

Table of Contents

State/Territory Name: Illinois

State Plan Amendment (SPA) #: 22-0008

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

Department of Health & Human Services
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850



FINANCIAL MANAGEMENT GROUP

Division of Reimbursement Review

July 15, 2022

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

RE: State Plan Amendment 22-0008

Dear Ms. Eagleson:

We have reviewed the proposed amendment to your Medicaid State plan submitted under transmittal number 22-0008. This amendment updates rates for Mental Health Rehab Services.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903(a) of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C. We have found that the proposed reimbursement methodology complies with applicable requirements and therefore have approved them with an effective date of April 1, 2022.

If you have any questions, please contact Debi Benson at Deborah.Benson@cms.hhs.gov.

Sincerely,



Todd McMillion
Director
Division of Reimbursement Review

Enclosure

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER <u>2 2 - 0 0 0 8</u>	2. STATE <u>IL</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	
4. PROPOSED EFFECTIVE DATE April 1, 2022	
6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2022</u> \$ <u>630,000</u> b. FFY <u>2023</u> \$ <u>1,260,000</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <u>Attachment 4.19-B, Page 36</u>	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (if Applicable) <u>Attachment 4.19-B, Page 36</u>

0. CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. FEDERAL STATUTE/REGULATION CITATION
2 CFR 440.130


7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 4.19-B, Page 36

1. SUBJECT OF AMENDMENT
Medication administration rates.

10. 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, ASSPECIFIED:

1. SIGNATURE OF STATE AGENCY OFFICIAL


2. TYPED NAME
Theresa Eagleson

3. TITLE
Director of Healthcare and Family Services

4. DATE SUBMITTED
4/19/2022

15. 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

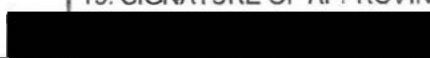
FOR CMS USE ONLY

6. DATE RECEIVED <u>April 19, 2022</u>	17. DATE APPROVED <u>July 15, 2022</u>
---	---

PLAN APPROVED - ONE COPY ATTACHED

8. EFFECTIVE DATE OF APPROVED MATERIAL
April 1, 2022

20. TYPED NAME OF APPROVING OFFICIAL
Todd McMillion

19. SIGNATURE OF APPROVING OFFICIAL


21. TITLE OF APPROVING OFFICIAL
Director, Division of Reimbursement Review

22. 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**

07/12 21. REHABILITATIVE SERVICES:

Mental Health Rehabilitative Services

07/18 For services found under Attachment 3.1-A, Mental Health Rehabilitative Services, the state pays the lessor of: 1) provider charges, or 2) the maximum fee schedule rate for mental health rehabilitative services.

04/22 Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of mental health rehabilitative services. The agency's fee schedule rate was set as of April 1, 2022, and is effective for services provided on or after that date. All rates are published on the HFS website at <http://www.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/>

The fee schedule shall detail the unit of service, rate of reimbursement and applicable modifiers. The rates do not include costs related to room and board or any other unallowable facility costs.

Assertive Community Treatment (ACT), Community Support and Mobile Crisis Response services are reimbursed using a bundled payment methodology (i.e. single rate for multiple levels of different practitioners or clinical activities). The agency shall establish procedures to annually review provider costs and service expenditures to ensure that beneficiaries receive the types, quantity and intensity of services to meet their medical needs and that rates are economic and efficient.

The services will be monitored via encounter data to ensure adequate service mix. Services must meet the LPHA recommendations from the service plan.