section as is necessary to administer Individual Care Grants as
11 authorized under Section 7.1 of the Mental Health and
12 Developmental Disabilities Administrative Act.

13 (c) The Department of Healthcare and Family Services shall
14 work collaboratively with the Department of Children and Family
15 Services and the Division of Mental Health of the Department of
16 Human Services to implement subsections (a) and (b).

17 (d) On and after July 1, 2012, the Department shall reduce
18 any rate of reimbursement for services or other payments or
19 alter any methodologies authorized by this Code to reduce any
20 rate of reimbursement for services or other payments in
21 accordance with Section 5-5e.

22 (e) All rights, powers, duties, and responsibilities
23 currently exercised by the Department of Human Services related
24 to the Individual Care Grant program are transferred to the
25 Department of Healthcare and Family Services with the transfer
26 and transition of the Individual Care Grant program to the

1 Department of Healthcare and Family Services to be completed
2 and implemented within 6 months after the effective date of
3 this amendatory Act of the 99th General Assembly. For the
4 purposes of the Successor Agency Act, the Department of
5 Healthcare and Family Services is declared to be the successor
6 agency of the Department of Human Services, but only with
7 respect to the functions of the Department of Human Services
8 that are transferred to the Department of Healthcare and Family
9 Services under this amendatory Act of the 99th General
10 Assembly.

11 (1) Each act done by the Department of Healthcare and
12 Family Services in exercise of the transferred powers,
13 duties, rights, and responsibilities shall have the same
14 legal effect as if done by the Department of Human Services
15 or its offices.

16 (2) Any rules of the Department of Human Services that
17 relate to the functions and programs transferred by this
18 amendatory Act of the 99th General Assembly that are in
19 full force on the effective date of this amendatory Act of
20 the 99th General Assembly shall become the rules of the
21 Department of Healthcare and Family Services. All rules
22 transferred under this amendatory Act of the 99th General
23 Assembly are hereby amended such that the term "Department"
24 shall be defined as the Department of Healthcare and Family
25 Services and all references to the "Secretary" shall be
26 changed to the "Director of Healthcare and Family Services

1 or his or her designee". As soon as practicable hereafter,
2 the Department of Healthcare and Family Services shall
3 revise and clarify the rules to reflect the transfer of
4 rights, powers, duties, and responsibilities affected by
5 this amendatory Act of the 99th General Assembly, using the
6 procedures for recodification of rules available under the
7 Illinois Administrative Procedure Act, except that
8 existing title, part, and section numbering for the
9 affected rules may be retained. The Department of
10 Healthcare and Family Services, consistent with its
11 authority to do so as granted by this amendatory Act of the
12 99th General Assembly, shall propose and adopt any other
13 rules under the Illinois Administrative Procedure Act as
14 necessary to administer the Individual Care Grant program.
15 These rules may include, but are not limited to, the
16 application process and eligibility requirements for
17 recipients.

18 (3) All unexpended appropriations and balances and
19 other funds available for use in connection with any
20 functions of the Individual Care Grant program shall be
21 transferred for the use of the Department of Healthcare and
22 Family Services to operate the Individual Care Grant
23 program. Unexpended balances shall be expended only for the
24 purpose for which the appropriation was originally made.
25 The Department of Healthcare and Family Services shall
26 exercise all rights, powers, duties, and responsibilities

1 for operation of the Individual Care Grant program.

2 (4) Existing personnel and positions of the Department
3 of Human Services pertaining to the administration of the
4 Individual Care Grant program shall be transferred to the
5 Department of Healthcare and Family Services with the
6 transfer and transition of the Individual Care Grant
7 program to the Department of Healthcare and Family
8 Services. The status and rights of Department of Human
9 Services employees engaged in the performance of the
10 functions of the Individual Care Grant program shall not be
11 affected by this amendatory Act of the 99th General
12 Assembly. The rights of the employees, the State of
13 Illinois, and its agencies under the Personnel Code and
14 applicable collective bargaining agreements or under any
15 pension, retirement, or annuity plan shall not be affected
16 by this amendatory Act of the 99th General Assembly. All
17 transferred employees who are members of collective
18 bargaining units shall retain their seniority, continuous
19 service, salary, and accrued benefits.

