



102ND GENERAL ASSEMBLY

State of Illinois

2021 and 2022

SB3617

Introduced 1/19/2022, by Sen. Laura Fine

SYNOPSIS AS INTRODUCED:

See Index

Creates the Ensuring a More Qualified, Competent, and Diverse Community Behavioral Health Workforce Act. Requires the Department of Human Services, Division of Mental Health, to award grants or contracts to licensed community mental health centers or behavioral health clinics to establish or enhance training and supervision of interns and behavioral health providers-in-training pursuing licensure as a licensed clinical social worker, licensed clinical professional counselor, and licensed marriage and family therapist. Creates the Mental Health Assessment Reform Act to remove barriers to care in the Medicaid mental health assessment and treatment planning process. Creates the Recovery and Mental Health Tax Credit Act. Requires the Department to establish and administer a recovery tax credit program to provide tax incentives to qualified employers who employ eligible individuals in recovery from a substance use disorder or mental illness in part-time and full-time positions. Creates an Advisory Council to advise the Department regarding employment of persons with mental illnesses and substance use disorders in minority communities. Amends the Illinois Income Tax Act to make conforming changes. Amends the Department of Healthcare and Family Services Law of the Civil Administrative Code. Requires the Department of Healthcare and Family Services to take all necessary action to ensure that proposed modifications, additions, deletions, or amendments to the healthcare and behavioral healthcare (mental health and substance use disorder) provisions of the Illinois Public Aid Code are announced, shared, disseminated, and explained prior to the Department undertaking such proposed modifications, if legally possible and subject to federal law. Amends the Clinical Social Work and Social Work Practice Act. Provides that an individual applying for licensure as a clinical social worker who has been licensed at the independent level in another jurisdiction for 5 (rather than 10) consecutive years without discipline is not required to submit proof of completion of education and supervised clinical professional experience. Makes similar changes to the Marriage and Family Therapy Licensing Act and to the Professional Counselor and Clinical Professional Counselor Licensing and Practice Act. Effective immediately.

LRB102 22973 KTG 32127 b

A BILL FOR

1 AN ACT concerning mental health.

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

4 Article 1.

5 Section 1-1. Short title. This Article may be cited as the
6 Ensuring a More Qualified, Competent, and Diverse Community
7 Behavioral Health Workforce Act. References in this Article to
8 "this Act" mean this Article.

9 Section 1-5. Findings. The General Assembly Finds that:

10 (1) The behavioral health workforce shortage, already
11 at dire levels before 2020, has been exacerbated by the
12 COVID-19 pandemic and is at a crisis point.

13 (2) Behavioral health workforce shortages,
14 particularly licensed clinical staff, staff turnover in
15 all positions, and workforce development are major
16 concerns in the behavioral health field.

17 (3) By 2026, unfilled mental healthcare jobs in
18 Illinois are expected to reach 8,353, according to
19 Mercer's 2021 External Healthcare Labor Market Analysis.

20 (4) Community based mental health agencies often serve
21 as training or supervision sites for interns and new
22 entrants to the workforce seeking supervision hours to

1 meet licensure requirements. These professionals are
2 mandated to complete up to 3000 hours of supervised
3 clinical experience. This places financial and
4 time-resource hardships on these already lean
5 organizations to provide the supervision.

6 (5) Many new mental health clinicians have to pay an
7 estimated \$10,000-\$30,000 in fees for supervision
8 according to Motivo. The amount is unaffordable for many
9 students, particularly lower-income students, who graduate
10 with tens of thousands of dollars in debt.

11 (6) Community mental health agencies frequently serve
12 the most complex and chronically ill behavioral health
13 clients, which can be a challenging population for new
14 entrants to the workforce. Many times, professionals leave
15 for better-paid opportunities with lower acuity patients
16 after completing their facility-sponsored supervision
17 requirements.

18 (7) The lack of compensation for serving as a training
19 or supervision site and staff turnover adversely impact
20 the ability of agencies to better prepare the workforce
21 and meet the needs of their behavioral health clients.

22 (8) Recognizing and providing financial support for
23 this function will help community-based agencies provide
24 more training or supervision opportunities and may also
25 assist with recruiting and retaining professionals at
26 these sites.

