

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. References to Act; intent; purposes. This Act
5 may be referred to as the Children and Young Adult Mental
6 Health Crisis Act. It is intended to fill in significant gaps
7 in Illinois' mental health treatment system for children and
8 young adults given that this is the age group that most mental
9 health conditions begin to manifest.

10 Section 5. Findings. The General Assembly finds as follows:

11 (1) Over 850,000 children and young adults under age 25 in
12 Illinois will experience a mental health condition. Barely
13 one-third will get treatment even though treatment can lead to
14 recovery and wellness.

15 (2) Every year hundreds of Illinois children with treatable
16 serious mental health conditions are forced to remain in
17 psychiatric hospitals far beyond medical necessity because
18 subsequent treatment options are not available.

19 (3) There are many gaps in Illinois' publicly funded mental
20 health system, and private insurance does not cover proven
21 treatment approaches covered by the public sector.

22 (4) Children and young adults must have access to the level
23 of mental health treatment they need at the first signs of a

1 problem to prevent worsening of the condition and the use of
2 substances for purposes of self-medication.

3 (5) Illinois' mental health system for children and young
4 adults must align with system of care principles, which were
5 developed by The Georgetown University Center for Child and
6 Human Development and are the nationally recognized best
7 practices for developing a strong treatment system.

8 (6) This Act contains many of the crucial elements that
9 Illinois requires for building an appropriate service delivery
10 system and for coverage of a comprehensive array of services
11 through private insurance.

12 Section 10. The State Employees Group Insurance Act of 1971
13 is amended by changing Section 6.11 as follows:

14 (5 ILCS 375/6.11)

15 (Text of Section before amendment by P.A. 100-1170)

16 Sec. 6.11. Required health benefits; Illinois Insurance
17 Code requirements. The program of health benefits shall provide
18 the post-mastectomy care benefits required to be covered by a
19 policy of accident and health insurance under Section 356t of
20 the Illinois Insurance Code. The program of health benefits
21 shall provide the coverage required under Sections 356g,
22 356g.5, 356g.5-1, 356m, 356u, 356w, 356x, 356z.2, 356z.4,
23 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12, 356z.13,
24 356z.14, 356z.15, 356z.17, 356z.22, 356z.25, ~~and~~ 356z.26, ~~and~~

1 356z.29, 356z.32, and 356z.33 of the Illinois Insurance Code.
2 The program of health benefits must comply with Sections
3 155.22a, 155.37, 355b, 356z.19, 370c, and 370c.1 of the
4 Illinois Insurance Code. The Department of Insurance shall
5 enforce the requirements of this Section.

6 Rulemaking authority to implement Public Act 95-1045, if
7 any, is conditioned on the rules being adopted in accordance
8 with all provisions of the Illinois Administrative Procedure
9 Act and all rules and procedures of the Joint Committee on
10 Administrative Rules; any purported rule not so adopted, for
11 whatever reason, is unauthorized.

12 (Source: P.A. 99-480, eff. 9-9-15; 100-24, eff. 7-18-17;
13 100-138, eff. 8-18-17; 100-863, eff. 8-14-18; 100-1024, eff.
14 1-1-19; 100-1057, eff. 1-1-19; 100-1102, eff. 1-1-19; revised
15 1-8-19.)

16 (Text of Section after amendment by P.A. 100-1170)

17 Sec. 6.11. Required health benefits; Illinois Insurance
18 Code requirements. The program of health benefits shall provide
19 the post-mastectomy care benefits required to be covered by a
20 policy of accident and health insurance under Section 356t of
21 the Illinois Insurance Code. The program of health benefits
22 shall provide the coverage required under Sections 356g,
23 356g.5, 356g.5-1, 356m, 356u, 356w, 356x, 356z.2, 356z.4,
24 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12, 356z.13,
25 356z.14, 356z.15, 356z.17, 356z.22, 356z.25, 356z.26, 356z.29,

1 ~~and~~ 356z.32, and 356z.33 of the Illinois Insurance Code. The
2 program of health benefits must comply with Sections 155.22a,
3 155.37, 355b, 356z.19, 370c, and 370c.1 of the Illinois
4 Insurance Code. The Department of Insurance shall enforce the
5 requirements of this Section with respect to Sections 370c and
6 370c.1 of the Illinois Insurance Code; all other requirements
7 of this Section shall be enforced by the Department of Central
8 Management Services.

9 Rulemaking authority to implement Public Act 95-1045, if
10 any, is conditioned on the rules being adopted in accordance
11 with all provisions of the Illinois Administrative Procedure
12 Act and all rules and procedures of the Joint Committee on
13 Administrative Rules; any purported rule not so adopted, for
14 whatever reason, is unauthorized.

15 (Source: P.A. 99-480, eff. 9-9-15; 100-24, eff. 7-18-17;
16 100-138, eff. 8-18-17; 100-863, eff. 8-14-18; 100-1024, eff.
17 1-1-19; 100-1057, eff. 1-1-19; 100-1102, eff. 1-1-19;
18 100-1170, eff. 6-1-19.)

19 Section 15. The Counties Code is amended by changing
20 Section 5-1069.3 as follows:

21 (55 ILCS 5/5-1069.3)

22 Sec. 5-1069.3. Required health benefits. If a county,
23 including a home rule county, is a self-insurer for purposes of
24 providing health insurance coverage for its employees, the

1 coverage shall include coverage for the post-mastectomy care
2 benefits required to be covered by a policy of accident and
3 health insurance under Section 356t and the coverage required
4 under Sections 356g, 356g.5, 356g.5-1, 356u, 356w, 356x,
5 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12, 356z.13,
6 356z.14, 356z.15, 356z.22, 356z.25, ~~and 356z.26, and 356z.29,~~
7 356z.32, and 356z.33 of the Illinois Insurance Code. The
8 coverage shall comply with Sections 155.22a, 355b, 356z.19, and
9 370c of the Illinois Insurance Code. The Department of
10 Insurance shall enforce the requirements of this Section. The
11 requirement that health benefits be covered as provided in this
12 Section is an exclusive power and function of the State and is
13 a denial and limitation under Article VII, Section 6,
14 subsection (h) of the Illinois Constitution. A home rule county
15 to which this Section applies must comply with every provision
16 of this Section.

17 Rulemaking authority to implement Public Act 95-1045, if
18 any, is conditioned on the rules being adopted in accordance
19 with all provisions of the Illinois Administrative Procedure
20 Act and all rules and procedures of the Joint Committee on
21 Administrative Rules; any purported rule not so adopted, for
22 whatever reason, is unauthorized.