20 (5) All books, records, papers, documents, property
21 (real and personal), contracts, and pending business
22 pertaining to the powers, duties, rights, and
23 responsibilities related to the functions of the
24 Individual Care Grant program, including, but not limited
25 to, material in electronic or magnetic format and necessary
26 computer hardware and software, shall be delivered to the

1 Department of Healthcare and Family Services; provided,
2 however, that the delivery of this information shall not
3 violate any applicable confidentiality constraints.

4 (6) Whenever reports or notices are now required to be
5 made or given or papers or documents furnished or served by
6 any person to or upon the Department of Human Services in
7 connection with any of the functions transferred by this
8 amendatory Act of the 99th General Assembly, the same shall
9 be made, given, furnished, or served in the same manner to
10 or upon the Department of Healthcare and Family Services.

11 (7) This amendatory Act of the 99th General Assembly
12 shall not affect any act done, ratified, or canceled or any
13 right occurring or established or any action or proceeding
14 had or commenced in an administrative, civil, or criminal
15 cause regarding the Department of Human Services before the
16 effective date of this amendatory Act of the 99th General
17 Assembly; and those actions or proceedings may be defended,
18 prosecuted, and continued by the Department of Human
19 Services.

20 (f) (Blank). ~~The Individual Care Grant program shall be~~
21 ~~inoperative during the calendar year in which implementation~~
22 ~~begins of any remedies in response to litigation against the~~
23 ~~Department of Healthcare and Family Services related to~~
24 ~~children's behavioral health and the general status of~~
25 ~~children's behavioral health in this State. Individual Care~~
26 ~~Grant recipients in the program the year it becomes inoperative~~

1 ~~shall continue to remain in the program until it is clinically~~
2 ~~appropriate for them to step down in level of care.~~

3 (g) Family Support Program. The Department of Healthcare
4 and Family Services shall restructure the Family Support
5 Program, formerly known as the Individual Care Grant program,
6 to enable early treatment of youth, emerging adults, and
7 transition-age adults with a serious mental illness or serious
8 emotional disturbance.

9 (1) As used in this subsection and in subsections (h)
10 through (s):

11 (A) "Youth" means a person under the age of 18.

12 (B) "Emerging adult" means a person who is 18
13 through 20 years of age.

14 (C) "Transition-age adult" means a person who is 21
15 through 25 years of age.

16 (2) The Department shall amend 89 Ill. Adm. Code 139 in
17 accordance with this Section and consistent with the
18 timelines outlined in this Section.

19 (3) Implementation of any amended requirements shall
20 be completed within 8 months of the adoption of any
21 amendment to 89 Ill. Adm. Code 139 that is consistent with
22 the provisions of this Section.

23 (4) To align the Family Support Program with the
24 Medicaid system of care, the services available to a youth,
25 emerging adult, or transition-age adult through the Family
26 Support Program shall include all Medicaid community-based

1 mental health treatment services and all Family Support
2 Program services included under 89 Ill. Adm. Code 139. No
3 person receiving services through the Family Support
4 Program or the Specialized Family Support Program shall
5 become a Medicaid enrollee unless Medicaid eligibility
6 criteria are met and the person is enrolled in Medicaid. No
7 part of this Section creates an entitlement to services
8 through the Family Support Program, the Specialized Family
9 Support Program, or the Medicaid program.

10 (5) The Family Support Program shall align with the
11 following system of care principles:

12 (A) Treatment and support services shall be based
13 on the results of an integrated behavioral health
14 assessment and treatment plan using an instrument
15 approved by the Department of Healthcare and Family
16 Services.

17 (B) Strong interagency collaboration between all
18 State agencies the parent or legal guardian is involved
19 with for services, including the Department of
20 Healthcare and Family Services, the Department of
21 Human Services, the Department of Children and Family
22 Services, the Department of Juvenile Justice, and the
23 Illinois State Board of Education.

