



101ST GENERAL ASSEMBLY

State of Illinois

2019 and 2020

SB3335

Introduced 2/14/2020, by Sen. Sara Feigenholtz

SYNOPSIS AS INTRODUCED:

New Act

Creates the Community Mental Health Reform Act. Requires the Department of Healthcare and Family Services, in partnership with the Department of Human Services, to revise administrative rules and other Department policies and practices concerning certification and service requirements for community mental health centers and behavioral health clinics. Provides that the primary goal of revising the administrative rules and Department policies is to develop a modernized regulatory framework that: (1) fosters the provision of services that results in the best mental health and health outcomes and is consistent with a Medicaid managed care environment; (2) enables innovation and integrated mental and physical health care; (3) harnesses the modern mental health workforce; and (4) reduces unnecessary process barriers that do not offer meaningful clinical value and that act as a barrier to treatment. Requires the Department of Human Services to revise administrative rules concerning the Medicaid Community Mental Health Services Program to be consistent with changes made to administrative rules concerning certification and service requirements for community mental health centers and behavioral health clinics. Contains provisions concerning reducing client mental health assessments; enabling workforce expertise for certain roles on multidisciplinary, team-based treatment models; streamlining fee-for-service documentation requirements to enable increased time for client care; the establishment of a working group of community mental health centers and behavioral health clinics; and other matters. Effective immediately.

LRB101 17363 KTG 66768 b

FISCAL NOTE ACT
MAY APPLY

A BILL FOR

1 AN ACT concerning mental health.

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 Community Mental Health Reform Act.

6 Section 5. Purpose. Community mental health centers
7 certified in accordance with 59 Ill. Adm. Code 132 and
8 behavioral health clinics eligible to provide community mental
9 health services in accordance with 89 Ill. Adm. Code 140.452
10 through 140.456 are the backbone of Illinois' mental health
11 safety net. As health care and mental health care systems have
12 changed under the Affordable Care Act and Medicaid managed
13 care, moving toward care integration, stronger care
14 coordination, and payment for outcomes rather than volume, the
15 regulations governing community mental health services need to
16 be modernized to align with these advances.

17 Section 10. Community mental health centers and behavioral
18 health clinics; administrative rules. The Department of
19 Healthcare and Family Services, in partnership with the
20 Department of Human Services' Division of Mental Health, and
21 with meaningful stakeholder input, shall revise 89 Ill. Adm.
22 Code 140.452 through 140.456 and supporting Department

1 policies and practices consistent with this Act, with the
2 primary goals of developing a modernized regulatory framework
3 that:

4 (1) fosters the provision of services that results in
5 the best mental health and health outcomes and is
6 consistent with a Medicaid managed care environment;

7 (2) enables innovation and integrated mental and
8 physical health care;

9 (3) harnesses the modern mental health workforce; and

10 (4) reduces unnecessary process barriers that do not
11 offer meaningful clinical value and that act as a barrier
12 to treatment.

13 The Department of Human Services shall revise 59 Ill. Adm.
14 Code 132 to be consistent with the changes made to 89 Ill. Adm.
15 Code 140.452 through 140.456 in accordance with this Act.

16 Section 15. Mental health assessments. Excessive, lengthy,
17 and duplicative mental health assessments and reassessments
18 that are a precondition to care or treatment that go beyond a
19 reasonable length of time for an average client visit act as a
20 serious barrier to care and take valuable time away from
21 treatment.

22 (1) Streamlining the number, length, and frequency of
23 mental health assessments that are required before care or
24 treatment can begin or continue. The Department of
25 Healthcare and Family Services, with meaningful

1 stakeholder input, shall revise 89 Ill. Adm. Code 140.452
2 through 140.456, and supporting Department policies and
3 practices, to streamline the number, length, and frequency
4 of mental health assessments and reassessments in
5 fee-for-service Medicaid or through a Medicaid managed
6 care plan, including the completion of an integrated
7 assessment and treatment plan, that are required before an
8 individual can begin receiving mental health services in
9 accordance with 89 Ill. Adm. Code 140.452 through 140.456.
10 A required mental health assessment must have clinical
11 value for purposes of assisting the provider with what
12 services are needed to address the individual's mental
13 health needs and must also be of reasonable length to
14 administer within the average length of one client visit.
15 To ensure that an integrated assessment and treatment plan
16 does not act as a barrier to beginning mental health care
17 or treatment, a Medicaid enrollee shall be able to begin
18 receiving medically necessary services under 89 Ill. Adm.
19 Code 140.452 through 140.456 immediately after the
20 initiation of an integrated assessment and treatment plan
21 or other assessment, and the community mental health center
22 or behavioral health clinic shall have 45 days from the
23 date of initiation of the integrated assessment and
24 treatment plan to complete the plan and related
25 documentation. The performance of an integrated assessment
26 and treatment plan for a Medicaid enrollee by a provider

1 shall be required no more frequently than annually.