1 (9) Providing financial support for this role would
2 help to address reductions in standard clinical
3 productivity as a result of time spent supervising new
4 workers, enabling better absorption of the costs of high
5 turnover, or allowing for these settings to staff
6 appropriately to support training or supervision.

7 (10) For individuals seeking their licensure,
8 roadblocks to supervision include cost-prohibitive fees,
9 difficulty finding supervisors, and an even greater
10 supervisor shortage in rural areas.

11 (11) Beyond fulfilling the required hours to get
12 licensed, clinical supervision has a profound impact on
13 the trajectory of an individual's career and the lives of
14 their clients. Ultimately, effective clinical supervision
15 helps ensure that clients are competently served.

16 (12) At a time when behavioral health providers report
17 crisis level wait lists that force individuals seeking
18 care to wait for months before they receive care, now more
19 than ever, we need immediate solutions to help strengthen
20 our State's behavioral health workforce.

21 Section 1-10. Grant awards. To develop and enhance
22 professional development opportunities and diversity in the
23 behavioral health field, and increase access to quality care,
24 the Department of Human Services, Division of Mental Health,
25 shall award grants or contracts to community mental health

1 centers or behavioral health clinics licensed or certified by
2 the Department of Human Services or the Department of
3 Healthcare and Family Services to establish or enhance
4 training and supervision of interns and behavioral health
5 providers-in-training pursuing licensure as a licensed
6 clinical social worker, licensed clinical professional
7 counselor, and licensed marriage and family therapist.

8 Section 1-15. Use of funds. An eligible entity receiving a
9 grant or contract under this Act shall use funds received
10 through the grant or contract to establish new, or enhance
11 existing, training, and supervision of interns and behavioral
12 health providers-in-training pursuing licensure as a licensed
13 clinical social worker, licensed clinical professional
14 counselor, and licensed marriage and family therapist.

15 Section 1-20. Priority. In awarding grants and contracts
16 under this Act, the Department of Human Services, Division of
17 Mental Health, shall give priority to eligible entities in
18 underserved urban areas and rural areas of the State.

19 Section 1-25. Grant terms. A grant or contract awarded
20 under this Act shall be for a period of 3 years. Nothing in the
21 Act precludes grantees to reapply for additional rounds of
22 funding.

1 Medicaid community mental health services. Within 3 months
2 after the effective date of this Act and in accordance with
3 this Section, the Department of Healthcare and Family Services
4 shall clearly identify the minimum information necessary to
5 establish and document medical necessity in an individual's
6 medical record for each community mental health general
7 rehabilitation option service through the use of the
8 Department's standardized assessment and treatment planning
9 tool (assessment tool) required in the integrated assessment
10 and treatment planning process. Such minimum medical necessity
11 documentation requirements through the use of the assessment
12 tool shall be publicly available to all community mental
13 health centers and behavioral health clinics.

14 (1) Documenting medical necessity. The information
15 required to be gathered and documented through the
16 assessment tool to establish medical necessity for a
17 mental health service shall be no broader than what is
18 required to establish eligibility, duration, and frequency
19 for such service:

20 (A) Mental health symptoms or functional
21 impairment.

22 (B) A mental health diagnosis listed in the most
23 recent edition of the Diagnostic and Statistical
24 Manual of Mental Health Disorders or the International
25 Classification of Diseases.

26 (C) Any other information necessary solely for

1 purposes of determining eligibility, duration, and
2 frequency for a community-based mental health service.

3 (D) A recommendation for such service by an
4 appropriate mental health or medical professional for
5 the treatment of a mental health condition or symptoms
6 or to improve functional impairment.

7 (2) Improved access to care. An individual shall
8 immediately be eligible to receive any community mental
9 health service or services upon documentation of the
10 specified medical necessity criteria in his or her medical
11 record and the provider shall be reimbursed for such
12 delivered services. An individual's background,
13 experiences, health, or other information that is not
14 necessary to a medical necessity determination for a
15 community mental health service shall be left to the
16 clinical discretion of the provider as to the relevance
17 for developing a treatment plan in the integrated
18 assessment and treatment planning process. The absence of
19 discretionary information in an individual's integrated
20 assessment and treatment planning or medical record that
21 is unrelated to medical necessity shall not be used by the
22 Department or any contracted third party to delay or deny
23 a community mental health service. The integrated
24 assessment and treatment planning process shall remain
25 open for no less than 90 days to allow providers to gather
26 the relevant and appropriate information from an

1 individual to complete the integrated assessment and
2 treatment planning process.