24 (C) Individualized, strengths-based practices and
25 trauma-informed treatment approaches.

26 (D) For a youth, full participation of the parent

1 or legal guardian at all levels of treatment through a
2 process that is family-centered and youth-focused. The
3 process shall include consideration of the services
4 and supports the parent, legal guardian, or caregiver
5 requires for family stabilization, and shall connect
6 such person or persons to services based on available
7 insurance coverage.

8 (h) Eligibility for the Family Support Program.
9 Eligibility criteria established under 89 Ill. Adm. Code 139
10 for the Family Support Program shall include the following:

11 (1) Individuals applying to the program must be under
12 the age of 26.

13 (2) Requirements for parental or legal guardian
14 involvement are applicable to youth and to emerging adults
15 or transition-age adults who have a guardian appointed
16 under Article XIa of the Probate Act.

17 (3) Youth, emerging adults, and transition-age adults
18 are eligible for services under the Family Support Program
19 upon their third inpatient admission to a hospital or
20 similar treatment facility for the primary purpose of
21 psychiatric treatment within the most recent 12 months and
22 are hospitalized for the purpose of psychiatric treatment.

23 (4) School participation for emerging adults applying
24 for services under the Family Support Program may be waived
25 by request of the individual at the sole discretion of the
26 Department of Healthcare and Family Services.

1 (5) School participation is not applicable to
2 transition-age adults.

3 (i) Notification of Family Support Program and Specialized
4 Family Support Program services.

5 (1) Within 12 months after the effective date of this
6 amendatory Act of the 101st General Assembly, the
7 Department of Healthcare and Family Services, with
8 meaningful stakeholder input through a working group of
9 psychiatric hospitals, Family Support Program providers,
10 family support organizations, the Community and
11 Residential Services Authority, and foster care alumni
12 advocates, shall establish a clear process by which a
13 youth's or emerging adult's parents, guardian, or
14 caregiver, or the emerging adult or transition-age adult,
15 is identified, notified, and educated about the Family
16 Support Program and the Specialized Family Support Program
17 upon a first psychiatric inpatient hospital admission, and
18 any following psychiatric inpatient admissions.
19 Notification and education may take place through a Family
20 Support Program coordinator, a mobile crisis response
21 provider, a Comprehensive Community Based Youth Services
22 provider, the Community and Residential Services
23 Authority, or any other designated provider or coordinator
24 identified by the Department of Healthcare and Family
25 Services. In developing this process, the Department of
26 Healthcare and Family Services and the working group shall

1 take into account the unique needs of emerging adults and
2 transition-age adults without parental involvement who are
3 eligible for services under the Family Support Program. The
4 Department of Healthcare and Family Services and the
5 working group shall ensure the appropriate provider or
6 coordinator is required to assist individuals and their
7 parents, guardians, or caregivers, as applicable, in the
8 completion of the application or referral process for the
9 Family Support Program or the Specialized Family Support
10 Program.

11 (2) Upon a youth's, emerging adult's or transition-age
12 adult's second psychiatric inpatient hospital admission,
13 the hospital must ensure that the youth's parents,
14 guardian, or caregiver, or the emerging adult or
15 transition-age adult, have been notified of the Family
16 Support Program and the Specialized Family Support Program
17 prior to hospital discharge.

18 (3) Psychiatric lockout as last resort.

19 (A) Prior to referring any youth to the Department
20 of Children and Family Services for the filing of a
21 petition in accordance with subparagraph (c) of
22 paragraph (1) of Section 2-4 of the Juvenile Court Act
23 of 1987 alleging that the youth is dependent because
24 the youth was left in a psychiatric hospital beyond
25 medical necessity, the hospital shall educate the
26 youth and the youth's parents, guardian, or caregiver

1 about the Family Support Program and the Specialized
2 Family Support Program and shall assist with
3 connections to the designated Family Support Program
4 coordinator in the service area. Once this process has
5 begun, any such youth shall be considered a youth for
6 whom an application for the Family Support Program is
7 pending with the Department of Healthcare and Family
8 Services or an active application for the Family
9 Support Program was being reviewed by the Department
10 for the purposes of subparagraph (b) of paragraph (1)
11 of Section 2-4 of the Juvenile Court Act of 1987.

