



103RD GENERAL ASSEMBLY

State of Illinois

2023 and 2024

SB1831

Introduced 2/9/2023, by Sen. Elgie R. Sims, Jr.

SYNOPSIS AS INTRODUCED:

305 ILCS 66/20-10
305 ILCS 66/20-20

Amends the Rebuild Illinois Mental Health Workforce Act. In a provision concerning Medicaid funding for community mental health services, sets forth rate increases, to begin on and after January 1, 2024, for the following rates and services: the Mobile Crisis Response Medicaid Payment rate for all services provided under the S9484 procedure code; the Crisis Intervention Medicaid Payment rate for all levels of services provided under the H2011 procedure code; the Integrated Assessment and Treatment Planning Medicaid Payment rate for all levels of services provided under the H2000 procedure code; the Group and Family Therapy Medicaid Payment rate for all levels of services provided under the H0004 procedure code; the Community Support - Group Medicaid Payment rate for all levels of services provided under the H2015 procedure code; the Telepsychiatry Originating Site Medicaid Payment rate for services provided under the Q3014 procedure code; and the Medication Monitoring Medicaid Payment rate for services provided under the H2010 procedure code for medication monitoring provided by a physician, an advanced practice registered nurse, and all other levels of provider. Provides that no base Medicaid rate payment or any other payment for the provision of Medicaid community mental health services in place on January 1, 2023 shall be diminished or changed to make the reimbursement changes required by the amendatory Act. Provides that any payments required under the amendatory Act that are delayed due to implementation challenges or federal approval shall be made retroactive to January 1, 2024 for the full amount required by the amendatory Act.

LRB103 27179 KTG 53549 b

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 5. The Rebuild Illinois Mental Health Workforce
5 Act is amended by changing Sections 20-10 and 20-20 as
6 follows:

7 (305 ILCS 66/20-10)

8 Sec. 20-10. Medicaid funding for community mental health
9 services. Medicaid funding for the specific community mental
10 health services listed in this Act shall be adjusted and paid
11 as set forth in this Act. Such payments shall be paid in
12 addition to the base Medicaid reimbursement rate and add-on
13 payment rates per service unit.

14 (a) The payment adjustments shall begin on July 1, 2022
15 for State Fiscal Year 2023 and shall continue for every State
16 fiscal year thereafter.

17 (1) Individual Therapy Medicaid Payment rate for
18 services provided under the H0004 Code:

19 (A) The Medicaid total payment rate for individual
20 therapy provided by a qualified mental health
21 professional shall be increased by no less than \$9 per
22 service unit.

23 (B) The Medicaid total payment rate for individual

1 therapy provided by a mental health professional shall
2 be increased by no less than \$9 per service unit.

3 (2) Community Support - Individual Medicaid Payment
4 rate for services provided under the H2015 Code: All
5 community support - individual services shall be increased
6 by no less than \$15 per service unit.

7 (3) Case Management Medicaid Add-on Payment for
8 services provided under the T1016 code: All case
9 management services rates shall be increased by no less
10 than \$15 per service unit.

11 (4) Assertive Community Treatment Medicaid Add-on
12 Payment for services provided under the H0039 code: The
13 Medicaid total payment rate for assertive community
14 treatment services shall increase by no less than \$8 per
15 service unit.

16 (5) Medicaid user-based directed payments.

17 (A) For each State fiscal year, a monthly directed
18 payment shall be paid to a community mental health
19 provider of community support team services based on
20 the number of Medicaid users of community support team
21 services documented by Medicaid fee-for-service and
22 managed care encounter claims delivered by that
23 provider in the base year. The Department of
24 Healthcare and Family Services shall make the monthly
25 directed payment to each provider entitled to directed
26 payments under this Act by no later than the last day

1 of each month throughout each State fiscal year.

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

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

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

21 (i) The monthly direct payment for an
22 assertive community treatment provider shall be
23 calculated as follows: The sum total number of
24 Medicaid users of assertive community treatment
25 services provided by that provider throughout the
26 base year, multiplied by \$6,000 per Medicaid user,

1 divided into 12 equal monthly payments for that
2 State fiscal year.

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

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

15 (b) Subject to federal approval, a one-time directed
16 payment must be made in calendar year 2023 for community
17 mental health services provided by community mental health
18 providers. The one-time directed payment shall be for an
19 amount appropriated for these purposes. The one-time directed
20 payment shall be for services for Integrated Assessment and
21 Treatment Planning and other intensive services, including,
22 but not limited to, services for Mobile Crisis Response,
23 crisis intervention, and medication monitoring. The amounts
24 and services used for designing and distributing these
25 one-time directed payments shall not be construed to require
26 any future rate or funding increases for the same or other

1 mental health services.

2 (c) The following payment adjustments shall begin on
3 January 1, 2024 and shall continue thereafter.

4 (1) The Mobile Crisis Response Medicaid Payment rate
5 for all services provided under the S9484 procedure code
6 shall be increased by no less than \$200 per service unit
7 for on-site services. Off-site rates for these services
8 must be increased by an amount which at least maintains
9 the current differential between on-site and off-site
10 services as represented on the July 1, 2022 fee schedule.

