

## **Table of Contents**

**State/Territory Name: IL**

**State Plan Amendment (SPA) #: 17-0008**

This file contains the following documents in the order listed:

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

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



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November 1, 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 #17-0008 – Increase in Reimbursement Rates for Community Mental Health Providers  
– Effective Date: August 6, 2017  
– Approval Date: November 1, 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](mailto: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

<b>TRANSMITTAL AND NOTICE OF APPROVAL                  OF STATE PLAN MATERIAL</b> FOR: CENTER FOR MEDICARE AND MEDICAID SERVICES	1. TRANSMITTAL NUMBER <b>17-0008</b>	2. STATE: <b>ILLINOIS</b>
	3. PROGRAM IDENTIFICATION: <b>Title XIX of the Social Security Act (Medicaid)</b>	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE: <b>August 6, 2017</b>	

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: <b>Section 1902 of the Social Security Act</b>	7. FEDERAL BUDGET IMPACT a. FFY 2017 \$537,000 b. FFY 2018 \$3,500,000
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: <b>Attachment 4.19-B, Page 37B</b>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): <b>Attachment 4.19-B, Page 37B</b>

10. SUBJECT OF AMENDMENT:  
**Community Mental Health Providers Rate Increase**

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: <b>Department of Healthcare and Family Services                  Bureau of Program and Policy Coordination                  Attn: Mary Doran                  201 South Grand Avenue East                  Springfield, IL 62763-0001</b>
13. TYPED NAME: <b>Felicia F. Norwood</b>	
14. TITLE: <b>Director of Healthcare and Family Services</b>	
15. DATE SUBMITTED <b>8/22/17</b>	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: <b>August 22, 2017</b>	18. DATE APPROVED: <b>November 1, 2017</b>
PLAN APPROVED—ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>August 6, 2017</b>	20. SIGNATURE OF REGIONAL OFFICIAL: <b>/s/</b>
21. TYPED NAME <b>Ruth A. Hughes</b>	22. TITLE: <b>Associate Regional Administrator</b>
23. REMARKS:	

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

Mental Health Services, continued

- 07/17**      **Effective for dates of service July 1, 2017 through 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>**
- 08/17**      **Effective for dates of service August 6, 2017 and after, providers of Mental Health Rehabilitative Services will receive a 3.2% rate increase. The procedure codes and reimbursement rates subject to the rate increase are published in the Service Definition and Reimbursement Guide located at <http://www.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/Pages/CMHP.aspx>**