

## **Table of Contents**

**State/Territory Name: Illinois**

**State Plan Amendment (SPA) #: 22-0026**

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**

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**Division of Reimbursement Review**

September 29, 2022

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

RE: State Plan Amendment 22-0026

Dear Ms. Eagleson:

We have reviewed the proposed amendment to your Medicaid State plan submitted under transmittal number 22-0026. This amendment provides for an add-on payment for providers of Mental Health Rehabilitative Services.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), and 1902(a)(30) 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](mailto:Deborah.Benson@cms.hhs.gov).

Sincerely,

A solid black rectangular box redacting the signature of Todd McMillion.

Todd McMillion  
Director  
Division of Reimbursement Review

Enclosure


<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER <u>2 2 — 0 0 2 6</u>	2. STATE <u>IL</u>
	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE <b>July 1, 2022</b>	
5. FEDERAL STATUTE/REGULATION CITATION 42 CFR 440.130, 42 CFR 440.169	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a FFY <u>2022</u> \$ <u>16,633,750</u> b FFY <u>2023</u> \$ <u>66,535,000</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B, Pages 36, 37B, 37C, 46	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4.19-B, Pages 36, 37B, 46	

9. SUBJECT OF AMENDMENT  
**Rate increase and introduction of access payments for mental health services**

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

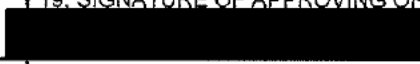
OTHER, AS SPECIFIED:

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 <b>7/20/22</b>	

**FOR CMS USE ONLY**

16. DATE RECEIVED <b>July 21, 2022</b>	17. DATE APPROVED <b>September 29, 2022</b>
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**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL <b>July 1, 2022</b>	19. SIGNATURE OF APPROVING OFFICIAL 
20. TYPED NAME OF APPROVING OFFICIAL <b>Todd McMillion</b>	21. TITLE OF APPROVING OFFICIAL <b>Director, Division of Reimbursement Review</b>

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**

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07/12 21. REHABILITATIVE SERVICES:

Mental Health Rehabilitative Services

07/22 a. For all 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.

07/22 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 July 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.

Providers are required to maintain complete clinical and financial records, available upon request to HFS, which formed the basis of all claims and statistical and financial reports for at least six years from the date of service. For each individual covered service furnished by the provider organization, the records must include: the date of service, name of the customer, the customer's Medicaid identification number, the name and qualifications of the practitioner rendering the service, the type and extent of services rendered, the units of service rendered, and the place of service. The provider's records must also clearly demonstrate the provider's costs by practitioner and type of service actually delivered and any payments claimed by the provider for furnishing services. In the absence of proper and complete records, no payment will be made and payments previously made will be recouped.

b. 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). Providers must make all records, as detailed in section 21.a of this attachment 4.19-B, related to the provision of these services available to HFS upon request. HFS will 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.

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**

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21. REHABILITATIVE SERVICES

Mental Health Services, continued

- 07/22 c. Effective for dates of service July 1, 2019, through June 30, 2022, 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 Community Based Behavioral Services Fee Schedule located at <http://www.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/Pages/CMHP.aspx>. Effective for dates of service July 1, 2022 and after, add-on payments will be incorporated into the agency's maximum fee schedule rates.
- 07/22 d. Community Support Access Payment
- i. Qualifying criteria. Community Mental Health Centers and Behavioral Health Clinics enrolled to provide community support services delivered by a multidisciplinary team as defined in Appendix to Attachment 3.1-A, Section 13.d are eligible for this payment.
  - ii. Payment. Effective July 1, 2022, payments will be made to eligible providers as follows:
    - a. Each provider shall receive a payment that is equal to the product of \$4,200 multiplied by the number of individuals served who received 200 units or more of community support services delivered by a multidisciplinary team during the base year.
    - b. Payments shall be made in 12 equal monthly installments to the provider by no later than the last day of each month.
    - c. The base year used for determining payments to providers under this subsection shall be calendar year 2019 for state fiscal year 2023 and state fiscal year 2024. Beginning with state fiscal year 2025 and for each state fiscal year thereafter, the base year shall be adjusted to the calendar year ending 18 months prior to the start of the state fiscal year.

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**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES—  
OTHER TYPE OF CARE—BASIS FOR REIMBURSEMENT**

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- 07/22 e. Assertive Community Treatment Access Payment
- i. Qualifying criteria. Community Mental Health Centers enrolled to provide assertive community treatment services as defined in Appendix to Attachment 3.1-A, Section 13.d are eligible for this payment.
  - ii. Payment. Effective July 1, 2022, payments will be made to eligible providers as follows:
    - a. Each provider shall receive a payment that is equal to the product of \$6,000 multiplied by the number of individuals served by the provider who received 300 units or more of assertive community treatment services during the base year.
    - b. Payments shall be made in 12 equal monthly installments to the provider by no later than the last day of each month.
    - c. The base year used for determining payments to providers under this subsection shall be calendar year 2019 for state fiscal year 2023 and state fiscal year 2024. Beginning with state fiscal year 2025 and for each state fiscal year thereafter, the base year shall be adjusted to the calendar year ending 18 months prior to the start of the state fiscal year.

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**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES—  
OTHER TYPE OF CARE—BASIS FOR REIMBURSEMENT**

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- Physically disabled children age 0 to 21 who live in their own home who require less than shift nursing but otherwise need a level of care equivalent to SNF or ICF;
- Children age 0 to 3 at risk of developmental delay who require early intervention;
- Children age birth to 21 years with medical needs who also receive special education services;
- Infants at risk of infant mortality as a result of cocaine, genetics or medical condition; and
- Children who are Medicaid eligible who have identifiable symptoms, risks or behaviors that are interfering with the quality of life and can be helped by a treatment plan and recognized medical care and supervision.

07/22 TARGETED CASE MANAGEMENT—TARGET GROUP A

Targeted case management services provided to individuals under Target Group A, as specified in Supplement 1 to Attachment 3.1-A, shall be made at the lessor of: 1) provider charges, or 2) the maximum fee schedule rate for targeted case management services.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of targeted case management services. The agency's fee schedule rate was set as of July 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. The annual maximum units for case management services/coordination will not exceed 240 hours. Such units are billed in 15 minute increments. The annual maximum units for rehabilitative transition linkage and aftercare services shall not exceed 40 hours and such units are billed in 15 minute increments.