



Rep. Camille Y. Lilly

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1 AMENDMENT TO HOUSE BILL 158

2 AMENDMENT NO. \_\_\_\_\_. Amend House Bill 158, AS AMENDED,  
3 with reference to page and line numbers of House Amendment No.  
4 1, by deleting line 20 on page 64 through line 18 on page 70;  
5 and

6 on page 71, by replacing lines 2 and 3 with "by the Department  
7 in the Adult Protective Services division, or is contracted  
8 with the Department, and works on the development or  
9 implementation of social"; and

10 on page 71, line 5, by deleting ", subject to appropriation";  
11 and

12 on page 71, line 6, by deleting "develop and"; and

13 on page 147, by replacing lines 1 through 21 with the  
14 following:

1       "Sec. 14-14. Increasing access to primary care in  
2 hospitals. The Department of Healthcare and Family Services  
3 shall develop a program to facilitate coordination between  
4 Federally Qualified Health Centers (FQHCs) and safety net  
5 hospitals, with the goal of increasing care coordination,  
6 managing chronic diseases, and addressing the social  
7 determinants of health on or before December 31, 2021.  
8 Coordination between FQHCs and safety hospitals may include,  
9 but is not limited to, embedding FQHC staff in hospitals,  
10 utilizing health information technology for care coordination,  
11 and enabling FQHCs to connect hospital patients to  
12 community-based resources when needed to provide whole-person  
13 care. In addition, the Department shall develop a payment  
14 methodology to allow FQHCs to provide care coordination  
15 services, including, but not limited to, chronic disease  
16 management and behavioral health services. The Department of  
17 Healthcare and Family Services shall develop a payment  
18 methodology to allow for FQHC care coordination services by no  
19 later than December 31, 2021."; and

20 on page 180, line 5, after the period, by inserting  
21 "Expenditures from the Fund shall be subject to  
22 appropriation."; and

23 by replacing line 15 on page 222 through line 18 on page 226  
24 with the following:

1           "Section 185-1. Short title. This Article may be cited as  
2 the Medicaid Technical Assistance Act. References in this  
3 Article to "this Act" mean this Article.

4           Section 185-3. Findings. The General Assembly finds as  
5 follows:

6           (1) This Act seeks to remedy a fraction of a much  
7 larger broken system by addressing access to health care,  
8 managed care organization reform, mental and substance  
9 abuse treatment services, and services to address the  
10 social determinants of health.

11           (2) Illinois transitioned Medicaid services to managed  
12 care with the goals of achieving better health outcomes  
13 for the Medicaid population and reducing the per capita  
14 costs of health care.

15           (3) Illinois benefits when people have support  
16 constructing the sturdy foundation of health and  
17 well-being that we all need to reach our potential.  
18 Medicaid managed care can be a vital tool in ensuring that  
19 people have the full range of supports that form this  
20 foundation, including services from community providers  
21 that address behavioral health needs, as well as related  
22 services that help people access food, housing, and  
23 employment.

24           (4) However, there are barriers that prevent Illinois

1 from fully realizing the benefits of Medicaid managed  
2 care. The 2 devastating years of the State budget impasse  
3 resulted in 2 years of lost opportunity for community  
4 providers to invest in the people, systems, and technology  
5 that are necessary for them to participate in Medicaid  
6 managed care. A recent survey by the Illinois  
7 Collaboration on Youth of more than 130 community  
8 providers revealed that the majority do not have contracts  
9 with managed care organizations, and most do not have  
10 adequate billing and technology infrastructure sufficient  
11 for Medicaid billing now or in the future. The survey also  
12 revealed that community-based providers primarily serving  
13 people of color are the least prepared to participate in  
14 Medicaid managed care.

15 (5) The disparity in readiness between providers  
16 primarily serving people of color and those who serve a  
17 more mixed or white clientele is especially urgent because  
18 62% of Illinois' Medicaid recipients are people of color.  
19 Racial disparities in behavioral health care result in  
20 significant human and financial costs to both the  
21 individual and to the State.