12 (B) No state agency or hospital shall coach a
13 parent or guardian of a youth in a psychiatric hospital
14 inpatient unit to lock out or otherwise relinquish
15 custody of a youth to the Department of Children and
16 Family Services for the sole purpose of obtaining
17 necessary mental health treatment for the youth. In the
18 absence of abuse or neglect, a psychiatric lockout or
19 custody relinquishment to the Department of Children
20 and Family Services shall only be considered as the
21 option of last resort.

22 (4) Development of new Family Support Program
23 services.

24 (A) Development of specialized therapeutic
25 residential treatment for youth and emerging adults
26 with high-acuity mental health conditions. Through a

1 working group led by the Department of Healthcare and
2 Family Services that includes the Department of
3 Children and Family Services and residential treatment
4 providers for youth and emerging adults, the
5 Department of Healthcare and Family Services, within
6 12 months after the effective date of this amendatory
7 Act of the 101st General Assembly, shall develop a plan
8 for the development of specialized therapeutic
9 residential treatment beds similar to a qualified
10 residential treatment program, as defined in the
11 federal Family First Prevention Services Act, for
12 youth in the Family Support Program with high-acuity
13 mental health needs. The Department of Healthcare and
14 Family Services and the Department of Children and
15 Family Services shall work together to maximize
16 federal funding through Medicaid and Title IV-E of the
17 Social Security Act in the development and
18 implementation of this plan.

19 (B) Using the Department of Children and Family
20 Services' beyond medical necessity data over the last 5
21 years and any other relevant, available data, the
22 Department of Healthcare and Family Services shall
23 assess the estimated number of these specialized
24 high-acuity residential treatment beds that are needed
25 in each region of the State based on the number of
26 youth remaining in psychiatric hospitals beyond

1 medical necessity and the number of youth placed
2 out-of-state who need this level of care. The
3 Department of Healthcare and Family Services shall
4 report the results of this assessment to the General
5 Assembly by no later than December 31, 2020.

6 (C) Development of an age-appropriate therapeutic
7 residential treatment model for emerging adults and
8 transition-age adults. Within 30 months after the
9 effective date of this amendatory Act of the 101st
10 General Assembly, the Department of Healthcare and
11 Family Services, in partnership with the Department of
12 Human Services' Division of Mental Health and with
13 significant and meaningful stakeholder input through a
14 working group of providers and other stakeholders,
15 shall develop a supportive housing model for emerging
16 adults and transition-age adults receiving services
17 through the Family Support Program who need
18 residential treatment and support to enable recovery.
19 Such a model shall be age-appropriate and shall allow
20 the residential component of the model to be in a
21 community-based setting combined with intensive
22 community-based mental health services.

23 (j) Workgroup to develop a plan for improving access to
24 substance use treatment. The Department of Healthcare and
25 Family Services and the Department of Human Services' Division
26 of Substance Use Prevention and Recovery shall co-lead a

1 working group that includes Family Support Program providers,
2 family support organizations, and other stakeholders over a
3 12-month period beginning in the first quarter of calendar year
4 2020 to develop a plan for increasing access to substance use
5 treatment services for youth, emerging adults, and
6 transition-age adults who are eligible for Family Support
7 Program services.

8 (k) Appropriation. Implementation of this Section shall be
9 limited by the State's annual appropriation to the Family
10 Support Program. Spending within the Family Support Program
11 appropriation shall be further limited for the new Family
12 Support Program services to be developed accordingly:

13 (1) Targeted use of specialized therapeutic
14 residential treatment for youth and emerging adults with
15 high-acuity mental health conditions through appropriation
16 limitation. No more than 12% of all annual Family Support
17 Program funds shall be spent on this level of care in any
18 given state fiscal year.

