Illinois Health and Hospital Association

January 22, 2019

IHA Update: Behavioral Health Notices & Notifications

Below are several updates concerning hospital and health system behavioral healthcare.

New Medicaid 1115 Waiver Programs Proposed in State Rules
On Dec. 28, the Department of Healthcare and Family Services (HFS) proposed amendments to Specialized Health Care Delivery Systems in the *Illinois Register* (89 Ill. Adm. Code 146, pp. 24603-24628). The amendment presents the demonstration pilot services contained in the 1115 Waiver approved by the federal Centers for Medicare & Medicaid Services (CMS) on May 7, 2018 to initiate a comprehensive strategy to combat substance use disorder. Comments on the proposed rule are due by Feb. 11 and should be addressed to:

Christopher Gange
Acting General Counsel
Illinois Department of Healthcare and Family Services
201 South Grand Avenue East, 3rd Floor
Springfield IL 62763-0002
HFS.Rules@illinois.gov

Members are also encouraged to share comments with Lia Daniels to contribute to IHA's comment letter. As background, an IHA memo summarizing the 1115 Waiver pilots from June 2018 can be found here.

A list of eligibility exclusions applicable to all demonstration programs are listed specifically in the proposed rules (p. 24609), while an allowance for additional exclusions would allow HFS to limit participation of each program by geographic areas, specific age groups, diagnoses, medical conditions and annual participation limits. The following demonstration programs are detailed in proposed rules, with the understanding that services are not entitlements, and will only be available for so long as the demonstration programs are in effect:

- Crisis Intervention Pilot Services (pp. 24610-24612);
- Evidence-based Home Visiting Services (pp. 24612-24614);
- Assistance in Community Integration Services (pp. 24615-24619);
- Supported Employment Services (pp. 24619-24623);
- Intensive In-Home Services (pp. 24623-24626); and
- Respite Services (pp. 24626-24628).

Crisis Intervention Pilot Services in particular are characterized by the following:

Eligibility:	• Ages 6-64; • Experiencing a psychiatric crisis; • Referred for Mobile Crisis Response Services to the Crisis and Referral Entry Service (CARES) Line; • Screened and determined by a Designated Service Area provider of Mobile Crisis Response and that community supports cannot stabilize the individual in the community; and • Determined pursuant to a completed Crisis Safety Plan, on an HFS-approved form signed by a Licensed Practitioner of the Healing Arts (LPHA), to require support and stabilization, including 24-hour clinical supervision and observation.
Participation Limits	• Year 1: Jan. 1, 2019-Dec. 31, 2019; limited to 4,247 interventions total; • Year 2: Jan. 1, 2020-Dec. 31, 2020; limited to 6,370 interventions total; and • Year 3-Year 5: Jan. 1, 2021-Dec. 31, 2023; limited to 8,493 interventions total/year.
Facility Requirement	• General Acute Care Hospitals; • Psychiatric Residential Treatment Facilities; or • Community Residential Treatment Centers containing 16 beds or fewer and not meeting the federal definition of an Institution for Mental Diseases (IMD).
Service Requirement	Inpatient or residential services consisting of: • Assessment by a Qualified Mental Health Professional (QMHP), LPHA, or Mental Health Professional (MHP) with immediate access to a QMHP, that a patient appears to need immediate intensive intervention because of a psychiatric crisis and immediate clinical attention to prevent exacerbation of the crisis and prevent injury to the patient or others; • Preparation of an individualized treatment plan based upon completion of Integrated Assessment and Treatment Planning; • Short-term counseling to stabilize the individual; • Completion of the individual's Crisis Safety Plan (CSP); or: ◦ Review of an existing CSP; ◦ Updating, if necessary, an existing CSP; ◦ Approval and signing of the completed CSP or updated CSP by an LPHA; and ◦ Preparation of the patient upon discharge for referral to another level of care, post-treatment return, or reentry into the community, and linkage with the patient or a family member for ongoing care to prevent future crises.

The proposed rules also stipulate that Crisis Intervention may be subject to unspecified utilization controls, service limitations or prior approval processes established or authorized by HFS, meaning managed care organizations may use these controls to limit or deny this new service.

Members are encouraged to share any concerns in comments related to the following, as well as any other issues throughout the rules:

- Crisis Intervention utilization controls beyond those specified in rules, especially as the service is subject to screening by Mobile Crisis Response prior to admission. Would additional steps delay needed services unnecessarily, or result in denied services that have already been provided in alignment with medical necessity criteria?
- Any concerns that this new inpatient-level crisis service may have on traditional inpatient psychiatric care admissions, potential service denials that may result in step-therapy service approvals, and any concerns regarding lower reimbursement for the same level of care.
- The first annual period having begun prior to rules being finalized, resulting in less time for providers to prepare for

program implementation and reimbursement.