22 (6) The COVID-19 pandemic has further exacerbated the  
23 health disparities experienced by communities of color.  
24 COVID-19 has increased both the Medicaid-eligible  
25 population in Illinois, and increased the demand for  
26 behavioral health services, as Illinois residents grapple

1 with trauma, death, job loss, depression, suicide,  
2 addiction, and exposure to violence. In addition, COVID-19  
3 threatens the stability and viability of community-based  
4 providers, further straining the health care safety net  
5 for people who depend on Medicaid for these essential  
6 services.

7 (7) Lack of support for a diversity of providers  
8 reduces choice for Medicaid recipients and may incentivize  
9 managed care organizations to focus on a narrow selection  
10 of community partners. Having some choice in which  
11 providers people see for these essential services and  
12 having access to providers who understand their community,  
13 culture, and language has been demonstrated to reduce  
14 disparities in health outcomes and improve health and  
15 well-being across the life span.

16 (8) The Medicaid managed care system lacks consistent,  
17 statewide support for community providers, creating  
18 inefficiency and duplication. Providers need targeted  
19 trainings focused on their levels of readiness, learning  
20 collaboratives to provide group-level support for those  
21 experiencing similar challenges, and a mechanism to  
22 identify problems that need systemic solutions. Illinois  
23 could receive up to 70% in Medicaid matching funds from  
24 the federal government to supplement the costs of  
25 operating a Medicaid Technical Assistance Center.

26 (9) When community-based health care providers are

1 able to contract with managed care organizations to  
2 deliver Medicaid services, people can access the care they  
3 need, in their communities, from providers they trust.

4 Section 185-5. Definitions. As used in this Act:

5 "Behavioral health providers" means mental health and  
6 substance use disorder providers.

7 "Department" means the Department of Healthcare and Family  
8 Services.

9 "Health care providers" means organizations who provide  
10 physical, mental, substance use disorder, or social  
11 determinant of health services.

12 "Health equity" means providing care that does not vary in  
13 quality because of personal characteristics such as gender,  
14 ethnicity, geographic location, and socioeconomic status.

15 "Network adequacy" means a Medicaid beneficiaries' ability  
16 to access all necessary provider types within time and  
17 distance standards as defined in the Managed Care Organization  
18 model contract.

19 "Service deserts" means geographic areas of the State with  
20 no or limited Medicaid providers that accept Medicaid.

21 "Social determinants of health" means any conditions that  
22 impact an individual's health, including, but not limited to,  
23 access to healthy food, safety, education, and housing  
24 stability.

25 "Stakeholders" means, but are not limited to, health care

1 providers, advocacy organizations, managed care organizations,  
2 Medicaid beneficiaries, and State and city partners.

3 Section 185-10. Medicaid Technical Assistance Center. The  
4 Department of Healthcare and Family Services shall establish a  
5 Medicaid Technical Assistance Center. The Medicaid Technical  
6 Assistance Center shall operate as a cross-system educational  
7 resource to strengthen the business infrastructure of health  
8 care provider organizations in Illinois to ultimately increase  
9 the capacity, access, health equity, and quality of Illinois'  
10 Medicaid managed care program, HealthChoice Illinois, and  
11 YouthCare, the Medicaid managed care program for children and  
12 youth who receive Medicaid health services through the  
13 Department of Children and Family Services. The Medicaid  
14 Technical Assistance Center shall be established within the  
15 Department's Office of Medicaid Innovation.

16 Section 185-15. Collaboration. The Medicaid Technical  
17 Assistance Center shall collaborate with public and private  
18 partners throughout the State to identify, establish, and  
19 maintain best practices necessary for health providers to  
20 ensure their capacity to participate in HealthChoice Illinois  
21 or YouthCare. The Medicaid Technical Assistance Center shall  
22 administer the following:

23 (1) Outreach and engagement: The Medicaid Technical  
24 Assistance Center shall undertake efforts to identify and

1 engage community-based providers offering behavioral  
2 health services or services addressing the social  
3 determinants of health, especially those predominantly  
4 serving communities of color or those operating within or  
5 near service deserts, for the purpose of offering training  
6 and technical assistance to them through the Medicaid  
7 Technical Assistance Center. Outreach and engagement  
8 services may be subcontracted.