23 (Source: P.A. 99-480, eff. 9-9-15; 100-24, eff. 7-18-17;
24 100-138, eff. 8-18-17; 100-863, eff. 8-14-18; 100-1024, eff.
25 1-1-19; 100-1057, eff. 1-1-19; 100-1102, eff. 1-1-19; revised
26 10-3-18.)

1 Section 20. The Illinois Municipal Code is amended by
2 changing Section 10-4-2.3 as follows:

3 (65 ILCS 5/10-4-2.3)

4 Sec. 10-4-2.3. Required health benefits. If a
5 municipality, including a home rule municipality, is a
6 self-insurer for purposes of providing health insurance
7 coverage for its employees, the coverage shall include coverage
8 for the post-mastectomy care benefits required to be covered by
9 a policy of accident and health insurance under Section 356t
10 and the coverage required under Sections 356g, 356g.5,
11 356g.5-1, 356u, 356w, 356x, 356z.6, 356z.8, 356z.9, 356z.10,
12 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.22, 356z.25,
13 ~~and 356z.26, and 356z.29,~~ 356z.32, and 356z.33 of the Illinois
14 Insurance Code. The coverage shall comply with Sections
15 155.22a, 355b, 356z.19, and 370c of the Illinois Insurance
16 Code. The Department of Insurance shall enforce the
17 requirements of this Section. The requirement that health
18 benefits be covered as provided in this is an exclusive power
19 and function of the State and is a denial and limitation under
20 Article VII, Section 6, subsection (h) of the Illinois
21 Constitution. A home rule municipality to which this Section
22 applies must comply with every provision of this Section.

23 Rulemaking authority to implement Public Act 95-1045, if
24 any, is conditioned on the rules being adopted in accordance

1 with all provisions of the Illinois Administrative Procedure
2 Act and all rules and procedures of the Joint Committee on
3 Administrative Rules; any purported rule not so adopted, for
4 whatever reason, is unauthorized.

5 (Source: P.A. 99-480, eff. 9-9-15; 100-24, eff. 7-18-17;
6 100-138, eff. 8-18-17; 100-863, eff. 8-14-18; 100-1024, eff.
7 1-1-19; 100-1057, eff. 1-1-19; 100-1102, eff. 1-1-19; revised
8 10-4-18.)

9 Section 25. The School Code is amended by changing Section
10 10-22.3f as follows:

11 (105 ILCS 5/10-22.3f)

12 Sec. 10-22.3f. Required health benefits. Insurance
13 protection and benefits for employees shall provide the
14 post-mastectomy care benefits required to be covered by a
15 policy of accident and health insurance under Section 356t and
16 the coverage required under Sections 356g, 356g.5, 356g.5-1,
17 356u, 356w, 356x, 356z.6, 356z.8, 356z.9, 356z.11, 356z.12,
18 356z.13, 356z.14, 356z.15, 356z.22, 356z.25, ~~and~~ 356z.26, ~~and~~
19 356z.29, 356z.32, and 356z.33 of the Illinois Insurance Code.
20 Insurance policies shall comply with Section 356z.19 of the
21 Illinois Insurance Code. The coverage shall comply with
22 Sections 155.22a, 355b, and 370c of the Illinois Insurance
23 Code. The Department of Insurance shall enforce the
24 requirements of this Section.

1 Rulemaking authority to implement Public Act 95-1045, if
2 any, is conditioned on the rules being adopted in accordance
3 with all provisions of the Illinois Administrative Procedure
4 Act and all rules and procedures of the Joint Committee on
5 Administrative Rules; any purported rule not so adopted, for
6 whatever reason, is unauthorized.

7 (Source: P.A. 100-24, eff. 7-18-17; 100-138, eff. 8-18-17;
8 100-863, eff. 8-14-18; 100-1024, eff. 1-1-19; 100-1057, eff.
9 1-1-19; 100-1102, eff. 1-1-19; revised 10-4-18.)

10 Section 30. The Illinois Insurance Code is amended by
11 adding Section 356z.33 as follows:

12 (215 ILCS 5/356z.33 new)

13 Sec. 356z.33. Coverage of treatment models for early
14 treatment of serious mental illnesses.

15 (a) For purposes of early treatment of a serious mental
16 illness in a child or young adult under age 26, a group or
17 individual policy of accident and health insurance, or managed
18 care plan, that is amended, delivered, issued, or renewed after
19 December 31, 2020 shall provide coverage of the following
20 bundled, evidence-based treatment:

21 (1) Coordinated specialty care for first episode
22 psychosis treatment, covering the elements of the
23 treatment model included in the most recent national
24 research trials conducted by the National Institute of

1 Mental Health in the Recovery After an Initial
2 Schizophrenia Episode (RAISE) trials for psychosis
3 resulting from a serious mental illness, but excluding the
4 components of the treatment model related to education and
5 employment support.

6 (2) Assertive community treatment (ACT) and community
7 support team (CST) treatment. The elements of ACT and CST
8 to be covered shall include those covered under Article V
9 of the Illinois Public Aid Code, through 89 Ill. Adm. Code
10 140.453(d)(4).

11 (b) Adherence to the clinical models. For purposes of
12 ensuring adherence to the coordinated specialty care for first
13 episode psychosis treatment model, only providers contracted
14 with the Department of Human Services' Division of Mental
15 Health to be FIRST.IL providers to deliver coordinated
16 specialty care for first episode psychosis treatment shall be
17 permitted to provide such treatment in accordance with this
18 Section and such providers must adhere to the fidelity of the
19 treatment model. For purposes of ensuring fidelity to ACT and
20 CST, only providers certified to provide ACT and CST by the
21 Department of Human Services' Division of Mental Health and
22 approved to provide ACT and CST by the Department of Healthcare
23 and Family Services, or its designee, in accordance with 89
24 Ill. Adm. Code 140, shall be permitted to provide such services
25 under this Section and such providers shall be required to
26 adhere to the fidelity of the models.

1 (c) Development of medical necessity criteria for
2 coverage. Within 6 months after the effective date of this
3 amendatory Act of the 101st General Assembly, the Department of
4 Insurance shall lead and convene a workgroup that includes the
5 Department of Human Services' Division of Mental Health, the
6 Department of Healthcare and Family Services, providers of the
7 treatment models listed in this Section, and insurers operating
8 in Illinois to develop medical necessity criteria for such
9 treatment models for purposes of coverage under this Section.
10 The workgroup shall use the medical necessity criteria the
11 State and other states use as guidance for establishing medical
12 necessity for insurance coverage. The Department of Insurance
13 shall adopt a rule that defines medical necessity for each of
14 the 3 treatment models listed in this Section by no later than
15 June 30, 2020 based on the workgroup's recommendations.

