

# Behavioral Health Clinics (BHCs)

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**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

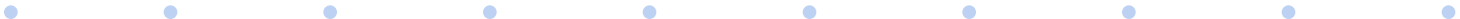
- Proposed in 89 IL Admin Code 140 at:
  - Illinois Register (February 16, 2018)  
Volume 42, Issue 7, Pages 3040 of the 2018
- A new provider of Medicaid Rehabilitation Option (MRO) Mental Health Services and Targeted Case Management (TCM)\*

**\* 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

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\*previously known as “certification”





# 140.499 / Table O Requirements

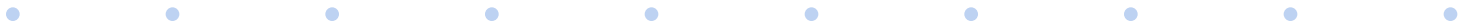
- Administrative Requirements include:
  - Operational policies/procedures
  - Cultural competency policies
  - Psychiatric Resource access
  - Coordination of Services

*“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

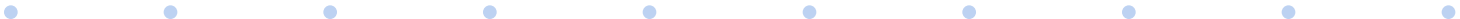


# Enrollment



# 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

## **HFS Bureau of Behavioral Health**

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