19 (2) Targeted use of residential treatment model
20 established for emerging adults and transition-age adults
21 through appropriation limitation. No more than one-quarter
22 of all annual Family Support Program funds shall be spent
23 on this level of care in any given state fiscal year.

24 (l) Exhausting third party insurance coverage first.

25 (A) A parent, legal guardian, emerging adult, or
26 transition-age adult with private insurance coverage shall

1 work with the Department of Healthcare and Family Services,
2 or its designee, to identify insurance coverage for any and
3 all benefits covered by their plan. If insurance
4 cost-sharing by any method for treatment is
5 cost-prohibitive for the parent, legal guardian, emerging
6 adult, or transition-age adult, Family Support Program
7 funds may be applied as a payer of last resort toward
8 insurance cost-sharing for purposes of using private
9 insurance coverage to the fullest extent for the
10 recommended treatment. If the Department, or its agent, has
11 a concern relating to the parent's, legal guardian's,
12 emerging adult's, or transition-age adult's insurer's
13 compliance with Illinois or federal insurance requirements
14 relating to the coverage of mental health or substance use
15 disorders, it shall refer all relevant information to the
16 applicable regulatory authority.

17 (B) The Department of Healthcare and Family Services
18 shall use Medicaid funds first for an individual who has
19 Medicaid coverage if the treatment or service recommended
20 using an integrated behavioral health assessment and
21 treatment plan (using the instrument approved by the
22 Department of Healthcare and Family Services) is covered by
23 Medicaid.

24 (C) If private or public insurance coverage does not
25 cover the needed treatment or service, Family Support
26 Program funds shall be used to cover the services offered

1 through the Family Support Program.

2 (m) Service authorization. A youth, emerging adult, or
3 transition-age adult enrolled in the Family Support Program or
4 the Specialized Family Support Program shall be eligible to
5 receive a mental health treatment service covered by the
6 applicable program if the medical necessity criteria
7 established by the Department of Healthcare and Family Services
8 are met.

9 (n) Streamlined application. The Department of Healthcare
10 and Family Services shall revise the Family Support Program
11 applications and the application process to reflect the changes
12 made to this Section by this amendatory Act of the 101st
13 General Assembly within 8 months after the adoption of any
14 amendments to 89 Ill. Adm. Code 139.

15 (o) Study of reimbursement policies during planned and
16 unplanned absences of youth and emerging adults in Family
17 Support Program residential treatment settings. The Department
18 of Healthcare and Family Services shall undertake a study of
19 those standards of the Department of Children and Family
20 Services and other states for reimbursement of residential
21 treatment during planned and unplanned absences to determine if
22 reimbursing residential providers for such unplanned absences
23 positively impacts the availability of residential treatment
24 for youth and emerging adults. The Department of Healthcare and
25 Family Services shall begin the study on July 1, 2019 and shall
26 report its findings and the results of the study to the General

1 Assembly, along with any recommendations for or against
2 adopting a similar policy, by December 31, 2020.

3 (p) Public awareness and educational campaign for all
4 relevant providers. The Department of Healthcare and Family
5 Services shall engage in a public awareness campaign to educate
6 hospitals with psychiatric units, crisis response providers
7 such as Screening, Assessment and Support Services providers
8 and Comprehensive Community Based Youth Services agencies,
9 schools, and other community institutions and providers across
10 Illinois on the changes made by this amendatory Act of the
11 101st General Assembly to the Family Support Program. The
12 Department of Healthcare and Family Services shall produce
13 written materials geared for the appropriate target audience,
14 develop webinars, and conduct outreach visits over a 12-month
15 period beginning after implementation of the changes made to
16 this Section by this amendatory Act of the 101st General
17 Assembly.

