



102ND GENERAL ASSEMBLY

State of Illinois

2021 and 2022

HB4238

Introduced 1/5/2022, by Rep. Greg Harris - Tom Demmer - Elizabeth Hernandez - Deb Conroy - Kambium Buckner, et al.

SYNOPSIS AS INTRODUCED:

New Act

Creates the Rebuild Illinois Mental Health Workforce Act. Provides that the purpose of the Act is to preserve and expand access to Medicaid community mental health care in Illinois to prevent unnecessary hospitalizations and avoid the criminalization of mental health conditions. Establishes add-on payments for the following community mental health services to be paid beginning with State Fiscal Year 2023 and continuing for each State fiscal year thereafter: individual therapy services; community support-individual services; case management services; and assertive community treatment services. Requires monthly directed payments to community mental health providers of community support team services or assertive community treatment services. Provides that such directed payments shall be based on the number of Medicaid users, as defined, who receive services from the provider in the base year. Provides that the add-on payments established under the Act shall apply to Medicaid services provided by a contracted managed care organization or entity and services paid for directly by the Department of Healthcare and Family Services. Provides that no base Medicaid rate or Medicaid rate add-on payment or any other payment for the provision of Medicaid community mental health services in place on July 1, 2021 shall be diminished or changed to make the reimbursement changes required under the Act. Requires the Department to apply for federal approval to implement the Act. Provides that implementation of the add-on payments is conditioned on the receipt of federal financial participation for such payments. Effective immediately.

LRB102 21402 KTG 30518 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 Rebuild Illinois Mental Health Workforce Act.

6 Section 5. Purpose. The purpose of this Act is to preserve
7 and expand access to Medicaid community mental health care in
8 Illinois to prevent unnecessary hospitalizations and avoid the
9 criminalization of mental health conditions.

10 Section 10. Medicaid funding for community mental health
11 services. Medicaid funding for the specific community mental
12 health services listed in this Act shall be adjusted and paid
13 as set forth in this Act. Such payments shall be paid in
14 addition to the base Medicaid reimbursement rate per service
15 unit. The payment adjustments shall begin on July 1, 2022 for
16 State Fiscal Year 2023 and shall continue for every State
17 fiscal year thereafter.

18 (1) Individual Therapy Medicaid Add-on Payment for
19 services provided under the H0004 Code:

20 (A) The Medicaid add-on payment for individual
21 therapy provided by a qualified mental health
22 professional shall be increased by \$9 per service

1 unit, for a total add-on payment of \$15 per service
2 unit.

3 (B) A Medicaid add-on payment of \$9 per service
4 unit for individual therapy provided by a mental
5 health professional shall be established.

6 (2) Community Support - Individual Medicaid Add-on
7 Payment for services provided under the H2015 Code: All
8 community support - individual services shall receive a
9 Medicaid add-on payment equal to \$15 per service unit.

10 (3) Case Management Medicaid Add-on Payment for
11 services provided under the T1016 code: All case
12 management services shall receive a Medicaid add-on
13 payment equal to \$15 per service unit.

14 (4) Assertive Community Treatment Medicaid Add-on
15 Payment for services provided under the H0039 code: The
16 Medicaid add-on payment for assertive community treatment
17 services shall increase by \$8 per service unit, for a
18 total add-on payment of \$20 per service unit.

19 (5) Medicaid user-based directed payments.

20 (A) For each State fiscal year, a monthly directed
21 payment shall be paid to a community mental health
22 provider of community support team services based on
23 the number of Medicaid users of community support team
24 services documented by Medicaid fee-for-service and
25 managed care encounter claims delivered by that
26 provider in the base year. The Department of

1 Healthcare and Family Services shall make the monthly
2 directed payment to each provider entitled to directed
3 payments under this Act by no later than the last day
4 of each month throughout each State fiscal year.

5 (i) The monthly directed payment for a
6 community support team provider shall be
7 calculated as follows: The sum total number of
8 individual Medicaid users of community support
9 team services delivered by that provider
10 throughout the base year, multiplied by \$4,200 per
11 Medicaid user, divided into 12 equal monthly
12 payments for the State fiscal year.

13 (ii) As used in this subparagraph, "user"
14 means an individual who received at least 200
15 units of community support team services (H2016)
16 during the base year.

17 (B) For each State fiscal year, a monthly directed
18 payment shall be paid to each community mental health
19 provider of assertive community treatment services
20 based on the number of Medicaid users of assertive
21 community treatment services documented by Medicaid
22 fee-for-service and managed care encounter claims
23 delivered by the provider in the base year.

24 (i) The monthly direct payment for an
25 assertive community treatment provider shall be
26 calculated as follows: The sum total number of

1 Medicaid users of assertive community treatment
2 services provided by that provider throughout the
3 base year, multiplied by \$6,000 per Medicaid user,
4 divided into 12 equal monthly payments for that
5 State fiscal year.

6 (ii) As used in this subparagraph, "user"
7 means an individual that received at least 300
8 units of assertive community treatment services
9 during the base year.

10 (C) The base year for directed payments under this
11 Section shall be calendar year 2019 for State Fiscal
12 Year 2023 and State Fiscal Year 2024. For the State
13 fiscal year beginning on July 1, 2024, and for every
14 State fiscal year thereafter, the base year shall be
15 the calendar year that ended 18 months prior to the
16 start of the State fiscal year in which payments are
17 made.

18 Section 15. Applicable Medicaid services. The payments
19 listed in Section 10 shall apply to Medicaid services provided
20 through contracts with any Medicaid managed care organization
21 or entity and for Medicaid services paid for directly by the
22 Department of Healthcare and Family Services.

23 Section 20. Base Medicaid rates or add-on payments. No
24 base Medicaid rate or Medicaid rate add-on payment or any

1 other payment for the provision of Medicaid community mental
2 health services in place on July 1, 2021 shall be diminished or
3 changed to make the reimbursement changes required by this
4 Act. Any payments required under this Act that are delayed due
5 to implementation challenges or federal approval shall be made
6 retroactive to July 1, 2022 for the full amount required by
7 this Act regardless of the amount a provider bills Illinois'
8 Medical Assistance Program (via a Medicaid managed care
9 organization or the Department of Healthcare and Family
10 Services directly) for such services.

11 Section 25. Federal approval and Medicaid federal
12 financial participation. The Department of Healthcare and
13 Family Services shall submit any necessary application to the
14 federal Centers for Medicare and Medicaid Services immediately
15 following the effective date of this Act for purposes of
16 implementation of this Act. The payments required under this
17 Act shall only be required as long as Illinois receives
18 federal financial participation for such payments.

19 Section 99. Effective date. This Act takes effect upon
20 becoming law.