



## 101ST GENERAL ASSEMBLY

### State of Illinois

2019 and 2020

HB4970

Introduced 2/18/2020, by Rep. Deb Conroy

#### SYNOPSIS AS INTRODUCED:

New Act

Creates the Illinois Certified Community Behavioral Health Clinics Act. Requires the Department of Healthcare and Family Services and the Department of Human Services (Departments) to develop a pilot program based upon the certified community behavioral health clinic criteria and the prospective payment system methodology issued by the federal Substance Abuse and Mental Health Services Administration and the Centers for Medicare and Medicaid Services as created under the federal Protecting Access to Medicare Act of 2014. Provides that implementation of the pilot program is subject to federal approval. Requires the Departments to seek federal financial assistance for the pilot program and certified community behavioral health clinic technical assistance and support through all potential federal sources, including, but not limited to, the federal Delivery System Reform Incentive Payment program. Contains provisions concerning the timeline for implementing the pilot program; the Departments applications for a federal Section 1115 waiver to implement the pilot program; the adoption of rules to implement the pilot program; implementation of the pilot program for certified community behavioral health clinic services under the medical assistance fee-for-service and managed care programs; payments to community behavioral health clinics under the certified community behavioral health clinic prospective payment system methodology for each qualifying visit; staffing requirements for certified community behavioral health clinics; reporting requirements; and other matters. Effective immediately.

LRB101 17927 KTG 70084 b

FISCAL NOTE ACT  
MAY APPLY

A BILL FOR

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 1. Short title. This Act may be cited as the  
5 Illinois Certified Community Behavioral Health Clinics Act.

6 Section 5. Medicaid Pilot Program; integrated behavioral  
7 health and primary care; findings.

8 (a) The General Assembly finds and declares that the  
9 federal Protecting Access to Medicare Act of 2014, which  
10 requires the establishment of demonstration programs to  
11 improve community behavioral health services to be funded as  
12 part of Medicaid, serves as a useful model for the creation of  
13 a similar program in Illinois to provide and improve upon  
14 community behavioral health services and treatment.

15 (b) The General Assembly finds and declares that the  
16 federal Protecting Access to Medicare Act of 2014 identifies  
17 appropriate criteria for certified community behavioral health  
18 clinics. These criteria fall into 6 areas:

- 19 (1) staffing;  
20 (2) availability and accessibility of services;  
21 (3) care coordination;  
22 (4) scope of services;  
23 (5) quality and other reporting; and

1 (6) organizational authority.

2 (c) The General Assembly finds and declares that certified  
3 community behavioral health clinics represent an opportunity  
4 to improve the behavioral health of Illinois citizens by:

5 (1) expanding access to community-based mental health  
6 and substance use disorder services;

7 (2) increasing the capacity of the mental health and  
8 substance use disorder treatment systems to reduce unmet  
9 need for care;

10 (3) advancing integration of behavioral health with  
11 physical health care;

12 (4) assimilating and utilizing evidence-based  
13 practices on a more consistent basis; and

14 (5) promoting improved access to high quality care.

15 (d) The General Assembly finds and declares that the pilot  
16 program created in accordance with this Act should focus upon 4  
17 key patient populations that may benefit from the certified  
18 community behavioral health clinic model:

19 (1) children with serious emotional disturbances;

20 (2) children with substance use disorders;

21 (3) adults with serious mental illness; and

22 (4) adults with substance use disorders.

23 Section 10. Definitions. As used in this Act:

24 "Departments" means the Department of Healthcare and  
25 Family Services and the Department of Human Services, Division

1 of Mental Health and Division of Substance Use Prevention and  
2 Recovery.

3 "PAMA" means the Protecting Access to Medicare Act of 2014.

4 "Pilot program" means the Certified Community Behavioral  
5 Health Clinic pilot program.

