



## 104TH GENERAL ASSEMBLY

### State of Illinois

2025 and 2026

**HB4448**

Introduced 1/20/2026, by Rep. Robyn Gabel

#### SYNOPSIS AS INTRODUCED:

305 ILCS 5/5-48.5 new

Provides that the Act may be referred to as the Safe Place to Go Act. Amends the Medical Assistance Article of the Illinois Public Aid Code. Requires the Department of Healthcare and Family Services, in collaboration with the Department of Human Services' Division of Behavioral Health and Recovery, to apply for a Medicaid State Plan amendment or federal waiver within 12 months after the effective date of the amendatory Act to draw federal financial participation for crisis triage and stabilization services provided by behavioral health urgent care centers to support adults or children 5 years of age and older who are in an active mental health crisis and adults 18 years of age and older in a substance use crisis. Sets forth the services provided by behavioral health urgent care centers that shall be covered, including, but not limited to, crisis triage services, crisis stabilization services, and medication monitoring. Contains provisions concerning the use of the Illinois Mental Health Crisis Assessment Tool to determine an individual's eligibility or medical need for crisis stabilization services; telehealth and on-site services; safe sobering services; linkages to enable rapid transition to next level of care; length of stay; the development of a single bundle rate for crisis triage services and 2 separate per diem reimbursement rates for crisis stabilization services and safe sobering services; no prior authorization requirements; and the establishment of a working group to provide meaningful input on the establishment, operations, staffing, and financing of behavioral health urgent care centers. Requires the Department to adopt rules within 6 months after federal approval of its State Plan amendment or federal waiver application, if granted. Effective immediately.

LRB104 17345 KTG 30769 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 1. Reference to Act. This Act may be referred to as  
5 the Safe Place to Go Act.

6 Section 5. The Illinois Public Aid Code is amended by  
7 adding Section 5-48.5 as follows:

8 (305 ILCS 5/5-48.5 new)

9 Sec. 5-48.5. Behavioral health urgent care center  
10 services; coverage for services.

11 (a) Findings. The General Assembly finds the following:

12 (1) Studies show that one in 3 high school students  
13 and half of female students report persistent feelings of  
14 hopelessness, and over 365,000 Illinois children and  
15 adolescents have a current diagnosis of anxiety or  
16 depression or another behavioral health diagnosis. Over  
17 50,000,000 Americans - one in 5 adults - have a mental  
18 health condition.

19 (2) Behavioral health crises require effective  
20 specialized care, yet hospital emergency rooms remain the  
21 primary place to go for a person experiencing a mental  
22 health or substance use crisis even though hospital

1 emergency rooms are generally not equipped or staffed to  
2 effectively treat a behavioral crisis.

3 (3) Hospitals are designed to treat acute medical  
4 emergencies rather than address specialized behavioral  
5 health needs during a crisis.

6 (4) Studies show that hospital emergency room boarding  
7 times are 3 times longer for someone in a behavioral  
8 health crisis than in other medical crises, forcing  
9 behavioral health patients to wait hours, days, and even  
10 weeks in a hospital emergency room without receiving the  
11 appropriate treatment to stabilize their symptoms.

12 (5) Long hospital emergency room wait times leave  
13 behavioral patients decompensating in waiting rooms and  
14 hallways, tie up critical emergency room resources and  
15 staff, and increase unnecessary healthcare costs.

16 (6) According to the Department of Public Health,  
17 Illinois youth between the ages of 3 and 17 experienced  
18 over 17,000 emergency room visits annually for a mental  
19 health or substance use crisis between 2018 and 2022.

20 (7) Nationally, it is estimated that an average of  
21 13,200,000 adults turn to hospital emergency rooms for a  
22 behavioral health crisis.

23 (8) Approximately two-thirds of youth hospitalized in  
24 Illinois for mental health or substance use crises are  
25 covered by public insurance, primarily Medicaid, according  
26 to the Department of Public Health.

1           (9) Illinois must develop an alternative place to go -  
2           behavioral health urgent care centers - for people in a  
3           behavioral crisis, rather than relegating them to hospital  
4           emergency rooms.

5           (10) While Living Rooms staffed by people with lived  
6           expertise are an important part of the behavioral health  
7           continuum, Living Rooms are not staffed to provide the  
8           full range of crisis services an active crisis may need to  
9           avoid an emergency room visit.

