DATE: March 30, 2018
TO: Christopher Gange
    Acting General Counsel
    Illinois Department of Healthcare and Family Services
    201 South Grand Avenue East, 3rd Floor
    Springfield, IL 62763-0002
FROM: EverThrive Illinois
RE: Comments on Proposed Amendments to Title 89: Social Services Chapter I: Department of Healthcare and Family Services Subchapter d: Medical Programs Part 140 Medical Payment

On behalf of EverThrive Illinois, we thank you for the opportunity to comment on the proposed amendments to Title 89: Social Services Chapter I: Department of Healthcare and Family Services Subchapter d: Medical Programs Part 140 Medical Payment. EverThrive Illinois is a non-profit organization that has worked relentlessly over the past 30 years to improve the health of Illinois mothers, children, and families over the lifespan. Two ways we work to achieve our mission are by:

- Leading the Illinois School-Based Health Alliance, which brings together a broad-based coalition of organizations and individuals to advocate for and support school health centers (SHCs) as school and community assets,
- Leading statewide initiatives that focus on improving maternal and infant health outcomes, with an emphasis on reducing racial and ethnic disparities in maternal and infant mortality and morbidity, across Illinois.

We applaud the Illinois Department of Healthcare and Family Services for its efforts to expand access to mental health services for Illinois mothers, children, and families through the proposed amendments to Rule 140. Below please find specific comments that we believe will help strengthen the impact of the proposed amendments to Rule 140.

**Section 140.452 Community-based Mental Health Providers Qualified for Payment**

a) Payment may be made for community-based mental health services provided by providers enrolled in the Illinois Medical Assistance Program as:

The proposed amendments change the statement from “payment will be made” to “payment may be made”. This change is concerning as it may allow the Illinois Department of Healthcare and Family Services to deny eligible providers payment for eligible services.

We recommend that this change not be made and the rule continues to read “Payment will be made”.

**Section 140.499 Behavioral Health Clinic**

d) Not be enrolled for participation in the Medical Assistance Program as a clinic pursuant to Section 140.460(a) or as a Community Mental Health Center pursuant 59 Ill. Adm. Code 132.
We would like clarification as to whether or not this statement means that the type of clinics outlined in Section 140.460(a) will not be able to also seek designation as a Behavioral Health Clinic altogether or if it means that when these clinic types enroll as a Behavioral Health Clinic, they must choose whether or not to bill for behavioral health services as a Behavioral Health Clinic or their other clinic type, but cannot do both.

We are not in support of the first interpretation, as it seems to unnecessarily restrict services. We support the second interpretation, as this would allow the various clinic types the flexibility to expand service provision, while still ensuring that the appropriate safeguards are in place.

We recommend that the clinic types outlined in Section 140.460(a) be allowed to seek designation as a Behavioral Health Clinic and choose whether or not to bill through their existing billing mechanism or the Behavioral Health Clinic fee schedule, as determined by the needs of their client population and scope of services.

Section 140.TABLE O Criteria for Participation as a Behavioral Health Clinic

We applaud the Illinois Department of Healthcare and Family Services for creating the proposed Behavioral Health Clinic designation. We believe that this new designation option will expand the pool of qualified providers able to render services to the many individuals who currently lack access to behavioral health services. We are particularly excited to see that the criteria for participation seem to be inclusive of school-based health centers. School-based health centers are primary care offices located in or linked to a school and are an evidence-based model of care that has been shown to improve both health and academic outcomes for low-income children and adolescents. 1 The 65 SBHCs in Illinois provide access to primary care, behavioral health, dental, nutrition, and preventive services to an estimated 50,000 children and adolescents annually across the State. Many SBHCs in Illinois employ full- or part-time licensed professionals to provide integrated behavioral health services where students spend the majority of their time: schools. School-based health centers function as neutral school partners, offering safe spaces for students, staff, and parents and invite everyone into non-judgmental dialogue. In order to leverage SBHCs effectively for the State’s mental health safety net, they need better supports to ensure that they are able to sustain the staffing levels they need to meet their demand for services.

SBHCs are typically sponsored by a medical partner, such as an FQHC, RHC, hospital system, or county health department and in one instance, a school district. Those SBHCs not sponsored by an FQHC or RHC are designated by the State as Type 56 SBHCs. This distinction is important because the two models experience different challenges as it relates to billing for behavioral health services. The FQHC/RHC SBHCs have an established mechanism to bill for behavioral health services through their FQHC/RHC status. However, given the unique setting in which they provide services and the many services they provide that are not currently billable, we are hopeful that they will be able to choose whether or not it is in their patient population’s best interest to be designated as a behavioral health clinic to provide and be reimbursed for a broader array of services.

Unfortunately, Type 56 SBHCs have never been able to bill for behavioral health services, despite being staffed by the same qualified professionals as their FQHC/RHC counterparts. Their Type 56 fee schedule was only recently updated with a very limited list of behavioral health service codes and those codes have yet to be priced, meaning that Type 56 SBHCs still cannot bill for any behavioral health services. Based on the criteria set forth in Table O of this proposed rule, we are optimistic that Type 56 SBHCs will now be able to seek designation as a Behavioral Health Clinic and be reimbursed for the much needed services they provide to thousands of young people throughout the State. Adequate reimbursement will enable them to expand their services and reach more students.

