Frequently Asked Questions: Behavioral Health Clinics (BHCs)

Helpful Links:

- The approved revisions to 89 IL Admin Code (IAC) 140, outlining the requirements for Behavioral Health Clinics, can be found at the following link: http://www.cyberdriveillinois.com/departments/index/register/volume42/register_volume42_issue27.pdf
- The full text of 89 IAC 140 can be found at the following link: http://www.ilga.gov/commission/jcar/admincode/089/08900140sections.html
- The proposed amendment to 59 IAC 132, outlining the requirements for certification as a Community Mental Health Center, can be found at the following link: http://www.cyberdriveillinois.com/departments/index/register/volume42/register_volume42_issue16.pdf
- Information on the national standards for Culturally and Linguistically Appropriate Services (CLAS) can be found at the following link: https://www.thinkculturalhealth.hhs.gov/clas

GENERAL

Q: Is this the only outreach for potential BHCs? Or what other outreach have you done or will you do?

A: The Department of Healthcare and Family Services (HFS) hosted a total of six webinars for providers interested in the topic of Behavioral Health Clinics during June 2018. HFS intends to host an additional live webinar on BHCs in July and record this session, so that the webinar can be posted to HFS' website for providers and stakeholders to review at a time that is convenient for them. Additionally, the Department has issued provider notices, is in the process of updating relevant fee schedules and handbooks, and is actively addressing questions related to BHCs as they are presented.

Q: Does Part I40 replace 132?

A: No. Title 59 IAC 132 (Rule 132) and Title 89 IAC 140 (Part 140) perform different functions in the Illinois Administrative Code.

Title 59 IAC 132, or "Rule 132," establishes the requirements an entity must meet in order to be certified as a Community Mental Health Center (CMHC). Any and all service references or requirements in Rule 132 pertain specifically to state-funded services purchased by Department of Human Services / Division of Mental Health (DHS-DMH) using state-only funds and does not govern services under Illinois Medical Assistance Program that may be eligible for federal financial participation.

Title 89 IAC 140 or "Part 140" establishes the broad range of requirements all providers must meet to be eligible for reimbursement under the Illinois Medical Assistance Program

and also integrates Medicaid Rehabilitation Option – Mental Health (MRO-MH) services into the Part 140 structure. By placing MRO-MH services into the Part 140 structure, HFS is able to standardize the definition of mental health services across multiple provider types while reducing the overall administrative burdens placed upon providers.

Q: Can BHCs become Integrated Health Homes (IHH) if they fit the criteria of an IHH or will only CMHCs be allowed to become IHH if they fit the criteria?

A: Yes. BHCs will be able to participate in HFS' forthcoming IHH implementation. Please continue to look for additional information from HFS regarding the implementation of IHH in future correspondence.

PURPOSE OF BEHAVIORAL HEALTH CLINICS

Q: What is the difference between a Behavioral Health Clinic (BHC) and a Community Mental Health Center (CMHC)?

A: CMHCs serve the vital function of providing safety net mental health services throughout the state including, but not limited to, the delivery of services reimbursed through the Illinois Medical Assistance Program. CMHCs are the only provider type that is eligible to provide Assertive Community Treatment (ACT) and Psychosocial Rehabilitation (PSR).

BHCs are a new type of provider designed to serve individuals with low to moderate intensity needs. BCHs are intended to be smaller entities that focus on specific populations or diseases, meeting the specific needs of their community.

Q: Can CMHCs that do not provide Assertive Community Treatment (ACT) or Psychosocial Rehabilitation (PSR) currently, remain CMHCs or do they have to be a BHC? For providers who are currently CMHC, but do not offer ACT or PSR, will they be considered BH Clinics by default? If we do not provide ACT or PSR services, can we switch to being a BHC instead of a CMHC? Will BHCs be allowed to provide Crisis Intervention services as defined in 140.453 and Mobile Crisis and Crisis Stabilization Services? Will BHCs be able to provide CST?