16 (d) For purposes of credentialing the mental health
17 professionals and other medical professionals that are part of
18 a coordinated specialty care for first episode psychosis
19 treatment team, an ACT team, or a CST team, the credentialing
20 of the psychiatrist or the licensed clinical leader of the
21 treatment team shall qualify all members of the treatment team
22 to be credentialed with the insurer.

23 (e) Payment for the services performed under the treatment
24 models listed in this Section shall be based on a bundled
25 treatment model or payment, rather than payment for each
26 separate service delivered by a treatment team member. By no

1 later than 6 months after the effective date of this amendatory
2 Act of the 101st General Assembly, the Department of Insurance
3 shall convene a workgroup of Illinois insurance companies and
4 Illinois mental health treatment providers that deliver the
5 bundled treatment approaches listed in this Section to
6 determine a coding solution that allows for these bundled
7 treatment models to be coded and paid for as a bundle of
8 services, similar to intensive outpatient treatment where
9 multiple services are covered under one billing code or a
10 bundled set of billing codes. The coding solution shall ensure
11 that services delivered using coordinated specialty care for
12 first episode psychosis treatment, ACT, or CST are provided and
13 billed as a bundled service, rather than for each individual
14 service provided by a treatment team member, which would
15 deconstruct the evidence-based practice. The coding solution
16 shall be reached prior to coverage, which shall begin for plans
17 amended, delivered, issued, or renewed after December 31, 2020,
18 to ensure coverage of the treatment team approaches as intended
19 by this Section.

20 (f) If, at any time, the Secretary of the United States
21 Department of Health and Human Services, or its successor
22 agency, adopts rules or regulations to be published in the
23 Federal Register or publishes a comment in the Federal Register
24 or issues an opinion, guidance, or other action that would
25 require the State, under any provision of the Patient
26 Protection and Affordable Care Act (P.L. 111-148), including,

1 but not limited to, 42 U.S.C. 18031(d)(3)(b), or any successor
2 provision, to defray the cost of any coverage for serious
3 mental illnesses or serious emotional disturbances outlined in
4 this Section, then the requirement that a group or individual
5 policy of accident and health insurance or managed care plan
6 cover the bundled treatment approaches listed in this Section
7 is inoperative other than any such coverage authorized under
8 Section 1902 of the Social Security Act, 42 U.S.C. 1396a, and
9 the State shall not assume any obligation for the cost of the
10 coverage.

11 (g) After 5 years following full implementation of this
12 Section, if requested by an insurer, the Department of
13 Insurance shall contract with an independent third party with
14 expertise in analyzing health insurance premiums and costs to
15 perform an independent analysis of the impact coverage of the
16 team-based treatment models listed in this Section has had on
17 insurance premiums in Illinois. If premiums increased by more
18 than 1% annually solely due to coverage of these treatment
19 models, coverage of these models shall no longer be required.

20 (h) The Department of Insurance shall adopt any rules
21 necessary to implement the provisions of this Section by no
22 later than June 30, 2020.

23 Section 35. The Health Maintenance Organization Act is
24 amended by changing Section 5-3 as follows:

1 (215 ILCS 125/5-3) (from Ch. 111 1/2, par. 1411.2)

2 Sec. 5-3. Insurance Code provisions.

3 (a) Health Maintenance Organizations shall be subject to
4 the provisions of Sections 133, 134, 136, 137, 139, 140, 141.1,
5 141.2, 141.3, 143, 143c, 147, 148, 149, 151, 152, 153, 154,
6 154.5, 154.6, 154.7, 154.8, 155.04, 155.22a, 355.2, 355.3,
7 355b, 356g.5-1, 356m, 356v, 356w, 356x, 356y, 356z.2, 356z.4,
8 356z.5, 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12,
9 356z.13, 356z.14, 356z.15, 356z.17, 356z.18, 356z.19, 356z.21,
10 356z.22, 356z.25, 356z.26, 356z.29, 356z.30, 356z.32, 356z.33,
11 364, 364.01, 367.2, 367.2-5, 367i, 368a, 368b, 368c, 368d,
12 368e, 370c, 370c.1, 401, 401.1, 402, 403, 403A, 408, 408.2,
13 409, 412, 444, and 444.1, paragraph (c) of subsection (2) of
14 Section 367, and Articles IIA, VIII 1/2, XII, XII 1/2, XIII,
15 XIII 1/2, XXV, and XXVI of the Illinois Insurance Code.

16 (b) For purposes of the Illinois Insurance Code, except for
17 Sections 444 and 444.1 and Articles XIII and XIII 1/2, Health
18 Maintenance Organizations in the following categories are
19 deemed to be "domestic companies":

20 (1) a corporation authorized under the Dental Service
21 Plan Act or the Voluntary Health Services Plans Act;

22 (2) a corporation organized under the laws of this
23 State; or

24 (3) a corporation organized under the laws of another
25 state, 30% or more of the enrollees of which are residents
26 of this State, except a corporation subject to

1 substantially the same requirements in its state of
2 organization as is a "domestic company" under Article VIII
3 1/2 of the Illinois Insurance Code.

4 (c) In considering the merger, consolidation, or other
5 acquisition of control of a Health Maintenance Organization
6 pursuant to Article VIII 1/2 of the Illinois Insurance Code,

7 (1) the Director shall give primary consideration to
8 the continuation of benefits to enrollees and the financial
9 conditions of the acquired Health Maintenance Organization
10 after the merger, consolidation, or other acquisition of
11 control takes effect;

12 (2) (i) the criteria specified in subsection (1) (b) of
13 Section 131.8 of the Illinois Insurance Code shall not
14 apply and (ii) the Director, in making his determination
15 with respect to the merger, consolidation, or other
16 acquisition of control, need not take into account the
17 effect on competition of the merger, consolidation, or
18 other acquisition of control;

19 (3) the Director shall have the power to require the
20 following information:

21 (A) certification by an independent actuary of the
22 adequacy of the reserves of the Health Maintenance
23 Organization sought to be acquired;

24 (B) pro forma financial statements reflecting the
25 combined balance sheets of the acquiring company and
26 the Health Maintenance Organization sought to be

1 acquired as of the end of the preceding year and as of
2 a date 90 days prior to the acquisition, as well as pro
3 forma financial statements reflecting projected
4 combined operation for a period of 2 years;

5 (C) a pro forma business plan detailing an
6 acquiring party's plans with respect to the operation
7 of the Health Maintenance Organization sought to be
8 acquired for a period of not less than 3 years; and

9 (D) such other information as the Director shall
10 require.