6 Section 15. Certified Community Behavioral Health Clinic  
7 pilot program.

8 (a) The Department of Healthcare and Family Services, in  
9 partnership with the Department of Human Services, Division of  
10 Mental Health and Division of Substance Use Prevention and  
11 Recovery, shall develop, with meaningful input from  
12 stakeholders, a pilot program based upon the certified  
13 community behavioral health clinic criteria and prospective  
14 payment system methodology issued by the federal Substance  
15 Abuse and Mental Health Services Administration and the Centers  
16 for Medicare and Medicaid Services as created under the  
17 Protecting Access to Medicare Act of 2014, Prospective Payment  
18 System Guidance. Input from stakeholders shall include and  
19 incorporate information received from consumers, family  
20 members of consumers, community mental health centers, mental  
21 health providers, substance use disorder treatment facilities,  
22 substance use disorder treatment providers, primary care  
23 physicians, federally qualified health centers, and statewide  
24 associations representing the foregoing. Stakeholder input  
25 shall be gathered from across the State utilizing listening

1 sessions including those areas most severely impacted by the  
2 opioid and suicide crises such as minority communities, rural  
3 areas, and urban areas.

4 (b) Implementation of the pilot program is subject to  
5 federal approval. The Departments shall seek federal financial  
6 assistance for this pilot program and certified community  
7 behavioral health clinic technical assistance and support  
8 through all potential federal sources, including, but not  
9 limited to, the federal Delivery System Reform Incentive  
10 Payment program. The pilot program shall be implemented under  
11 the following timeline:

12 (1) The Departments shall submit any necessary  
13 applications to the Centers for Medicare and Medicaid  
14 Services for a waiver under Section 1115 to implement the  
15 pilot program described in this Section no later than  
16 December 31, 2020. The Departments shall promptly engage in  
17 any additional steps requested or required by the Centers  
18 for Medicare and Medicaid Services to obtain approval of  
19 the pilot program waiver on a timely basis.

20 (2) The Departments shall conduct the stakeholder  
21 listening sessions as described above no later than 3  
22 months following federal approval of the pilot program  
23 waiver.

24 (3) After federal approval of the pilot program waiver  
25 has been secured, the Departments may adopt rules to carry  
26 out this pilot program and include requirements and

1 specifications separate from those prescribed under the  
2 federal Protecting Access to Medicare Act of 2014 by the  
3 federal Substance Abuse and Mental Health Services  
4 Administration and the Centers for Medicare and Medicaid  
5 Services no later than 6 months following federal approval  
6 of the pilot program waiver, but shall not draft any rules  
7 in contravention of the criteria or specifications for the  
8 pilot program development and implementation as set forth  
9 in this Act.

10 (4) Upon federal approval of the pilot program waiver,  
11 the Department of Healthcare and Family Services shall  
12 implement the prospective payment system for certified  
13 community behavioral health clinic services under the  
14 medical assistance fee-for-service and managed care  
15 programs based upon the certified community behavioral  
16 health clinic daily (CC PPS-1) or monthly (CC PPS-2)  
17 prospective payment system methodology set forth in  
18 Appendix III to the Prospective Payment System Guidance.  
19 The Department of Healthcare and Family Services shall  
20 implement quality bonus and outlier payments, as further  
21 detailed under the Prospective Payment System Guidance.  
22 The prospective payment system shall be updated and subject  
23 to rebasing in accordance with Appendix III to the  
24 Prospective Payment System Guidance. For services rendered  
25 by a certified community behavioral health clinic to an  
26 individual enrolled in a Medicaid managed care

1 organization, the Department of Healthcare and Family  
2 Services shall implement a supplemental payment system at  
3 the same time as the prospective payment system to ensure  
4 that the community behavioral health clinic receives full  
5 payment under the certified community behavioral health  
6 clinic prospective payment system methodology for each  
7 qualifying visit. Specifically, the Department of  
8 Healthcare and Family Services shall provide for payment to  
9 the community behavioral health clinic by the Department of  
10 Healthcare and Family Services of a supplemental payment  
11 equal to the amount (if any) by which payment under the  
12 certified community behavioral health clinic prospective  
13 payment system methodology would exceed payments by the  
14 managed care organization to the certified community  
15 behavioral health clinic for services rendered to the  
16 entity's enrollee. The supplemental payments shall be made  
17 by the Department of Healthcare and Family Services  
18 according to a schedule agreed to between the State and the  
19 certified community behavioral health clinic, but in no  
20 case shall payment be made less frequently than every 3  
21 months. The prospective payment system methodology shall  
22 remain in effect so long as the Departments continue to  
23 offer the pilot program and regardless of the status of the  
24 PAMA-authorized Certified Community Behavioral Health  
25 Clinic demonstration program, including the Prospective  
26 Payment System Guidance.

