

Behavioral Health Clinics (BHCs)

**New Options for Providers of
Community-Based Behavioral Services**

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June 2018

Behavioral Health Clinics Webinar

Housekeeping Items:

- Phone lines are in listen only mode
- Questions can be submitted through the “chat” function on the right hand side of the screen.
- Answers to questions will be posted on HFS’ website as a Behavioral Health Clinic FAQ document

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June 2018

Webinar Topics

- Purpose of Behavioral Health Clinics
- Administrative Requirements
- Administrative Review Process
- Enrollment Process
- Program Approval
- Questions and Answers



Purpose of BHCs



Expanding Provider Base

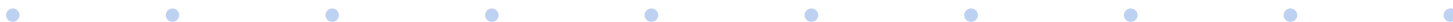
- Proposed in 89 IL Admin Code 140 at:
 - Illinois Register (February 16, 2018)
Volume 42, Issue 7, Pages 3040 of the 2018
- A new provider of Medicaid Rehabilitation Option (MRO) Mental Health Services and Targeted Case Management (TCM)*

*** BHCs may provide all of the community-based MRO/TCM mental health services, with the exception of Assertive Community Treatment and Psychosocial Rehabilitation.**

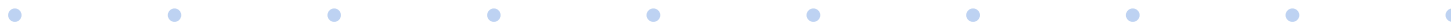


Expanding Provider Base

- Expected to:
 - Fill the gaps in the service delivery system
 - Provide population-specific / disease-specific programming
 - Increase access to high-quality mental health services
 - Provide services to children and adults under the Illinois Medical Assistance Program (FFS & MCO)
 - Provide services at times/locations convenient to the population served – atypical hours and in the field



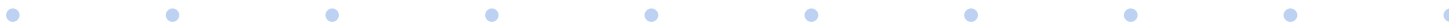
Administrative Requirements



Proposed Rule 140

- Streamlined administrative requirements:
 - Reduce administrative burdens
 - Reduce provider costs
 - Place the provider's focus on quality service delivery and innovation
- Enrollment* is based upon:
 - Organizational policies and procedures
 - Availability of properly qualified and trained staff
 - No longer defined by service documentation review

*previously known as “certification”



140.499 / Table O Requirements

- Administrative Requirements include:
 - Operational policies/procedures
 - Cultural competency policies
 - Psychiatric Resource access
 - Coordination of Services
 - “Coordinate service delivery with the individual's primary care provider, care coordination entity, and/or managed care entity”*



140.499 / Table O Requirements

- Administrative Requirements include:
 - Safe and inviting space
 - Emergency disaster plans
 - Fire Marshal inspection clearance letter
 - Full-time LPHA Clinical Director
 - Enhance individual engagement through the:
 - *“Availability of services during non-traditional working hours (e.g., weekends and evening periods); and*
 - *Delivery of services in the home or other community-based settings.”*



140.499 / Table O Requirements

- Administrative Requirements include:
 - Personnel records include background checks
 - Evidence of liability insurance
 - Referral to substance use services for clients needing SUD services.



Administrative Review Process



BHC Administrative Review

- BHCs that were previously certified as CMHCs will be granted a one-time grace period and may be immediately converted into BHCs
- BHCs will be subject to standardized HFS OIG review related to Fraud, Waste and Abuse
- BHCs that contract with an HFS-contracted MCO may be subject to review under the terms of their agreement with the MCO
- HFS anticipates annual, onsite reviews to ensure compliance with 140.499 and Table O



Program Approval



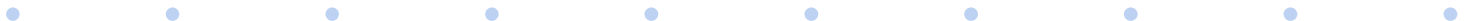
Program Approval

- BHCs can provide all Medicaid Rehabilitation Option mental health services and Targeted Case Management, with the exception of ACT and PSR
- BHCs seeking to provide Community Support Team or Intensive Outpatient will be required to obtain Program Approval
- Program Approval will be completed by HFS or its designee
- The Program Approval process is outlined in 140.Table N



Program Approval

- During the enrollment process, the BHC must indicate its intent to provide CST or IOP
- Provider must submit initial documentation that attests to the following:
 - Individuals will receive all required interventions
 - Services will be provided in settings and at times required
 - Required staffing ratios will be maintained
 - Required qualifications and training of staff will be maintained
 - Required target populations will be served
 - Required Utilization Management will be conducted

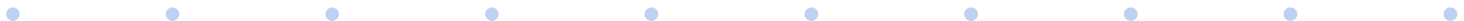


Program Approval

- HFS will review the initial documentation provided
- Provider will be notified once review is completed
- HFS will conduct 90 day on-site review, if required
- Provider will submit additional documentation to attest to compliance with all Rule 140 requirements
- Provider will cooperate with any on-site reviews



Enrollment



IMPACT

- Each provider intending to become a Behavioral Health Clinic must enroll through HFS' Provider Enrollment System (IMPACT):
<https://www.illinois.gov/hfs/impact/pages/default.aspx>
- Providers must have a unique Provider ID / NPI combination for each enrollment type
 - For example, providers seeking enrollment as both a CMHC and a BHC may not utilize the same NPI across provider types



IMPACT

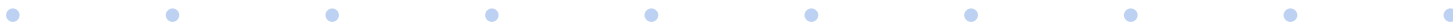
- **Step 1: Determine which Provider Type you wish to enroll as**

- Question to consider:

- Does my organization want to provide ACT or PSR?

If YES, you must seek certification and enrollment as a CMHC

If NO, consider enrollment as a BHC



IMPACT – BHC Enrollment

IMPACT Provider Type Name	IMPACT Specialty Name	IMPACT Sub-Specialty Name	Services
Behavioral Health Clinic	BHC Outpatient	No Subspecialty	• Assessment and Treatment Planning Services
			• Case Management
			• Crisis Intervention
			• Community Support
			• Medication Administration
			• Medication Monitoring
			• Medication Training
	• Therapy/Counseling		
BHC Day Treatment	Intensive Outpatient	• Intensive Outpatient (IOP)	
BHC Team Based Services	Community Support Team	• Community Support Team (CST)	
BHC Crisis Response	Mobile Crisis Response	• Mobile Crisis Response (MCR)	
	Crisis Stabilization	• Crisis Stabilization	



HFS Contacts

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