November 20, 2017

Memorandum

IHA Update: Behavioral Health Notices and Notifications

New Consumer Handout & Guide to Fair Insurance Coverage
The Kennedy Forum Illinois has developed a new [consumer handout](#) to contact the Illinois Attorney General’s Health Care Hotline when insurance coverage has been limited or denied for mental health or addiction treatment. Members are encouraged to use the handout in their facilities and with patients. IHA has also developed a [member guide](#) that helps simplify insurance parity laws for behavioral health benefits, in consultation with national Kennedy Forum experts, to simplify insurance parity laws for mental health and substance use disorder benefits.

Rate Increase Announced for Medicaid Community Mental Health Providers
On October 24, the Illinois Department of Healthcare and Family Services (HFS) released a [provider notice](#) announcing an increase in the Medicaid reimbursement rate for services rendered by certified community mental health centers identified in 59 Ill. Adm. Code 132, effective for dates of service on and after August 1, 2017. Payment increases are identified in the Community Mental Health Services Fee Schedule posted on the HFS website, as provided in [Public Act 100-0023](#). HFS will adjust fee-for-service claims previously submitted and adjudicated for payment to reflect the enhanced reimbursement rate on qualifying services, while providers are encouraged to contact managed care organizations (MCOs) for resolution of claims that were submitted and paid or pending payment prior to MCO implementation of the updated rates. Questions regarding this notice should be directed to a Medical Assistance Consultant in the Bureau of Professional and Ancillary Services at 1-877-782-5565.

Rule Finalized for Prescribing Psychologists
On October 6, [rules were finalized](#) (p.12490-12539) implementing the provisions of [Public Act 98-668](#), passed by the Illinois legislature in 2014 and amending the Clinical Psychologist Licensing Act (225 ILCS 15) to create a new license for prescribing psychologists, specify educational requirements for licensure as a prescribing psychologist and address the delegation of prescriptive authority by a physician through collaborative agreements.

The Illinois Psychological Association (IPA) estimates that three clinical psychologists are currently applying for licensure to become prescribing psychologists. In addition, IPA estimates 20 psychologists are preparing to enter their clinical rotations, while more than 150 additional psychologists are engaged in their didactic training to become prescribing psychologists.

*Licensure, Endorsement & Fees*
Prescribing psychologists must also have a current license to practice clinical psychology in Illinois. The new prescribing license mirrors current requirements around renewals and restoration for clinical psychologist licenses. Individuals licensed in another state seeking to apply by endorsement must meet the requirements of the Illinois Act, as specified in Section 1400.260 of the rule. The fee to apply as an approved clinical rotation program for prescribing psychologists is $1,000, and to apply as a continuing education sponsor is $500 (Section 1400.60).

*Education & Clinical Rotation Requirements*
Required undergraduate biomedical prerequisite coursework and an additional 60 hours of required didactic coursework in 10 specified areas are described in Section 1400.200(a)(2). For hospitals and health systems considering the development of a clinical rotation program for prescribing psychologists, full training requirements are provided in Section 1400.220. Rotations
can be held in hospitals, hospital outpatient clinics, community mental health clinics and correctional facilities. Program faculty and preceptors must hold an active physician and surgeon, advanced practice nurse, or prescribing psychologist license. In addition to one elective of the program participant’s choice, rotations must be completed in:

- Emergency medicine;
- Family medicine;
- Geriatrics;
- Internal medicine;
- Obstetrics and gynecology;
- Pediatrics;
- Psychiatry; and,
- Surgery.

A full-time program must have at least 20 clock-hours of rotations per week and all 36 credits of rotations completed within a 14-28 month period after rotations begin. To earn 36 hours of clinical rotation training credits, the participant must complete at least 1,620 clock-hours of clinical rotation training. The institution providing clinical rotation training must be accredited by a regional accrediting body recognized by the Council for Higher Education Accreditation and completed within the parameters of an American Psychological Association or equivalent approved doctoral program or pre-doctoral program, or during a post-doctoral master’s program in clinical psychopharmacology. Section 1400.230 specifies requirements for institutions if a clinical rotation program decides to seek approval from the Department of Financial and Professional Regulation. To meet licensure requirements, psychologists must pass the Psychopharmacology Examination for Psychologists.

