Illinois Certified Community Behavioral Health Clinics Act

HB 4970

Chief House Sponsor: Representative Deb Conroy

Developed as a demonstration project by federal Centers for Medicare and Medicaid Services (CMS), Certified Community Behavioral Health Clinics (CCBHCs) have been proven to provide excellent and improved outcomes and reduce overall costs for patients suffering from mental health, substance use disorders, and physical health conditions. These entities, a new provider type in Medicaid, are designed to provide a comprehensive range of mental health and substance use disorder services to vulnerable individuals. In return, CCBHCs receive an enhanced Medicaid reimbursement rate based on their anticipated costs of expanding services to meet the needs of these complex populations. HB 4970 would build upon the groundwork developed on the federal level and create a tailored, integrated healthcare approach for Illinois residents. The Act would:

- Expand access to community-based mental health and substance use disorder treatment;
- Increase capacity of mental health and substance use disorder treatment systems to meet unmet need for care;
- Advance the integration of behavioral health with physical healthcare;
- Promote and utilize evidence-based practices;
- Reduce costly and time-consuming 'silos' of healthcare, and;
- Include prospective payment system (PPS) methodology to reward excellence

CCBHCs must directly provide (or contract with partner organizations to provide) nine types of services, with an emphasis on the provision of 24-hour crisis care, evidence-based practices, care coordination with local primary care and hospital partners, and integration with physical health care. Members of the armed forces and veterans would be specifically included as recipients of these treatment services.

The CCBHC model has been proven to succeed on the national level. Leveraging guidance and standards utilized and improved upon by CMS, HB 4970 would implement an Illinois pilot program under a federal Medicaid waiver that would seek and obtain federal funding from a variety of resources, including Delivery System Reform Incentive Payment (DSRIP) and other programs. The pilot program would follow standards and timelines established by the General Assembly to ensure consistency among efforts and eliminate confusion and wasted resources.

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