

SB2314



102ND GENERAL ASSEMBLY

State of Illinois

2021 and 2022

SB2314

Introduced 2/26/2021, by Sen. Sara Feigenholtz

SYNOPSIS AS INTRODUCED:

5 ILCS 100/5-170 new

Provides that the Act may be referred to as the Community Mental Health Rule and Regulatory Modernization Act. Amends the Illinois Administrative Procedure Act. Changes the text of Sections of the Illinois Administrative Code pertaining to: community-based mental health service definitions and professional qualifications; program approval for specified behavioral health services; assertive community treatment; and community support teams. Effective immediately.

LRB102 15771 SSS 21138 b

A BILL FOR

1 AN ACT concerning government.

2 **Be it enacted by the People of the State of Illinois,**
3 **represented in the General Assembly:**

4 Section 1. This Act may be referred to as the Community
5 Mental Health Rule and Regulatory Modernization Act. The
6 purpose of this Act is to make rule and regulatory changes to
7 the administrative rules that govern community mental health
8 services to improve access to mental health care in Illinois.

9 Section 5. The Illinois Administrative Procedure Act is
10 amended by adding Section 5-170 as follows:

11 (5 ILCS 100/5-170 new)

12 Sec. 5-170.

13 (a) Title 89, Part 140, Sections 140.453 through 140.455,
14 and 140.TABLE N of the Illinois Administrative Code shall be
15 revised for purposes of improving access to community mental
16 health and behavioral health services:

17 (1) To enable services to begin immediately upon the
18 initiation of the comprehensive Integrated Assessment and
19 Treatment plan, Section 140.453(c) (1) (B) shall be amended
20 as follows: the word "completion" shall be replaced with
21 "initiation".

22 The following sentence shall be added at the end of

1 the subsection: "The Integrated Assessment and Treatment
2 Plan shall be completed within 45 days of initiation."

3 (2) To eliminate the over-assessment of individuals,
4 Section 140.453(d)(1)(A)(i) shall be revised by replacing
5 "every 180 days" with "annually".

6 (3) To reduce administrative barriers for individuals
7 being deinstitutionalized, Section 140.453(d)(4)(A)(iii)
8 shall be revised by adding the following sentence at the
9 end: "Prior authorizations for any individual
10 transitioning from an institutional setting to the
11 community under a deinstitutionalization consent decree to
12 which the State of Illinois is party who initially
13 qualifies and is authorized for ACT, shall be effective
14 for one year intervals with a sufficient number of units
15 of service being approved to meet a full year of medical
16 necessity."

17 (4) To reduce staff turn-over and improve the quality
18 of care for Team-Based MRO services, Section
19 140.453(d)(4)(A)(iv) shall be revised by adding the
20 following bullet: "An individual possessing a bachelor's
21 degree in counseling and guidance, rehabilitation
22 counseling, social work, education, vocational counseling,
23 psychology, pastoral counseling, family therapy or related
24 human service field with at least two years of documented
25 clinical experience in Team Based MRO Services under the
26 supervision of a QMHP."

1 (5) To reduce staff turn-over and improve the quality
2 of care for Team-Based MRO services, Section
3 140.453(d)(4)(B)(i) shall be revised by adding the
4 following at the end of the second bullet: "or an
5 individual possessing a bachelor's degree in counseling
6 and guidance, rehabilitation counseling, social work,
7 education, vocational counseling, psychology, pastoral
8 counseling, family therapy or related human service field
9 with at least two years of documented clinical experience
10 in Team Based MRO Services under the supervision of a
11 QMHP."

12 (6) To reduce administrative barriers to care for
13 individuals being deinstitutionalized, Section
14 140.453(d)(4)(B)(iii) shall be revised by adding the
15 following sentence at the end: "Prior authorizations for
16 any individual transitioning from an institutional setting
17 to the community under a deinstitutionalization consent
18 decree to which the State of Illinois is party who
19 initially qualifies and is authorized for CST, shall be
20 effective for one year intervals with a sufficient number
21 of units of service being approved to meet a full year of
22 medical necessity."

23 (7) To allow time for client volume to match start up
24 expenses of CST Teams, Section 140.TABLE N, (c)(1)(B)
25 shall be revised by adding the following language after
26 the word "following" and before the colon: "within six

1 months of the CST team being established".

2 (8) Section 140.TABLE N, (c)(1)(D)(ii) shall be
3 revised by:

4 (A) striking the word "lead",

5 (B) replacing the words "referring LPHA" with
6 "team lead", and

7 (C) replacing the word "monthly" with "quarterly".