A: Community Mental Health Centers can remain Community Mental Health Centers if they believe that status best represents their business and service model. A CMHC that does not provide ACT or PSR can remain a CMHC if that is their choice. However, CMHCs can choose to convert to BHC status if they wish to do so. CMHC are NOT required to become BHCs. This is a purely voluntary decision on the part of the CMHC. BHCs will be allowed to provide all Medicaid Rehabilitation Option services, except ACT and PSR.

Q: Is there a benefit to becoming a BHC rather than maintaining CMHC status?

A: HFS views both BHCs and CMHCs as vital components of the behavioral health service delivery system.

Frequently Asked Questions: Behavioral Health Clinics (BHCs)

Q: Will BHCs be subject to certification under Rule 132?

A: No – BHCs are not subject to the certification processed detailed in Part 132. BHCs will be expected to enroll in the HFS IMPACT system and must meet the enrollment requirements at detailed in Part 140, Section 140.499.

Q: Can one site be both a BHC and a CMHC?

A: No. Please refer to Sections 140.499(d).

Q: Will CMHCs be grandfathered in as BHCs?

A: CMHCs that wish to convert to BHCs will be "grandfathered in" as BHCs. The CMHC will need to enroll through IMPACT as a BHC but will not be required to submit application materials or be subject to administrative reviews for at least one year from their date of enrollment as a BHC.

Q: If a CMHC does not plan to change their status, is there any action they need to take with IMPACT?

A: CMHCs that want to retain their CMHC status do not need to update their enrollment in IMPACT, UNLESS they want to begin or to continue providing ACT and/or PSR. CMHCs that want to provide those services must update their IMPACT enrollment to include the necessary specialties and sub-specialties associated with these services.

Q: What does 140 mean for DCFS Medicaid?

A: 89 IAC 140 introduces BHCs as a new provider able to participate in the Illinois Medical Assistance Program and moves the service definitions for Medicaid Rehabilitation Option (MRO) and Targeted Case Management (TCM) services, which are Medicaid Community Mental Health Services, from 59 IAC 132 (Rule 132) to 89 IAC 140 (Part 140).

Providers who are certified by DCFS to provide Medicaid Community Mental Health Services under Rule 132 will now be required to follow all requirements in Part 140 governing provision of Medicaid Community Mental Health Services. Providers must follow all requirements in Part 140 if they are seeking Medicaid reimbursement for services rendered to eligible recipients, including DCFS Youth in Care.

DCFS and HFS will continue to work collaboratively in the administration of the mental health MRO and TCM services to eligible DCFS Youth in Care to ensure compliance with Part 140 and all other applicable laws, rules, and policies.

PROVIDER ELIGIBILITY FOR BEHAVIORAL HEALTH CLINIC ENROLLMENT

Q: Can child welfare agencies, for-profit organizations (e.g., a national company), community-based social service agencies and other non-traditional community mental health providers apply to become a BHC?

A: Yes. Any organization that meets the requirements of a BHC, as defined in 89 IAC Part 140.499, may enroll as a BHC.

Frequently Asked Questions: Behavioral Health Clinics (BHCs)

Q: Are FQHCs eligible to be BHCs? Will BHC enrollment be extended to Rural Health Clinics?
A: No. Please refer to sections 140.499(d), 140.460(a), and 140.460(c).

Q: Please cite the section of Part 140 which excludes departments of hospitals to be BHCs.
A: Please refer to sections 140.499(d) and 140.460(a) that stipulates that Hospital-based Organized Clinics cannot be a BHC.

