The Children & Young Adult Mental Health Crisis Act
Implementation Timeline and Summary

The effective date of the Children & Young Adult Mental Health Crisis Act is **January 1, 2020**.[1] All implementation timelines are based on this date.

There are three main components of the legislation:

1. Private insurance coverage requirement for specific treatment models for those under age 26.
2. Provisions strengthening the Family Support Program for children/young adults[2] under age 26.
3. Medicaid provisions regarding preventative treatment provided to children with a mental health need but who do not have a mental health diagnosis.

Required Private Insurance Coverage: State-regulated health plans must cover the following treatment models for individuals under age 26: **1. Coordinated Specialty Care for First Episode Psychosis (CSC FEP)** **2. Assertive Community Treatment (ACT)** **3. Community Support Treatment (CST)**	**Implementation Timeline**
When Coverage Begins: Applies to group or individual health plans issued or renewed after 12/31/20. Applies to non-ERISA, school, county and HMO plans.	Coverage Begins Jan. 1, 2021
Model Details: Payment to the provider must be a bundled payment (cannot be such that it deconstructs the treatment model); Only providers of CSC FEP contracted with Illinois' First.IL can provide such services; only providers of ACT/CST that are certified by Department of Human Services, Division of Mental Health (DMH) and approved by the Department of Healthcare and Family Services (HFS) can provide such services; providers must adhere to fidelity.	
Development of "Medical Necessity" Definition: The Department of Insurance (DOI) is required to convene a workgroup that includes DMH, HFS, providers and insurers to develop medical necessity criteria for the treatment models. DOI must adopt a rule based on the workgroup's recommendations.	Workgroup to convene by June 30, 2020; Rule to follow
Credentialing. The credentialing of the psychiatrist or the licensed clinical social worker that is the team leader shall qualify all members of the team (*e.g.*, peers, non-licensed mental health professionals) to be credentialed with the insurer.	
Identifying/Developing a Code for Purposes of Billing: DOI must convene a workgroup to identify a code for purposes of billing. The coding solution must be in place when coverage begins (January 1, 2021).	Workgroup to convene by June 30, 2020

[1] Public Act 101-0461.
[2] The FSP sections of the Act use defined terms for different age groups for purposes of eligibility requirements for certain services. These terms are not used here for purposes of making the summary easy to understand for a broad audience.

Family Support Program (FSP) Provisions: Strengthens FSP for children and young adults under age 26 with living with a serious mental illness	Implementation Timeline
Overview; Program Consistency with System of Care Principles. FSP will be restructured in several ways to enable early treatment of serious mental illnesses for children and young people under age 26. The program must operate consistent with System of Care principles: treatment/supports based on an integrated assessment and treatment plan; strong interagency collaboration; individualized strengths-based practices; participation of the parent/guardian in treatment decisions. This includes consideration of services the parent/guardian may need for family stabilization and assistance in connection to those services.	
Age of Eligibility: Application/eligibility age increased to those under age 26.	Jan. 1, 2020
Medicaid Services Available through FSP: FSP services will include all Medicaid services (regardless of whether the person is a Medicaid enrollee) to ensure a broad range of services, in addition to those outlined in Rule 139.	Jan. 1, 2020
Eligibility Upon a 3rd Psychiatric Hospitalization within a 12- Month Period. Eligibility is extended to a young person upon their 3d psychiatric inpatient hospital admission within the most recent 12-month period.	Jan. 1, 2020
Parent/Guardian Involvement. Involvement is not required for participants 21 and older (unless they have had a guardian appointed under the Probate Act	Jan. 1, 2020
School Participation. School participation is required for children under 18. For youth ages 18-20, school participation may be waived at the discretion of HFS. School participation is not applicable for those 21 and over.	Jan. 1, 2020
Education/Notification During Hospitalization. HFS shall establish a working group to establish a clear process for notification and education of the availability of FSP/SFSP during an inpatient psychiatric hospital admission, as well as ensuring the appropriate coordinator/provider assistance with the FSP application. Stakeholders involved in the workgroup include psychiatric hospitals, the Illinois Hospital Association, FSP providers, family support organizations, the Community & Residential Services Authority (CRSA), and foster care alumni.	Dec. 31, 2020
Education on FSP Prior to a Psychiatric Lockout. A hospital must provide the family or the young person with information about FSP prior to referring a child to DCFS for a hospital lockout. Lockout coaching by a hospital or state agency solely to obtain mental health services is prohibited.	
FSP will Remain Available Even if a Psychiatric Lockout has been Initiated. A psychiatrically hospitalized child may remain eligible for FSP after being referred to DCFS ,in the absence of abuse or neglect.	Jan. 1, 2020