11 (d) The provisions of Article VIII 1/2 of the Illinois
12 Insurance Code and this Section 5-3 shall apply to the sale by
13 any health maintenance organization of greater than 10% of its
14 enrollee population (including without limitation the health
15 maintenance organization's right, title, and interest in and to
16 its health care certificates).

17 (e) In considering any management contract or service
18 agreement subject to Section 141.1 of the Illinois Insurance
19 Code, the Director (i) shall, in addition to the criteria
20 specified in Section 141.2 of the Illinois Insurance Code, take
21 into account the effect of the management contract or service
22 agreement on the continuation of benefits to enrollees and the
23 financial condition of the health maintenance organization to
24 be managed or serviced, and (ii) need not take into account the
25 effect of the management contract or service agreement on
26 competition.

1 (f) Except for small employer groups as defined in the
2 Small Employer Rating, Renewability and Portability Health
3 Insurance Act and except for medicare supplement policies as
4 defined in Section 363 of the Illinois Insurance Code, a Health
5 Maintenance Organization may by contract agree with a group or
6 other enrollment unit to effect refunds or charge additional
7 premiums under the following terms and conditions:

8 (i) the amount of, and other terms and conditions with
9 respect to, the refund or additional premium are set forth
10 in the group or enrollment unit contract agreed in advance
11 of the period for which a refund is to be paid or
12 additional premium is to be charged (which period shall not
13 be less than one year); and

14 (ii) the amount of the refund or additional premium
15 shall not exceed 20% of the Health Maintenance
16 Organization's profitable or unprofitable experience with
17 respect to the group or other enrollment unit for the
18 period (and, for purposes of a refund or additional
19 premium, the profitable or unprofitable experience shall
20 be calculated taking into account a pro rata share of the
21 Health Maintenance Organization's administrative and
22 marketing expenses, but shall not include any refund to be
23 made or additional premium to be paid pursuant to this
24 subsection (f)). The Health Maintenance Organization and
25 the group or enrollment unit may agree that the profitable
26 or unprofitable experience may be calculated taking into

1 account the refund period and the immediately preceding 2
2 plan years.

3 The Health Maintenance Organization shall include a
4 statement in the evidence of coverage issued to each enrollee
5 describing the possibility of a refund or additional premium,
6 and upon request of any group or enrollment unit, provide to
7 the group or enrollment unit a description of the method used
8 to calculate (1) the Health Maintenance Organization's
9 profitable experience with respect to the group or enrollment
10 unit and the resulting refund to the group or enrollment unit
11 or (2) the Health Maintenance Organization's unprofitable
12 experience with respect to the group or enrollment unit and the
13 resulting additional premium to be paid by the group or
14 enrollment unit.

15 In no event shall the Illinois Health Maintenance
16 Organization Guaranty Association be liable to pay any
17 contractual obligation of an insolvent organization to pay any
18 refund authorized under this Section.

19 (g) Rulemaking authority to implement Public Act 95-1045,
20 if any, is conditioned on the rules being adopted in accordance
21 with all provisions of the Illinois Administrative Procedure
22 Act and all rules and procedures of the Joint Committee on
23 Administrative Rules; any purported rule not so adopted, for
24 whatever reason, is unauthorized.

25 (Source: P.A. 99-761, eff. 1-1-18; 100-24, eff. 7-18-17;
26 100-138, eff. 8-18-17; 100-863, eff. 8-14-18; 100-1026, eff.

1 8-22-18; 100-1057, eff. 1-1-19; 100-1102, eff. 1-1-19; revised
2 10-4-18.)

3 Section 40. The Illinois Public Aid Code is amended by
4 changing Section 5-5.23 and by adding Sections 5-36, 5-37, and
5 5-38 as follows:

6 (305 ILCS 5/5-5.23)

7 Sec. 5-5.23. Children's mental health services.

8 (a) The Department of Healthcare and Family Services, by
9 rule, shall require the screening and assessment of a child
10 prior to any Medicaid-funded admission to an inpatient hospital
11 for psychiatric services to be funded by Medicaid. The
12 screening and assessment shall include a determination of the
13 appropriateness and availability of out-patient support
14 services for necessary treatment. The Department, by rule,
15 shall establish methods and standards of payment for the
16 screening, assessment, and necessary alternative support
17 services.

18 (b) The Department of Healthcare and Family Services, to
19 the extent allowable under federal law, shall secure federal
20 financial participation for Individual Care Grant expenditures
21 made by the Department of Healthcare and Family Services for
22 the Medicaid optional service authorized under Section 1905(h)
23 of the federal Social Security Act, pursuant to the provisions
24 of Section 7.1 of the Mental Health and Developmental

1 Disabilities Administrative Act. The Department of Healthcare
2 and Family Services may exercise the authority under this
3 Section as is necessary to administer Individual Care Grants as
4 authorized under Section 7.1 of the Mental Health and
5 Developmental Disabilities Administrative Act.

6 (c) The Department of Healthcare and Family Services shall
7 work collaboratively with the Department of Children and Family
8 Services and the Division of Mental Health of the Department of
9 Human Services to implement subsections (a) and (b).

10 (d) On and after July 1, 2012, the Department shall reduce
11 any rate of reimbursement for services or other payments or
12 alter any methodologies authorized by this Code to reduce any
13 rate of reimbursement for services or other payments in
14 accordance with Section 5-5e.

15 (e) All rights, powers, duties, and responsibilities
16 currently exercised by the Department of Human Services related
17 to the Individual Care Grant program are transferred to the
18 Department of Healthcare and Family Services with the transfer
19 and transition of the Individual Care Grant program to the
20 Department of Healthcare and Family Services to be completed
21 and implemented within 6 months after the effective date of
22 this amendatory Act of the 99th General Assembly. For the
23 purposes of the Successor Agency Act, the Department of
24 Healthcare and Family Services is declared to be the successor
25 agency of the Department of Human Services, but only with
26 respect to the functions of the Department of Human Services

1 that are transferred to the Department of Healthcare and Family
2 Services under this amendatory Act of the 99th General
3 Assembly.

4 (1) Each act done by the Department of Healthcare and
5 Family Services in exercise of the transferred powers,
6 duties, rights, and responsibilities shall have the same
7 legal effect as if done by the Department of Human Services
8 or its offices.