3 (3) No further assessment or treatment planning
4 documentation shall be required if services are terminated
5 or completed within 90 days. If an individual terminates
6 or completes his or her community mental health services
7 within 90 days from the date of his or her first treatment
8 contact with his or her provider, the integrated
9 assessment and treatment planning process also terminates,
10 and no further documentation shall be required using the
11 Department's assessment tool or in the individual's
12 medical record. A provider shall be fully reimbursed for
13 any services delivered for which medical necessity is
14 established during these 90 days, and such services shall
15 not be delayed or denied by the Department or a managed
16 care organization.

17 Section 2-10. Preventing re-traumatization and unnecessary
18 re-assessments. Beginning on the effective date of this Act,
19 the integrated assessment and treatment planning process shall
20 be required no more frequently than annually for any community
21 mental health service covered under 89 Ill. Adm. Code 140.453,
22 140.455, and 140.TABLE N (c) and (e).

23 Section 2-15. Assessment and treatment planning process
24 centered on motivational interviewing. Within 3 months after

1 the effective date of this Act, through a workgroup
2 established by the Department of Healthcare and Family
3 Services to review the practical challenges of the
4 Department's standardized assessment and treatment planning
5 tool, the Department and stakeholders, including people with
6 lived experience, shall work to resolve the issues listed
7 below with the assessment tool and the integrated assessment
8 and treatment planning process. Within 6 months after the
9 effective date of this Act, the Department of Healthcare and
10 Family Services shall deliver a report to the General
11 Assembly, with a copy delivered to the Chairs of the Senate
12 Behavioral and Mental Health Committee and the House Mental
13 Health and Addiction Committee, that outlines in plain
14 language the issues and recommendations discussed by the
15 workgroup, what stakeholder recommendations the Department
16 agreed with and will implement and the timeline for
17 implementation, and which recommendations the Department
18 declined to address and the reason for such decline.

19 (1) Reforming the Department's standardized assessment
20 and treatment planning tool to enable the integrated
21 assessment and treatment planning process to be centered
22 on motivational interviewing.

23 (2) Avoiding requesting information in the integrated
24 assessment and treatment planning process that can
25 re-traumatize individuals by continuing to ask about past
26 traumatic personal experiences that are better addressed

1 through the clinical relationship.

2 (3) Examine the assessment tool for any potential
3 racial or cultural biases.

4 (4) Ensure the confidentiality protections afforded
5 individuals under Section 4 of the Mental Health and
6 Developmental Disabilities Confidentiality Act are fully
7 respected throughout the integrated assessment and
8 treatment planning processes, in particular as it relates
9 to the rights of minors between the age of 12 and 17 to
10 limit their parents' access to mental health information.

11 (5) Ensure that individuals' mental health and
12 substance use parity rights afforded under Section 370c.1
13 of the Illinois Insurance Code are fully recognized and
14 protected in the integrated assessment and treatment
15 planning process.

16 (6) Streamline the documentation process to ensure
17 that clinician time is not wasted on unnecessary and
18 duplicative paperwork and process.

19 (7) Ensure that managed care organizations do not deny
20 a service for which medical necessity has been established
21 and documented in the individual's medical record.

22 Section 2-20. Payment for the full assessment process. The
23 Department of Healthcare and Family Services shall develop a
24 billing code, modifier, or other mechanism to reimburse
25 providers for the full time spent on the integrated assessment

1 and treatment planning process, including Department-required
2 documentation and submission of the integrated assessment and
3 treatment planning without the client present, including
4 transferring information onto the Department-required form;
5 collateral interviews to collect client information; review of
6 documentation received by hospitals, schools, and other health
7 care entities; and uploading the information into the
8 Department of Healthcare and Family Services' portal since
9 this is a core part of the assessment and treatment planning
10 process mandated by the Department. The reimbursement rate for
11 documentation and submission shall be equal to the rate and
12 rate add-on payment paid for the related specific integrated
13 assessment and treatment planning service delivered. Provider
14 payment for such services shall begin no later than July 1,
15 2022. If the Department of Healthcare and Family Services
16 experiences any delays in implementation of this Section for
17 any reason, including seeking federal approval, payment shall
18 be retroactive to July 1, 2022.

