

Feb. 14, 2023

**ILLINOIS HEALTH AND HOSPITAL ASSOCIATION
M E M O R A N D U M**

SUBJECT: IHA Update: Behavioral Health Notices & Notifications

Below are several updates concerning hospital and health system behavioral healthcare, including:

- Medicaid coverage, payment and provider changes from the Illinois Dept. of Healthcare and Family Services (HFS);
- New behavioral health policies, resources and grant announcements; and,
- A recent IHA comment letter advocating for federal behavioral health policy changes.

Medicaid Updates

On Feb. 3, HFS issued a Provider Notice introducing **new coverage of interprofessional consultation procedure codes for psychiatric services**, covered under both Medicaid fee-for-service (FFS) and managed care organizations (MCOs), effective for dates of service on or after Feb. 1, 2023. See below for applicable codes, which may **not** be billed in conjunction with Collaborative Care Model codes identified in the June 21, 2022 [Provider Notice](#):

CPT	Description	Rate
99446	Interprofessional telephone/internet/electronic health record assessment and management service provided by a consultative physician, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 5-10 minutes of medical consultative discussion and review.	\$11.09
99447	11-20 minutes of medical consultative discussion and review.	\$21.74
99448	21-30 minutes of medical consultative discussion and review.	\$32.53
99449	31 minutes or more of medical consultative discussion and review.	\$43.51
99451	Interprofessional telephone/internet/electronic health record assessment and management service provided by a consultative physician, including a written report to the patient's treating/requesting physician or other qualified health care professional; 5 minutes or more of medical consultative discussion and review.	\$21.44

Interprofessional consultation services are reimbursable to licensed physicians and advanced practice nurses who meet all the following: 1) have a Child/Adolescent Psychiatric (CAP) Residency or General Psychiatric Residency (GAP) specialty on their HFS provider file; and

2) are enrolled in IMPACT with a psychiatric specialty. Providers should confirm their CAP or GAP specialty using their Provider Information Sheet.

As defined in the CPT codebook, the consultant practitioner should not have seen the patient in a face-to-face encounter within a 14-day period before or after the consult.

Questions regarding this notice may be directed to a billing consultant in the Bureau of Professional and Ancillary Services for FFS claims at 877-782-5565, or the applicable MCO.

Community-Based Behavioral Health Fee Schedule Update

On Jan. 24, HFS issued a new community-based behavioral health services [fee schedule](#) for Medicaid-enrolled community mental health providers, retroactive to Dec. 1, 2022. Nine new [Pathways to Success](#) program services were added, including Integrated Assessment and Treatment Planning (IATP), Family Peer Support, Intensive Home-Based Services, Respite, and Therapeutic Mentoring. These services are only reimbursable when delivered to customers enrolled in the Pathways to Success program and when the services are authorized on an IATP maintained by a customer's Care Coordination and Support Organization (CCSO). New care coordination and support services and existing [Family Support Program](#) services will now only be billable by CCSOs.

Behavioral Health Policy Updates and Resources

Illinois Opioid Settlement Update

As an update, the state Opioid Remediation Advisory Board recently formed two new subcommittees, the Access & Equity Working Group and the Medical & Research Working Group. The Board was created last year following a \$26 billion national settlement in July 2021 with pharmaceutical distributors and manufacturers. Illinois' participation in the settlement will result in an estimated [\\$760 million](#) for Illinois over 18 years. The state's share of a second national settlement of \$20.4 billion is estimated to be announced in March or April 2023. Since [opioid settlement payments](#) began in May 2022, Illinois has received \$61.73 million in funding, with additional payments expected over the next 18 years.

The state is expected to follow the recommendations of the majority of the workgroups and the board. The board is scheduled to meet four times in 2023, with more information [available here](#). The settlement funds are intended to be spent on opioid use disorder (OUD) treatment and prevention. Information for upcoming working group meetings is below, and all meetings of both the board and working group will be public.