Medicaid Community Mental Health Certification Revised in Rule 132

In conjunction with HFS, the Illinois Department of Human Services (DHS) revised 59 Ill. Adm. Code 132 to separate the service definitions from the certification process, as noted in the Jan. 11 *Illinois Register* (pp.1046-1088). As such, 59 Ill. Adm. Code 132 (Rule 132) is repealed in its entirety, which previously provided the certification requirements and process for Community Mental Health Centers, and defined the Medicaid Services they provide. The revised Rule 132 has been adopted to replace the repealed language containing only the certification requirements and process. HFS will file a corresponding amendment, 89 Ill. Adm. Code 140 (Rule 140), to include the separate service definitions.

At its meeting on Dec. 11, the Joint Committee on Administrative Rules (JCAR) considered the rulemaking and recommended that DHS delay adoption until HFS is ready to adopt related amendments to Rule 140 addressing Medicaid coverage issues that are no longer in this new Rule 132. JCAR further recommended that DHS and HFS ensure consistency between the rulemakings. However, DHS stated in its agency response to JCAR's recommendations that it decided to move forward with rulemaking to provide necessary clarity to providers, as Rule 132 and Rule 140 currently have contradictory elements (p. 1110-1111). DHS did not elaborate upon which provisions in Rule 132 and 140 are contradictory in the communication.

Mental Health Facility Posting Requirement

Public Act 100-0915 amends the Illinois Mental Health and Developmental Disabilities Code (referred to as the Code; 405 ILCS 5/2-200) to require contact information is posted conspicuously in public areas at mental health and developmental disabilities facilities for the following agencies:

- Guardianship and Advocacy Commission; and
- The agency designated by the Governor under Section 1 of the Protection and Advocacy for Persons with Developmental Disabilities Act.

Within the Code, mental health facility (405 ILCS 5/1-114) refers to any licensed private hospital, institution, or facility or section thereof, and any facility, or section thereof, operated by the State or a political subdivision thereof for the treatment of persons with mental illness and includes all hospitals, institutions, clinics, evaluation facilities, and mental health centers which provide treatment for such persons. This new posting is in addition to an existing requirement that a summary of rights which are relevant to the services delivered by that facility must be posted conspicuously in mental health and developmental disabilities facilities under the Code. IHA has reached out to DHS with member inquiries on the new requirement and will be updating members as information is shared.

HFS Delays Medicaid Community Mental Health IATP Transition

On Jan. 8, HFS released a Public Notice extending the transition timeframe for Medicaid Community Mental Health Integrated Assessment and Treatment Planning (IATP) services. HFS will accept all Mental Health Assessments and Individual Treatment Plans that meet the existing requirements of each respective service outlined in the current version of the Medicaid Community Mental Health Service Definition and Reimbursement Guide as acceptable instruments for the provision of IATP services through Jan. 31.

HFS has designated the Illinois Medicaid Comprehensive Assessment of Needs and Strengths (IM+CANS) as the approved IATP instrument. Providers must transition to utilizing the IM+CANS in the provision of IATP services within 30 days of staff receiving in-person IM+CANS training. Providers must utilize the IM+CANS in the provision of IATP services by no later than Feb. 1. Providers not utilizing the IM+CANS as of Feb. 1 may not be reimbursed for the provision of IATP services. Further background information is detailed in the Public Notice.

Drop-In Center Funding Opportunity

On Jan. 7, DHS posted a notice of funding opportunity to maintain Recovery Drop-In Center(s), with a goal of empowering consumers with lived experiences (in mental illness) in non-clinical settings to set recovery goals and take ownership of their own recovery through a community experience that promotes personal growth, personal empowerment, responsibility, and greater independence. Estimated total funding is $5.365 million, with an anticipated 18 awards beginning in Fiscal Year 2020.

Instructions to apply by Feb. 21 at 5:00 p.m. can be found here, including information for an upcoming technical call hosted by DHS on Feb. 5 from 2:00 p.m. to 3:00 p.m. to further describe the Drop-In Center program (no prior registration is necessary).

Joint Commission Updates the National Patient Safety Goal for Suicide Prevention

The Joint Commission (TJC) released a compendium of Suicide Prevention Resources in Nov. 2018 and Compliance Resources in Dec. 2018 to support implementation of National Patient Safety Goal 15.01.01. TJC's revision aligns with CMS' increased focus on psychiatric environmental risks in hospital surveys.