9 (2) Any rules of the Department of Human Services that
10 relate to the functions and programs transferred by this
11 amendatory Act of the 99th General Assembly that are in
12 full force on the effective date of this amendatory Act of
13 the 99th General Assembly shall become the rules of the
14 Department of Healthcare and Family Services. All rules
15 transferred under this amendatory Act of the 99th General
16 Assembly are hereby amended such that the term "Department"
17 shall be defined as the Department of Healthcare and Family
18 Services and all references to the "Secretary" shall be
19 changed to the "Director of Healthcare and Family Services
20 or his or her designee". As soon as practicable hereafter,
21 the Department of Healthcare and Family Services shall
22 revise and clarify the rules to reflect the transfer of
23 rights, powers, duties, and responsibilities affected by
24 this amendatory Act of the 99th General Assembly, using the
25 procedures for recodification of rules available under the
26 Illinois Administrative Procedure Act, except that

1 existing title, part, and section numbering for the
2 affected rules may be retained. The Department of
3 Healthcare and Family Services, consistent with its
4 authority to do so as granted by this amendatory Act of the
5 99th General Assembly, shall propose and adopt any other
6 rules under the Illinois Administrative Procedure Act as
7 necessary to administer the Individual Care Grant program.
8 These rules may include, but are not limited to, the
9 application process and eligibility requirements for
10 recipients.

11 (3) All unexpended appropriations and balances and
12 other funds available for use in connection with any
13 functions of the Individual Care Grant program shall be
14 transferred for the use of the Department of Healthcare and
15 Family Services to operate the Individual Care Grant
16 program. Unexpended balances shall be expended only for the
17 purpose for which the appropriation was originally made.
18 The Department of Healthcare and Family Services shall
19 exercise all rights, powers, duties, and responsibilities
20 for operation of the Individual Care Grant program.

21 (4) Existing personnel and positions of the Department
22 of Human Services pertaining to the administration of the
23 Individual Care Grant program shall be transferred to the
24 Department of Healthcare and Family Services with the
25 transfer and transition of the Individual Care Grant
26 program to the Department of Healthcare and Family

1 Services. The status and rights of Department of Human
2 Services employees engaged in the performance of the
3 functions of the Individual Care Grant program shall not be
4 affected by this amendatory Act of the 99th General
5 Assembly. The rights of the employees, the State of
6 Illinois, and its agencies under the Personnel Code and
7 applicable collective bargaining agreements or under any
8 pension, retirement, or annuity plan shall not be affected
9 by this amendatory Act of the 99th General Assembly. All
10 transferred employees who are members of collective
11 bargaining units shall retain their seniority, continuous
12 service, salary, and accrued benefits.

13 (5) All books, records, papers, documents, property
14 (real and personal), contracts, and pending business
15 pertaining to the powers, duties, rights, and
16 responsibilities related to the functions of the
17 Individual Care Grant program, including, but not limited
18 to, material in electronic or magnetic format and necessary
19 computer hardware and software, shall be delivered to the
20 Department of Healthcare and Family Services; provided,
21 however, that the delivery of this information shall not
22 violate any applicable confidentiality constraints.

23 (6) Whenever reports or notices are now required to be
24 made or given or papers or documents furnished or served by
25 any person to or upon the Department of Human Services in
26 connection with any of the functions transferred by this

1 amendatory Act of the 99th General Assembly, the same shall
2 be made, given, furnished, or served in the same manner to
3 or upon the Department of Healthcare and Family Services.

4 (7) This amendatory Act of the 99th General Assembly
5 shall not affect any act done, ratified, or canceled or any
6 right occurring or established or any action or proceeding
7 had or commenced in an administrative, civil, or criminal
8 cause regarding the Department of Human Services before the
9 effective date of this amendatory Act of the 99th General
10 Assembly; and those actions or proceedings may be defended,
11 prosecuted, and continued by the Department of Human
12 Services.

13 (f) (Blank). ~~The Individual Care Grant program shall be~~
14 ~~inoperative during the calendar year in which implementation~~
15 ~~begins of any remedies in response to litigation against the~~
16 ~~Department of Healthcare and Family Services related to~~
17 ~~children's behavioral health and the general status of~~
18 ~~children's behavioral health in this State. Individual Care~~
19 ~~Grant recipients in the program the year it becomes inoperative~~
20 ~~shall continue to remain in the program until it is clinically~~
21 ~~appropriate for them to step down in level of care.~~

22 (g) Family Support Program. The Department of Healthcare
23 and Family Services shall restructure the Family Support
24 Program, formerly known as the Individual Care Grant program,
25 to enable early treatment of youth, emerging adults, and
26 transition-age adults with a serious mental illness or serious

1 emotional disturbance.

2 (1) As used in this subsection and in subsections (h)
3 through (s):

4 (A) "Youth" means a person under the age of 18.

5 (B) "Emerging adult" means a person who is 18
6 through 20 years of age.

7 (C) "Transition-age adult" means a person who is 21
8 through 25 years of age.

9 (2) The Department shall amend 89 Ill. Adm. Code 139 in
10 accordance with this Section and consistent with the
11 timelines outlined in this Section.

12 (3) Implementation of any amended requirements shall
13 be completed within 8 months of the adoption of any
14 amendment to 89 Ill. Adm. Code 139 that is consistent with
15 the provisions of this Section.

16 (4) To align the Family Support Program with the
17 Medicaid system of care, the services available to a youth,
18 emerging adult, or transition-age adult through the Family
19 Support Program shall include all Medicaid community-based
20 mental health treatment services and all Family Support
21 Program services included under 89 Ill. Adm. Code 139. No
22 person receiving services through the Family Support
23 Program or the Specialized Family Support Program shall
24 become a Medicaid enrollee unless Medicaid eligibility
25 criteria are met and the person is enrolled in Medicaid. No
26 part of this Section creates an entitlement to services

1 through the Family Support Program, the Specialized Family
2 Support Program, or the Medicaid program.

3 (5) The Family Support Program shall align with the
4 following system of care principles:

5 (A) Treatment and support services shall be based
6 on the results of an integrated behavioral health
7 assessment and treatment plan using an instrument
8 approved by the Department of Healthcare and Family
9 Services.

10 (B) Strong interagency collaboration between all
11 State agencies the parent or legal guardian is involved
12 with for services, including the Department of
13 Healthcare and Family Services, the Department of
14 Human Services, the Department of Children and Family
15 Services, the Department of Juvenile Justice, and the
16 Illinois State Board of Education.

17 (C) Individualized, strengths-based practices and
18 trauma-informed treatment approaches.