18 (q) Maximizing federal matching funds for the Family
19 Support Program and the Specialized Family Support Program. The
20 Department of Healthcare and Family Services, as the sole
21 Medicaid State agency, shall seek approval from the federal
22 Centers for Medicare and Medicaid Services within 12 months
23 after the effective date of this amendatory Act of the 101st
24 General Assembly to draw additional federal Medicaid matching
25 funds for individuals served under the Family Support Program
26 or the Specialized Family Support Program who are not covered

1 by the Department's medical assistance programs. The
2 Department of Children and Family Services, as the State agency
3 responsible for administering federal funds pursuant to Title
4 IV-E of the Social Security Act, shall submit a State Plan to
5 the federal government within 12 months after the effective
6 date of this amendatory Act of the 101st General Assembly to
7 maximize the use of federal Title IV-E prevention funds through
8 the federal Family First Prevention Services Act, to provide
9 mental health and substance use disorder treatment services and
10 supports, including, but not limited to, the provision of
11 short-term crisis and transition beds post-hospitalization for
12 youth who are at imminent risk of entering Illinois' youth
13 welfare system solely due to the inability to access mental
14 health or substance use treatment services.

15 (r) Outcomes and data reported annually to the General
16 Assembly. Beginning in 2021, the Department of Healthcare and
17 Family Services shall submit an annual report to the General
18 Assembly that includes the following information with respect
19 to the time period covered by the report:

20 (1) The number and ages of youth, emerging adults, and
21 transition-age adults who requested services under the
22 Family Support Program and the Specialized Family Support
23 Program and the services received.

24 (2) The number and ages of youth, emerging adults, and
25 transition-age adults who requested services under the
26 Specialized Family Support Program who were eligible for

1 services based on the number of hospitalizations.

2 (3) The number and ages of youth, emerging adults, and
3 transition-age adults who applied for Family Support
4 Program or Specialized Family Support Program services but
5 did not receive any services.

6 (s) Rulemaking authority. Unless a timeline is otherwise
7 specified in a subsection, if amendments to 89 Ill. Adm. Code
8 139 are needed for implementation of this Section, such
9 amendments shall be filed by the Department of Healthcare and
10 Family Services within one year after the effective date of
11 this amendatory Act of the 101st General Assembly.

12 (Source: P.A. 99-479, eff. 9-10-15.)

13 (305 ILCS 5/5-36 new)

14 Sec. 5-36. Education on mental health and substance use
15 treatment services for children and young adults. The
16 Department of Healthcare and Family Services shall develop a
17 layman's guide to the mental health and substance use treatment
18 services available in Illinois through the Medical Assistance
19 Program and through the Family Support Program, or other
20 publicly funded programs, similar to what Massachusetts
21 developed, to help families understand what services are
22 available to them when they have a child in need of treatment
23 or support. The guide shall be in easy-to-understand language,
24 be prominently available on the Department of Healthcare and
25 Family Services' website, and be part of a statewide

1 communications campaign to ensure families are aware of Family
2 Support Program services. It shall briefly explain the service
3 and whether it is covered by the Medical Assistance Program,
4 the Family Support Program, or any other public funding source.
5 Within one year after the effective date of this amendatory Act
6 of the 101st General Assembly, the Department of Healthcare and
7 Family Services shall complete this guide, have it available on
8 its website, and launch the communications campaign.

9 (305 ILCS 5/5-37 new)

10 Sec. 5-37. Billing mechanism for preventive mental health
11 services delivered to children.

12 (a) The General Assembly finds:

13 (1) It is common for children to have mental health
14 needs but to not have a full-blown diagnosis of a mental
15 illness. Examples include, but are not limited to, children
16 who have mild or emerging symptoms of a mental health
17 condition (such as meeting some but not all the criteria
18 for a diagnosis, including, but not limited to, symptoms of
19 depression, attentional deficits, anxiety or prodromal
20 symptoms of bipolar disorder or schizophrenia); cutting or
21 engaging in other forms of self-harm; or experiencing
22 violence or trauma).

