April 6, 2018

Bureau of Program and Policy Coordination
Division of Medical Programs
Healthcare and Family Services
201 South Grand Avenue East
Springfield, IL 62763-0001

Dear Bureau Representative:

On behalf of the Illinois Health and Hospital Association’s (IHA) more than 200 hospitals and nearly 50 health systems, I am writing to provide comments on the Public Notice on Mobile Crisis Response and Crisis Stabilizer Services, released March 8, 2018, and Public Notice on Integrated Assessment and Treatment Planning Services, released March 9, 2018. Overall, 112 IHA members provide inpatient and outpatient mental health treatment; 85 provide inpatient and/or residential services, and 10 are dedicated, freestanding psychiatric hospitals. Approximately 80 hospitals provide outpatient mental health treatment, including flexible partial hospitalization services.

The reimbursement of mobile crisis response and crisis stabilizers have great potential to create more flexible access to mental health service providers in a timely manner, while a standardized assessment tool could streamline service planning if implemented appropriately. Although both of these proposals could be promising for the healthcare delivery system as a whole in Illinois, there are several components that would benefit from further clarification in order to best serve the field.

**Mobile Crisis Response and Crisis Stabilizer Services**
The notice stated that mobile crisis response and crisis stabilizer services reimbursement changes would only apply to mental health rehabilitative services provided by department approved providers. It would be helpful to clarify that hospital-based organized clinics may be approved providers. Reimbursement for these services should be incorporated into the finalized amendments for Rule 140, published in the *Illinois Register*, which are currently in the comment period for proposed rules.

The notice also indicated that providers will receive reimbursement for “performing mobile crisis response services to provide crisis symptom reduction and stabilization for children and adults presenting in crisis.” Currently, mobile crisis response is reimbursed for crisis intervention intended as a pre-hospitalization screening and Individual Care Grant application assistance. Further clarification around the scope
and setting of services delivered via mobile crisis response is necessary. Specifically, service differentiation should be clarified between the proposed mental health rehabilitative service from the public notice, existing mobile crisis response reimbursement and existing emergency medical services licensed by the Illinois Department of Public Health. In addition, if crisis response occurs in a manner similar to emergency medical services, a qualified provider should deliver a medical assessment and clearance to determine the absence of medical instability or a medical condition causing or contributing to the behavioral presentation. Clarification around the scope of mobile crisis response should also include the extent to which engagement techniques would be reimbursable (e.g., police ride-around assistance services or outreach to persons experiencing homelessness).

The notice stated that mobile crisis response would be reimbursed at a rate of $133 on average per event. According to the existing fee schedule, off-site crisis intervention is reimbursed at $42.88 with the current rate add-on per unit or $171.52 per hour. It is important to define how the services of a crisis stabilizer would differ from those of existing Medicaid community mental health providers, as there should not be a decrease to any existing mobile crisis response reimbursement rates. In addition, further information on the range of services and provider qualifications is needed to assess whether the proposed $50 reimbursement rate per hour is reasonable. IHA opposes any payment reductions to an already underfunded system.

**Integrated Assessment and Treatment Planning Services**

The notice stated that integrated assessment and treatment planning services reimbursement changes would only apply to mental health rehabilitative services provided by department approved providers. Similar to the recommendation for mobile crisis response and crisis stabilizers, hospital-based organized clinic reimbursement for these services should be incorporated into finalized amendments for Rule 140. Clarification is necessary to determine whether the reimbursement increase is solely for the Child and Adolescent Needs and Strengths and Adult Needs and Strengths Assessment tools. More information is also needed about any other specific requirements of the integrated assessment and any circumstantial requirements to deliver the integrated assessment and treatment planning service (e.g., only if the patient’s assessment has not been completed in a central database, annually or every patient encounter).

Hospital provider access to assessment results and any future use of an integrated tool that demonstrates which state-affiliated agency services a patient has utilized in the past (e.g., housing, food, mental health, or addiction services) should be considered in the future to support decision making, including level of care and service planning. This could facilitate quality improvement initiatives and allow for the monitoring of outcomes of services. In addition, this access might create broader understanding of a patient’s history at the beginning of an emergency visit or admission and impact discharge planning throughout a patient stay.
The public notice indicated the proposed reimbursement rate will be within the range of $19.31 to $20.90 per 15-minute increment and that these proposed changes will increase expenditures by approximately $23.5 million based on current utilization patterns. If the integrated assessment and treatment planning services replace or align with the existing mental health assessments, the reimbursement threshold only appears to increase for on-site assessments by a mental health professional or qualified mental health professional. Home and off-site assessments do not appear to receive a similar reimbursement increase. IHA supports reimbursement increases for the new services across all settings, including the home and off-site. In addition, these changes should be made in addition to the time-limited rate add-on that replaced grants eliminated in fiscal year 2016. For instance, the current reimbursement rates for a mental health assessment, including the rate add-on, range from $22.18 to $26.57. Any new reimbursement for additional services should be in addition to the existing rate add-on, in order to preserve the access provided by this reimbursement. IHA would not support a proposal that would effectively lower rates.

Again, thank you for your interest in reducing administrative barriers to implementation, expanding Medicaid services delivered by community mental health providers and further integrating medical and behavioral healthcare. If you have any questions or comments, please contact me at pgallagher@team-iha.org or 630-276-5496, or Lia Daniels at ldaniels@team-iha.org or 630-276-5461.

Sincerely,

Patrick Gallagher
Senior Vice President, Health Policy and Finance

cc: Theresa Hursey, HFS
    Lia Daniels, IHA