19 (D) For a youth, full participation of the parent
20 or legal guardian at all levels of treatment through a
21 process that is family-centered and youth-focused. The
22 process shall include consideration of the services
23 and supports the parent, legal guardian, or caregiver
24 requires for family stabilization, and shall connect
25 such person or persons to services based on available
26 insurance coverage.

1 (h) Eligibility for the Family Support Program.
2 Eligibility criteria established under 89 Ill. Adm. Code 139
3 for the Family Support Program shall include the following:

4 (1) Individuals applying to the program must be under
5 the age of 26.

6 (2) Requirements for parental or legal guardian
7 involvement are applicable to youth and to emerging adults
8 or transition-age adults who have a guardian appointed
9 under Article XIa of the Probate Act.

10 (3) Youth, emerging adults, and transition-age adults
11 are eligible for services under the Family Support Program
12 upon their third inpatient admission to a hospital or
13 similar treatment facility for the primary purpose of
14 psychiatric treatment within the most recent 12 months and
15 are hospitalized for the purpose of psychiatric treatment.

16 (4) School participation for emerging adults applying
17 for services under the Family Support Program may be waived
18 by request of the individual at the sole discretion of the
19 Department of Healthcare and Family Services.

20 (5) School participation is not applicable to
21 transition-age adults.

22 (i) Notification of Family Support Program and Specialized
23 Family Support Program services.

24 (1) Within 12 months after the effective date of this
25 amendatory Act of the 101st General Assembly, the
26 Department of Healthcare and Family Services, with

1 meaningful stakeholder input through a working group of
2 psychiatric hospitals, Family Support Program providers,
3 family support organizations, the Community and
4 Residential Services Authority, a statewide association
5 representing a majority of hospitals, and foster care
6 alumni advocates, shall establish a clear process by which
7 a youth's or emerging adult's parents, guardian, or
8 caregiver, or the emerging adult or transition-age adult,
9 is identified, notified, and educated about the Family
10 Support Program and the Specialized Family Support Program
11 upon a first psychiatric inpatient hospital admission, and
12 any following psychiatric inpatient admissions.
13 Notification and education may take place through a Family
14 Support Program coordinator, a mobile crisis response
15 provider, a Comprehensive Community Based Youth Services
16 provider, the Community and Residential Services
17 Authority, or any other designated provider or coordinator
18 identified by the Department of Healthcare and Family
19 Services. In developing this process, the Department of
20 Healthcare and Family Services and the working group shall
21 take into account the unique needs of emerging adults and
22 transition-age adults without parental involvement who are
23 eligible for services under the Family Support Program. The
24 Department of Healthcare and Family Services and the
25 working group shall ensure the appropriate provider or
26 coordinator is required to assist individuals and their

1 parents, guardians, or caregivers, as applicable, in the
2 completion of the application or referral process for the
3 Family Support Program or the Specialized Family Support
4 Program.

5 (2) Upon a youth's, emerging adult's or transition-age
6 adult's second psychiatric inpatient hospital admission,
7 the hospital must ensure that the youth's parents,
8 guardian, or caregiver, or the emerging adult or
9 transition-age adult, have been notified of the Family
10 Support Program and the Specialized Family Support Program
11 prior to hospital discharge.

12 (3) Psychiatric lockout as last resort.

13 (A) Prior to referring any youth to the Department
14 of Children and Family Services for the filing of a
15 petition in accordance with subparagraph (c) of
16 paragraph (1) of Section 2-4 of the Juvenile Court Act
17 of 1987 alleging that the youth is dependent because
18 the youth was left in a psychiatric hospital beyond
19 medical necessity, the hospital shall educate the
20 youth and the youth's parents, guardian, or caregiver
21 about the Family Support Program and the Specialized
22 Family Support Program and shall assist with
23 connections to the designated Family Support Program
24 coordinator in the service area. Once this process has
25 begun, any such youth shall be considered a youth for
26 whom an application for the Family Support Program is

1 pending with the Department of Healthcare and Family
2 Services or an active application for the Family
3 Support Program was being reviewed by the Department
4 for the purposes of subparagraph (b) of paragraph (1)
5 of Section 2-4 of the Juvenile Court Act of 1987.

6 (B) No state agency or hospital shall coach a
7 parent or guardian of a youth in a psychiatric hospital
8 inpatient unit to lock out or otherwise relinquish
9 custody of a youth to the Department of Children and
10 Family Services for the sole purpose of obtaining
11 necessary mental health treatment for the youth. In the
12 absence of abuse or neglect, a psychiatric lockout or
13 custody relinquishment to the Department of Children
14 and Family Services shall only be considered as the
15 option of last resort.

16 (4) Development of new Family Support Program
17 services.

18 (A) Development of specialized therapeutic
19 residential treatment for youth and emerging adults
20 with high-acuity mental health conditions. Through a
21 working group led by the Department of Healthcare and
22 Family Services that includes the Department of
23 Children and Family Services and residential treatment
24 providers for youth and emerging adults, the
25 Department of Healthcare and Family Services, within
26 12 months after the effective date of this amendatory

1 Act of the 101st General Assembly, shall develop a plan
2 for the development of specialized therapeutic
3 residential treatment beds similar to a qualified
4 residential treatment program, as defined in the
5 federal Family First Prevention Services Act, for
6 youth in the Family Support Program with high-acuity
7 mental health needs. The Department of Healthcare and
8 Family Services and the Department of Children and
9 Family Services shall work together to maximize
10 federal funding through Medicaid and Title IV-E of the
11 Social Security Act in the development and
12 implementation of this plan.

13 (B) Using the Department of Children and Family
14 Services' beyond medical necessity data over the last 5
15 years and any other relevant, available data, the
16 Department of Healthcare and Family Services shall
17 assess the estimated number of these specialized
18 high-acuity residential treatment beds that are needed
19 in each region of the State based on the number of
20 youth remaining in psychiatric hospitals beyond
21 medical necessity and the number of youth placed
22 out-of-state who need this level of care. The
23 Department of Healthcare and Family Services shall
24 report the results of this assessment to the General
25 Assembly by no later than December 31, 2020.

26 (C) Development of an age-appropriate therapeutic

1 residential treatment model for emerging adults and
2 transition-age adults. Within 30 months after the
3 effective date of this amendatory Act of the 101st
4 General Assembly, the Department of Healthcare and
5 Family Services, in partnership with the Department of
6 Human Services' Division of Mental Health and with
7 significant and meaningful stakeholder input through a
8 working group of providers and other stakeholders,
9 shall develop a supportive housing model for emerging
10 adults and transition-age adults receiving services
11 through the Family Support Program who need
12 residential treatment and support to enable recovery.
13 Such a model shall be age-appropriate and shall allow
14 the residential component of the model to be in a
15 community-based setting combined with intensive
16 community-based mental health services.

