

## **Table of Contents**

**State/Territory Name: Illinois**

**State Plan Amendment (SPA) #: 20-0011**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

Department of Health & Human Services  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S2-26-12  
Baltimore, Maryland 21244-1850



## **FINANCIAL MANAGEMENT GROUP**

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December 22, 2020

Theresa Eagleson, Director  
Illinois Department of Healthcare and Family Services  
201 South Grand Avenue East, 3<sup>rd</sup> Floor  
Springfield, IL 62763-0001

RE: State Plan Amendment 20-0011

Dear Ms. Eagleson:

We have reviewed the proposed amendment to your Medicaid State plan submitted under transmittal number 20-0011. This amendment proposes to provide a rate increase for mental health and substance use disorder services.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903(a), and 1923 of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C. We have found that the proposed reimbursement methodology complies with applicable requirements and therefore have approved them with an effective date of September 1, 2020.

If you have any questions, please contact Debi Benson at [Deborah.Benson@cms.hhs.gov](mailto:Deborah.Benson@cms.hhs.gov).

Sincerely,

A solid black rectangular box redacting the signature of Todd McMillion.

Todd McMillion  
Director  
Division of Reimbursement Review

cc:  
Deborah Benson  
Courtenay Savage

|   |   |                       |
|---|---|-----------------------|
| <b>TRANSMITTAL AND NOTICE OF APPROVAL<br/>                 OF STATE PLAN MATERIAL</b><br>FOR: CENTER FOR MEDICARE AND MEDICAID SERVICES | 1. TRANSMITTAL NUMBER<br>20-0011  | 2. STATE:<br>ILLINOIS |
|   | 3. PROGRAM IDENTIFICATION:<br>Title XIX of the Social Security Act (Medicaid) |                       |
| TO: REGIONAL ADMINISTRATOR<br>CENTERS FOR MEDICARE AND MEDICAID SERVICES<br>DEPARTMENT OF HEALTH AND HUMAN SERVICES                     | 4. PROPOSED EFFECTIVE DATE:<br>September 1, 2020                              |                       |

5. TYPE OF PLAN MATERIAL (Check One)


NEW STATE PLAN  AMENDMENT TO BE CONSIDERED AS NEW PLAN  AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

|  |   |
|--|---|
| 6. FEDERAL STATUTE/REGULATION CITATION:<br>42 CFR 440.140(d); 42 CFR 447   | 7. FEDERAL BUDGET IMPACT<br>a. FFY 2020 - \$ 1,137,500<br>b. FFY 2021 - \$ 13,650,000   |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:<br>Appendix to Attachment 3.1-A, Pages 13(A), 14, 15 <sup>MD</sup><br>Attachment 4.19-B, Pages 38, 39, 39A | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):<br>Appendix to Attachment 3.1-A, Pages 13(A), 14, 15 <sup>MD</sup><br>Attachment 4.19-B, Pages 38, 39, 39A |

10. SUBJECT OF AMENDMENT:  
Rate increase for mental health and substance use disorder services

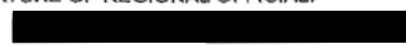
11. GOVERNOR'S REVIEW (Check One)  
 GOVERNOR'S OFFICE REPORTED NO COMMENT  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL  
 OTHER, AS SPECIFIED: Not submitted for review by prior approval.

|  |   |
|--|---|
| 12. SIGNATURE OF AGENCY OFFICIAL:<br> | 16. RETURN TO:<br>Department of Healthcare and Family Services<br>Bureau of Program and Reimbursement Analysis<br>Attn: Mary Doran<br>201 South Grand Avenue East<br>Springfield, IL 62763-0001 |
| 13. TYPED NAME: Theresa Eagleson   |   |
| 14. TITLE: Director of Healthcare and Family Services  |   |
| 15. DATE SUBMITTED: 9/30/2020  |   |

FOR REGIONAL OFFICE USE ONLY

|                                       |                               |
|---------------------------------------|-------------------------------|
| 17. DATE RECEIVED: September 30, 2020 | 18. DATE APPROVED: 12/22/2020 |
|---------------------------------------|-------------------------------|

PLAN APPROVED—ONE COPY ATTACHED

|   |   |
|---|---|
| 19. EFFECTIVE DATE OF APPROVED MATERIAL:<br>September 1, 2020 | 20. SIGNATURE OF REGIONAL OFFICIAL:<br> |
| 21. TYPED NAME: Todd McMillion                                | 22. TITLE: Director, Division of Reimbursement Review   |

23. REMARKS:  
The state removed the coverage pages due to new MAT federal requirements. The state authorized a pen and ink change to boxes 8 and 9.

STATE PLAN UNDER TITLE XIX OF THE *SOCIAL SECURITY ACT*

State: **Illinois**

**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES—  
OTHER TYPE OF CARE—BASIS FOR REIMBURSEMENT**

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09/20 21. REHABILITATIVE SERVICES

Substance Use Disorder Residential Treatment Services

- a. Reimbursement for substance use disorder (SUD) residential treatment services is made through daily payment rates established by the state. The daily payment rates are made for each day of patient care, not including the day of discharge. Reimbursement rates are based on aggregated cost data from providers of SUD residential treatment services and include direct service costs, including salaries, wages, and benefits of direct service personnel, and non-personnel operating costs, including costs for program related supplies and general administration costs. Room and board costs are not reimbursable.

Daily payment rates have been established for the following services:

- Substance Use Disorder Treatment, Medically Monitored Withdrawal Management; ASAM Level 3.7
- Substance Use Disorder Treatment, Adult Day Treatment; ASAM Level 3.5
- Substance Use Disorder Treatment, Adolescent Day Treatment; ASAM Level 3.5
- Substance Use Disorder Treatment, Adolescent Psychiatric Rehabilitation Treatment Facility (PRTF); ASAM Level 3.5 – Adolescent

The rates are established as part of the state-developed fee schedule for both governmental and private providers. The rates were set as of September 1, 2020 and are effective for services provided on or after that date. Rates are published at <https://www.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/>.

For providers, where the updated standard rates result in projected lower overall reimbursement for the services providers are currently licensed to provide, effective September 1, 2020, any existing rate in place on August 31, 2020 will remain in place and not subject to any future increase until the standard rate for that service reaches the same level for all other organizations.

- b. Reserved.

STATE PLAN UNDER TITLE XIX OF THE *SOCIAL SECURITY ACT*

State: **Illinois**

**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES—  
OTHER TYPE OF CARE—BASIS FOR REIMBURSEMENT**

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21. REHABILITATIVE SERVICES

**Substance Use Disorder Treatment, continued**

- 09/20 c. Psychiatric evaluation services are reimbursed on a per encounter basis to psychiatrists at a single statewide rate.