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JB Pritzker, Governor

Dulce M. Quintero, Secretary

100 South Grand Avenue, East • Springfield, Illinois 62762  
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DATE: May 11, 2026

## **MEMORANDUM**

TO: The Honorable Don Harmon, Senate President  
The Honorable John F. Curran, Senate Minority Leader  
The Honorable Emanuel "Chris" Welch, Speaker of the House  
The Honorable Tony McCombie, House Minority Leader

FROM: Inger Burnett-Zeigler *Inger Burnett-Zeigler*  
Chief Behavioral Health Officer  
Illinois Department of Human Services

SUBJECT: **Administrative Burden Task Force**

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The Illinois Department of Human Services respectfully submits the State Response to the Administrative Burden Task Force Report on behalf of the Chief Behavioral Health Officer in order to fulfill the requirements set forth in Public Act 103-0690.

If you have any questions or comments, please contact Dr. Inger Burnett-Zeigler, Chief Behavioral Health Officer, at [Inger.Burnettzeigler@illinois.gov](mailto:Inger.Burnettzeigler@illinois.gov).

cc: The Honorable JB Pritzker, Governor  
John W. Hollman, Clerk of the House  
Tim Anderson, Secretary of the Illinois Senate  
Legislative Research Unit  
State Government Report Center

# State Response to the Administrative Burden Taskforce Report

May 11, 2026

To: Chief Behavioral Health Officer, Dr. Inger Burnett-Ziegler  
From: HFS, IDHS-DBHR, IDPH, and DCFS



## Responses Developed By:



**HFS**

Illinois Department of  
Healthcare and Family Services



**DIVISION OF  
BEHAVIORAL HEALTH  
& RECOVERY**



## Introduction

This document was written in response to the Chief Behavioral Health Officer's (CBHO) request to HFS, IDHS-DBHR, IDPH, and DCFS, to review the Administrative Burden Task Force recommendations. Draft agency responses are due to the CBHO by Monday, April 27, and final agency responses are due to the General Assembly and will be publicly posted by May 11.

# Joint Agency Response to Letter from the Chair:

The Illinois Department of Healthcare and Family Services (HFS), Illinois Department of Human Services Division of Behavioral Health and Recovery (IDHS-DBHR), Illinois Department of Public Health (IDPH), and Illinois Department of Children and Family Services (DCFS) appreciate the work of the Administrative Burden Taskforce (ABTF) and its insights into the operational and regulatory pain points that impact behavioral health provider capacity and, ultimately, access to behavioral health services for Illinois residents. It is important to note that HFS, IDHS-DBHR, IDPH, DCFS, and other agencies across the Administration will be working closely in coming years to mitigate harm to behavioral health providers and ensure that eligible Illinoisians receive and maintain the benefits for which they qualify, as these agencies tackle the immense operational effort required to implement the changes included in HR 1, the sweeping budget reconciliation law that enacts Medicaid and SNAP reform, and significantly reduces federal funding to Illinois.

HFS, IDHS-DBHR, IDPH, and DCFS, recognize that administrative requirements must be purposeful and grounded in the public interest, while also being efficient, transparent, and manageable for providers. Administrative requirements generally exist for one or more of the following reasons: compliance with federal and state statutes and regulations, program integrity and accountability, and quality of care. These pillars are foundational to sustaining the behavioral health system. Compliance ensures that Illinois maintains access to critical federal matching funds, upholds statutory obligations, and protects the long-term stability of services. Program integrity safeguards help prevent fraud, waste, and improper payments, ensuring that limited resources are directed toward medically necessary care. Quality of care requirements ensure that the people served receive safe, effective, and consistent care, regardless of where it is delivered. Striking an appropriate balance between responsible oversight that upholds public trust and the administrative demands these requirements place on providers remains an ongoing and evolving responsibility for states like Illinois and the federal government.

At the same time, the ABTF findings highlight several opportunities for improvement, particularly in the areas of documentation requirements, reporting expectations, and cross-agency alignment. HFS, IDHS, IDPH, and DCFS are committed to refining administrative processes to minimize burden on providers while maintaining essential safeguards. This includes removing requirements that don't contribute to one of the three pillars identified above (compliance, program integrity, quality) and streamlining processes to reduce strain whenever feasible.

The insights generated through the ABTF process establish an important roadmap that helps clarify where to begin in addressing identified administrative burdens and shaping longer term improvements across the behavioral health system. Implementing these recommendations involves highly technical policy and operational work that requires careful attention to detail and coordination across multiple operational areas within and across State agencies. Because many of the changes touch core functions—such as billing rules, system design, utilization management, data reporting, and technology platforms—effective implementation will require that our agencies are provided with adequate staff capacity, realistic, phased timelines for requirements, and alignment with other ongoing initiatives. To that end, our agencies will engage with relevant subject matter experts to facilitate these ongoing efforts. Specific feedback regarding feasibility, implementation approaches, and anticipated impacts of each recommendation relevant to individual state agencies are detailed in the sections below.

HFS, IDHS, IDPH, and DCFS look forward to working with providers, Managed Care Organizations (MCOs), and other sister agencies to deliver practical improvements that make behavioral health care easier to provide and access across Illinois.

# Individual Recommendations & Agency Responses

## 1. Medicaid Managed Care Prior Authorizations and Post-Payment Review

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### **HFS Response:**

HFS agrees with these recommendations and considers them feasible. HFS, its contracted MCOs, and IDHS-DBHR will collaborate to understand differences in processes and to develop a consensus around medical necessity and documentation standards for behavioral health services that are communicated clearly and transparently to providers. This will take dedicated staff capacity from HFS, the MCOs, and IDHS-DBHR to achieve.