19 Section 2-25. Improving training for mental health
20 assessments with on-the-ground, experienced clinicians. To
21 enable more consistency and effective use of the Department's
22 standardized assessment and treatment planning tool used in
23 the integrated assessment and treatment planning process,
24 within 3 months after the effective date of the Act the
25 Department of Healthcare and Family Services shall provide a

1 train-the-trainer model as an alternative to the
2 State-sponsored trainings, so providers can elect to train
3 their own staff in the use and application of the assessment
4 tool. This train-the-trainer model allows providers to
5 maintain fidelity to the tool while providing practical
6 knowledge of how the tool is implemented within the provider's
7 unique service delivery environment, and allows for more
8 timely training of new staff. All assessment tool trainings
9 sponsored by the State shall be available in in-person and
10 video modalities, including recorded trainings that can be
11 accessed anytime, to ensure the timely training of provider
12 staff.

13 Section 2-30. Federal approval and State administrative
14 rulemaking. If federal approval is required for any provision
15 of this Act, the Department of Healthcare and Family Services
16 shall seek approval from the Centers for Medicare and Medicaid
17 Services within 30 days after the effective date of this Act.
18 Within 3 months after the Department receives federal
19 approval, the Department may, with prior input from the
20 Department's workgroup referenced in Section 2-15, adopt
21 emergency rules to implement any provision of this Act in
22 accordance with the Illinois Administrative Procedure Act.

23 Section 2-95. The Illinois Administrative Procedure Act is
24 amended by adding Section 5-45.21 as follows:

1 (5 ILCS 100/5-45.21 new)

2 Sec. 5-45.21. Emergency rulemaking; Department of
3 Healthcare and Family Services. To provide for the expeditious
4 and timely implementation of the Mental Health Assessment
5 Reform Act, emergency rules implementing any provision of the
6 Mental Health Assessment Reform Act may be adopted in
7 accordance with Section 5-45 by the Department of Healthcare
8 and Family Services. The adoption of emergency rules
9 authorized by Section 5-45 and this Section is deemed to be
10 necessary for the public interest, safety, and welfare.

11 This Section is repealed one year after the effective date
12 of this amendatory Act of the 102nd General Assembly.

13 Article 3.

14 Section 3-1. Short title. This Article may be cited as the
15 Recovery and Mental Health Tax Credit Act. References in this
16 Article to "this Act" mean this Article.

17 Section 3-5. Findings.

18 (a) In the interest of reducing stigma and increasing the
19 available pool of potential employees, the General Assembly
20 finds and declares that those residents of Illinois diagnosed
21 with mental illness and substance use disorders should be
22 eligible for and encouraged to seek gainful employment.

1 (b) The General Assembly finds and declares that minority
2 communities in the State have been more negatively impacted in
3 employment opportunities for minority residents diagnosed with
4 mental illness and substance use disorders and should receive
5 additional employment opportunities and incentives for
6 employing minority residents diagnosed with mental illness or
7 substance use disorders.

8 (c) Due to the COVID-19 public health emergency, employers
9 in the State of Illinois have suffered negative economic
10 impacts, a loss in workforce, staffing difficulties, and have
11 found it difficult to recruit new workers.

12 (d) In the interest of providing additional employment
13 opportunities for those residents of Illinois diagnosed with
14 mental illness or substance use disorders and expanding the
15 pool of potential workers in the State, the General Assembly
16 finds and declares that certain qualified employers who employ
17 eligible individuals should be eligible for a tax credit.

18 Section 3-10. Definitions. As used in this Act:

19 "Department" means the Department of Human Services.

20 "Eligible individual" means an individual with a substance
21 use disorder, as that term is defined under Section 1-10 of the
22 Substance Use Disorder Act, or an individual with a mental
23 illness as that term is defined under Section 1-129 of the
24 Mental Health and Developmental Disabilities Code, who is in a
25 state of wellness and recovery where there is an abatement of

1 signs and symptoms that characterize active substance use
2 disorder or mental illness and has demonstrated to the
3 qualified employer's satisfaction, pursuant to regulations
4 promulgated by the Department, that he or she has completed a
5 course of treatment or is currently in receipt of treatment
6 for such substance use disorder or mental illness. A relapse
7 in an individual's state of wellness shall not make the
8 individual ineligible, so long as the individual shows a
9 continued commitment to recovery that aligns with an
10 individual's relapse prevention plan, discharge plan, or
11 recovery plan.