Q: Section 140.499 (d) states: BHC shall "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 to 59 Ill. Adm. Code 132;" Does this mean that a CMHC cannot establish a BHC at a different site? Can a CMHC open a BHC in a different service area? So if you have a large site of service and you have specific cut out areas with different businesses...one an FQHC and one a CMHC... can't we switch the CMHC to a BHC? Our organization is CMHC certified and FQHC funded. Each site has their own NPI. We would like to integrate the BHC model into our FQHC site. Would the BHC model be allowed in the FQHC site under its own NPI? If not, how about expanding CMHC services in an FQHC setting?
A: No. The cited language establishes a prohibition against the co-location of a CMHC and a BHC at the same site. However, there is no limitation or prohibition against an organization establishing and maintaining a site that is a CMHC, or any other prohibited clinic type, and a separate site that is a BHC. Depending upon the proximity of these two sites, there may be a need to demonstrate physical site separation, organizational structure differences, staffing differences, and other elements that clearly indicate the separation between the sites.

Q: What if the CMHC is in scope for a FQHC and has an FQHC in their site for medical services.... can we transfer over to a BHC even though we are in the same site?
A: To clarify the prohibitions established in title 89 IAC 140 Section 140.460 and Section 140.499, the ownership interests of the providers, their FEINs, and site addresses must be assessed. If there are two entities owned or controlled by the same corporate structure at the same address, this will be considered a single entity with multiple provider types at the same site. As such, the prohibition would stand. However, a scenario in which two unique providers are co-located at the same location would be allowable.

ADMINISTRATIVE REQUIREMENTS

Q: Do we have to get certified by DMH - BALC first before registering in IMPACT as a BHC or does that come afterwards? What is the process for that? If a BHC decides that they want to provide CST and/or IOP, will they have to get certified through DHS/DMH or DCFS?
A: No, neither enrollment as a BHC nor provision of CST and/or IOP requires certification from DMH-BALC. Providers seeking to enroll as a BHC should log into the HFS IMPACT system and begin the process by selecting Behavioral Health Clinic as their Specialty Type. The IMPACT system will walk providers through the process and allow providers to identify multiple sites

and select any and all sub-specialties that the BHC plans to provide. Upon submission, staff from HFS will review the application and may require additional material from the provider obtained via electronic correspondence. The provider may also be subject to an onsite review to ensure that organizational policies and procedures are in place to begin service operations. Once this process is complete, the provider will be approved to begin providing Medicaid Rehabilitation Option services.

Q: Does the BHC designation require accreditation (e.g. COA, CARF)?

A: No. 89 IAC 140 Section 140.499 does not require BHCs to obtain or maintain accreditation.

Q: What do you mean by operational policies and procedures?

A: BHCs will be reviewed and evaluated administratively to determine if fully developed operational policies and procedures supporting service provision exist. This would minimally include clinical orientation, mission statement, populations served, community outreach, cultural competency, hours of operation, community-based delivery orientation, credentials of staff, training components, utilization of evidence base practices, and may include components such as: hiring practices, disciplinary procedures, staff retention, programming overviews, etc. The operating policies and procedures must show that the agency has full oversight of the program functions to ensure program sustainability and positive outcomes for clients.

Q: Do BHCs have to utilize criteria that ensure service delivery is not discriminately provided on the basis of severity or level of care (e.g. can BHCs "cherry pick" clients)?

A: 89 IAC 140 does not require that BHCs utilize criteria to ensure consumers meet a certain level of intensity or severity. BHCs will provide Medicaid Rehabilitation Option services under the direction of a Licensed Practitioner of the Healing Arts who is required to identify a clinical need and recommend a service, or services, including scope and duration of treatment to be provided to the individual.

Q: What are the requirements of BHCs with regard to establishing or maintaining a relationship with a physician?

A: 89 IAC 140 Section 140.Table O states that BHCs shall: "[c]oordinate service delivery with the individual's primary care provider, care coordination entity, and/or managed care entity – " this means that providers must establish the necessary protocols and consents to engage primary care and care management partners in their treatment of individuals.

Q: What are the psychiatric resource requirements of BHCs?

A: 89 IAC 140 Section 140.Table O states that BHCs shall: "[e]stablish policies, protocols, and other necessary contracts or agreement to ensure individuals can access and maintain active support from an independent practitioner licensed by the State of Illinois to provide consultation, evaluation, prescription and management of medication –" this administrative standard does not require the BHC to directly maintain or pay a psychiatrist, psych APN, or prescribing Psychologist, but does require the establishment of an arrangement that results

in the BHCs clients having access to a psychiatric resources licensed to prescribe medications in Illinois.

