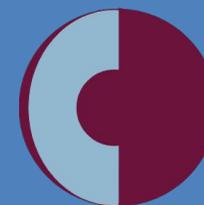




CBHA Public Policy Priorities 2022



COMMUNITY BEHAVIORAL
HEALTHCARE ASSOCIATION

Solutions to Strengthen Illinois' Behavioral Health System

- The behavioral health workforce shortage, already at dire levels before 2020, and is at a crisis point and will continue to worsen without immediate action by our state leaders.
- By 2026, unfilled mental healthcare jobs are expected to reach 8,353, according to Mercer's 2021 External Healthcare Labor Market Analysis.
- A strong behavioral health services infrastructure requires reimbursement rates that cover the cost of providing services and can support paying professionals living wages; streamlining burdensome paperwork requirements that take up time that is better spent with clients, and addressing antiquated policies designed decades ago and not reflective of current boots on the ground reality.

Modernize Behavioral Health System and Medicaid Funding to Retain, Recruit Staff and Meet Increased Demand

- The reimbursement system for behavioral health services is insufficient and hinders providers' ability to pay competitive wages and hurts patient access. Community mental health centers struggle to provide access to critical services because Medicaid reimbursement rates have not been increased in a meaningful or enduring manner in over a decade.
- In partnership with the Rebuild Illinois Mental Health Workforce Coalition, CBHA will push for a proposal that targets funding to individual based mental health services via increases to rate add-ons and a new user-based payment modeled as a directed payment allowed under federal Medicaid regulations. The proposal also calls for funding for community-based and outpatient substance use disorder services.
- As the state prepares for the rollout of 988, CBHA will continue to actively support efforts to build a sustainable crisis continuum, including expanding service capacity in the community to support individuals post crisis.

Reduce Administrative Burdens

- Complex and excessive mandated administrative requirements increase costs, reduce the amount of time for clinicians to provide services, and deters trained and licensed staff from seeking jobs in a CMHC.
- CBHA efforts in this area will focus on identifying and reducing administrative burdens levied directly on providers that do not add value, impact quality or safety.
- For example, CBHA advocated to establish an ad hoc work group who is actively working with HFS to improve the IM+CANS. CBHA will continue to push for greater oversight and accountability of managed care organizations via the MCO/Trades meetings and by ensuring key pieces of legislation passed, including the Prior Authorization Reform Act, are effectively enacted and enforced.
- Statewide standards must clear away needlessly complex, outdated, or duplicative requirements that drain clinicians' time but contribute little to quality of care or the health of individuals.