February 2018 Update
February 8, 2018
MEMORANDUM
IHA Update: Behavioral Health Notices & Notifications

Below are several new updates from the Illinois Health and Hospital Association (IHA) concerning hospital and health system behavioral healthcare.

Hospital ‘Do Not Admit Lists’ Prohibited

Public Act 100-306 (House Bill 2762) became effective January 1, 2018, amending the Hospital Licensing Act and University of Illinois Hospital Act to prohibit hospitals from maintaining a list of individuals who may not be admitted for treatment at the hospital. The law does not prohibit a hospital or a member of the hospital's medical staff from recommending an alternate provider, coordinating an appropriate transfer, or arranging access to care services that best meets the needs of an individual patient.

HFS Notices on Medicaid Behavioral Health Reimbursement & Requirements

Notices released by the Illinois Department of Healthcare and Family Services (HFS) since the last IHA Behavioral Health Constituency Section memo in November 2017:

Enhanced Payment Extended for Services Provided Within CMHCs

On December 6, HFS released a public notice extending a targeted rate increase until June 30, 2018 for specific psychiatric and behavioral health services rendered by a physician, advanced practice nurse or a licensed community mental health center (CMHC). HFS implemented this rate increase in 2016 to replace the Illinois Department of Human Services’ Psychiatric Leadership Grants program. The services targeted in the rate increase include but are not limited to mental health assessment, psychological evaluations, medication management, psychotherapy and counseling. The extension is estimated to increase expenditures by approximately $13,750,000 based on current utilization patterns. $12,825,000 applies to the mental health rehabilitative services benefit category and $675,000 applies to the physician benefit category.
HFS Relaxes Telehealth Originating Site Requirements

On January 10, HFS released a provider notice clarifying that it will no longer require a physician or other licensed health care professional to be physically present in the same room at all times while the patient is receiving telehealth services at an originating site under Medicaid, with new requirements specified below based on the type of telehealth appointment. Effective with dates of service on and after January 1, 2018, the following guidance has been provided:

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<tr>
<td>Telemedicine</td>
<td>A physician or other licensed health care professional must be present at all times with the patient at the originating site.</td>
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<tr>
<td>Telepsychiatry</td>
<td>A physician, licensed health care professional or other licensed clinician, mental health professional (MHP), or qualified mental health professional (QMHP), as defined in 59 Ill. Adm. Code 132.25, must be present at all times with the patient at the originating site.</td>
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This guidance loosens regulatory restrictions beyond Public Act 100-0385 (House Bill 2907), effective January 1, 2018, which only prohibited HFS from requiring that a physician or other licensed health care professional be physically present in the same room as the patient for the entire time during which the patient is receiving telepsychiatry services. This new law did not extend to telemedicine. HFS will also continue to require use of the GT modifier (via interactive audio and video telecommunications systems) on professional
claims for telehealth services after January 1, 2018, although the Centers for Medicare and Medicaid Services (CMS) has eliminated the requirement.

**Inpatient Payment for Children’s Mental Health Services**

The Department of Human Services (DHS) has clarified eligibility requirements and hospital reporting regarding a March 6, 2006 provider notice that was re-released in December 2017. In communication to IHA, DHS clarified that hospital providers should no longer apply directly to DHS for department-funded services for children and adolescents enrolled in Screening, Assessment and Support Services (SASS) who are (1) not enrolled in one of the HFS medical assistance programs and (2) do not have private insurance at the time they are enrolled in the SASS program.

Most SASS-eligible patients are presumptively eligible for temporary Medicaid coverage for inpatient payment while the application is under review, with the exception of children who are undocumented. As a reminder, the patient has to apply for temporary Medicaid coverage while the full Medicaid application is under review. In past cases where the hospital found it impossible to assist a family in filing a Medicaid application, the hospital had requested an exception from DHS, which would pay the entire inpatient stay.

Moving forward, DHS will continue to reimburse these situations when children and adolescents are determined ineligible for Medicaid and meet DHS eligibility requirements, but will be paid automatically. Approximately 31 hospitals across Illinois are eligible for this reimbursement, and can contact Lisa Betz, Deputy Director Child and Adolescent Services at DHS-Division of Mental Health, at Lisa.J.Betz@illinois.gov, with questions or comments.

