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State/Territory Name: IL

State Plan Amendment (SPA) #: 17-0005

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

Department of Health & Human Services
Centers for Medicare & Medicaid Services
233 North Michigan Avenue, Suite 600
Chicago, Illinois 60601-5519



July 31, 2017

Felicia Norwood, Director
Illinois Department of Healthcare and Family Services
Prescott E. Bloom Building
201 South Grand Avenue East
Springfield, Illinois 62763-0001

Attn: Teresa Hursey

Dear Ms. Norwood:

Enclosed for your records is an approved copy of the following State Plan Amendment.

Transmittal #17-0005 – Enhanced Payments for Certain Psychiatric Services
– Effective Date: July 1, 2017
– Approval Date: July 31, 2017

If you have any questions, please have a member of your staff contact Courtenay Savage at 312-353-3721 or via email at Courtenay.Savage@cms.hhs.gov.

Sincerely,

/s/

Ruth A. Hughes
Associate Regional Administrator
Division of Medicaid and Children's Health Operations

Enclosure

cc: Sara Barger, HFS
Kimberley Cox, HFS
Mary Doran, HFS

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTER FOR MEDICARE AND MEDICAID SERVICES	1. TRANSMITTAL NUMBER 17-0005	2. STATE: ILLINOIS
	3. PROGRAM IDENTIFICATION: Title XIX of the Social Security Act (Medicaid)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE: July 1, 2017	

5. TYPE OF PLAN MATERIAL (Check One)

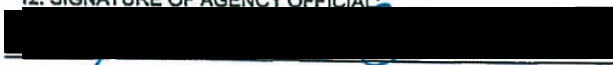
NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

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

6. FEDERAL STATUTE/REGULATION CITATION: Section 1902 of the Social Security Act	7. FEDERAL BUDGET IMPACT a. FFY 2017 - \$2,290,000 ; \$3,375,000 b. FFY 2018 - \$2,290,000 ; \$3,375,000
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B, Page 33C and 37B	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19-B, Page 33C and 37B
10. SUBJECT OF AMENDMENT: Enhanced payments for certain psychiatric 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: 	16. RETURN TO: Department of Healthcare and Family Services Bureau of Program and Reimbursement Analysis Attn: Mary Doran 201 South Grand Avenue East Springfield, IL 62763-0001
13. TYPED NAME: Felicia F. Norwood	
14. TITLE: Director of Healthcare and Family Services	
15. DATE SUBMITTED 6/23/17	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: June 23, 2017	18. DATE APPROVED: July 31, 2017
PLAN APPROVED—ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2017	20. SIGNATURE OF REGIONAL OFFICIAL: /s/
21. TYPED NAME Ruth A. Hughes	22. TITLE: Associate Regional Administrator
23. REMARKS:	

State: Illinois

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES—
OTHER TYPE OF CARE—BASIS FOR REIMBURSEMENT

7. Physician Services, Continued:

- 04/12 Effective April 1, 2012, the reimbursement for the cost of drugs provided by a non-pharmacy provider shall be at a rate equal to the lowest of the provider's usual and customary charge to the public, or:
- The Average Sales Price (ASP) plus 6 percent; or
 - Beginning July 21, 2012, the state upper limit.
 - In cases in which ASP is not available, and beginning July 21, 2012, no state upper limit has been developed, the Department's lowest maximum allowable price for all covered NDC's assigned to the HCPCS billing code determined in accordance with Section 4(a) of this attachment.

All rates are published on the Department's website in the Practitioner Fee Schedule located at <http://www.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/FeeSchedule/>

- ~~07/16/17~~ Effective for dates of service July 1, 2016 ~~2017~~ through ~~June 30~~ December 31, 2017, physicians and APNs partnering with participating providers of Mental Health Rehabilitative Services and who bill the Mental Health Rehabilitative service provider's National Provider Identification (NPI) as their payee will receive an add-on payment. The procedure codes and reimbursement rates subject to the add-on payment are published on the Practitioner Fee Schedule located at <http://www.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/FeeSchedule/>

TN # 17-0005
Supersedes
TN # 16-0003

Approval date: 7/31/17

Effective date: 07/01/2017

State: Illinois STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES—
OTHER TYPE OF CARE—BASIS FOR REIMBURSEMENT

21. REHABILITATIVE SERVICES
 Mental Health Services, continued

07/4607/17 Effective for dates of service July 1, ~~2016~~ 2017 through ~~June 30~~ December 31, 2017, providers of Mental Health Rehabilitative Services will receive an add-on payment. The procedure codes and reimbursement rates subject to the add-on payment are published in the Service Definition and Reimbursement Guide located at <http://www.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/Pages/CMHP.aspx>