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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 by replacing line 22 on page 70 through line 21 on page 72 with  
7 the following:

8 "(320 ILCS 20/3.1 new)

9 Sec. 3.1. Adult protective services dementia training.

10 (a) This Section shall apply to any person who is employed  
11 by the Department in the Adult Protective Services division,  
12 or is contracted with the Department, and works on the  
13 development or implementation of social services to respond to  
14 and prevent adult abuse, neglect, or exploitation.

15 (b) The Department shall implement a dementia training  
16 program that must include instruction on the identification of

1 people with dementia, risks such as wandering, communication  
2 impairments, and elder abuse, and the best practices for  
3 interacting with people with dementia.

4 (c) Training of at least 2 hours shall be completed at the  
5 start of employment with the Adult Protective Services  
6 division. Persons who are employees of the Adult Protective  
7 Services division on the effective date of this amendatory Act  
8 of the 102nd General Assembly shall complete this training  
9 within 6 months after the effective date of this amendatory  
10 Act of the 102nd General Assembly. The training shall cover  
11 the following subjects:

12 (1) Alzheimer's disease and dementia.

13 (2) Safety risks.

14 (3) Communication and behavior.

15 (d) Annual continuing education shall include at least 2  
16 hours of dementia training covering the subjects described in  
17 subsection (c).

18 (e) This Section is designed to address gaps in current  
19 dementia training requirements for Adult Protective Services  
20 officials and improve the quality of training. If laws or  
21 rules existing on the effective date of this amendatory Act of  
22 the 102nd General Assembly contain more rigorous training  
23 requirements for Adult Protective Service officials, those  
24 laws or rules shall apply. Where there is overlap between this  
25 Section and other laws and rules, the Department shall  
26 interpret this Section to avoid duplication of requirements

1 while ensuring that the minimum requirements set in this  
2 Section are met.

3 (f) The Department may adopt rules for the administration  
4 of this Section."; and

5 on page 147, by replacing lines 1 through 21 with the  
6 following:

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

1 on page 180, line 5, after the period, by inserting  
2 "Expenditures from the Fund shall be subject to  
3 appropriation."; and

4 by replacing line 15 on page 222 through line 18 on page 226  
5 with the following:

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

9 Section 185-3. Findings. The General Assembly finds as  
10 follows:

11 (1) This Act seeks to remedy a fraction of a much  
12 larger broken system by addressing access to health care,  
13 managed care organization reform, mental and substance  
14 abuse treatment services, and services to address the  
15 social determinants of health.

16 (2) Illinois transitioned Medicaid services to managed  
17 care with the goals of achieving better health outcomes  
18 for the Medicaid population and reducing the per capita  
19 costs of health care.

20 (3) Illinois benefits when people have support  
21 constructing the sturdy foundation of health and  
22 well-being that we all need to reach our potential.

1 Medicaid managed care can be a vital tool in ensuring that  
2 people have the full range of supports that form this  
3 foundation, including services from community providers  
4 that address behavioral health needs, as well as related  
5 services that help people access food, housing, and  
6 employment.

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

22 (5) The disparity in readiness between providers  
23 primarily serving people of color and those who serve a  
24 more mixed or white clientele is especially urgent because  
25 62% of Illinois' Medicaid recipients are people of color.  
26 Racial disparities in behavioral health care result in

1 significant human and financial costs to both the  
2 individual and to the State.

3 (6) The COVID-19 pandemic has further exacerbated the  
4 health disparities experienced by communities of color.  
5 COVID-19 has increased both the Medicaid-eligible  
6 population in Illinois, and increased the demand for  
7 behavioral health services, as Illinois residents grapple  
8 with trauma, death, job loss, depression, suicide,  
9 addiction, and exposure to violence. In addition, COVID-19  
10 threatens the stability and viability of community-based  
11 providers, further straining the health care safety net  
12 for people who depend on Medicaid for these essential  
13 services.

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

23 (8) The Medicaid managed care system lacks consistent,  
24 statewide support for community providers, creating  
25 inefficiency and duplication. Providers need targeted  
26 trainings focused on their levels of readiness, learning

1 collaboratives to provide group-level support for those  
2 experiencing similar challenges, and a mechanism to  
3 identify problems that need systemic solutions. Illinois  
4 could receive up to 70% in Medicaid matching funds from  
5 the federal government to supplement the costs of  
6 operating a Medicaid Technical Assistance Center.

