

July 16, 2019

**ILLINOIS HEALTH AND HOSPITAL ASSOCIATION
M E M O R A N D U M**

TO: Behavioral Health Constituency Section

FROM: Lia Daniels, Manager, Health Policy

SUBJECT: IHA Update: Behavioral Health Notices & Notifications

Below are several new updates from the Illinois Health and Hospital Association (IHA) concerning hospital and health system behavioral healthcare. State updates are followed by federal updates and new behavioral health resources.

Overview of General Assembly's Spring 2019 Session

Considering the volatile political environment and many challenges IHA and the hospital community faced, by staying united and speaking with a unified voice, we were able to achieve many notable successes in the spring 2019 session of the Illinois General Assembly. We are pleased to provide this [detailed overview](#) of the key bills that IHA worked on to ensure the best possible outcomes for the hospital community.

On May 30, 2019, the General Assembly passed a Medicaid Omnibus Bill ([Senate Bill 1321](#)) designed to stabilize Illinois' Medicaid managed care program. The technical summary of provisions in SB 1321 can be [found here](#). This critical legislation includes numerous reforms to improve the performance of the Medicaid managed care organizations (MCOs), reduce administrative burden on providers, and resolve other high-priority, systemic challenges experienced by IHA member hospitals and health systems.

Specific legislation that has been *sent to or signed by the Governor* regarding behavioral healthcare practice in hospitals and health systems that was summarized in the broader detailed overview includes:

Cannabis

- [HB 1438/PA 101-0027](#) (Rep. Kelly Cassidy/Sen. Heather Steans) – Recreational Marijuana
- [SB 2023](#) (Sen. Laura Fine/Rep. Bob Morgan) – Medical Cannabis Pilot Program Expansion

Insurance

- [HB 2160](#) (Rep. Deb Conroy) – Drugs-Prior Authorization Form
- [SB 1449](#) (Sen. Julie Morrison/Rep. Jonathan Carroll) – Mental Health Insurance Parity

Legal

- [HB 2459](#) (Rep. Michael Halpin/Sen. Neil Anderson) – Out-Of-State Involuntary Admissions

Maternal Health

- [HB 2438](#) (Rep. Mary Flowers/Sen. Jacqueline Collins) – Maternal Mental Health Coverage
- [HB 3511](#) (Rep. Mary Flowers/Sen. Christopher Belt) – Maternal Mental Health Care

Workforce: Training, Scope and Mandated Reporting

- [HB 831](#) (Rep. Stephanie Kifowit/Sen. Linda Holmes) Abused and Neglected Child Reporting Act (ANCRA) – Reports for Dept. of Public Health & Dept. of Healthcare and Family Services
- [SB 1135](#) (Sen. Don Harmon/Rep. Sara Feigenholtz) – Prescribing Psychologists
- [SB 1239](#) (Sen. Julie Morrison/Rep. Robyn Gabel) ANCRA – Criminal Investigations
- [SB 1702](#) (Sen. Julie Morrison/Rep. Robyn Gabel) – Advanced Practice Psychiatric Nurses
- [SB 1715](#) (Sen. Michael Hastings/Rep. Sara Feigenholtz) – Pharmacy Practice – Injections
- [SB 1778](#) (Sen. Julie Morrison/Rep. Sara Feigenholtz) – ANCRA Reporting & Training

Medicaid Notices

The Illinois Department of Healthcare and Family Services (HFS) has issued several Medicaid notices in May and June that may impact hospitals. [Click here](#) for the titles of the notices with direct links and memos that IHA has sent to members regarding these notices.

Several Public Notices were released on June 27 relating to behavioral health that proposed changes to increase reimbursement rates for:

- [Psychiatrists, community mental health centers](#) and other relevant providers, pursuant to [PA 101-0010](#); and
- Certain [Mental Health Rehabilitative Services](#) delivered by community mental health providers, [Early Intervention Developmental Therapy](#) rates, and [Substance Use Prevention and Recovery](#) provider rates, pursuant to [PA 101-0007](#).