12 "Qualified employer" means an employer operating within
13 the State that has received a certificate of tax credit from
14 the Department after the Department has determined that the
15 employer:

16 (1) provides a recovery supportive environment for
17 their employees evidenced by a formal working relationship
18 with a substance use disorder treatment provider or
19 facility or mental health provider or facility, each as
20 may be licensed or certified within the State of Illinois,
21 and providing reasonable accommodation to the employees to
22 address their substance use disorder or mental illness,
23 all at no cost or expense to the eligible individual; and

24 (2) satisfies all other criteria in this Section and
25 established by the Department to participate in the
26 recovery tax program created hereunder.

1 "Taxpayer" means any individual, corporation, partnership,
2 trust, or other entity subject to the Illinois income tax. For
3 the purposes of this Act, 2 individuals filing a joint return
4 shall be considered one taxpayer.

5 Section 3-15. Authorization of tax credit program for
6 individuals in recovery from substance use disorders or mental
7 illness.

8 (a) For taxable years beginning on or after January 1,
9 2023, the Department is authorized to and shall establish and
10 administer a recovery tax credit program to provide tax
11 incentives to qualified employers who employ eligible
12 individuals in recovery from a substance use disorder or
13 mental illness in part-time and full-time positions within
14 Illinois. The Department shall award the tax credit by
15 issuance of a certificate of tax credit to the qualified
16 employer, who will present the certificate of tax credit to
17 the Department of Revenue as a credit against the qualified
18 employer's tax obligation in accordance with this Act.

19 (b) To be a qualified employer, an employer must apply
20 annually to the Department to claim a credit based upon
21 eligible individuals employed during the preceding calendar
22 year, using the forms prescribed by the Department. To be
23 approved for a credit under this Act, the employer must:

24 (1) agree to provide to the Department the information
25 necessary to demonstrate that the employer has satisfied

1 program eligibility requirements and provided all
2 information requested or needed by the Department,
3 including the number of hours worked by the eligible
4 individual and other information necessary for the
5 Department to calculate the amount of credit permitted;
6 and

7 (2) agree to provide names, employer identification
8 numbers, amounts that the employer may claim, and other
9 information necessary for the Department to calculate any
10 tax credit.

11 (c) To be an eligible individual, the individual must be
12 diagnosed with or have been diagnosed with a substance use
13 disorder or mental illness. Disclosure by the eligible
14 individual of his or her mental illness or substance use
15 disorder shall be completely voluntary and his or her health
16 information may not be shared or disclosed under this Act
17 without the eligible individual's express written consent. The
18 eligible individual must have been employed by the qualified
19 employer in the State for a minimum of 500 hours during the
20 applicable calendar year and the tax credit may only begin on
21 the date the eligible individual is hired by the qualified
22 employer and ending on December 31 of that calendar year or the
23 date that the eligible individual's employment with the
24 qualified employer ends, whichever occurs first. Only one tax
25 credit may be awarded for any eligible individual while
26 employed by the same or related qualified employer. The hours

1 of employment of 2 or more eligible individuals may not be
2 aggregated to reach the minimum number of hours. If an
3 eligible individual has worked in excess of 500 hours between
4 the date of hiring and December 31 of that year, a qualified
5 employer can elect to compute and claim a credit for such
6 eligible individual in that year based on the hours worked by
7 December 31. Alternatively, the qualified employer may elect
8 to include such individual in the computation of the credit in
9 the year immediately succeeding the year in which the eligible
10 individual was hired. In that case, the credit shall be
11 computed on the basis of all hours worked by the eligible
12 individual from the date of hire to the earlier of the last day
13 of employment or December 31 of the succeeding year.

14 (d) The aggregate amount of all credits the Department may
15 award under this Act in any calendar year may not exceed
16 \$2,000,000.

17 (e) If the qualified employer's taxable year is a calendar
18 year, the employer shall be entitled to claim the credit as
19 shown on the certificate of tax credit on the calendar year
20 return for which the certificate of tax credit was issued. If
21 the certified employer's taxable year is a fiscal year, the
22 qualified employer shall be entitled to claim the credit as
23 shown on the certificate of tax credit on the return for the
24 fiscal year that includes the last day of the calendar year
25 covered by the certificate of tax credit.

