

May 23, 2022

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

SUBJECT: Behavioral Health Updates and Resources

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

- New Medicaid coverage for substance misuse screening and intervention in hospital and community settings and several updates on community behavioral health services;
- Advocacy letters recently sent on behavioral health insurance parity and on policies for behavioral health patient diversion from hospital settings; and
- Resources from federal/state agencies and affiliates, including a new children's mental health plan for Illinois, updated national drug control strategy, free maternal mental health hotline, and patient brochure on alcohol and pregnancy.

Medicaid Updates

Screening, Brief Intervention, and Referral to Treatment (SBIRT) Service Coverage

On May 13, the Dept. of Healthcare and Family Services (HFS) released a [Provider Notice](#) **announcing coverage for SBIRT services for Medicaid fee-for-service (FFS) and managed care beneficiaries for dates of service on or after Jan. 1, 2022.** The early intervention and treatment services will be covered for beneficiaries aged 6 through 64 who are at risk of developing substance use disorders or have substance use disorders. The new coverage is required by [Public Act 102-0598](#), supported by IHA, and may be provided in hospital emergency departments (ED) and by qualified community-based providers, listed in the notice. For opioid-specific SBIRT services in an ED, hospitals must provide and document:

- All necessary consents and releases of information;
- SBIRT service requirements (listed in the notice under the second sub-heading);
- A referral for specialized SUD services to a DHS-SUPR licensed community-based provider of SUD treatment services;
- The initiation of Medication-Assisted Treatment (MAT) in the ED;
- A referral for the ongoing provision of MAT services to a qualified provider; and
- Notification to the customer's primary care physician (PCP) of the initiation of MAT services.

Questions may be directed to the Bureau of Professional and Ancillary Services at 877-782-5565 for FFS claims, or to the applicable HCI MCO plan.

Updates to Community Behavioral Health Services (CBS) Provider Handbook and Fee Schedule
Effective May 1, HFS provided updates to the [CBS Provider Handbook](#) in order to add information about Peer Support Workers, add clarity on record requirements, and update the medical necessity of Integrated Assessment and Treatment Planning: Psychological Assessment activities. Detailed updates are provided on page 2 of the Handbook. On May 5, the associated [Community-Based Behavioral Health Services Fee Schedule](#) was updated.

New Resource for Adaptive Behavior Support (ABS) Services

On April 27, a [Provider Notice](#) made a template available for a **Written Collaborative Agreement (WCA) that ABS Clinicians and Technicians may use to establish necessary clinical relationships for the provision of these Medicaid services.** In Oct. 2020, Medicaid established coverage for ABS services for children with a diagnosis of autism spectrum disorder when ordered by a physician. This coverage requires an executed WCA to be enrolled as a qualified provider of ABS services.

Coverage of Violence Prevention Community Support Team (VP-CST) Services

On April 15, a [Provider Notice](#) announced **Medicaid FFS and Medicaid managed care coverage of VP-CST, a team-based model of mental healthcare addressing trauma recovery from chronic exposure to firearm violence for Medicaideligible children and adults**, consistent with the requirements of the [Reimagine Public Safety Act \(430 ILCS 69\)](#). VP-CST is a specialized model of the existing CST service that delivers culturally responsive, trauma-focused mental health services and supports. VP-CST services will be covered effective for dates of service on or after May 1, 2022.

Policy & Advocacy Updates

Illinois Advocates Urge Behavioral Health Insurance Parity Protections

On March 24, the landmark *Wit v. United Behavioral Healthcare* (UBH) ruling was overturned by a three-judge panel, marking a setback for behavioral health insurance parity case law. The appeals court ruled that UBH does not have to cover certain mental health and substance use treatment services for tens of thousands of policyholders, permitting the insurer greater leeway to define "medically necessary" treatment and restrict access to care. For context, the district court's original decision ordered UBH to reprocess over 60,000 claims. To read more about this decision, [click here](#).

As a result, advocates have mobilized to encourage the Ninth Circuit to review and reverse their decision, as what happens here will ultimately influence other insurers and set a precedent for how mental health and addiction treatment is covered nationwide. On April 1, **IHA and Illinois advocates [sent a letter](#) to Illinois Attorney General Kwame Raoul encouraging him to file an amicus brief, or friend-of-the-court brief, supporting a full court review of the panel's decision in *Wit*, as a critical behavioral health insurance parity case.** On April 16, AG Raoul joined counterparts from Connecticut and Rhode Island in filing an [amicus brief](#) arguing in

support of a petition for a full court review of the panel's recent ruling and on May 13, the American Hospital Association and other national provider associations followed suit with a similar [amicus brief](#). IHA will continue to update members on this case.

IHA Letter Encourages Appropriate Hospital Diversion and Links to Community Services

On May 9, IHA sent a [comment letter to the Illinois Dept. of Public Health \(IDPH\)](#) regarding the [Emergency Rule](#) (ER) amending 77 Ill. Adm. Code 515.315 and 330, which formalized new flexibilities for Emergency Medical Services (EMS) system transport, including transport to alternative healthcare facilities other than a hospital. IDPH requested comments in preparation for a proposed and emergency rule expected to be filed at the end of May. In the letter, IHA **encouraged clarification on the use of appropriate alternative healthcare facilities, in appropriate circumstances, that EMS may transport to in order to link patients to available community services and divert away from hospitalization.** Language in the ER permits EMS policies in which patients may be transported to “**any** licensed mental health facility,” which may inadvertently and substantially increase patient throughput directly to hospitals with inpatient beds for acute mental illness. IHA also requested clarification to include providers certified by the Illinois Dept. of Human Services, who are technically not licensed and thus excluded for purposes of hospital diversion.

Behavioral Health Resources

2022-2027 Illinois Children's Mental Health Plan

On May 6, the [Illinois Children's Mental Health Partnership](#) announced **the release of a statewide, five-year Children's Mental Health Plan to address the needs of all children and families across the state.** The plan provides recommendations and action steps to the state to improve mental health and wellness across a full spectrum of needs, including social and structural determinants of health, prevention, early identification, and treatment. IHA participated in the Promotion and Prevention Workgroup of the plan and provided on-going feedback.

2022 National Drug Control Strategy

On April 28, **the White House released its [2022 National Drug Control Strategy](#),** emphasizing harm reduction strategies and access to buprenorphine for untreated substance use disorder. The report also highlighted expansion of the Certified Community Behavioral Health Clinic model and substance use disorder services in Federally Qualified Health Centers as avenues to build the treatment workforce and needed infrastructure. See the [fact sheet](#) for more information.

Free, National Maternal Mental Health Hotline

The Health Resources and Services Administration has launched a **free, national Maternal Mental Health Hotline**, providing pregnant women and new moms a safe, confidential space to get help with maternal depression and other mental health needs. Individuals can **call or text 1-**

833-9-HELP4MOMS to receive a range of support, including brief interventions from trained counselors who are culturally and trauma-informed, as well as referrals to both community-based and telehealth providers as needed. Callers also will receive evidence-based information and referrals to support groups and other community resources. For more information, [click here](#).

Updated Patient Brochure on Alcohol and Pregnancy

Developed by the National Institute on Alcohol Abuse and Alcoholism (NIAAA), **the *Alcohol and Your Pregnancy* patient brochure** provides answers to frequently asked questions about alcohol and drinking during pregnancy and describes conditions associated with prenatal alcohol exposure. This brochure was updated in 2021 to include new resources for expectant mothers. Free copies in [English](#) and [Spanish](#) are available through the NIAAA website.