APRN Practice Authority Expanded

In September 2017, PA 100-0513, [summarized here](#), was signed into law. Its accompanying rules became effective June 14, 2019. As background, PA 100-513 was the sunset reauthorization of the Nurse Practice Act and made significant changes to the act. These changes included the expansion of scope for advanced practice registered nurses (APRNs) who have completed the necessary training and education to be granted full practice authority, allowing them to practice without a collaborative agreement. Other changes included expanding the continuing education requirement for APRNs, modifying existing requirements

to conform to current industry standards, and overall modernization of the act. These adopted rules implement those statutory changes and create a new license for APRNs granted Full Practice Authority.

IHA has [summarized the adopted rules](#), including information related to APRN Written Collaborative Agreements and Full Practice Authority. The full text of the adopted amendments, Administrative Code 1300, can be found [here](#) (pp.6924 – 6986). If you have questions or need more information, please contact Helga Brake at hbrake@team-iha.org or 630-276-5682.

Community Behavioral Health Care Professional Loan Repayment Program

The Community Behavioral Health Care Professional Loan Repayment Program Act ([PA 100-862](#)) became effective Jan. 1, 2019. The program is intended to provide loan repayment assistance to qualified mental health and substance abuse professionals in an effort to recruit and retain them to practice in underserved or rural areas and to address this state's community-based behavioral health care workforce shortage that causes disparities in access to critical mental health and substance use services. Effective July 1, the [adopted rules](#) for the program (pp. 7289-7296) stipulate qualified applicant eligibility requirements, including, but not limited to, individuals who:

- For at least 12 consecutive months prior to applying for the grant, have worked as a behavioral health professional in a community mental health center in an underserved or rural health professional shortage area (HPSA) mental health discipline; and
- For each year during which a grant is received, fulfills a separate 12 month period as a behavioral health professional in a community mental health center in an underserved or rural HPSA mental health discipline.

Funding is subject to annual appropriation and all applicants annually must complete an application for the loan repayment program. Further details are defined in rules.

Medicaid Community Mental Health Services Program Trainings

The Illinois Department of Human Services (IDHS), Division of Mental Health and the Bureau of Accreditation, Licensure, and Certification, in collaboration with the Illinois Department of Children and Family Services and The Infant-Parent Institute, have announced the *Title 59: Mental Health, Chapter IV: Department of Human Services Part 132: Medicaid Community Mental Health Services Program* trainings have posted on the [IDHS website](#). A Question and Answer fact sheet is in the process of being finalized and should be posted by the end of the week of July 12. Please send any questions via email to dhs.mh@illinois.gov.

IDPH Seeks Suicide Prevention Coalition Information

The Illinois Suicide Prevention Alliance has compiled a list of local coalitions addressing suicide prevention across the state. The data team at the Illinois Department of Public Health (IDPH) Office of Health Promotion, which coordinates the Alliance's activities, is currently creating a

map to demonstrate where coalitions operate around the state. Please contact IDPH if there are additional coalitions to include before finalizing the map for distribution. Share your hospital, health system, or community's information by completing the table below and submitting it directly to Jennifer.L.Martin@illinois.gov in the next month.

Coalition/task force name	
Geographic area the coalition covers	
Contact information	
Webpage, if applicable	

IHA Comments on Proposed CMS Ligature Risk Guidance & New TJC Guidance

On June 17, IHA [submitted comments](#) to the Centers for Medicare & Medicaid Services (CMS) regarding their [proposed guidance on ligature risk](#). Originally released on April 19, CMS' proposed guidance was intended to clarify interpretive guidelines from 2017 regarding what constitutes a ligature risk and expectations for different units of a hospital. Based on IHA member feedback, hospital surveys during this time period resulted in inconsistent survey determinations between CMS and private accreditation organizations. IHA supported CMS' efforts to create further guidance. Furthermore, IHA supported CMS' recognition of the importance of reducing environmental risks for patients that may cause harm to themselves or others, as well as recognizing the safety of healthcare workers in our hospitals.