26 (f) If Department criteria and all other requirements are

1 met, a qualified employer shall be entitled to a tax credit
2 equal to the product of \$1 and the number of hours worked by
3 each eligible individual during the eligible individual's
4 period of employment with the qualified employer. The tax
5 credit awarded hereunder may not exceed \$2,000 per eligible
6 individual employed by the qualified employer in the State. In
7 determining the amount of tax credit that any qualified
8 employer may claim, the Department shall review all claims
9 submitted for credit by all employers and, to the extent that
10 the total amount claimed by employers exceeds the amount
11 allocated for this program in that calendar year, shall issue
12 tax credits on a pro rata basis corresponding to each
13 qualified employer's share of the total amount claimed.

14 (g) No credit shall be taken under this Act if the taxpayer
15 claims a federal income tax deduction for the employment of
16 the eligible individual by a qualified employer.

17 (h) No tax credit awarded under this Act may reduce a
18 qualified employer's tax obligation to less than zero.

19 (i) The Department of Revenue shall review and accept the
20 tax credit certificates issued by the Department and apply the
21 tax credit toward the qualified employer's income tax
22 obligation. A taxpayer that is a qualified employer that has
23 received a certificate of tax credit from the Department shall
24 be allowed a credit against the tax imposed equal to the amount
25 shown on such certificate of tax credit. If the taxpayer is (i)
26 a corporation having an election in effect under Subchapter S

1 of the federal Internal Revenue Code, (ii) a partnership, or
2 (iii) a limited liability company, the credit provided under
3 this Act may be claimed by the shareholders of the
4 corporation, the partners of the partnership, or the members
5 of the limited liability company in the same manner as those
6 shareholders, partners, or members account for their
7 proportionate shares of the income or losses of the
8 corporation, partnership, or limited liability company, or as
9 provided in the bylaws or other executed agreement of the
10 corporation, partnership, or limited liability company. In
11 carrying out this Act, no patient-specific information shall
12 be shared or disclosed. Any information collected by the
13 Department or the Department of Revenue shall not be subject
14 to public disclosure or Freedom of Information Act requests.

15 (j) The credit under this Act is exempt from the
16 provisions of Section 250 of the Illinois Income Tax Act.

17 Section 3-20. Advisory Council on Mental Illness and
18 Substance Use Disorder Impacts on Employment Opportunities
19 within Minority Communities. The Secretary of the Department
20 shall appoint the Advisory Council on Mental Illness and
21 Substance Use Disorder Impacts on Employment Opportunities
22 within Minority Communities, to be composed of 15 members,
23 which shall include a balanced representation of recipients,
24 services providers, employers, local governmental units,
25 community and welfare advocacy groups, academia, and the

1 general public. The Advisory Council shall advise the
2 Department regarding all aspects of employment impacts
3 resulting from mental illnesses and substance use disorders
4 within minority communities, tax credits, outreach, marketing,
5 and education about the tax credit and employment
6 opportunities, and other areas as deemed appropriate by the
7 Secretary. In appointing the first Council, the Secretary
8 shall name 8 members to terms of 2 years and 7 members to serve
9 terms of 4 years, all of whom shall be appointed within 6
10 months of the effective date of this Act. All members
11 appointed thereafter shall serve terms of 4 years. Members
12 shall serve without compensation other than reimbursement of
13 expenses actually incurred in the performance of their
14 official duties. At its first meeting, the Advisory Council
15 shall select a chair from among its members. The Advisory
16 Council shall meet at least quarterly and at other times at the
17 call of the chair.

18 Section 3-25. Powers. The Department shall adopt rules for
19 the administration of this Act. The Department may enter into
20 an intergovernmental agreement with the Department of Revenue
21 for the administration of this Act.

22 Article 7.

23 Section 7-5. The Illinois Income Tax Act is amended by

1 adding Section 232 as follows:

2 (35 ILCS 5/232 new)

3 Sec. 232. Recovery and Mental Health Tax Credit Act. A
4 taxpayer who has been awarded a credit under the Recovery and
5 Mental Health Tax Credit Act is entitled to a credit against
6 the tax imposed by subsections (a) and (b) of Section 201 as
7 provided in that Act. This Section is exempt from the
8 provisions of Section 250.