7 (9) When community-based health care providers are  
8 able to contract with managed care organizations to  
9 deliver Medicaid services, people can access the care they  
10 need, in their communities, from providers they trust.

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

12 "Behavioral health providers" means mental health and  
13 substance use disorder providers.

14 "Department" means the Department of Healthcare and Family  
15 Services.

16 "Health care providers" means organizations who provide  
17 physical, mental, substance use disorder, or social  
18 determinant of health services.

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

22 "Network adequacy" means a Medicaid beneficiaries' ability  
23 to access all necessary provider types within time and  
24 distance standards as defined in the Managed Care Organization  
25 model contract.

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

3 "Social determinants of health" means any conditions that  
4 impact an individual's health, including, but not limited to,  
5 access to healthy food, safety, education, and housing  
6 stability.

7 "Stakeholders" means, but are not limited to, health care  
8 providers, advocacy organizations, managed care organizations,  
9 Medicaid beneficiaries, and State and city partners.

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

23 Section 185-15. Collaboration. The Medicaid Technical  
24 Assistance Center shall collaborate with public and private



1 partners throughout the State to identify, establish, and  
2 maintain best practices necessary for health providers to  
3 ensure their capacity to participate in HealthChoice Illinois  
4 or YouthCare. The Medicaid Technical Assistance Center shall  
5 administer the following:

6 (1) Outreach and engagement: The Medicaid Technical  
7 Assistance Center shall undertake efforts to identify and  
8 engage community-based providers offering behavioral  
9 health services or services addressing the social  
10 determinants of health, especially those predominantly  
11 serving communities of color or those operating within or  
12 near service deserts, for the purpose of offering training  
13 and technical assistance to them through the Medicaid  
14 Technical Assistance Center. Outreach and engagement  
15 services may be subcontracted.

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

1           (3) Web-based resources: The Medicaid Technical  
2 Assistance Center shall maintain an independent, easy to  
3 navigate, and up-to-date website that includes, but is not  
4 limited to: recorded training archives, a training  
5 calendar, provider resources and tools, up-to-date  
6 explanations of Department and managed care organization  
7 guidance, a running database of frequently asked questions  
8 and contact information for key staff members of the  
9 Department, managed care organizations, and the Medicaid  
10 Technical Assistance Center.

11           (4) Learning collaboratives: The Medicaid Technical  
12 Assistance Center shall host regional learning  
13 collaboratives that will supplement the Medicaid Technical  
14 Assistance Center training curriculum to bring together  
15 groups of stakeholders to share issues and best practices,  
16 and to escalate issues. Leadership of the Department and  
17 managed care organizations shall attend learning  
18 collaboratives on a quarterly basis.

19           (5) Network adequacy reports: The Medicaid Technical  
20 Assistance Center shall publicly release a report on  
21 Medicaid provider network adequacy within the first 3  
22 years of implementation and annually thereafter. The  
23 reports shall identify provider service deserts and health  
24 care disparities by race and ethnicity.

25           (6) Equitable delivery system: The Medicaid Technical  
26 Assistance Center is committed to the principle that all

1 Medicaid recipients have accessible and equitable physical  
2 and mental health care services. All providers served  
3 through the Medicaid Technical Assistance Center shall  
4 deliver services notwithstanding the patient's race,  
5 color, gender, gender identity, age, ancestry, marital  
6 status, military status, religion, national origin,  
7 disability status, sexual orientation, order of protection  
8 status, as defined under Section 1-103 of the Illinois  
9 Human Rights Act, or immigration status.

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

21 Section 185-25. Medicaid Technical Assistance Center Fund.  
22 The Medicaid Technical Assistance Center Fund is created as a  
23 special fund in the State treasury. The Fund shall consist of  
24 any moneys appropriated to the Department of Healthcare and

1 Family Services for the purposes of this Act and any federal  
2 financial participation funds obtained as provided under  
3 Section 20. Subject to appropriation, moneys in the Fund shall  
4 be used for carrying out the purposes of this Act and for no  
5 other purpose. All interest earned on the moneys in the Fund  
6 shall be deposited into the Fund.

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

9 (30 ILCS 105/5.935 new)

10 Sec. 5.935. The Medicaid Technical Assistance Center  
11 Fund."