8 (9) Section 140.TABLE N, (c)(1)(D)(iii) shall be
9 revised by replacing the term "LPHA" with "CST team lead".

10 (10) To fully utilize treating Advance Practice Nurses
11 (APNs) and partnerships with hospitals and Federally
12 Qualified Health Clinics in a time of a profound state and
13 national shortage of psychiatrists, Section 140.TABLE N,
14 (e)(1)(C)(ii) shall be revised by striking the last
15 sentence to enable the full utilization of treating APNs
16 employed or on contract with a CMHC. The following
17 sentence shall be added to the end of the subsection to
18 maximize provider partnerships for treating APNs and
19 psychiatrists: "A CMHC may enter into a written contract
20 with a Federally Qualified Health Clinic or hospital for
21 the psychiatric resource for the CMHC's ACT team."

22 (11) To allow time for client volume to match start up
23 expenses of ACT Teams, Section 140.TABLE N, (e)(1)(C)(iii)
24 shall be revised by adding the following before the colon:
25 "within six months of the ACT team being established".

26 (12) To eliminate clinical reviews that do not have

1 meaningful clinical value in patient care, Section
2 140.TABLE N, (e) (1) (E) (iii) shall be revised by:

3 (A) Replacing "monthly" with "quarterly",

4 (B) Replacing "psychiatrist" with "Psychiatric
5 Resource".

6 (13) To align team member roles with fidelity and best
7 practices, Section 140.TABLE N, (e) (1) (E) (iv) shall be
8 revised by replacing "Psychiatric Resource" with "Team
9 Lead".

10 (14) For purposes of addressing the behavioral health
11 workforce shortage, Section 140.453(d) (1) (A) (iii) shall be
12 revised by replacing "an LPHA" with "the direct supervisor
13 of the individual completing the IATP".

14 (b) Title 59, Chapter IV, Part 132 of the Illinois
15 Administrative Code shall be amended as follows:

16 Title 59, Chapter IV, Part 132 shall be revised to be
17 consistent with the changes made to Title 89, Part 140,
18 Sections 140.453 through 140.455, and 140.TABLE N of the
19 Illinois Administrative Code pursuant to this Act, including
20 but not limited to the following:

21 (A) Section 132.135(c) (1) shall be revised by striking
22 the language and replacing it with the following:
23 "Supervision by a licensed clinician, as defined in
24 section 132.25, or an individual possessing a bachelor's
25 degree in counseling and guidance, rehabilitation
26 counseling, social work, education, vocational counseling,

1 psychology, pastoral counseling, family therapy or related
2 human service field with at least two years of documented
3 clinical experience in Team Based MRO Services under the
4 supervision of a QMHP, who is the team leader."

5 (B) Section 132.135(3) shall be revised by replacing
6 the language with the following: "Program support provided
7 by a psychiatrist or an advance practice nurse. A CMHC may
8 enter into a written contract with a Federally Qualified
9 Health Clinic or hospital for the psychiatric resource for
10 the CMHC's ACT team. Program support shall also include a
11 program administrative assistant."

12 (C) To allow time for client volume to match start up
13 expenses of ACT Teams, a Section 132.135(c)(7) shall be
14 added as follows: "Minimum staffing requirements of ACT
15 teams shall be met within six months of the ACT team being
16 established."

17 (D) Section 132.145(a) shall be revised by striking
18 the language and replacing it with the following:
19 "Demonstration of the ability to meet the minimum staffing
20 requirement that each team includes a minimum of three FTE
21 within six months of a CST team being established."

22 (E) Section 132.145(b) shall be revised by striking
23 the language and replacing it with the following:
24 "Demonstration of ability to meet the requirement to staff
25 the program with a QMHP or an individual possessing a
26 bachelor's degree in counseling and guidance,

1 rehabilitation counseling, social work, education,
2 vocational counseling, psychology, pastoral counseling,
3 family therapy or related human service field with at
4 least two years of documented clinical experience in Team
5 Based MRO Services under the supervision of a QMHP, who is
6 the full-time team leader and functions as a practitioner
7 on the team."

8 (c) The Department of Healthcare and Family Services and
9 the Department of Human Services shall file the administrative
10 rule changes required pursuant to this Section by no later
11 than three months following the effective date of this
12 amendatory Act of the 102nd General Assembly.

13 Section 99. Effective date. This Act takes effect upon
14 becoming law.