Q: What are the facility requirements to get a site enrolled as a BHC?

A: Pursuant to 89 IAC 140 Section 140.Table O, the facility requirements for a BHC are as follows:

A BHC must:

1. Have a physical plant, meaning that the provider cannot exist virtually or dynamically. The proposed entity must have a physical address and office space to participate in the Illinois Medical Assistance Program;
2. Ensure the facility is culturally competent, consistent with the needs of individuals served;
3. Not be a residence or a home;
4. Provide a sanitary and comfortable environment conducive to the provision of behavioral health services;
5. Establish and maintain policies and procedures specific to emergency disaster plans, fire evacuation plans, and procedures for managing the basic maintenance of the site;
6. Provide an environment reflective of the interventions being offered and populations being served that, at a minimum, shall afford privacy to consumers;
7. Meet health and safety standards, as applicable;
8. Be accessible in accordance with the Americans With Disabilities Act of 1990 (42 USC 12101), as amended, and the Illinois Accessibility Code (71 Ill. Adm. Code 400) and the ADA Accessibility Guidelines (28 CFR 36), whichever is more stringent;
    a. Providers must maintain a written policy for reasonable accommodations for the provision of services to individuals unable to access the provider's sites due to physical inaccessibility;
9. Display a current letter from the Office of the State Fire Marshal or the local fire authority demonstrating annual compliance with 41 Ill. Adm. Code Part 100;
10. Comply with building codes adopted by local ordinance; and
11. Maintain appropriate levels of insurance against physical liabilities.

Note: *All elements provided above are derived from the requirements in 89 IAC 140 Section 140.Table O. However, some items were truncated to specifically address "facility" requirements – the full text of the Part 140 should be consulted to interpret and understand what is required of a BHC in totality.*

EMPLOYEE / STAFFING REQUIREMENTS

Q. Can you explain if there are expected reporting lines for the clinical director?

A. 89 IAC 140 Section 140.Table O(c) (2) states, "*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 –*" this requirement does not include a predefined reporting

line for the Clinical Director within the BHC entity. It is required that there is minimally a single LPHA working onsite full time at the BHC.

Q. Does there have to be a clinical director at each site if the organization has many sites?

A. Yes. Each BHC site must be enrolled as a unique site and each unique site must fully comply with the requirements of 89 IAC 140 Section 140.499.

Q. Does the LPHA Clinical Director have to be assigned entirely to this clinic or can they be managing other programs as well?

A. The Clinical Director is expected to be 100% dedicated to the BHC site. At the BHC site, the Clinical Director may manage whatever programming and duties as necessary, so long as they – or another LPHA – is able to meet the responsibilities of an LPHA under 89 IAC 140 Section 140.453.

Q. As it relates to the full-time LPHA Clinical Director, how is full time defined?

A. Consistent with state and federal employment laws, HFS will defer to the employers definition of "full time" when determining how to meet this standard. A review of the organization's general practices will be performed and the entities most prevalent definition of "full-time employee" will be used.

MONITORING

Q. Will there be post-payment reviews and if so, who will perform them?

A. No. The Medicaid Rehabilitation Option (MRO) services detailed in 89 IAC 140 Section 140.453, as provided by BHCs and CMHCs, are not subject to Post Payment Review. BHCs will be subject to an annual site review to verify administrative requirements. Additionally, the HFS Office of Inspector General will actively review and analyze BHC service details to identify instances of waste, fraud, and abuse and take corrective actions, consistent with all applicable components of 89 IAC 140.