**New IHA Consumer Resource on Fair Behavioral Health Insurance Coverage**

The Illinois Health and Hospital Association, Illinois Psychiatric Society and American Psychiatric Association have collaborated to release a new poster providing consumers, providers and healthcare facilities guidance on fair insurance coverage under federal mental health and addiction coverage parity laws. Hospitals and health systems are encouraged to share or post the guidance so consumers and their providers know their rights under insurance laws and how to contact the Illinois Department of Insurance if there are questions, concerns or complaints.

**DHS Grants Available for Fiscal Year 2019**

Effective February 2, all DHS-Division of Mental Health Notice of Funding Opportunities (NOFO) for State Fiscal Year 2019 are now posted on the Division website. There are 15 open competitive programs. Applicants must follow all instructions to complete both an
application and budget per instructions listed in the NOFO, whether applying to renew a
current contract or receive a new award for the upcoming fiscal year. For the following four
programs, applicants may apply between 1/26/2018 through 3/12/2018. Deadline is 5:00
pm.

1. 1482 Housing MI Supportive (220);
2. 0803 Housing Money Follows Person (510-HMFP);
3. 1484 Regions - The Living Room (510-RTLR), and;

For the following 11 programs, applicants may apply between February 2 through March 19,
2018. Deadline is 5:00 pm.

5. 1187 Medicaid Spend Down (700)
6. 0627 Outreach (710)
7. 0640 Quality Administrator (730)
8. 0643 Integrated Health Care (760)
9. 0628 Transition Coordination Non Billable (780)
10. 1253 Cluster Permanent Supportive Housing (PSH) (785)
11. 0629 Clinical Review (790)
12. 193 Mortality Review (794)
13. 0630 Resident Review (795)
14. 1195 Neuropsych Assessments (796)
15. 1196 OT Assessments (797)

New State Opioid Hotline for Consumers and Providers
On December 5, Governor Rauner announced a new toll-free, statewide helpline
(1-833-2FINDHELP) to provide a confidential outlet for individuals experiencing opioid use
disorders, their families and anyone affected by the disease 24 hours a day, seven days a
week. The state has recommended including the helpline in discharge instruction templates
and social worker handbooks for hospitals.

In The Joint Commission standards related to pain assessment and management effective
January 1, 2018, accredited hospitals are expected to identify “opioid treatment programs
that can be used for patient referrals” and develop “a pain treatment plan based on
evidence-based practices and the patient’s clinical condition, past medical history, and pain
management goals”. Dr. David Baker, Senior Vice President of Quality at The Joint

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Commission, spoke to the IHA Medical Executive Forum on November 30, 2017, noting that hospitals could meet this standard by providing the Substance Abuse and Mental Health Services Administration (SAMHSA) Opioid Treatment Program Directory webpage or the state of Illinois’ new opioid helpline. The toll-free number may be easier to access for individuals without reliable internet access.

DHS Released Guidance on Certified Recovery Support Specialists

In December, DHS released a communication alert that defined the differences between a Certified Recovery Support Specialist (CRSS) and the recently developed Certified Peer Recover Specialist (CPRS) in Illinois. Hospitals and health systems sometimes work with CRSS credentialed individuals through Rule 132 Medicaid Services and in partnership with community-based agencies. The CPRS is not yet included in the Medicaid State Plan for reimbursement, so DHS has clarified that hospitals and providers should encourage staff seeking credentialing to prioritize the CRSS.

SAMHSA on Substance Use Disorder Privacy

On January 3, SAMHSA finalized a rule to make it easier for healthcare providers to disclose substance use disorder records. The changes clarify and modernize the Confidentiality of Substance Use Disorder Patient Records regulation, 42 CFR Part 2, last substantially updated in 1987. This rule is the second finalized in the past two years that will impact substance use disorder records, following several public meetings and public comment periods. Part 2 protects the confidentiality of records relating to the identity, diagnosis, prognosis, or treatment of any patient that are maintained in connection with the performance of any federally assisted program or activity relating to substance use disorder education, prevention, training, treatment, rehabilitation, or research. For more information, see SAMHSA's press release. Major provisions that have been finalized in the rule permit:

- Additional data disclosures of patient identifying information, with patient consent, to facilitate payment and healthcare operations such as claims management, quality assessment and patient safety activities;
- Additional data disclosures of patient identifying information to certain contractors, subcontractors and legal representatives for the purpose of conducting a Medicare, Medicaid or Children’s Health Insurance Program audit or evaluation; and
- Use of an abbreviated notice of prohibition on re-disclosure more easily accommodated in the text fields of electronic health records.