Illinois has already taken significant steps to address challenges patients and providers alike experience with prior authorization. Notably, the Illinois Healthcare Protection Act (HPA) and its trailer bill removed prior authorization from outpatient mental health services and inpatient mental health emergency care. In September 2024, HFS removed the requirement for prior authorization of buprenorphine, reducing barriers to timely treatment for opioid use disorder. Additionally, prior authorization of buprenorphine has been removed as well as of medications for serious mental illness (SMI) for stable customers experiencing a provider change, insurance change, or dosage change. Although prior authorization for behavioral health services within Illinois has widely been prohibited, utilization management (UM) is required under federal statute and implementing Medicaid regulations (42 CFR 456) to ensure the appropriateness and quality of Medicaid services, necessitating HFS and its contracted MCOs to take alternative approaches.

### **IDHS-DBHR Response: N/A**

## 2. Medicaid Billing and Claiming

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### **HFS Response:**

HFS agrees with these recommendations and welcomes the opportunity to leverage the Medicaid Technical Assistance Center (MTAC) to roll out training and technical assistance efforts to promote and support provider Medicaid knowledge.

### **IDHS-DBHR Response: N/A**

## 3. Certification and Licensure of Behavioral Health Providers

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### **HFS & IDHS Joint Response:**

HFS and IDHS-DBHR agree with these recommendations and would be grateful for the opportunity to lead the State's interagency Medicaid workgroup, which will include supporting CBHO priorities, developing resources for behavioral health providers, and evaluating provider credentialing requirements across the Health and Human Services agencies.



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**Additional IDHS-DBHR Response:**

IDHS is committed to enhancing access to services for consumers and families. IDHS supports the continued work to streamline regulatory structures.

IDHS-DBHR is revising the Medicaid Program Standards Part 2090 Subacute Alcoholism and Substance Abuse Treatment Services Rule. The updated rule will enable individuals or organizations to qualify for SUD Medicaid Certification based on their affiliation with a specific group or certain conditions, rather than going through the standard qualification processes. IDHS-DBHR is confident the updates to the 2090 requirements will relieve a significant burden on dually certified and licensed behavioral health organizations.

IDHS supports the integration of substance use and mental health treatment certification, licensure, and oversight. IDHS-DBHR is committed to continuously evaluating opportunities to streamline credentialing processes for behavioral health organizations, specifically in reference to Medicaid Certification.

IDHS agrees with actively working to identify efficiencies and decreasing waiting time for new hires.

Components of this recommendation require funding, time, and may be limited by current statutes and administrative rules.

## 4. Integrated Behavioral Health Service Delivery

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**HFS & IDHS-DBHR Joint Response:**

HFS and IDHS-DBHR support evaluating opportunities to integrate substance use and mental health assessment and treatment planning processes and believe creating a new workgroup, specifically focused on integrated care practices, will speed up service integration and begin to alleviate the administrative responsibilities providers face. HFS and IDHS-DBHR will coordinate efforts with the Department of Insurance (DOI).

## 5. Behavioral Health Crisis Services Funding

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**HFS and IDHS-DBHR Joint Response:**

HFS and IDHS-DBHR agree with recommendations. HFS and IDHS-DBHR have worked together to create a new Medicaid code for mobile crisis response that includes programmatic requirements. HFS and IDHS-DBHR have aligned funding opportunities with these requirements to make sure that crisis response organizations can bill. HFS and IDHS-DBHR have also begun to align the work of HFS Medicaid MCR (SASS) and IDHS funded MCR Teams (590) in pursuit of a unified provider network and overall unified crisis continuum.

HFS and IDHS-DBHR are also committed to increased collaboration with key stakeholders from both the state-funded and Medicaid-funded programs to identify overlap, gaps, and opportunities for synergy. This approach will help ensure that the needs of the community providers and the individuals they serve are met effectively.



## 6. Monitoring and Oversight of Behavioral Health Providers

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### **HFS & IDHS-DBHR Joint Response:**

HFS and IDHS-DBHR are dedicated to working alongside the CBHO to strengthen the state's partnership with providers and to identify applicable oversight bodies across the behavioral health provider system.

## 7. Data Collection, Submissions and Reporting

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### **HFS & IDHS-DBHR Joint Response:**

HFS and IDHS-DBHR agree with the recommendations. The full implementation of this recommendation may take multiple years and substantial investment to support the redesign and integration of multiple data submission platforms and billing systems.

## 8. Technology Enhancements

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### **HFS & IDHS-DBHR Joint Response:**

HFS and IDHS agree with recommendations. IDHS, HFS, and the Department of Innovation and Technology (DoIT) will coordinate efforts to evaluate and enhance technical platforms and pledge to work closely with behavioral healthcare providers.

HFS and IDHS-DBHR are committed to addressing any communication gaps that could affect provider organizations as soon as possible and to enhancing our communication feedback loop.

HFS and IDHS-DBHR recognize that collecting feedback from provider organizations and conducting thorough testing will continue to be a fundamental component of all technology-related projects, ensuring they meet the needs of those they exist to serve.

## 9. Provider-to-Payer Communications

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### **HFS, IDHS-DBHR, & IDPH Joint Response:**

HFS and IDHS-DBHR agree with recommendations. Each human services state agency is committed to thoroughly assessing our communication strategies to identify and rectify shortcomings in our outreach to provider organizations.



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