10           (11) As Illinois develops the crisis continuum,  
11           including 988 (someone to call) and mobile crisis response  
12           (someone to respond), it must also develop safe, healing,  
13           specialized places to go (such as behavioral health urgent  
14           care centers) during a behavioral health crisis to avoid  
15           unnecessary emergency room visits or hospitalizations.

16           (b) Definitions. As used in this Section, "behavioral  
17           health urgent care center" means a community-based facility,  
18           or portion of a facility, certified by the Department of  
19           Healthcare and Family Services where mental health and  
20           substance use crisis services are accessible 24 hours a day, 7  
21           days a week for purposes of addressing the crisis, reducing  
22           acute symptoms and connecting individuals to the appropriate  
23           level of care and follow-up. Services provided by a behavioral  
24           health urgent care center are ones that are voluntary and  
25           indicated for a person experiencing an active behavioral  
26           health crisis who needs a safe, compassionate place to support

1 acute crisis resolution; connection to appropriate levels of  
2 care and follow-up; and does not need a hospital level of care.  
3 Services are also trauma-informed and offer both observation  
4 and therapeutic support. Behavioral health urgent care center  
5 services are intended to be consistent with the U.S.  
6 Department of Health and Human Services, Substance Abuse and  
7 Mental Health Services Administration's 2025 National  
8 Guidelines for a Behavioral Health Coordinated System of  
9 Crisis Care for community-based mental health and substance  
10 use crisis services. Hospital-based facilities are not  
11 eligible to be certified as a behavioral health urgent care  
12 center.

13 (c) Coverage for behavioral health urgent care center  
14 services for people experiencing a behavioral health crisis.  
15 In collaboration with the Department of Human Services'  
16 Division of Behavioral Health and Recovery, the Department of  
17 Healthcare and Family Services, as the sole State Medicaid  
18 agency, shall apply to the federal Centers for Medicare and  
19 Medicaid Services for a Medicaid State Plan amendment or  
20 federal waiver within 12 months after the effective date of  
21 this amendatory Act of the 104th General Assembly to draw  
22 federal financial participation for crisis triage and  
23 stabilization services provided by behavioral health urgent  
24 care centers to support adults or children 5 years of age and  
25 older who are in an active mental health crisis and adults 18  
26 years of age and older in a substance use crisis.

1           (1) Behavioral health urgent care center; core  
2           services. All services provided by a behavioral health  
3           urgent care center shall be individualized and voluntary,  
4           and shall include, but not be limited to, the following:

5           (A) Crisis triage services:

6                   (i) Assessment. A mental health crisis  
7                   assessment utilizing the Illinois Mental Health  
8                   Crisis Assessment Tool, a substance use level of  
9                   care assessment, or a nursing assessment if  
10                   clinically indicated.

11                   (ii) Crisis intervention.

12                   (iii) Peer support.

13           (B) Crisis stabilization services:

14                   (i) Crisis observation.

15                   (ii) Crisis intervention and safety planning.

16                   (iii) Crisis counseling.

17                   (iv) Care coordination.

18                   (v) Case management.

19                   (vi) Individual and family therapy.

20                   (vii) Peer support.

21                   (viii) Mental health and substance use  
22                   education.

23                   (ix) Overdose prevention.

24                   (x) Discharge planning to the appropriate  
25                   level of care or services.

26           (C) Prescribing, evaluating, or monitoring mental

1 health or substance use treatment medications.

2 (2) Stabilization services. Eligibility or medical  
3 necessity for crisis stabilization services outlined in  
4 subparagraph (B) shall be based on the results of the  
5 Illinois Mental Health Crisis Assessment Tool or the  
6 substance level of care assessment.

7 (3) On-site services. All crisis triage services and  
8 crisis stabilization services provided by the behavioral  
9 health urgent care center shall be provided on-site and  
10 in-person. Prescribing, evaluating, or monitoring mental  
11 health and substance use treatment medications may occur  
12 via telehealth.

13 (4) A safe place to go for someone in a substance use  
14 crisis. Behavioral health urgent care centers may provide,  
15 but are not required to provide, safe sobering services  
16 for up to 24 hours for adults 18 years of age or older who  
17 are under the influence of alcohol or drugs to provide  
18 monitoring and oversight of adults in a substance use  
19 crisis in a supervised and supportive environment. Safe  
20 sobering is not meant to achieve abstinence or the full  
21 removal of alcohol or other drugs from the system, but to  
22 decrease the amount of intoxicating substance in a safe  
23 setting with a recovery-oriented framework.