9 (2) Trainings: The Medicaid Technical Assistance  
10 Center shall create and administer ongoing trainings for  
11 health care providers. Trainings may be subcontracted. The  
12 Medicaid Technical Assistance Center shall provide  
13 in-person and web-based trainings. In-person training  
14 shall be conducted throughout the State. All trainings  
15 must be free of charge. The Medicaid Technical Assistance  
16 Center shall administer post-training surveys and  
17 incorporate feedback. Training content and delivery must  
18 be reflective of Illinois providers' varying levels of  
19 readiness, resources, and client populations.

20 (3) Web-based resources: The Medicaid Technical  
21 Assistance Center shall maintain an independent, easy to  
22 navigate, and up-to-date website that includes, but is not  
23 limited to: recorded training archives, a training  
24 calendar, provider resources and tools, up-to-date  
25 explanations of Department and managed care organization  
26 guidance, a running database of frequently asked questions



1 and contact information for key staff members of the  
2 Department, managed care organizations, and the Medicaid  
3 Technical Assistance Center.

4 (4) Learning collaboratives: The Medicaid Technical  
5 Assistance Center shall host regional learning  
6 collaboratives that will supplement the Medicaid Technical  
7 Assistance Center training curriculum to bring together  
8 groups of stakeholders to share issues and best practices,  
9 and to escalate issues. Leadership of the Department and  
10 managed care organizations shall attend learning  
11 collaboratives on a quarterly basis.

12 (5) Network adequacy reports: The Medicaid Technical  
13 Assistance Center shall publicly release a report on  
14 Medicaid provider network adequacy within the first 3  
15 years of implementation and annually thereafter. The  
16 reports shall identify provider service deserts and health  
17 care disparities by race and ethnicity.

18 (6) Equitable delivery system: The Medicaid Technical  
19 Assistance Center is committed to the principle that all  
20 Medicaid recipients have accessible and equitable physical  
21 and mental health care services. All providers served  
22 through the Medicaid Technical Assistance Center shall  
23 deliver services notwithstanding the patient's race,  
24 color, gender, gender identity, age, ancestry, marital  
25 status, military status, religion, national origin,  
26 disability status, sexual orientation, order of protection

1 status, as defined under Section 1-103 of the Illinois  
2 Human Rights Act, or immigration status.

3 Section 185-20. Federal financial participation. The  
4 Department of Healthcare and Family Services, to the extent  
5 allowable under federal law, shall maximize federal financial  
6 participation for any moneys appropriated to the Department  
7 for the Medicaid Technical Assistance Center. Any federal  
8 financial participation funds obtained in accordance with this  
9 Section shall be used for the further development and  
10 expansion of the Medicaid Technical Assistance Center. All  
11 federal financial participation funds obtained under this  
12 subsection shall be deposited into the Medicaid Technical  
13 Assistance Center Fund created under Section 25.

14 Section 185-25. Medicaid Technical Assistance Center Fund.  
15 The Medicaid Technical Assistance Center Fund is created as a  
16 special fund in the State treasury. The Fund shall consist of  
17 any moneys appropriated to the Department of Healthcare and  
18 Family Services for the purposes of this Act and any federal  
19 financial participation funds obtained as provided under  
20 Section 20. Subject to appropriation, moneys in the Fund shall  
21 be used for carrying out the purposes of this Act and for no  
22 other purpose. All interest earned on the moneys in the Fund  
23 shall be deposited into the Fund.

1           Section 185-90. The State Finance Act is amended by adding  
2           Section 5.935 as follows:

3           (30 ILCS 105/5.935 new)

4           Sec. 5.935. The Medicaid Technical Assistance Center  
5           Fund.".