9 Article 10.

10 Section 10-5. The Department of Healthcare and Family
11 Services Law of the Civil Administrative Code of Illinois is
12 amended by adding Section 2205-40 as follows:

13 (20 ILCS 2205/2205-40 new)

14 Sec. 2205-40. Department transparency. The Department of
15 Healthcare and Family Services shall, to the full extent
16 permitted by federal law, take all necessary action to ensure
17 that proposed modifications, additions, deletions, or
18 amendments to the healthcare and behavioral healthcare (mental
19 health and substance use disorder) provisions of the Illinois
20 Public Aid Code are announced, shared, disseminated, and
21 explained prior to the Department undertaking such proposed
22 modifications, if legally possible. The Department shall, to

1 the full extent permitted under federal and State law, provide
2 notice, information, and opportunity to comment, object, or
3 support prior to final action upon, addition, modification,
4 deletion, or amendment to the healthcare and behavioral
5 healthcare (mental health and substance use disorder)
6 provisions to or from the Illinois Public Aid Code or rules or
7 regulations promulgated based upon the Illinois Public Aid
8 Code, for which the Department has authority over or
9 participates in, including, but not limited to, 59 Ill. Adm.
10 Code 132, 77 Ill. Adm. Code 2060, 77 Ill. Adm. Code 2090, and
11 89 Ill. Adm. Code 140, or any amendments or additions thereto,
12 in accordance with the Illinois Administrative Procedure Act,
13 by public notice and written or electronic notice directed to
14 the public and via notice and meaningful opportunity to
15 comment and provide input and advice upon proposed actions of
16 the Department by the following Illinois groups or entities
17 ("interested parties"):

18 (1) consumer or patient advocacy groups;

19 (2) statewide provider trade associations;

20 (3) managed care organizations under contract with the
21 Department;

22 (4) statewide managed care organization trade
23 associations; and

24 (5) statewide child advocacy associations.

25 This Section shall not be construed to modify or grant
26 preferences to the interested parties over any other party or

1 the public with respect to the Department's administrative or
2 legislative activities. Nor shall this Section grant the
3 interested parties the right to block or veto Department
4 action.

5 In addition to the foregoing, the Department of Healthcare
6 and Family Services shall provide public notice and written or
7 electronic notice to the interested parties to the full extent
8 permitted under federal law related to any State Plan
9 amendment or waiver submitted to the federal Centers for
10 Medicare and Medicaid Services.

11 Article 15.

12 Section 15-5. The Clinical Social Work and Social Work
13 Practice Act is amended by changing Section 12.5 as follows:

14 (225 ILCS 20/12.5)

15 (Section scheduled to be repealed on January 1, 2028)

16 Sec. 12.5. Endorsement. The Department may issue a license
17 as a clinical social worker or as a social worker, without the
18 required examination, to an applicant licensed under the laws
19 of another jurisdiction if the requirements for licensure in
20 that jurisdiction are, on the date of licensure, substantially
21 equivalent to the requirements of this Act or to any person
22 who, at the time of his or her licensure, possessed individual
23 qualifications that were substantially equivalent to the

1 requirements then in force in this State. An applicant under
2 this Section shall pay the required fees.

3 An individual applying for licensure as a clinical social
4 worker who has been licensed at the independent level in
5 another United States jurisdiction for 5 ~~10~~ consecutive years
6 without discipline is not required to submit proof of
7 completion of the education and supervised clinical
8 professional experience required in paragraph (3) of Section 9
9 and proof of passage of the examination required in paragraph
10 (4) of Section 9. Individuals with 5 ~~10~~ consecutive years of
11 experience must submit certified verification of licensure
12 from the jurisdiction in which the applicant practiced and
13 must comply with all other licensing requirements and pay all
14 required fees.

15 If the accuracy of any submitted documentation or the
16 relevance or sufficiency of the course work or experience is
17 questioned by the Department or the Board because of a lack of
18 information, discrepancies or conflicts in information given,
19 or a need for clarification, the applicant seeking licensure
20 may be required to provide additional information.

21 An applicant has 3 years from the date of application to
22 complete the application process. If the process has not been
23 completed within 3 years, the application shall be denied, the
24 fee shall be forfeited, and the applicant must reapply and
25 meet the requirements in effect at the time of reapplication.

