



102ND GENERAL ASSEMBLY

State of Illinois

2021 and 2022

HB3276

Introduced 2/19/2021, 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; 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.

LRB102 11898 KTG 17234 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 some of the appropriate criteria for certified community
18 behavioral health 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
17 4 key patient populations that may benefit from the certified
18 community behavioral health clinic model, with a special
19 emphasis on serving the following individuals living in
20 minority communities, communities of color, or underserved
21 areas:

22 (1) children with serious emotional disturbances;

23 (2) children with substance use disorders;

24 (3) adults with serious mental illness; and

25 (4) adults with substance use disorders.

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

2 "Departments" means the Department of Healthcare and
3 Family Services and the Department of Human Services, Division
4 of Mental Health and Division of Substance Use Prevention and
5 Recovery.

6 "PAMA" means the Protecting Access to Medicare Act of
7 2014.

8 "Pilot program" means the Certified Community Behavioral
9 Health Clinic pilot program.

10 Section 15. Certified Community Behavioral Health Clinic
11 pilot program.

12 (a) The Department of Healthcare and Family Services, in
13 partnership with the Department of Human Services, Division of
14 Mental Health and Division of Substance Use Prevention and
15 Recovery, shall develop, with meaningful input from
16 stakeholders, a pilot program based upon, but not necessarily
17 identical to, the certified community behavioral health clinic
18 criteria and prospective payment system methodology issued by
19 the federal Substance Abuse and Mental Health Services
20 Administration and the Centers for Medicare and Medicaid
21 Services as created under the Protecting Access to Medicare
22 Act of 2014, Prospective Payment System Guidance. Input from
23 stakeholders shall include and incorporate information
24 received from consumers, family members of consumers,
25 community mental health centers, mental health providers,

1 substance use disorder treatment facilities, substance use
2 disorder treatment providers, primary care physicians, and
3 statewide associations representing the foregoing. Stakeholder
4 input shall be gathered from across the State utilizing
5 listening sessions including those areas most severely
6 impacted by the opioid and suicide crises such as minority
7 communities, rural areas, and urban areas.

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

16 (1) The Departments shall submit any necessary
17 applications to the Centers for Medicare and Medicaid
18 Services for a waiver under Section 1115 to implement the
19 pilot program described in this Section no later than
20 December 31, 2021. The Departments shall promptly engage
21 in any additional steps requested or required by the
22 Centers for Medicare and Medicaid Services to obtain
23 approval of the pilot program waiver on a timely basis.

24 (2) The Departments shall conduct the stakeholder
25 listening sessions as described above no later than 3
26 months following federal approval of the pilot program

1 waiver.

2 (3) After federal approval of the pilot program waiver
3 has been secured, the Departments may adopt rules to carry
4 out this pilot program and include requirements and
5 specifications separate from those prescribed under the
6 federal Protecting Access to Medicare Act of 2014 by the
7 federal Substance Abuse and Mental Health Services
8 Administration and the Centers for Medicare and Medicaid
9 Services no later than 6 months following federal approval
10 of the pilot program waiver, but shall not draft any rules
11 in contravention of the criteria or specifications for the
12 pilot program development and implementation as set forth
13 in this Act.

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

1 subject to rebasing in accordance with Appendix III to the
2 Prospective Payment System Guidance. For services rendered
3 by a certified community behavioral health clinic to an
4 individual enrolled in a Medicaid managed care
5 organization, the Department of Healthcare and Family
6 Services shall implement a supplemental payment system at
7 the same time as the prospective payment system to ensure
8 that the community behavioral health clinic receives full
9 payment under the certified community behavioral health
10 clinic prospective payment system methodology for each
11 qualifying visit. Specifically, the Department of
12 Healthcare and Family Services shall provide for payment
13 to the community behavioral health clinic by the
14 Department of Healthcare and Family Services of a
15 supplemental payment equal to the amount (if any) by which
16 payment under the certified community behavioral health
17 clinic prospective payment system methodology would exceed
18 payments by the managed care organization to the certified
19 community behavioral health clinic for services rendered
20 to the entity's enrollee. The supplemental payments shall
21 be made by the Department of Healthcare and Family
22 Services according to a schedule agreed to between the
23 State and the certified community behavioral health
24 clinic, but in no case shall payment be made less
25 frequently than every 3 months. The prospective payment
26 system methodology shall remain in effect so long as the

1 Departments continue to offer the pilot program and
2 regardless of the status of the PAMA-authorized Certified
3 Community Behavioral Health Clinic demonstration program,
4 including the Prospective Payment System Guidance.

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

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

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

1 every 2 years.

2 (1) Staffing requirements, including criteria that
3 staff have diverse disciplinary backgrounds, have
4 necessary State required licensure or certification and
5 accreditation, and are culturally and linguistically
6 trained to serve the needs of the clinic's patient
7 population.

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

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

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

24 (A) crisis mental health services, including
25 24-hour mobile crisis teams, emergency crisis
26 intervention services, and crisis stabilization;

1 (B) screening, assessment, and diagnosis,
2 including risk assessment;

3 (C) patient-centered treatment planning or similar
4 processes, including risk assessment and crisis
5 planning;

6 (D) outpatient mental health and substance use
7 disorder services;

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

10 (F) targeted case management;

11 (G) psychiatric rehabilitation services;

12 (H) peer support and counselor services and family
13 supports; and

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

16 (5) Reporting of encounter data, clinical outcomes
17 data, quality data in accordance with federal certified
18 community behavioral health clinic criteria, and such
19 other data as the Departments deem necessary.

20 (6) Certified community behavioral health clinics may
21 only be formed and organized by community mental health
22 centers and substance use disorder treatment facilities or
23 mental health or substance use disorder treatment
24 providers licensed or certified by the Departments.

25 (e) The Departments shall deliver a report to the General
26 Assembly during the regular session on the outcomes of the

1 pilot program after 2 years of full implementation and again
2 after 4 years of full implementation providing information on
3 performance of the pilot program along with plans for future
4 sustainability, including, but not limited to, the quality
5 measures and certification criteria set forth above and under
6 the guidance issued by the Centers for Medicare and Medicaid
7 Services and the federal Substance Abuse and Mental Health
8 Services Administration for the Protecting Access to Medicare
9 Act of 2014.

10 Section 99. Effective date. This Act takes effect upon
11 becoming law.