23 (2) The federal requirement that Medicaid-covered
24 children have access to Early and Periodic Screening,
25 Diagnostic and Treatment services includes ensuring that

1 Medicaid-covered children who have a mental health need but
2 do not have a mental health diagnosis have access to
3 treatment.

4 (3) The Department of Healthcare and Family Services'
5 existing policy acknowledges this federal requirement by
6 allowing for Medicaid billing for mental health services
7 for children who have a need for services but who do not
8 have a mental health diagnosis in Section 207.3.3 of the
9 Community-Based Behavioral Services Provider Handbook.
10 However, the current policy of the Department of Healthcare
11 and Family Services requires clinicians to specify a
12 diagnosis code and make a notation in the child's medical
13 record that the service is preventive. This effectively
14 requires the clinician to associate a diagnosis with the
15 child and is a major barrier for services because many
16 clinicians rightly are unwilling to document a mental
17 health diagnosis in the medical record when a diagnosis is
18 not medically appropriate.

19 (b) Consistent with the existing policy of the Department
20 of Healthcare and Family Services and the federal Early and
21 Periodic Screening, Diagnostic and Treatment requirement,
22 within 3 months after the effective date of this amendatory Act
23 of the 101st General Assembly, the Department of Healthcare and
24 Family Services shall convene a working group that includes
25 children's mental health providers to receive input on
26 recommendations to develop a medically appropriate and

1 practical solution that enables mental health providers and
2 professionals to deliver and receive reimbursement for
3 medically necessary mental health services provided to a
4 Medicaid-eligible child under age 21 that has a mental health
5 need but does not have a mental health diagnosis in order to
6 prevent the development of a serious mental health condition.
7 The working group shall ensure that the recommended solution
8 works in practice and does not deter clinicians from delivering
9 prevention and early treatment to children with mental health
10 needs but who do not have a diagnosed mental illness. The
11 Department of Healthcare and Family Services shall meet with
12 this working group at least 4 times prior to finalizing the
13 solution to enable and allow for mental health services for a
14 child without a mental health diagnosis for purposes of
15 prevention and early treatment when recommended by a licensed
16 practitioner of the healing arts. If the Department of
17 Healthcare and Family Services determines that an Illinois
18 Title XIX State Plan amendment is necessary to implement this
19 Section, the State Plan amendment shall be filed with the
20 federal Centers for Medicare and Medicaid Services by no later
21 than 12 months after the effective date of this amendatory Act
22 of the 101st General Assembly. If rulemaking is required to
23 implement this Section, the rule shall be filed by the
24 Department of Healthcare and Family Services with the Joint
25 Committee on Administrative Rules by no later than 12 months
26 after the effective date of this amendatory Act of the 101st

1 General Assembly, or if federal approval is required, within 6
2 months after federal approval. If federal approval is required
3 but not granted, this Section shall become inoperative.

4 (305 ILCS 5/5-38 new)

5 Sec. 5-38. Alignment of children's mental health treatment
6 systems. The Governor's Office shall establish, convene, and
7 lead a working group that includes the Director of Healthcare
8 and Family Services, the Secretary of Human Services, the
9 Director of Public Health, the Director of Children and Family
10 Services, the Director of Juvenile Justice, the State
11 Superintendent of Education, and the appropriate agency staff
12 who will be responsible for implementation or oversight of
13 reforms to children's behavioral health services. The working
14 group shall meet at least quarterly to foster interagency
15 collaboration and work toward the goal of aligning services and
16 programs to begin to create a coordinated children's behavioral
17 health system consistent with system of care principles that
18 spans across State agencies, rather than separate siloed
19 systems with different requirements, rates, and administrative
20 processes and standards.

21 Section 95. No acceleration or delay. Where this Act makes
22 changes in a statute that is represented in this Act by text
23 that is not yet or no longer in effect (for example, a Section
24 represented by multiple versions), the use of that text does

1 not accelerate or delay the taking effect of (i) the changes
2 made by this Act or (ii) provisions derived from any other
3 Public Act.

4 Section 99. Effective date. This Act takes effect upon
5 becoming law.".