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State/Territory Name: Illinois

State Plan Amendment (SPA) #: IL-19-0007

This file contains the following documents in the order listed:

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



Regional Operations Group

December 20, 2019

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

Attn: Douglas Elwell

Dear Ms. Eagleson:

This is a revised approval letter for State Plan Amendment IL-19-0007 to reflect the correct approval date. Enclosed for your records is an approved copy of the following State Plan Amendment.

Transmittal #19-0007	-Increases Rates for Behavioral Health Services
	-Effective Date: July 1, 2019
	-Approval Date: December 20, 2019

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
Deputy Director
Center for Medicaid and CHIP Services
Regional Operations Group

Enclosure

cc: Sara Barger, HFS
Mary Doran, HFS
Jane Eckert, HFS



Regional Operations Group

December 19, 2019

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

Attn: Douglas Elwell

Dear Ms. Eagleson:

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

Transmittal #19-0007	-Increases Rates for Behavioral Health Services
	-Effective Date: July 1, 2019
	-Approval Date: December 10, 2019

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
Deputy Director
Center for Medicaid and CHIP Services
Regional Operations Group

Enclosure

cc: Sara Barger, HFS
Mary Doran, HFS
Jane Eckert, HFS

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTER FOR MEDICARE AND MEDICAID SERVICES	1. TRANSMITTAL NUMBER 19-0007	2. STATE: ILLINOIS
	3. PROGRAM IDENTIFICATION: Title XIX of the <i>Social Security Act</i> (Medicaid)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE: July 1, 2019	

5. TYPE OF PLAN MATERIAL (Check One)

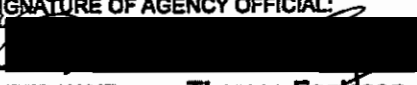
NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

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

6. FEDERAL STATUTE/REGULATION CITATION: Section 1902 of the <i>Social Security Act</i>	7. FEDERAL BUDGET IMPACT a. FFY 2019 \$5,265,625 b. FFY 2020 \$21,062,500
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B, Page 33C Attachment 4.19-B, Page 37B	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (if Applicable): Attachment 4.19-B, Page 33C Attachment 4.19-B, Page 37B
10. SUBJECT OF AMENDMENT: Rate increase for behavioral health services for physicians, CMHCs and other relevant providers	

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: Theresa Eagleton	
14. TITLE: Director of Healthcare and Family Services	
15. DATE SUBMITTED: 9/27/19	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: September 27, 2019	18. DATE APPROVED: December 20, 2019
PLAN APPROVED—ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2019	20. SIGNATURE OF REGIONAL OFFICIAL: /s/
21. TYPED NAME: Ruth A. Hughes	22. TITLE: Deputy Director

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

7. Physician Services, Continued:

- 07/18/19 Effective for dates of service ~~July 1, 2018 through June 30, 2019~~ July 1, 2019 and after, 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 <https://www.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/Pages/default.aspx>
- 07/19 Effective for dates of service July 1, 2019 and after, certain office visits and behavioral health procedure codes billable by physicians board certified in psychiatry and APNs with a psychiatric certification will be reimbursed at the Medicare rate in effect on July 1, 2019. The procedure codes and reimbursement rates subject to the rate increase are published on the Practitioner Fee Schedule located at: <https://www.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/Pages/default.aspx>

TN # ~~19-0012~~ 19-0007
Supersedes
TN # 17-0006

Approval date: 12/20/2019

Effective date: 07/01/2019

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

07/4819 Effective for dates of service July 1, 2018 through June 30, 2019 July 1, 2019 and after, 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 <https://www.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/Pages/CMHP.aspx>

07/19 Effective for dates of service July 1, 2019 and after, providers of Mental Health Rehabilitative Services will receive a 2.5% rate increase. The procedure codes and reimbursement rates subject to the rate increase are published in the Community Based Behavioral Services Fee Schedule located at <https://www.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/Pages/CMHP.aspx>