Q. Are services provided by BHCs subject to medical necessity reviews (either by IL Medicaid FFS or MCOs)?

A. All services provided as a part of the federal Medicaid program are required to be medically necessary, and HFS may review services to ensure that medical necessity criteria are met. However, BHCs will not be subject to post payment review or certification reviews based on client record documentation. Providers will be expected to independently monitor each individual's medical necessity for services, unless otherwise required in 89 IAC 140 Section 140.453.

Q. Will the provider be notified prior to the onsite review?

A. Yes. The Department will provide notice to the provider prior to performing an onsite review.

SERVICE DELIVERY

Q: We currently serve clients in the community, schools, homes etc., however we also see clients at our agency when appropriate. Will this be ok?

A: BHCs can still provide office-based services. They must also have the ability to see clients in the community.

Q: I am a child/adolescent mental health provider and have a school that wants me to provide services - would a school be an appropriate community-based setting?

A: Yes.

Q: In the past there has been much focus on timelines for completing Mental Health Assessments, treatment plans, making sure there are no gaps in treatment plans, etc. Will that no longer be a focus of reviews? Will treatment plans still be required to be updated every 6 months and MHAs annually?

A: Services in Part 140 are still required to be authorized by a Mental Health Assessment (MHA) and Individual Treatment Plan (ITP). The MHA must be updated annually, and the ITP updated every 6 months. These requirements are crucial for the authorization of Medicaid Community Mental Health services. However, HFS-lead monitoring reviews will focus on the administrative requirements of BHCs and ensuring that BHCs are capable of providing quality services. If a BHC is enrolled with an MCO, the MCO may want to review client records to determine if services were properly recommended on the MHA and ITP. In addition, the HFS Office of Inspector General may want to review MHAs and ITPs for proper authorization of services in the event of a complaint / concern regarding fraud, waste and abuse. Therefore, BHCs and CMHCs will still need to adhere to timelines in Part 140 even though monitoring from HFS will not solely focus on client record compliance.

Q: Is teletherapy allowed?

A: For certain Medicaid Rehabilitation Option services that are included in 89 IAC 140 Section 140.453, teletherapy via phone and videoconference are acceptable modes of service delivery. BHCs should review the acceptable modes of service delivery for each service that they wish to provide to determine if phone or videoconference methods are acceptable.

PROVIDER ENROLLMENT (IMPACT)

Q: If a provider has more than one site, then will we have to enroll for each site? Each of our sites is under one tax id#.

A: All BHC sites will need to enroll as discrete sites.

Q: Is the Medicaid ID, specifically the three digit suffix, used as a unique identifier when there are several provider types located at the same address? Must all of the provider types have their own NPI when the NPI is required (i.e. DASA, CMHC, and/or HCBS)?

A: Yes, the three digit suffix is a unique identifier. However, a unique NPI will be required for each BHC site.

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Q: There is a list of background checks providers at BHCs must receive for enrollment. If providers at that facility are already getting those checks due working at a larger facility (like a hospital), can they get deemed status for those checks?

A: A BHC will need to have background checks in personnel records for all employees. If employees receive a background check through another entity, the BHC must obtain a copy of the background check or must have other documentation showing that a background check was completed and that no violations were reported.

Q: What will be the provider type number used to identify BHCs?

A: Behavioral Health Clinics will use provider type number 027.

Q: Will enrolled BHCs be given a license/certification number upon enrollment? NPPES requires a license number be included in a provider's application for an NPI.

A: BHCs will not receive a license number upon enrollment through IMPACT. If a specific license number is required for NPPES, please contact HFS' Provider Participation Unit for assistance.

REIMBURSEMENT

Q: Do CMHCs get the encounter rate for therapy since FQHCs will get access to CMHC codes and rates?

A: FQHCs are prohibited from receiving reimbursement outside of their behavioral health encounter rate for rendering the Medicaid Rehabilitation Option or Targeted Case Management services outlined in Section 140.453. CMHCs are reimbursed consistent with the fee schedule published by HFS.

Q: How are BHCs reimbursed? How does it differ from CMHC?

A: Both CMHCs and BHCs will be reimbursed under the same fee schedule for service included in Part 140. CMHCs and BHCs are different types of entities but both will be providing and will be reimburse accordingly for services included in Part 140.

