Behavioral Health Clinics (BHCs)

New Options for Providers of Community-Based Behavioral Services

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
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
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):

• 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

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

HFS Bureau of Behavioral Health
HFS.CBH@illinois.gov • (217) 557-1000