IHA submitted several recommendations regarding:

- A proposed extension request process intended to reflect unavoidable delays in implementation (e.g., hospital equipment on back order),
- Changes that could impact healthcare integration and access, and
- Opportunities to control inconsistent interpretation of standards by hospital surveyors.

Over the past month, The Joint Commission has also released a series of guidance on National Patient Safety Goals related to ligature risk reduction in hospital settings, which can be [accessed here](#).

US DOL Resources for ERISA Behavioral Health Insurance Parity Complaints

Recently, the U.S. Department of Labor (DOL) shared contact information for staff that may be able to provide assistance for complaints related to the federal Mental Health Parity and Addiction Equity Act (MHPAEA). Specifically, [DOL offered assistance](#) for complaints that are the *result of a systemic problem* for health plans sponsored by a *private sector employer or union*, referred to as Employee Retirement Income Security Act (ERISA) plans. As background, MHPAEA generally requires that insurers offering group or individual health insurance coverage ensure that financial requirements and treatment limitations on mental health and substance use disorder benefits that they provide are no more restrictive than those on medical or surgical benefits. Examples of systemic problems provided by DOL include:

- If claims are not being processed according to plan terms (e.g., regular failure to follow terms of the contract for: what services are covered, cost sharing for co-pays and deductibles, pre-authorization, and/or usual, customary and reasonable rates); and,
- If plan terms appear to not be in compliance with recommended medical guidelines.

If your hospital or health system is aware of such a systemic problem, please send the following information to the contacts noted below:

- The potentially systemic problem identified and the basis for that conclusion, including any documentation indication that claim(s) should be paid (under the rules of the patient's plan or recommended medical guidelines);
- The name of each patient, their employer, and/or health plan;
- The number of claims and dollar value for each; and
- How long the claims have been outstanding (e.g., in 30-day increments).

Contacts:

Lisa Sromek, Benefits Advisor
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CMS Releases FAQ on EMTALA and Psychiatric Hospitals

On July 2, CMS released a [**Frequently Asked Questions \(FAQ\) on the Emergency Medical Treatment and Labor Act \(EMTALA\) and Psychiatric Hospitals**](#) document to address common inquiries from psychiatric hospitals regarding compliance with EMTALA. Medicare-participating psychiatric hospitals are required to comply with EMTALA requirements. Intake or assessment areas in psychiatric hospitals may meet the threshold of “dedicated emergency department” as defined in the EMTALA regulations at §489.24(b) and be required to meet EMTALA screening and stabilization requirements. In addition, since psychiatric hospitals offer specialized services, they are required to meet the recipient hospital requirements at §489.24(f). The [**CMS State Operations Manual Appendix V for EMTALA**](#) contains the regulations and extensive interpretive guidelines.

New Behavioral Health Resources

The Substance Abuse and Mental Health Services Administration and U.S. Department of Health and Human Services recently released a new report, [***A Practical Guide to Psychiatric Advance Directives***](#), in its [***Evidence-Based Practices Resource Center***](#).

The Commonwealth Fund's [***2019 Scorecard on State Health System Performance***](#) assesses all 50 states and the District of Columbia on a wide range of health care measures, covering access to care, costs, health outcomes, income-based disparities, and more. Use the Commonwealth Fund's new [***data center***](#) to explore and compare state health system performance and policy changes through custom tables, graphs, and maps.

The U.S. Department of Veterans Affairs and National Center for Post-Traumatic Stress Disorder (PTSD) is promoting [***The PTSD Coach***](#) app, which helps veterans learn about and manage PTSD symptoms. With this app, veterans will be able to screen themselves, track symptoms, and address them as they come up. This app is available at no cost on the App Store, Google Play, and on online through a standard browser.