Q: Will there be a published fee schedule for BHCs?

A: Yes, it is the same fee schedule used for CMHCs.

BILLING

Q: What are the taxonomy code(s) for a BHC?

A: 261QM0850X – Adult Mental Health Clinic; or
261QM0855X – Adolescent and Children Mental Health Clinic

Frequently Asked Questions: Behavioral Health Clinics (BHCs)

Q: Will 140 only be funded through Medicaid funds or will be funded also by DHS grants? Can BHCs sign contracts with the State for capacity grants?

A: Services included in Part 140 will be funded through Medicaid. DHS/DMH grant dollars to support the mental health safety net are awarded at the discretion of DHS/DMH consistent with DHS certification standards and funding guidelines.

Q: If a CMHC also provides DASA services, would it be prudent to remain a CMHC, as DASA services are not included in the BHC? Should we expect to see DASA (Drug and Substance Abuse) providers migrating to BHC facilities?

A: To clarify, the Division of Alcoholism and Substance Abuse has been renamed the Division of Substance Use Prevention and Recovery (DSUPR). DSUPR services are provided by DSUPR licensed providers. CMHCs that are not licensed as DSUPR providers would not be allowed to provide DSUPR services. This statement is also true for BHCs. So, whether an agency is a BHC or CMHC, they still must maintain proper DSUPR licensure to provide DSUPR services.

Q: Are collaborative agreements required only for SUD providers or for others as well (if practicing as BHCs)?

A: BHCs are required to have agreements in place to ensure that clients have access to a psychiatric / prescribing resource, substance use disorder services and to ensure that the BHC can coordinate services with the client's MCO or any other professional involved in the client's healthcare. Agreements or other contracting arrangements to address each of these areas must be developed.

Q: Will increased cost of providing services off-site or in the home be compensated?

A: The current fee schedule for Part 140 services includes a rate differential for off-site services to offset any additional costs of providing services in the home and community.

Q: Are the administrative requirement for CMHC and BHC the same?

A: The administrative requirements for CMHCs are included in Rule 132 and may be different than administrative requirements for BHCS.

Q: Prior authorization requirements for BHCs?

A: Prior authorization requirements may be established for individual services included in Part 140. These requirements will be the same whether services are provided by BHCs or CMHCs.

Q: Which individual provider types can work within the BHC? Is this limited to LPHAs, etc.?

A: BHCs must employ or contract with the necessary staffing levels to provide Medicaid Rehabilitation Options services included in Part 140. The BHC must have an LPHA at each site acting as the Clinical Director. The BHC must also have enough QMHPs, MHPs and RSAs to provide the staffing necessary to provide services. Independent Practitioners

Q: If you have a psychiatrist that works with substance abuse working in the BHC do we need another collaborating agreement with a facility?

A: If the psychiatrist is able to provide substance use disorder services to clients who are being served in the BHC then another collaborating agreement is not necessary. However, if clients require additional substance use disorder services that cannot be provided by the existing psychiatrist, then the BHC must ensure that the clients can access these services at another substance use disorder provider.

Q: Can one provide Rule 132 services and Part 140 services out of the same site?

A: All Medicaid Rehabilitation Option services are now included in Part 140. As such, there are no Medicaid Rehabilitation Option services included in Rule 132. Other state-funded services may be included in Rule 132 and can be provided by entities approved by DHS/DMH.

Q: Do you happen to know if the MCOs will honor our current contracts that are written as a community mental health center if we switch to a BHC or would we need to seek out all new contracts with each MCO?

A: This question will be addressed with the MCOs. Official response will be posted on HFS' website.

Q: If a CMHC who provides residential services and receives DMH grant funding but decides to become a BHC, will they continue to be able to receive those grants?

A: DHS grant dollars to support the mental health safety net are awarded at the discretion of the DHS/DMH consistent with DHS' certification standards and funding guidelines.