26 (Source: P.A. 100-766, eff. 1-1-19.)

1 Section 15-10. The Marriage and Family Therapy Licensing
2 Act is amended by changing Section 65 as follows:

3 (225 ILCS 55/65) (from Ch. 111, par. 8351-65)

4 (Section scheduled to be repealed on January 1, 2027)

5 Sec. 65. Endorsement. The Department may issue a license
6 as a licensed marriage and family therapist, without the
7 required examination, to an applicant licensed under the laws
8 of another state if the requirements for licensure in that
9 state are, on the date of licensure, substantially equivalent
10 to the requirements of this Act or to a person who, at the time
11 of his or her application for licensure, possessed individual
12 qualifications that were substantially equivalent to the
13 requirements then in force in this State. An applicant under
14 this Section shall pay all of the required fees.

15 An individual applying for licensure as a licensed
16 marriage and family therapist who has been licensed at the
17 independent level in another United States jurisdiction for 5
18 ~~10~~ consecutive years without discipline is not required to
19 submit proof of completion of the education, professional
20 experience, and supervision required in Section 40.
21 Individuals with 5 ~~10~~ consecutive years of experience must
22 submit certified verification of licensure from the
23 jurisdiction in which the applicant practiced and must comply
24 with all other licensing requirements and pay all required

1 fees.

2 If the accuracy of any submitted documentation or the
3 relevance or sufficiency of the course work or experience is
4 questioned by the Department or the Board because of a lack of
5 information, discrepancies or conflicts in information given,
6 or a need for clarification, the applicant seeking licensure
7 may be required to provide additional information.

8 Applicants have 3 years from the date of application to
9 complete the application process. If the process has not been
10 completed within the 3 years, the application shall be denied,
11 the fee shall be forfeited, and the applicant must reapply and
12 meet the requirements in effect at the time of reapplication.

13 (Source: P.A. 100-372, eff. 8-25-17; 100-766, eff. 1-1-19.)

14 Section 15-20. The Professional Counselor and Clinical
15 Professional Counselor Licensing and Practice Act is amended
16 by changing Section 70 as follows:

17 (225 ILCS 107/70)

18 (Section scheduled to be repealed on January 1, 2023)

19 Sec. 70. Endorsement. The Department may issue a license
20 as a licensed professional counselor or licensed clinical
21 professional counselor, without the required examination, to
22 (i) an applicant licensed under the laws of another state or
23 United States jurisdiction whose standards in the opinion of
24 the Department, were substantially equivalent at the date of

1 his or her licensure in the other jurisdiction to the
2 requirements of this Act or (ii) any person who, at the time of
3 licensure, possessed individual qualifications which were
4 substantially equivalent to the requirements of this Act. Such
5 an applicant shall pay all of the required fees.

6 An individual applying for licensure as a clinical
7 professional counselor who has been licensed independent level
8 in another United States jurisdiction for 5 ~~10~~ consecutive
9 years without discipline is not required to submit proof of
10 completion of the supervised employment or experience required
11 in subsection (b) of Section 45. Individuals with 5 ~~10~~
12 consecutive years of experience must submit certified
13 verification of licensure from the jurisdiction in which the
14 applicant practiced and must comply with all other licensing
15 requirements and pay all required fees.

16 If the accuracy of any submitted documentation or the
17 relevance or sufficiency of the course work or experience is
18 questioned by the Department or the Board because of a lack of
19 information, discrepancies or conflicts in information given,
20 or a need for clarification, the applicant seeking licensure
21 may be required to provide additional information.

22 Applicants have 3 years from the date of application to
23 complete the application process. If the process has not been
24 completed within 3 years, the application shall be denied, the
25 fee forfeited, and the applicant must reapply and meet the
26 requirements in effect at the time of reapplication.

1 (Source: P.A. 100-766, eff. 1-1-19.)

2 Article 99.

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

1 INDEX

2 Statutes amended in order of appearance

3 New Act

4 5 ILCS 100/5-45.21 new

5 35 ILCS 5/232 new

6 20 ILCS 2205/2205-40 new

7 225 ILCS 20/12.5

8 225 ILCS 55/65 from Ch. 111, par. 8351-65

9 225 ILCS 107/70