We recommend ensuring that the final requirements outlined for Behavioral Health Clinics set forth in the rule remain inclusive of SBHCs, both FQHC and RHC sponsored SBHCs and Type 56 SBHCs. Moreover,
we would like to make specific recommendations related to SBHCs with regard to the following criteria included in Section 140, Table O Criteria for Participation as a Behavioral Health Clinic:

c) Personnel Standards. A BHC shall: 2) Employ a full-time Clinical Director who meets the requirements of a Licensed Practitioner of the Healing Arts (LPHA) to oversee and direct the clinical functions of the BHC

SBHCs are typically staffed with Licensed Clinical Professional Counselors or Licensed Clinical Social Workers. In some cases, these positions are on-site at the SBHC full-time while in others, they are part-time. However, these providers typically have a reporting relationship with a Clinical Director from their larger sponsoring agency. We recommend that a SBHC that employs a part-time LCPC or LCSW but has access to a full-time LPHA who functions as a Clinical Director but is based out of one of the sponsoring agencies’ other sites be considered sufficient to satisfy this requirement.

d) Organizational Requirements. A BHC shall: 2) Not subcontract for the delivery of services detailed in Section 140.453

SBHCs may not be in a position to provide all of the services detailed in Section 140.453 directly; however, they may be interested in enhancing their service provision by sub-contracting for specialty services, such as psychiatry services. We recommend that this criterion not preclude them from subcontracting for more specialized services like psychiatry.

e) Service Delivery Requirements. A BHC shall: 2) Seek to enhance individual engagement through the: A) Availability of services during non-traditional working hours (e.g. weekends and evening periods); and B) Delivery of services in the home or other community-based settings.

In accordance with Title 77: Social Services Chapter IV: Department of Human Services Subchapter j: School-Based/Linked Health Centers, SBHCs provide access to care during non-traditional working hours through 24 hour telephone answering services that connect patients to the appropriate care, when the SBHC is closed. We recommend that this practice be considered sufficient to meet this criterion.

Since SBHCs are located in a community-based setting, schools, we recommend that their inherent location be considered sufficient to satisfy the community-based settings criterion.

We are confident that these proposed changes to the rule, outlined above, will strengthen the ability of school based health centers to provide high quality mental health services to students.

Please see our remaining comments below, regarding how the rule can strengthen mental health services and improve outcomes for moms and babies.

Section 140.453: Community-based Mental Health Service Definitions and Professional Qualifications

c) Service Reimbursements. The services detailed in subsections (d) and (e) may be eligible for reimbursement pursuant to the Department’s published fee schedule when the services are:

4) Provided for the direct benefit of the individual, which may include support provided to immediate family members or other persons of immediate significance to the eligible individual.

We understand this statement to allow for the reimbursement of mental health services for family members and other caretakers of the eligible individual. This is of paramount importance for the screening, assessment, and treatment of perinatal depression, as untreated perinatal depression is damaging to the development and safety of young children. The Illinois Department of Healthcare and Family Services allows for postpartum depression screenings for women to occur during a well-child or episodic visit for an infant under age one to be billed as a "risk assessment" under the infant's Recipient Identification Number
Thus, we understand the above statement to allow for the billing of all screenings, assessments, and treatment of perinatal depression to be billed under the eligible individual's (child) RIN.

We recommend clarifying this language to, "Provided for the direct benefit of the individual, which may include mental health screening, assessment, treatment, and support provided to immediate family members or other persons of immediate significant to the eligible individual."

**Section 140.454: Types of Mental Health Services**

e) Developmental testing for an infant and risk assessment screening for perinatal depression, for either the mother (prenatal or post-partum) or the infant, up to one year after delivery.

We support both developmental testing for infants and risk assessment screenings for perinatal depression for mothers. However, we recommend changing and expanding the language around this specific type of mental health service for which payment may be made to better align with current research.

While we applaud allowing for the reimbursement of risk assessment screenings for mothers, it's essential that treatment of perinatal depression is also reimbursed. Untreated perinatal depression can hamper development in young children and oftentimes leads to negative long-term economic, health, and educational outcomes.  

Research also indicates that fathers too suffer from postpartum depression and that, similar to mothers, paternal depression can impact the social, cognitive, and emotional development of children. Thus, we recommend expanding postpartum screening, assessment, and treatment to fathers.

Lastly, a Harvard Review of Psychiatry study indicates that postpartum depression can become chronic in a large subgroup of women, expanding well beyond one year postpartum. Thus, we recommend expanding screening, assessment, and treatment for perinatal depression for an additional year, until the child is two years of age.

**Section 140.454: Types of Mental Health Services**

f) Developmental testing for an infant and risk assessment screening for perinatal depression, for either the mother (prenatal or post-partum), father, or the infant, up to two years after delivery.

We recommend changing the language to, "Developmental testing for an infant and risk assessment screening, assessment, and treatment for perinatal depression, for either the mother (prenatal or post-partum), father, or the infant, up to two years after delivery."

In closing, EverThrive IL appreciates the opportunity to comment on this positive expansion of access to care and quality services. Please feel free to reach out to us with any questions.

Sincerely,

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1. https://open.library.emory.edu/publications/emory:s72vx/pdf/  
5. https://escholarship.umassmed.edu/cgi/viewcontent.cgi?referer=https://www.google.com/httpsredir=1&article=1000&context=parentandfamily  