2 (2) Streamlining the frequency of treatment plan
3 updates and reviews that do not meaningfully assist the
4 treating professional in evaluating treatment progress.
5 The Department of Healthcare and Family Services shall
6 revise 89 Ill. Adm. Code 140.452 through 140.456 to reduce
7 the frequency of mental health treatment plan reviews and
8 updates that do not provide meaningful clinical value in
9 monitoring the individual's progress or guide what
10 services continue to be needed to address the individual's
11 mental health needs or when discharge is appropriate. The
12 frequency of treatment plan updates and reviews must take
13 into account that serious mental illnesses are chronic,
14 rather than acute, medical conditions, and typically do not
15 change radically over a short period of time, but are
16 managed over significant lengths of time. Treatment plan
17 reviews or updates for services provided in accordance with
18 89 Ill. Adm. Code 140.452 through 140.456, including
19 assertive community treatment or community support team
20 services, shall not be required more frequently than
21 quarterly.

22 Section 20. Assertive community treatment and community
23 support teams. The prescriptive requirements of 89 Ill. Adm.
24 Code 140.452 through 140.456 for staffing assertive community
25 treatment and community support team treatment models do not

1 reflect the modern workforce, are more restrictive than the
2 fidelity scale, and must be modernized in the following manner:

3 (1) Consistent with all Illinois scope of practice
4 laws, a mental health professional as defined in 89 Ill.
5 Adm. Code 140.453(b) (5) (A) (i) or in the first 2 items in 89
6 Ill. Adm. Code 140.453(b) (5) (A) (ii) shall be permitted to
7 lead an assertive community treatment or community support
8 team.

9 (2) Consistent with all Illinois scope of practice
10 laws, a psychiatric advanced practice registered nurse
11 shall be permitted to be the full-time psychiatric resource
12 for an assertive community treatment team, and be permitted
13 to sign off on treatment plans, treatment plan reviews, and
14 treatment plan updates.

15 (3) Consistent with all Illinois scope of practice
16 laws, a community mental health center that has a formal,
17 written agreement with a federally qualified health clinic
18 or hospital for psychiatry services for psychiatrists or
19 psychiatric advanced practice registered nurses employed
20 by or on contract with the federally qualified health
21 clinic or hospital, or a formal written agreement with an
22 independent psychiatrist or psychiatric advanced practice
23 registered nurse, shall be permitted to use such psychiatry
24 services as the full-time psychiatric resource for
25 assertive community treatment teams.

26 (4) To enable development of more assertive community

1 treatment and community support teams to grow service
2 capacity to meet Illinois' treatment needs for people with
3 serious mental illnesses, the establishment of new
4 assertive community treatment or community support teams
5 shall be permitted as long as the team staffing
6 requirements are met within 6 months of the establishment
7 of the team. This provision is intended to allow for hiring
8 team members as client volume ramps up rather than hiring
9 all the required team members prior to establishing a new
10 team when there is not enough volume to support the new
11 hires, as long as the community mental health center or
12 behavioral health clinic is using the appropriate mental
13 health professionals to be temporary members of the new
14 team for the first 6 months.

15 Section 25. Billing documentation requirements; community
16 mental health services. The Department of Healthcare and Family
17 Services, with meaningful stakeholder input, shall streamline
18 the 15-minute billing documentation requirements for community
19 mental health services, which are required for both
20 fee-for-service enrollees and those enrolled in a Medicaid
21 managed care plan. Among other things, the Department of
22 Healthcare and Family Services shall consider:

23 (1) eliminating unnecessary and duplicative
24 documentation in provider service notes, such as when a
25 service or billing code is self-explanatory;

1 (2) allowing for weekly or monthly batch service notes
2 for services that need additional explanation;

3 (3) whether the integrated assessment and treatment
4 plan required by the Department of Healthcare and Family
5 Services can serve as the documentation necessary to
6 support the services delivered; and

7 (4) whether a bundled payment for team-based services
8 will enable more innovative service delivery aimed at
9 getting the best health outcomes.

10 The Department of Healthcare and Family Services shall take
11 into account that documenting in the service notes for every
12 15-minute service increment is excessive documentation and
13 takes significant time away from client care, and that such
14 requirements are a major administrative barrier to moving
15 toward outcomes-based care.

16 Section 30. Working group. The Department of Healthcare and
17 Family Services, in partnership with the Department of Human
18 Services' Division of Mental Health, shall establish a working
19 group of community mental health centers and behavioral health
20 clinics from across the State, and other interested
21 stakeholders, that shall meet for meaningful stakeholder input
22 for purposes of revising 89 Ill. Adm. Code 140.452 through
23 140.456 consistent with this Act. The working group shall meet
24 at least monthly over a 9-month period prior to the development
25 of revised administrative rules implementing this Act.

1 Section 35. Revisions to rules. The Department of
2 Healthcare and Family Services shall file revisions to 89 Ill.
3 Adm. Code 140.452 through 140.456 within 12 months after the
4 effective date of this Act. The Department of Human Services'
5 Division of Mental Health shall file revisions to 59 Ill. Adm.
6 Code 132 consistent with the changes made to 89 Ill. Adm. Code
7 140.452 through 140.456 in accordance with this Act
8 simultaneously with the Department of Healthcare and Family
9 Services' filing of revisions to 89 Ill. Adm. Code 140.452
10 through 140.456.

11 Section 40. Application for federal approval. The
12 Department of Healthcare and Family Services, as the State's
13 sole Medicaid agency, shall apply for any necessary federal
14 approval with the Centers for Medicare and Medicaid Services
15 for purposes of implementing this Act within 6 months after the
16 effective date of this Act.

17 Section 99. Effective date. This Act takes effect upon
18 becoming law.