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State/Territory Name: IL

State Plan Amendment (SPA) #: 19-0017

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 N. Michigan Avenue, Suite 600
Chicago, Illinois 60601-5519



Regional Operations Group

January 17, 2020

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 #19-0017 | -Adds Applied Behavioral Analysis Benefit |
| | -Effective Date: January 1, 2020 |
| | -Approval Date: January 16, 2020 |

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: 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 19-0017 | 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: January 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: Section 1902 of the Social Security Act | 7. FEDERAL BUDGET IMPACT a. FFY 2020 \$15,750,000 b. FFY 2021 \$21,000,000 |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Appendix to Attachment 3.1-A, Page 4A Attachment 4.19-B, Page 47D | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Appendix to Attachment 3.1-A, Page 4A, ces 1/15/20 g |

10. SUBJECT OF AMENDMENT:
Coverage of Autism Spectrum Disorder through Applied Behavior Analysis

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 Eagleson | |
| 14. TITLE: Director of Healthcare and Family Services | |
| 15. DATE SUBMITTED 4-12-19 | |

FOR REGIONAL OFFICE USE ONLY

| | |
|--|--|
| 17. DATE RECEIVED: September 12, 2019 | 18. DATE APPROVED: January 16, 2020 |
| PLAN APPROVED—ONE COPY ATTACHED | |

| | |
|--|---|
| 19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2020 | 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

AMOUNT, DURATION, AND SCOPE OF SERVICES

6d. OTHER PRACTITIONER SERVICES (continued)

01/20 Behavior Analyst services - Covered services are limited to the medically necessary treatment of autism spectrum disorder (ASD) provided by a Licensed Clinical Social Worker (LCSW) or a Licensed Clinical Psychologist (LCP) within their scope of practice as defined by State law and who maintains a Board Certified Behavior Analyst certification.

Services are limited to children under the age of 21. Prior approval is required for the provision of services.

01/20 Services performed by a Registered Behavior Technician (RBT) practicing under the direct, close and ongoing supervision of a Board Certified Behavior Analyst holding a LCSW or LCP license are limited to the medically necessary treatment of ASD. Such providers will assume professional responsibility for the services provided by the RBT under their supervision.

Services are limited to children under the age of 21. Prior approval is required for the provision of services.

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

26. Other Practitioner Services

- A. Psychologists. Reimbursement is made at the lesser of the usual and customary charge to the general public or statewide maximum established by the Department. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of psychologists services. Psychologists will be reimbursed at 75% of the physician reimbursement rate. The agency's fee schedule rate was set as of January 1, 2017, and is effective for services provided on or after that date. All rates are published on the Department's website in the Psychologist/LCSW Fee Schedule located at <http://www.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/Pages/>
- 01/17 B. Social Workers. Reimbursement is made at the lesser of the usual and customary charge to the general public or statewide maximum established by the Department. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of social worker services. Social workers will be reimbursed at 75% of the physician reimbursement rate. The agency's fee schedule rate was set as of January 1, 2017, and is effective for services provided on or after that date. All rates are published on the Department's website in the Psychologist/LCSW Fee Schedule located at <http://www.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/Pages/>
- 01/20 C. Licensed Clinical Psychologists and Licensed Clinical Social Workers certified as a Board Certified Behavior Analysts (BCBA). Reimbursement is made at the lesser of the usual and customary charge to the general public or statewide maximum established by the Department. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of social worker services. The agency's fee schedule rate was set as of January 1, 2020, and is effective for services provided on or after that date. All rates are published on the Department's website in the BCBA/Registered Behavior Technician Fee Schedule located at <http://www.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/Pages/>
- D. Registered Behavior Technicians (RBT). Reimbursement is made at the lesser of the usual and customary charge to the general public or statewide maximum established by the Department. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of social worker services. The agency's fee schedule rate was set as of January 1, 2020, and is effective for services provided on or after that date. All rates are published on the Department's website in the BCBA/Registered Behavior Technician Fee Schedule located at <http://www.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/Pages/>