Collaborative Agreement Requirements
A written collaborative agreement with a physician is required for all prescribing psychologists practicing in Illinois, with additional requirements for both providers specified in Section 1400.240. Prescriptions signed by a prescribing psychologist must indicate the name of the collaborating physician, which mirrors the requirement for prescriptions signed by an advance practice nurse in the rules for administration of the Nurse Practice Act. A sample written collaborative agreement is provided in Section 1400.Exhibit A.

Prescriptive Authority & Limitations
The prescribing psychologist can prescribe medication if they hold a current license to practice psychology in Illinois, complete annual education requirements and maintain a written collaborative agreement. Prescribing psychologists can prescribe medications for the treatment of mental health disease or illness that the collaborating physician generally provides to their patients in the normal course of practice, with delegation of prescriptive authority extending to authorization to order lab testing, imagery and medical tests necessary before, during or after a period of prescribed medication (Section 1400.240). Prescribing psychologists are not permitted to prescribe narcotics as defined by Section 102 of the Illinois Controlled Substances Act (720 ILCS 570), benzodiazepines, Schedule II medications, or any controlled substances delivered by injection. As specified in Section 1400.250, prescribing psychologists in Illinois are not permitted to treat patients who:

- Are under than 17 or over 65 years of age (transferring care to a physician must begin at least 3 months prior to a patient’s 66th birthday);
- Have disclosed they are pregnant or who the prescribing psychologist discovers are pregnant;
- Have disclosed serious medical conditions such as heart disease, cancer, stroke or acute seizures (serious medical conditions shall be determined by the treating or collaborating physician); and
- Have developmental or intellectual disabilities.

FAQ Released on Behavioral Health Parity Rule for Medicaid and CHIP
On October 16, the Centers for Medicare & Medicaid Services (CMS) released a new set of frequently asked questions (FAQs) on the March 2016 mental health and substance use disorder parity final rule for Medicaid and the Children’s Health Insurance
As a reminder, under the rule CMS applied certain mental health and substance use disorder parity provisions of the Mental Health Parity and Addiction Equity Act to the coverage provided to enrollees of Medicaid managed care organizations, Medicaid alternative benefit plans, and CHIP to ensure that financial requirements and treatment limitations on mental health and substance use disorder benefits generally are no more restrictive than the requirements and limitations that apply to medical and surgical benefits in these programs. The purpose of the FAQ document is to capture the most common questions and concerns that have been identified by states and stakeholders since the rule’s release, and is primarily focused on clarifying rule requirements and state oversight of plans. The FAQ addresses:

- Benefits subject to parity under the rule;
- How the rule applies to long-term supports and services and how to define such services for parity purposes;
- When and how the ‘non-quantitative treatment limits’ analysis needs to be applied to plans by states, referring to limitations around the scope or duration of benefits for treatment that are not numerically expressed (e.g., prescription drug formulary design, step therapy protocols, or medical management standards);
- How parity applies to prior authorization processes and limits; and
- The impact of state licensure laws on the non-quantitative treatment limits analysis.

Suicide Prevention Resource Center ED Resources

The Suicide Prevention Resource Center (SPRC) recently released **How Emergency Departments Can Help Prevent Suicide among At-Risk Patients: Five Brief Interventions**, a nine-minute, virtual presentation describing the unique role that emergency department (ED) professionals can play in preventing suicide by providing five brief interventions prior to discharge. It outlines the interventions and provides tools to support their implementation. To learn more about preventing suicide in ED patients, access the full and quick versions of SPRC’s **consensus guide** and take their **online course**.

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