2023 Opioid Working Group Information	Access & Equity Working Group	Medical & Research Working Group
Dates	Feb. 14, Mar. 14, Apr. 11, May 9, June 13, July 11, Aug. 8, Sep. 12, Oct. 10, Nov. 14, Dec. 12	Feb. 21, Mar. 21, Apr. 18, May 16, June 20, July 18, Aug. 22, Sep. 19, Oct. 17, Nov. 14, Dec. 19

Times	10:30 a.m. – 12:00 p.m.	12:00 p.m. – 1:00 p.m.
Remote Access Information	Meeting Hyperlink (312) 626-6799 Meeting ID: 812 1870 7757 Passcode: 657584	Meeting Hyperlink (312) 626-6799 Meeting ID: 842 6553 6827 Passcode: 478641

Re-issued State Grant: Suicide Prevention for First Responders

On Feb. 8, the Illinois Dept. of Human Services - Division of Mental Health (DHS-DMH) issued a communication alert to re-issue the grant Program 402 [Suicide Prevention First Responders](#), because there is a need for additional providers statewide. The program aims to increase access to peer support, mental health awareness, and intervention training for first responders and their families, in addition to related goals. For purposes of program intervention, first responders may include law enforcement officers, firefighters, Emergency Medical Services (EMS) personnel, and public safety telecommunicators.

Individual awards range between \$200,000 and \$250,000. All applicants must apply under the **new** Notice of Funding Opportunity (NOFO) number, 444-22-2873-02, by 12:00 p.m. on Mar. 8. For more information, see details at DHS' [Grant Application Information & Instructions](#). Applications and questions should be emailed to DHS.DMHGrantApp@illinois.gov using the correct subject line listed in the NOFO.

State Releases New Matrix for Behavioral Health Crises

On Feb. 6, DHS-DMH released a new, draft *Illinois Risk Matrix for Multi-System Management of Behavioral Health Crises* (see p.12, [click here](#)) at a public meeting of the Community Emergency Services and Support Act (CESSA) Statewide Advisory Committee. The meeting recording is available [here](#). The new matrix proposes four behavioral health risk levels, to which distressed callers may be classified for dispatch decisions to be made by 911 centers or 988 Suicide and Crisis Lifeline centers. The highest risk level would include an immediate response from law enforcement and/or EMS responders. Alongside these responders, the second and third risk levels may also integrate community-based mental health mobile crisis team responders. The lowest risk level provides up to 60 minutes for a mental health crisis counselor and/or mobile crisis response team to respond.

As a reminder, CESSA requires emergency response operators, such as those at 911 centers, to refer calls seeking behavioral health support to a new service that can dispatch a team of mental health professionals, instead of police. This is a significant change in policy. No procedures should change until there have been changes in protocols and standards, those changes are fully approved by all governing bodies, and critical staff are fully trained. If you have feedback for IHA on the draft matrix or the broader implementation of CESSA, please contact Lia Daniels at ldaniels@team-ih.org.

Federal Waiver Requirements No Longer Required to Prescribe Buprenorphine

On Jan. 12, the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Drug Enforcement Administration (DEA) [issued guidance](#) on the removal of X-waiver requirements for healthcare professionals to prescribe medications, like buprenorphine, for the treatment of OUD. This federal requirement was rescinded by Section 1262 of the Consolidated Appropriations Act of 2023. Effective immediately, SAMHSA will no longer be accepting waiver applications, or Notices of Intent, in order to prescribe medications for OUD.

Healthcare professionals who have a current DEA registration that includes Schedule III authority may now prescribe buprenorphine for OUD, and SAMHSA is encouraging these professionals to do so. SAMHSA and DEA are currently working on implementation of a separate provision of the Act that requires new training for all prescribers, which will not be effective until June 21, 2023. For further updates and guidance, see [SAMHSA's webpage](#) on this issue.

New 988 Educational Resources

DHS-DMH is working in partnership with the University of Illinois at Chicago to spread the word across Illinois communities about the 988 Suicide and Crisis Lifeline, in recognition of the importance that everyone across the state speak with one voice to ensure there is a clear understanding about what 988 is and how it works.