17 (j) Workgroup to develop a plan for improving access to
18 substance use treatment. The Department of Healthcare and
19 Family Services and the Department of Human Services' Division
20 of Substance Use Prevention and Recovery shall co-lead a
21 working group that includes Family Support Program providers,
22 family support organizations, and other stakeholders over a
23 12-month period beginning in the first quarter of calendar year
24 2020 to develop a plan for increasing access to substance use
25 treatment services for youth, emerging adults, and
26 transition-age adults who are eligible for Family Support

1 Program services.

2 (k) Appropriation. Implementation of this Section shall be
3 limited by the State's annual appropriation to the Family
4 Support Program. Spending within the Family Support Program
5 appropriation shall be further limited for the new Family
6 Support Program services to be developed accordingly:

7 (1) Targeted use of specialized therapeutic
8 residential treatment for youth and emerging adults with
9 high-acuity mental health conditions through appropriation
10 limitation. No more than 12% of all annual Family Support
11 Program funds shall be spent on this level of care in any
12 given state fiscal year.

13 (2) Targeted use of residential treatment model
14 established for emerging adults and transition-age adults
15 through appropriation limitation. No more than one-quarter
16 of all annual Family Support Program funds shall be spent
17 on this level of care in any given state fiscal year.

18 (1) Exhausting third party insurance coverage first.

19 (A) A parent, legal guardian, emerging adult, or
20 transition-age adult with private insurance coverage shall
21 work with the Department of Healthcare and Family Services,
22 or its designee, to identify insurance coverage for any and
23 all benefits covered by their plan. If insurance
24 cost-sharing by any method for treatment is
25 cost-prohibitive for the parent, legal guardian, emerging
26 adult, or transition-age adult, Family Support Program

1 funds may be applied as a payer of last resort toward
2 insurance cost-sharing for purposes of using private
3 insurance coverage to the fullest extent for the
4 recommended treatment. If the Department, or its agent, has
5 a concern relating to the parent's, legal guardian's,
6 emerging adult's, or transition-age adult's insurer's
7 compliance with Illinois or federal insurance requirements
8 relating to the coverage of mental health or substance use
9 disorders, it shall refer all relevant information to the
10 applicable regulatory authority.

11 (B) The Department of Healthcare and Family Services
12 shall use Medicaid funds first for an individual who has
13 Medicaid coverage if the treatment or service recommended
14 using an integrated behavioral health assessment and
15 treatment plan (using the instrument approved by the
16 Department of Healthcare and Family Services) is covered by
17 Medicaid.

18 (C) If private or public insurance coverage does not
19 cover the needed treatment or service, Family Support
20 Program funds shall be used to cover the services offered
21 through the Family Support Program.

22 (m) Service authorization. A youth, emerging adult, or
23 transition-age adult enrolled in the Family Support Program or
24 the Specialized Family Support Program shall be eligible to
25 receive a mental health treatment service covered by the
26 applicable program if the medical necessity criteria

1 established by the Department of Healthcare and Family Services
2 are met.

3 (n) Streamlined application. The Department of Healthcare
4 and Family Services shall revise the Family Support Program
5 applications and the application process to reflect the changes
6 made to this Section by this amendatory Act of the 101st
7 General Assembly within 8 months after the adoption of any
8 amendments to 89 Ill. Adm. Code 139.

9 (o) Study of reimbursement policies during planned and
10 unplanned absences of youth and emerging adults in Family
11 Support Program residential treatment settings. The Department
12 of Healthcare and Family Services shall undertake a study of
13 those standards of the Department of Children and Family
14 Services and other states for reimbursement of residential
15 treatment during planned and unplanned absences to determine if
16 reimbursing residential providers for such unplanned absences
17 positively impacts the availability of residential treatment
18 for youth and emerging adults. The Department of Healthcare and
19 Family Services shall begin the study on July 1, 2019 and shall
20 report its findings and the results of the study to the General
21 Assembly, along with any recommendations for or against
22 adopting a similar policy, by December 31, 2020.

23 (p) Public awareness and educational campaign for all
24 relevant providers. The Department of Healthcare and Family
25 Services shall engage in a public awareness campaign to educate
26 hospitals with psychiatric units, crisis response providers

1 such as Screening, Assessment and Support Services providers
2 and Comprehensive Community Based Youth Services agencies,
3 schools, and other community institutions and providers across
4 Illinois on the changes made by this amendatory Act of the
5 101st General Assembly to the Family Support Program. The
6 Department of Healthcare and Family Services shall produce
7 written materials geared for the appropriate target audience,
8 develop webinars, and conduct outreach visits over a 12-month
9 period beginning after implementation of the changes made to
10 this Section by this amendatory Act of the 101st General
11 Assembly.

12 (q) Maximizing federal matching funds for the Family
13 Support Program and the Specialized Family Support Program. The
14 Department of Healthcare and Family Services, as the sole
15 Medicaid State agency, shall seek approval from the federal
16 Centers for Medicare and Medicaid Services within 12 months
17 after the effective date of this amendatory Act of the 101st
18 General Assembly to draw additional federal Medicaid matching
19 funds for individuals served under the Family Support Program
20 or the Specialized Family Support Program who are not covered
21 by the Department's medical assistance programs. The
22 Department of Children and Family Services, as the State agency
23 responsible for administering federal funds pursuant to Title
24 IV-E of the Social Security Act, shall submit a State Plan to
25 the federal government within 12 months after the effective
26 date of this amendatory Act of the 101st General Assembly to

1 maximize the use of federal Title IV-E prevention funds through
2 the federal Family First Prevention Services Act, to provide
3 mental health and substance use disorder treatment services and
4 supports, including, but not limited to, the provision of
5 short-term crisis and transition beds post-hospitalization for
6 youth who are at imminent risk of entering Illinois' youth
7 welfare system solely due to the inability to access mental
8 health or substance use treatment services.

9 (r) Outcomes and data reported annually to the General
10 Assembly. Beginning in 2021, the Department of Healthcare and
11 Family Services shall submit an annual report to the General
12 Assembly that includes the following information with respect
13 to the time period covered by the report:

14 (1) The number and ages of youth, emerging adults, and
15 transition-age adults who requested services under the
16 Family Support Program and the Specialized Family Support
17 Program and the services received.

