



104TH GENERAL ASSEMBLY

State of Illinois

2025 and 2026

HB5315

Introduced 2/10/2026, by Rep. Dagmara Avelar

SYNOPSIS AS INTRODUCED:

305 ILCS 66/20-10

Amends the Rebuild Illinois Mental Health Workforce Act. Provides that, subject to federal approval, for dates of service on and after July 1, 2026, the Medicaid reimbursement rates for Assertive Community Treatment and Community Support Team services shall be increased by an amount appropriated for the purposes enumerated in the Act. Effective July 1, 2026.

LRB104 20593 KTG 34083 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 Section 20-10 as follows:

6 (305 ILCS 66/20-10)

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

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

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

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

22 (B) The Medicaid total payment rate for individual
23 therapy provided by a mental health professional shall

1 be increased by no less than \$9 per service unit.

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

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

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

15 (b) ~~(5)~~ Medicaid user-based directed payments. The
16 following directed payments shall be paid to qualifying
17 providers for State Fiscal Year 2023 through State Fiscal Year
18 2026.

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

1 provider entitled to directed payments under this Act by
2 no later than the last day of each month throughout each
3 State fiscal year.

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

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

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

22 (A) ~~(i)~~ The monthly direct payment for an
23 assertive community treatment provider shall be
24 calculated as follows: The sum total number of
25 Medicaid users of assertive community treatment
26 services provided by that provider throughout the base

1 year, multiplied by \$6,000 per Medicaid user, divided
2 into 12 equal monthly payments for that State fiscal
3 year.

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

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

15 (b-5) ~~(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 (b-6) Subject to federal approval, for dates of service on
3 and after July 1, 2026, the Medicaid reimbursement rates for
4 Assertive Community Treatment and Community Support Team
5 services shall be increased by an amount appropriated for the
6 purposes enumerated in this Act.

7 (c) The following payment adjustments shall be made:

8 (1) Subject to federal approval, beginning on January
9 1, 2024, the Department shall introduce rate increases to
10 behavioral health services no less than by the following
11 targeted pool for the specified services provided by
12 community mental health centers:

13 (A) Mobile Crisis Response, \$6,800,000;

14 (B) Crisis Intervention, \$4,000,000;

15 (C) Integrative Assessment and Treatment Planning
16 services, \$10,500,000;

17 (D) Group Therapy, \$1,200,000;

18 (E) Family Therapy, \$500,000;

19 (F) Community Support Group, \$4,000,000; and

20 (G) Medication Monitoring, \$3,000,000.

21 (2) Rate increases shall be determined with
22 significant input from Illinois behavioral health trade
23 associations and advocates. The Department must use
24 service units delivered under the fee-for-service and
25 managed care programs by community mental health centers
26 during State Fiscal Year 2022. These services are used for

1 distributing the targeted pools and setting rates but do
2 not prohibit the Department from paying providers not
3 enrolled as community mental health centers the same rate
4 if providing the same services.

5 (d) Rate simplification for team-based services.

6 (1) The Department shall work with stakeholders to
7 redesign reimbursement rates for behavioral health
8 team-based services established under the Rehabilitation
9 Option of the Illinois Medicaid State Plan supporting
10 individuals with chronic or complex behavioral health
11 conditions and crisis services. Subject to federal
12 approval, the redesigned rates shall seek to introduce
13 bundled payment systems that minimize provider claiming
14 activities while transitioning the focus of treatment
15 towards metrics and outcomes. Federally approved rate
16 models shall seek to ensure reimbursement levels are no
17 less than the State's total reimbursement for similar
18 services in calendar year 2023, including all service
19 level payments, add-ons, and all other payments specified
20 in this Section.

21 (2) In State Fiscal Year 2024, the Department shall
22 identify an existing, or establish a new, Behavioral
23 Health Outcomes Stakeholder Workgroup to help inform the
24 identification of metrics and outcomes for team-based
25 services.

26 (3) In State Fiscal Year 2025, subject to federal

1 approval, the Department shall introduce a
2 pay-for-performance model for team-based services to be
3 informed by the Behavioral Health Outcomes Stakeholder
4 Workgroup.

5 (Source: P.A. 102-699, eff. 4-19-22; 102-1118, eff. 1-18-23;
6 103-102, eff. 7-1-23; 103-154, eff. 6-30-23.)

7 Section 99. Effective date. This Act takes effect July 1,
8 2026.