Hospitals and health systems are invited to distribute communication outreach materials for staff awareness and the community at large. The materials may also be requested in bulk quantities and shipped directly to your facility for further distribution. To request bulk educational resources, please complete the [request form](#) with the desired quantities or any necessary translation into another language of each of the below, with the electronic version indicated when available:

- 988 in Illinois - fact sheet
- 988 Myth Busters flyer (electronic version [here](#))
- 988 wallet cards
- 988 posters

SAMHSA has also created a one-stop shop, the [988 Partner Toolkit](#). The toolkit provides key messages, FAQs, logo and brand guidelines, social media posts, wallet cards, magnets, and other materials about 988. The SAMHSA store also provides organizations an ability to [order supplies directly](#), by clicking on the "Printable Materials" drop-down menu.

For more information about the Illinois 988 Crisis and Suicide Lifeline, [click here](#). To learn more about Illinois' 988 planning activities and meetings, visit the [IDHS: 988 Suicide & Crisis Lifeline Planning Page](#). To ask a question about 988, please complete and submit this [request form](#).

DHS-DMH Community Grant Program Monitoring

On Jan. 25, DHS-DMH announced the creation of the new Bureau of Community Programs. Rather than organizing and monitoring programs and grants based on geographic regions, DMH will administer community programs based on broad service categories.

Any questions regarding the change should be directed to DHS-DMH Deputy Director of Community Programs, [Felix Rodriguez](#), who will lead and oversee this new DMH bureau. While DMH will still utilize the IDHS geographic regions for some administrative purposes, programs and grants will be assigned to one of the following five Bureau of Community Programs teams:

- **Crisis** – Programming and contracts including the crisis care system, suicide prevention, Living Rooms, and crisis residential. [Roberta Allen](#) is the Administrator of Crisis Community Programs.
- **Forensics** – Programming and contracts related to forensic services and justice involvement, including outpatient fitness restoration and forensic community reintegration. [Jason Stamps](#) is the Administrator of Forensic Community Programs.
- **Housing & Residential** – Programming and contracts related to housing and residential services, including mental health CILAs, supported residential, and supervised residential programs. [Ashley Bae](#) is the Administrator of Housing & Residential Community Programs.
- **Children & Youth** – Programming and contracts related to children and adolescents, including stepped care. The Administrator of Children & Youth Community Programs is not yet assigned.
- **General** – All other programming and contracts not included in one of the above categories, except for *Colbert & Williams* consent decree-specific activities. [Darius McKinney](#) is the Administrator of General Community Programs.

This change is intended to ensure that programs are offered equitably across the state and administered with the same expectations and high-quality standards no matter where in the state they are operating. The change will not impact contractual deliverables or reporting requirements.

IHA Advocacy & Comment Letters

Association Comments on Rule for SUD Treatment

On Jan. 31, IHA [commented](#) on the proposed rule amending 42 CFR Part 2 (“Part 2”), originally published in the [Federal Register](#) on Dec. 2, 2022, regarding information sharing for substance use disorder (SUD) treatment. IHA supported the Substance Abuse and Mental Health Services Administration’s proposal to align Part 2 definitions and patient consent requirements with the HIPAA Privacy Rule. The change is a long-time goal of IHA and the American Hospital Association (AHA), and would begin to streamline provider requirements related to patient

information sharing, while providing greater opportunity to better coordinate care and integrate physical and behavioral health services in a clinical setting at a crucial time.

In addition, IHA recommended further modifying the definition of a “Part 2” provider to clarify exemptions for general medical facilities and practices from information sharing restrictions. IHA’s recommendations are detailed in the letter. Finally, IHA supported [AHA’s comments](#), which aligned with IHA’s comments, while further identifying the guidance, support and time that Part 2 providers will need to update electronic health records and health information technology in time for proposed deadlines in 2024. Without these identified resources, AHA noted that it is unreasonable to hold Part 2 providers to newly proposed information protection standards beginning next year.

For questions or comments directed to IHA regarding these notices, please contact Lia Daniels, Director, Health Policy, at ldaniels@team-iha.org or 630-276-5461.