Development of a New Level of Specialized Residential Treatment for those Under age 21 with High Acuity Mental Health Conditions. HFS must establish a Working Group to develop a plan for development of these beds, which will be similar to Qualified Residential Treatment Facilities (QRTPs), as outlined in the federal Family First Prevention Services Act. The Department of Children and Family Services (DCFS) and residential treatment providers will be part of the Working Group. HFS and DCFS must work together to maximize federal Medicaid and Title IV-E dollars. No more than 12% of the annual FSP appropriation can be spent on this level of care (this is for purposes of preserving FSP dollars for other FSP services).	Dec. 31, 2020 – plan to be developed by the Working Group
Development of a Supportive Housing Model for the Age Group 18 – 25. With input from a Working Group, HFS must develop an age-appropriate supportive housing model that allows for the residential component to be in a community-based setting, combined with intensive community-based services. The workgroup must include DMH and other stakeholders. No more then one quarter of the annual FSP appropriation can be spent on this level of care.	June 30, 2022
Improving Access to Substance Use Treatment for FSP Youth. HFS and the Department of Human Services, Substance Use Prevention and Recovery (SUPR) shall co-lead a working group of stakeholders to develop a plan for increasing access to substance use treatment for children/young people in FSP.	Twelve month Working Group beginning in the 1st Q of calendar 2020
Allowing FSP Dollars to be Used for Maximizing Insurance Coverage When Insurance Cost-Sharing for Treatment is Cost-Prohibitive. FSP dollars may be applied toward insurance cost-sharing (*e.g.*, family out-of-pocket contribution for coverage of the cost of residential treatment) to use insurance coverage to the fullest extent if the cost-sharing requirement under the insurance policy for treatment is cost-prohibitive.	Jan. 1, 2020
Streamlined Application/Application Process. HFS must revise the application and application process to reflect the changes in the Act within 8 months after adoption of any amendments to Rule 139.	Within 8 months of adoption of Rule changes.
Studying the Impact of FSP Reimbursement Policies Regarding Planned or Unplanned Absences from Residential Treatment. HFS must undertake a study on reimbursement for planned and unplanned absences (*e.g.*, during a hospitalization) from residential treatment facilities and must report on findings. HFS must examine DCFS policies as well as those in other states.	Study to begin July 1, 2019; Report due by Dec. 31, 2020
Public Awareness Campaign on FSP Changes. HFS must undertake a public awareness campaign to educate providers, hospitals, and other community institutions on the changes made to FSP by this Act. HFS must produce written materials, develop webinars and conduct outreach visits over a one-year period after implementation begins.	For 12 months after the start of implementation

Maximizing Federal Medicaid and Title IV-E Funding. HFS shall apply for federal approval to maximize federal Medicaid funding for FSP enrollees who are not Medicaid-eligible within 12 months of the effective date. DCFS shall submit a state plan with the federal government to maximize prevention funds through the Family First Prevention Services Act for mental health and substance use treatment and supports for short-term crisis/transition beds and other services for youth at risk of a psychiatric lockout/custody relinquishment.	Dec. 31, 2020
Data Reporting to General Assembly. HFS must submit an annual report to the General Assembly on the number and ages of FSP enrollees that requested services, received services through the normal application process, received services based on the number of hospitalizations and the number who applied but did not receive any services.	Jan. 1, 2020
Rulemaking. Unless an alternative timeline is specified in a subsection, HFS must file any rule changes necessary for implementation of the Act within one year after the effective date. Implementation must be completed within eight months of adoption of Rule amendments.	Jan. 1, 2021

Improving Access to Preventative Mental Health Treatment for Children Covered under Medicaid	**Implementation Timeline**
HFS must convene a working group of children's mental health providers to develop recommendations for a medically appropriate and practical solution that enables providers to deliver, and be reimbursed for, mental health services provided to children under age 21 that have a mental health need but do not have a mental health diagnosis. HFS must implement a solution. If a Medicaid State Plan Amendment is necessary, it must be filed by December 31, 2020.	April 1, 2020

Mental Health Service Education	**Implementation Timeline**
HFS must develop a laymen's guide for families on the mental health and substance use treatment services available through Medicaid, FSP and other publicly funded programs.	January 1, 2021