1           (5) The Departments shall fully implement the pilot  
2           program so that certified community behavioral health  
3           clinic services may begin operations within 9 months  
4           following federal approval of the pilot program waiver.

5           (c) The General Assembly shall appropriate such funds to  
6           support the Departments in planning, obtaining stakeholder  
7           input, and implementing and carrying out the pilot program as  
8           well as other related duties specified in this Act, in addition  
9           to funding that the Departments shall seek from the Centers for  
10          Medicare and Medicaid Services and the federal Substance Abuse  
11          and Mental Health Services Administration to support these  
12          efforts.

13          (d) Certification of certified community behavioral health  
14          clinics by the Department of Healthcare and Family Services  
15          shall be based upon the following criteria. Where applicable,  
16          the State shall use federal certified community behavioral  
17          health clinic criteria established by the federal Substance  
18          Abuse and Mental Health Services Administration as a guide. The  
19          Department of Healthcare and Family Services shall impose the  
20          certification criteria on all initial certified community  
21          behavioral health clinic applications and shall require  
22          recertification on a regular basis, no less frequently than  
23          every 2 years.

24                 (1) Staffing requirements, including criteria that  
25                 staff have diverse disciplinary backgrounds, have  
26                 necessary State required licensure or certification and



1 accreditation, and are culturally and linguistically  
2 trained to serve the needs of the clinic's patient  
3 population.

4 (2) Availability and accessibility of services,  
5 including crisis management services that are available  
6 and accessible 24 hours a day, the use of a sliding scale  
7 for payment, and no rejection for services or limiting of  
8 services on the basis of a patient's ability to pay or  
9 place of residence.

10 (3) Care coordination, including requirements to  
11 coordinate care across settings and providers to ensure  
12 seamless transitions for patients across the full spectrum  
13 of health services, including acute, chronic, and  
14 behavioral health needs.

15 (4) Provision (in a manner reflecting person-centered  
16 care) of the following services which, if not available  
17 directly through the certified community behavioral health  
18 clinic, are provided or referred through formal  
19 relationships with other providers:

20 (A) crisis mental health services, including  
21 24-hour mobile crisis teams, emergency crisis  
22 intervention services, and crisis stabilization;

23 (B) screening, assessment, and diagnosis,  
24 including risk assessment;

25 (C) patient-centered treatment planning or similar  
26 processes, including risk assessment and crisis

1 planning;

2 (D) outpatient mental health and substance use  
3 disorder services;

4 (E) outpatient clinic primary care screening and  
5 monitoring of key health indicators and health risk;

6 (F) targeted case management;

7 (G) psychiatric rehabilitation services;

8 (H) peer support and counselor services and family  
9 supports; and

10 (I) intensive, community-based mental health care  
11 for members of the armed forces and veterans.

12 (5) Reporting of encounter data, clinical outcomes  
13 data, quality data in accordance with federal certified  
14 community behavioral health clinic criteria, and such  
15 other data as the Departments deem necessary.

16 (6) Certified community behavioral health clinics may  
17 only be formed and organized by community mental health  
18 centers and substance use disorder treatment facilities or  
19 licensed or certified mental health or substance use  
20 disorder treatment providers.

21 (e) The Departments shall deliver a report to the General  
22 Assembly during the regular session on the outcomes of the  
23 pilot program after 2 years of full implementation and again  
24 after 4 years of full implementation providing information on  
25 performance of the pilot program along with plans for future  
26 sustainability, including, but not limited to, the quality

1 measures and certification criteria set forth above and under  
2 the guidance issued by the Centers for Medicare and Medicaid  
3 Services and the federal Substance Abuse and Mental Health  
4 Services Administration for the Protecting Access to Medicare  
5 Act of 2014.

6 Section 99. Effective date. This Act takes effect upon  
7 becoming law.