

Table of Contents State/

Territory Name: ILLINOIS

State Plan Amendment (SPA) #: 22-0023

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

December 9, 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 22-0023

Dear Ms. Eagleson:

We have reviewed the proposed amendment to your Medicaid State plan submitted under transmittal number 22-0023. This amendment establishes reimbursement rates for professionals eligible for Psychiatric Collaborative Care 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 July 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 2 3</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 <u>July 1, 2022</u>	
6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2022</u> \$ <u>187,500</u> b. FFY <u>2023</u> \$ <u>750,000</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <u>Attachment 4.19-B, Pages 31B3, 31D, 33C and 48C</u>	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <u>Attachment 4.19-B, Pages 31B3, 31D, 33C and 48C</u>


TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR 440.20, 42 CFR 440.50 and 42 CFR 440.90


9. SUBJECT OF AMENDMENT
Collaborative Care Model reimbursement

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, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL 	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
12. TYPED NAME Theresa Eagleson	
13. TITLE Director of Healthcare and Family Services	
14. DATE SUBMITTED <u>9/30/22</u>	

FOR CMS USE ONLY

16. DATE RECEIVED <u>September 30, 2022</u>	17. DATE APPROVED <u>December 9, 2022</u>
PLAN APPROVED - ONE COPY ATTACHED	
18. EFFECTIVE DATE OF APPROVED MATERIAL <u>July 1, 2022</u>	19. SIGNATURE OF APPROVING OFFICIAL 
20. TYPED NAME OF APPROVING OFFICIAL <u>Todd McMillion</u>	21. TITLE OF APPROVING OFFICIAL <u>Division of Reimbursement Review</u>

22. REMARKS
State approved pen and ink change via email dated 12/2/22.

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**

7. Physician Services, Continued:
- 07/19 Effective for dates of service 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 <http://www.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/FeeSchedule/>
- 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>
- 07/22 Effective for dates of service July 1, 2022 and after, physician or APN-led teams of qualified professionals shall be eligible to receive reimbursement for psychiatric collaborative care model (CoCM) services. Reimbursement for CoCM services billed under the lead practitioner's name and provider number shall be made at 75% of the Medicare rates in effect as of January 1, 2022. Reimbursement shall be made at a rate of \$98.07 for each month of service for teams billed under an FQHC, RHC, encounter rate, or critical care clinic's provider number.