11 (2) The Crisis Intervention Medicaid Payment rate for
12 all levels of services provided under the H2011 procedure
13 code shall be increased by no less than \$8 per service unit
14 for on-site services. Off-site rates for these services
15 must be increased by an amount which at least maintains
16 the current differential between on-site and off-site
17 services as represented on the July 1, 2022 fee schedule.

18 (3) The Integrated Assessment and Treatment Planning
19 Medicaid Payment rate for all levels of services provided
20 under the H2000 procedure code shall be increased by no
21 less than \$7 per service unit for on-site services.
22 Off-site rates for these services must be increased by an
23 amount which at least maintains the current differential
24 between on-site and off-site services as represented on
25 the July 1, 2022 fee schedule.

26 (4) The Group and Family Therapy Medicaid Payment rate

1 for all levels of services provided under the H0004
2 procedure code shall be increased by no less than \$3 per
3 service unit for on-site services. Off-site rates for
4 these services must be increased by an amount which at
5 least maintains the current differential between on-site
6 and off-site services as represented on the July 1, 2022
7 fee schedule. This increase does not apply to individual
8 therapy services which were increased July 1, 2022 in
9 accordance with paragraph (1) of subsection (a).

10 (5) The Community Support - Group Medicaid Payment
11 rate for all levels of services provided under the H2015
12 procedure code shall be increased by no less than \$3 per
13 service unit for on-site services. Off-site rates for
14 these services must be increased by an amount which at
15 least maintains the current differential between on-site
16 and off-site services as represented on the July 1, 2022
17 fee schedule. This increase does not apply to Community
18 Support - Individual services which were increased July 1,
19 2022 in accordance with paragraph (2) of subsection (a).

20 (6) The Telepsychiatry Originating Site Medicaid
21 Payment rate for services provided under the Q3014
22 procedure code shall be increased by no less than \$10 per
23 service unit for on-site services. Off-site rates for
24 these services must be increased by an amount which at
25 least maintains the current differential between on-site
26 and off-site services as represented on the July 1, 2022

1 fee schedule.

2 (7) Medication Monitoring Medicaid Payment rate for
3 services provided under the H2010 procedure code:

4 (A) The Medicaid total payment rate for medication
5 monitoring provided by a physician shall be increased
6 by no less than \$25.11 per service unit for on-site
7 services. Off-site rates for these services must be
8 increased by an amount which at least maintains the
9 current differential between on-site and off-site
10 services as represented on the July 1, 2022 fee
11 schedule.

12 (B) The Medicaid total payment rate for medication
13 monitoring provided by an advanced practice registered
14 nurse shall be increased by no less than \$18.07 per
15 service unit for on-site services. Off-site rates for
16 these services must be increased by an amount which at
17 least maintains the current differential between
18 on-site and off-site services as represented on the
19 July 1, 2022 fee schedule.

20 (C) The Medicaid total payment rate for medication
21 monitoring provided by all other levels of provider
22 shall be increased by no less than \$15.00 per service
23 unit for on-site services. Off-site rates for these
24 services must be increased by an amount which at least
25 maintains the current differential between on-site and
26 off-site services as represented on the July 1, 2022

1 fee schedule.

2 (Source: P.A. 102-699, eff. 4-19-22; 102-1118, eff. 1-18-23.)

3 (305 ILCS 66/20-20)

4 Sec. 20-20. Base Medicaid rates or add-on payments.

5 (a) For services under subsection (a) of Section 20-10: ~~—~~

6 No base Medicaid rate or Medicaid rate add-on payment or
7 any other payment for the provision of Medicaid community
8 mental health services in place on July 1, 2021 shall be
9 diminished or changed to make the reimbursement changes
10 required by this Act. Any payments required under this Act
11 that are delayed due to implementation challenges or federal
12 approval shall be made retroactive to July 1, 2022 for the full
13 amount required by this Act.

14 (b) For directed payments under subsection (b) of Section
15 20-10: ~~—~~

16 No base Medicaid rate payment or any other payment for the
17 provision of Medicaid community mental health services in
18 place on January 1, 2023 shall be diminished or changed to make
19 the reimbursement changes required by this Act. The Department
20 of Healthcare and Family Services must pay the directed
21 payment in one installment within 60 days of receiving federal
22 approval.

23 (c) For directed payments under subsection (c) of Section
24 20-10:

25 No base Medicaid rate payment or any other payment for the

1 provision of Medicaid community mental health services in
2 place on January 1, 2023 shall be diminished or changed to make
3 the reimbursement changes required by this amendatory Act of
4 the 103rd General Assembly. Any payments required under this
5 amendatory Act of the 103rd General Assembly that are delayed
6 due to implementation challenges or federal approval shall be
7 made retroactive to January 1, 2024 for the full amount
8 required by this amendatory Act of the 103rd General Assembly.

9 (Source: P.A. 102-699, eff. 4-19-22; 102-1118, eff. 1-18-23.)