18 (2) The number and ages of youth, emerging adults, and
19 transition-age adults who requested services under the
20 Specialized Family Support Program who were eligible for
21 services based on the number of hospitalizations.

22 (3) The number and ages of youth, emerging adults, and
23 transition-age adults who applied for Family Support
24 Program or Specialized Family Support Program services but
25 did not receive any services.

26 (s) Rulemaking authority. Unless a timeline is otherwise

1 specified in a subsection, if amendments to 89 Ill. Adm. Code
2 139 are needed for implementation of this Section, such
3 amendments shall be filed by the Department of Healthcare and
4 Family Services within one year after the effective date of
5 this amendatory Act of the 101st General Assembly.

6 (Source: P.A. 99-479, eff. 9-10-15.)

7 (305 ILCS 5/5-36 new)

8 Sec. 5-36. Education on mental health and substance use
9 treatment services for children and young adults. The
10 Department of Healthcare and Family Services shall develop a
11 layman's guide to the mental health and substance use treatment
12 services available in Illinois through the Medical Assistance
13 Program and through the Family Support Program, or other
14 publicly funded programs, similar to what Massachusetts
15 developed, to help families understand what services are
16 available to them when they have a child in need of treatment
17 or support. The guide shall be in easy-to-understand language,
18 be prominently available on the Department of Healthcare and
19 Family Services' website, and be part of a statewide
20 communications campaign to ensure families are aware of Family
21 Support Program services. It shall briefly explain the service
22 and whether it is covered by the Medical Assistance Program,
23 the Family Support Program, or any other public funding source.
24 Within one year after the effective date of this amendatory Act
25 of the 101st General Assembly, the Department of Healthcare and

1 Family Services shall complete this guide, have it available on
2 its website, and launch the communications campaign.

3 (305 ILCS 5/5-37 new)

4 Sec. 5-37. Billing mechanism for preventive mental health
5 services delivered to children.

6 (a) The General Assembly finds:

7 (1) It is common for children to have mental health
8 needs but to not have a full-blown diagnosis of a mental
9 illness. Examples include, but are not limited to, children
10 who have mild or emerging symptoms of a mental health
11 condition (such as meeting some but not all the criteria
12 for a diagnosis, including, but not limited to, symptoms of
13 depression, attentional deficits, anxiety or prodromal
14 symptoms of bipolar disorder or schizophrenia); cutting or
15 engaging in other forms of self-harm; or experiencing
16 violence or trauma).

17 (2) The federal requirement that Medicaid-covered
18 children have access to Early and Periodic Screening,
19 Diagnostic and Treatment services includes ensuring that
20 Medicaid-covered children who have a mental health need but
21 do not have a mental health diagnosis have access to
22 treatment.

23 (3) The Department of Healthcare and Family Services'
24 existing policy acknowledges this federal requirement by
25 allowing for Medicaid billing for mental health services

1 for children who have a need for services but who do not
2 have a mental health diagnosis in Section 207.3.3 of the
3 Community-Based Behavioral Services Provider Handbook.
4 However, the current policy of the Department of Healthcare
5 and Family Services requires clinicians to specify a
6 diagnosis code and make a notation in the child's medical
7 record that the service is preventive. This effectively
8 requires the clinician to associate a diagnosis with the
9 child and is a major barrier for services because many
10 clinicians rightly are unwilling to document a mental
11 health diagnosis in the medical record when a diagnosis is
12 not medically appropriate.

13 (b) Consistent with the existing policy of the Department
14 of Healthcare and Family Services and the federal Early and
15 Periodic Screening, Diagnostic and Treatment requirement,
16 within 3 months after the effective date of this amendatory Act
17 of the 101st General Assembly, the Department of Healthcare and
18 Family Services shall convene a working group that includes
19 children's mental health providers to receive input on
20 recommendations to develop a medically appropriate and
21 practical solution that enables mental health providers and
22 professionals to deliver and receive reimbursement for
23 medically necessary mental health services provided to a
24 Medicaid-eligible child under age 21 that has a mental health
25 need but does not have a mental health diagnosis in order to
26 prevent the development of a serious mental health condition.

1 The working group shall ensure that the recommended solution
2 works in practice and does not deter clinicians from delivering
3 prevention and early treatment to children with mental health
4 needs but who do not have a diagnosed mental illness. The
5 Department of Healthcare and Family Services shall meet with
6 this working group at least 4 times prior to finalizing the
7 solution to enable and allow for mental health services for a
8 child without a mental health diagnosis for purposes of
9 prevention and early treatment when recommended by a licensed
10 practitioner of the healing arts. If the Department of
11 Healthcare and Family Services determines that an Illinois
12 Title XIX State Plan amendment is necessary to implement this
13 Section, the State Plan amendment shall be filed with the
14 federal Centers for Medicare and Medicaid Services by no later
15 than 12 months after the effective date of this amendatory Act
16 of the 101st General Assembly. If rulemaking is required to
17 implement this Section, the rule shall be filed by the
18 Department of Healthcare and Family Services with the Joint
19 Committee on Administrative Rules by no later than 12 months
20 after the effective date of this amendatory Act of the 101st
21 General Assembly, or if federal approval is required, within 6
22 months after federal approval. If federal approval is required
23 but not granted, this Section shall become inoperative.

24 (305 ILCS 5/5-38 new)

25 Sec. 5-38. Alignment of children's mental health treatment

1 systems. The Governor's Office shall establish, convene, and
2 lead a working group that includes the Director of Healthcare
3 and Family Services, the Secretary of Human Services, the
4 Director of Public Health, the Director of Children and Family
5 Services, the Director of Juvenile Justice, the State
6 Superintendent of Education, and the appropriate agency staff
7 who will be responsible for implementation or oversight of
8 reforms to children's behavioral health services. The working
9 group shall meet at least quarterly to foster interagency
10 collaboration and work toward the goal of aligning services and
11 programs to begin to create a coordinated children's behavioral
12 health system consistent with system of care principles that
13 spans across State agencies, rather than separate siloed
14 systems with different requirements, rates, and administrative
15 processes and standards.

16 Section 95. No acceleration or delay. Where this Act makes
17 changes in a statute that is represented in this Act by text
18 that is not yet or no longer in effect (for example, a Section
19 represented by multiple versions), the use of that text does
20 not accelerate or delay the taking effect of (i) the changes
21 made by this Act or (ii) provisions derived from any other
22 Public Act.

23 Section 99. Effective date. This Act takes effect January
24 1, 2020.