24 (A) A behavioral health urgent care center that  
25 provides safe sobering services must have access to  
26 24-hour on-call emergency medical technicians to

1 ensure the safety of adults who are receiving safe  
2 sobering services.

3 (B) Safe sobering services in a behavioral health  
4 urgent care center may be located within the same unit  
5 or program of ASAM Level 3.7 Medically Monitored  
6 Intensive Inpatient Services for adults to enable a  
7 seamless transition to this level of care for adults  
8 who choose to engage in medically necessary withdrawal  
9 management services.

10 (5) Linkages to enable rapid transition to the next  
11 level of care. Rapid connection to the appropriate levels  
12 of care or follow-up services to facilitate post-crisis  
13 care, including short-term crisis residential services,  
14 services addressing the social determinants of health, and  
15 overdose prevention, shall be a primary goal of behavioral  
16 health urgent care centers.

17 (6) Length of stay. An individual may receive mental  
18 health stabilization services or safe sobering services  
19 for up to, but not longer than, 24 hours in a behavioral  
20 health urgent care center to address an active mental  
21 health crisis or substance use crisis.

22 (7) Reimbursement for behavioral health urgent care  
23 center services.

24 (A) Crisis triage services. The Department of  
25 Healthcare and Family Services shall develop one  
26 bundled rate to cover the full cost of the crisis

1 triage services listed in subparagraph (A) of  
2 paragraph (1).

3 (B) Crisis stabilization services. The Department  
4 of Healthcare and Family Services shall develop 2  
5 separate per diem reimbursement rates to cover the  
6 full cost of crisis stabilization services listed in  
7 subparagraph (B) of paragraph (1) and shall look to  
8 how other states, such as New York and Virginia, have  
9 developed such rates. A short-term rate shall cover  
10 the services provided for up to 4 hours in a behavioral  
11 health urgent care center. A full rate shall apply for  
12 services delivered for more than 4 hours and up to 24  
13 hours.

14 (C) Safe sobering services. The Department of  
15 Healthcare and Family Services, in partnership with  
16 the Department of Human Services' Division of  
17 Behavioral Health and Recovery, shall develop 2  
18 separate per diem reimbursement rates to cover the  
19 full cost of safe sobering services. A short-term rate  
20 shall cover safe sobering services provided for up to  
21 4 hours in a behavioral health urgent care center. A  
22 full rate shall apply for safe sobering services  
23 delivered for more than 4 hours and up to 24 hours.

24 (D) Medication prescribing, evaluation, or  
25 monitoring. Reimbursement for prescribing, evaluating,  
26 or monitoring mental health or substance use treatment

1           medications shall be done utilizing the existing  
2           Current Procedural Terminology codes for such  
3           services.

4           (8) No prior authorization. Prior authorization shall  
5           not be required or utilized for any of the mental health or  
6           substance use services provided by a behavioral health  
7           urgent care center.

8           (d) Stakeholder input. The Department of Healthcare and  
9           Family Services, in partnership with the Department of Human  
10           Services' Division of Behavioral Health and Recovery, shall  
11           establish a workgroup within 6 months after the effective date  
12           of this amendatory Act of the 104th General Assembly that  
13           includes community-based mental health and substance use  
14           providers that have established facilities or units similar to  
15           a behavioral health urgent care center, trade associations  
16           representing community-based mental health and substance use  
17           providers, people with lived expertise, and other stakeholders  
18           to provide meaningful input on the establishment, operations,  
19           staffing, and financing of behavioral health urgent care  
20           centers. The workgroup shall meet at least once a month for at  
21           least 8 months prior to the Department of Healthcare and  
22           Family Services' application to the Centers for Medicare and  
23           Medicaid Services for federal financial participation for  
24           services provided by a behavioral health urgent care center.

25           (e) Rulemaking authority. If federal approval is granted,  
26           the Department of Healthcare and Family Services shall file

1 any rules necessary for implementation of this Section within  
2 6 months after federal approval.

3 Section 99. Effective date. This Act takes effect upon  
4 becoming law.