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**State/Territory Name: Illinois** 

State Plan Amendment (SPA) #: 21-0015

This file contains the following documents in the order listed:

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

# **DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services 601 E. 12th St., Room 355 Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

July 1, 2022

Theresa EaglesonDirector Illinois Department of Healthcare and Family Services201 South Grand Avenue East 3rd Floor Springfield, IL 62763-0001

Re: Illinois State Plan Amendment (SPA) 21-0015Dear Ms. Eagleson:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 21-0015. This amendment proposes to allow licensed clinical professional counselors and licensed marriage and family therapists to enroll in Medicaid and bill fee-for-service.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations. This letter is to inform you that Illinois Medicaid SPA 21-0015 was approved on July 1, 2022, with an effective date of December 1, 2021.

If you have any questions, please contact Courtenay Savage at 708-567-2048 or via email at <a href="mailto:Courtenay.Savage@cms.hhs.gov">Courtenay.Savage@cms.hhs.gov</a>.

Sincerely,

Digitally signed by es -S 07.01

Ruth A. Hughes, Acting Director Division of Program Operations

Enclosures

cc: Kelly Cunningham

Mary Doran Jane Eckert

	1. TRANSMITTAL NUMBER	2. STATE:
TRANSMITTAL AND NOTICE OF APPROVAL	21-0015	ILLINOIS
OF STATE PLAN MATERIAL FOR: CENTER FOR MEDICARE AND MEDICAID SERVICES	3. PROGRAM IDENTIFICATION:	
	Title XIX of the Social Security Act (Medicaid)	
TO: REGIONAL ADMINISTRATOR	.4. PROPOSED EFFECTIVE DATE: December 1, 2021	
CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		
5. TYPE OF PLAN MATERIAL (Check One)		
[ ] NEW STATE PLAN [ ] AMENDMENT TO BE CONSIDERED	DAS NEW PLAN [X] AMENDM	ENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AM	ENDMENT (Separate Transmittal I	or each amendment)
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT	
42 CFR 440.60	a. FFY 2022 - \$3,170,000	
	b. FFY 2023 - \$3,800,00	0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):	
Appendix to Attachment 3.1-A, Page 4A Attachment 4.19-B, Page 47E	Appendix to Attachment 3.1-A, Page 4A	
10. SUBJECT OF AMENDMENT:		
Licensed clinical professional counselors (LCPC) and licens	ed marriage and family thera	pists (LMFT)
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 [X] OTHER, AS SPECIFIED: Not submitted for review by prior app	roval.	
12. SIGNATURE OF AGENCY OFFICIAL:	16. RETURN TO:  Department of Healthcare and Family Services Bureau of Program and Policy Coordination Attn: Mary Doran 201 South Grand Avenue East Springfield, IL 62763-0001	
13. TYPED NAME: Theresa Fagleson		
Theresa Lagicson		
14. TITLE: Director of Healthcare and Family Services		
15. DATE SUBMITTED 11/30/21		
FOR REGIONAL	OFFICE USE ONLY	
17. DATE RECEIVED: December 1, 2021	18. DATE APPROVED: Ju	ıly 1, 2022
PLAN APPROVED-	ONE COPY ATTACHED	***************************************
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONA	ALO,FFICIAL: Digitally signed by Ruth Hughe
December 1, 2021		ite: 2022.07.01 14:15:45 -05'0
21. TYPED NAME Ruth A. Hughes	22. TITLE: Acting Direct	tor, Program of Operations
23. REMARKS:		
	****	
FORM CMS-179 (07/92) Instruct	ions on Back	

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

State: Illinois

### AMOUNT, DURATION, AND SCOPE OF SERVICES

# 6d. OTHER PRACTITIONER SERVICES (continued)

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.

O1/20 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.

- Licensed Clinical Professional Counselors Effective December 1, 2021, Licensed Clinical Professional Counselors will be enrolled to provide behavioral health services. Covered services are limited to those under the Licensed Clinical Professional Counselors' scope of practice as defined by State law.
- Licensed Marriage and Family Therapists Effective December 1, 2021, Licensed Marriage and Family Therapists will be enrolled to provide behavioral health services. Covered services are limited to those under the Licensed Marriage and Family Therapists' scope of practice as defined by State law.

## 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

- E. Licensed Clinical Professional Counselors. 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 clinical professional counselor services. Licensed Clinical Professional Counselors will be reimbursed at 75% of the physician reimbursement rate. The agency's fee schedule rate was set as of December 1, 2021, and is effective for services provided on or after that date. All rates are published on the Department's website in the Licensed Practitioner of the Healing Arts (LPHA) Fee Schedule located at <a href="http://www.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/Pages/">http://www.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/Pages/</a>
- F. Licensed Family and Marriage Therapists. 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 family and marriage therapist services. Licensed Family and Marriage and Therapists will be reimbursed at 75% of the physician reimbursement rate. The agency's fee schedule rate was set as of December 1, 2021, and is effective for services provided on or after that date. All rates are published on the Department's website in the Licensed Practitioner of the Healing Arts (LPHA) Fee Schedule located at <a href="http://www.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/Pages/">http://www.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/Pages/</a>

TN # 21-0015 Approval date: 07/01/2022 Effective date: 12/01/2021