

Illinois Coalition for Better Mental Healthcare

SUPPORT SB1673; HB2486

Mental Health Modernization & Access Improvement Act

(Sen. Steans; Rep. Conroy)

Barriers to Access to Mental Healthcare

- Antiquated fee-for-service regulatory structure that stymies innovation and healthcare integration
- Low mental health reimbursement rates prevent growth of treatment services

Results of Limited Access to Treatment

- 2.5 million Illinois children and adults have a mental health condition, but barely 1/3 get treatment
- Hospitalizations, debilitating symptoms and disability are common without treatment
- Jails have become de facto mental health “facilities” due to lack of access to treatment
- Children remain in psychiatric hospitals beyond medical necessity for lack of follow-up treatment
- Illinois’ mental health workforce shortage is exacerbated:
 - Nearly 4.9 million Illinoisans reside in mental health workforce shortage areas
 - Low reimbursement lead to long treatment delays

Solution: SB1673/HB2486

Mental Health Modernization & Access Improvement Act

An innovative plan that will increase access to treatment and address structural rate shortfalls

Growing Access and Incentivizing Outcomes:

- 1. Converts Medicaid rate add-on payments into Medicaid rate** for specific mental health services.
- 2. Phases in upward adjustments to all other Medicaid community mental health rates,** Individual Care Grant/Family Support Program rates, and rates for psychiatric advance practice nurses that practice within Community Mental Health Centers or Behavioral Health Clinics by 7% per year for 3 years, then indexed to inflation (not to exceed 2% per year).
- 3. Restructures Medicaid psychiatry rates** to equal psychiatry rates paid to Federally Qualified Health Centers. Phased-in over a four years; indexed to inflation thereafter (not to exceed 2%/year).
- 4. Enables Value Based Care.** HFS must develop an opt-in regulatory framework for value-based payments for community mental health services that works with managed/unmanaged Medicaid.
 - ✓ Enables innovation through service and workforce flexibility; requires reporting on quality/outcomes metrics that align with managed care; overseen by HFS; leaves existing rules in place for those opting out.
 - ✓ Incentive payment of 6% paid to providers meeting quality and outcomes benchmarks.
 - ✓ Consistent with the national effort to move away from fee-for-service to outcomes-based care.

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Organizations in Support of SB1673/HB2486

Bridgeway, Inc.
Chestnut Health Systems
Community Behavioral Health Association (CBHA)
IARF (Illinois Association of Rehabilitation Facilities)
Illinois Collaboration on Youth (ICOY)
Illinois Psychiatric Society
ONE Northside
Rosecrance
Sinnissippi Centers
TASC
Thresholds