

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 Medicaid Technical Assistance Act.

6 Section 3. Findings. The General Assembly finds as
7 follows:

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

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

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

1 services that help people access food, housing, and
2 employment.

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

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

25 (6) The COVID-19 pandemic has further exacerbated the
26 health disparities experienced by communities of color.

1 COVID-19 has increased both the Medicaid-eligible
2 population in Illinois, and increased the demand for
3 behavioral health services, as Illinois residents grapple
4 with trauma, death, job loss, depression, suicide,
5 addiction, and exposure to violence. In addition, COVID-19
6 threatens the stability and viability of community-based
7 providers, further straining the healthcare safety net for
8 people who depend on Medicaid for these essential
9 services.

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

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

1 the federal government to supplement the costs of
2 operating a Medicaid Technical Assistance Center.

3 (9) When community-based healthcare providers are able
4 to contract with managed care organizations to deliver
5 Medicaid services, people can access the care they need,
6 in their communities, from providers they trust.

7 Section 5. Definitions. As used in this Act:

8 "Behavioral health providers" means mental health and
9 substance use disorder providers.

10 "Department" means the Department of Healthcare and Family
11 Services.

12 "Health care providers" means organizations who provide
13 physical, mental, substance use disorder, or social
14 determinant of health services.

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

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

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

24 "Social determinants of health" means any conditions that
25 impact an individual's health, including, but not limited to,

1 access to healthy food, safety, education, and housing
2 stability.

3 "Stakeholders" means, but are not limited to, health care
4 providers, advocacy organizations, managed care organizations,
5 Medicaid beneficiaries, and State and city partners.

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

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

1 administer the following:

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

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

23 (3) Web-based resources: The Medicaid Technical
24 Assistance Center shall maintain an independent, easy to
25 navigate, and up-to-date website that includes, but is not
26 limited to: recorded training archives, a training

1 calendar, provider resources and tools, up-to-date
2 explanations of Department and managed care organization
3 guidance, a running database of frequently asked questions
4 and contact information for key staff members of the
5 Department, managed care organizations, and the Medicaid
6 Technical Assistance Center.

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

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

21 (6) Equitable delivery system: The Medicaid Technical
22 Assistance Center is committed to the principle that all
23 Medicaid recipients have accessible and equitable physical
24 and mental healthcare services. All providers served
25 through the Medicaid Technical Assistance Center shall
26 deliver services notwithstanding the patient's race,

1 color, gender, gender identity, age, ancestry, marital
2 status, military status, religion, national origin,
3 disability status, sexual orientation, order of protection
4 status, as defined under Section 1-103 of the Illinois
5 Human Rights Act, or immigration status.

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

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

1 earned on the moneys in the Fund shall be deposited into the
2 Fund.

3 Section 90. The State Finance Act is amended by adding
4 Section 5.935 as follows:

5 (30 ILCS 105/5.935 new)

6 Sec. 5.935. The Medicaid Technical Assistance Center Fund.

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