

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Illinois

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES TO THE
CATEGORICALLY NEEDY

- 07/07 8. An individual with a master's degree and at least one year of clinical experience in mental health services and who holds a license to practice marriage and family therapy pursuant to the *Marriage and Family Therapist Licensing Act* [225 ILCS 55].
- 07/07 9. An individual with a master's degree and at least two years of clinical experience in mental health services and licensed for the practice of clinical professional counseling pursuant to the *Professional Counselor and Clinical Professional Counselor Licensing Act* [225 ILCS 107].
- 07/07 10. An individual possessing a master's or doctoral degree in counseling and guidance, rehabilitation counseling, social work, psychology, pastoral counseling, or family therapy, or related field who has successfully completed a practicum and/or internship which includes 1,000 hours, or who has one year of clinical experience under the supervision of a qualified mental health professional.
- 07/0705/12 An MHP provides rehabilitative services under the supervision of a QMHP. The MHP must be one of the following:
1. An individual possessing a bachelor's degree in counseling and guidance, rehabilitation counseling, social work, education, vocational counseling, psychology, pastoral counseling, family therapy, or related human service field; or a bachelor's degree in any other field with two years of supervised clinical experience in a mental health setting.
 2. A practical nurse licensed pursuant to the *Illinois Nursing and Advanced Practice Nursing Act* [225 ILCS 65].
 3. An individual possessing a certificate of psychiatric rehabilitation from a DHS-approved program, plus a high school diploma or GED, plus two years experience in providing mental health services. The curriculum for the certificate is approved by the State Board of Education and provided by accredited academic institutions.
 4. A recovery support specialist certified by and in good standing with the Illinois Alcohol and Other Drug Abuse Professional Certification Association, Inc.
 5. A family partnership professional certified by and in good standing with the Illinois Alcohol and Other Drug Abuse Professional Certification Association, Inc.
 46. A licensed occupational therapy assistant with at least one year of experience in a mental health setting.
 57. An individual with a high school diploma or GED and a minimum of five years supervised clinical experience in mental health or human services.
 8. Any individual employed as an MHP prior to July 1, 2011 may continue to be so designated unless employment changes.
- 07/07 An RSA assists in the provision of services under the supervision of a QMHP. An RSA must be at least 21 years of age, have demonstrated skills in the field of services to adults or children, have demonstrated the ability to work within agency structure and accept supervision, and have demonstrated the ability to work constructively with clients, other providers and the community.
- 07/96 Mental health services include:
- 07/07 1. Assessment: A formal process of gathering information regarding a client's mental and physical status, resulting in the identification of a client's mental health service

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- needs and recommendations for service delivery. A QMHP or MHP is responsible for the completion of the assessment. An LPHA must review and approve the assessment.
- 07/07 2. Treatment plan development: A process that results in a written treatment plan, developed with the participation of the client and the client's parent/guardian, if applicable. The treatment plan is client focused; it defines the specific mental health services to be provided, the client's goals for those services and the staff responsible for delivering the services. A QMHP or MHP is responsible for the development of the treatment plan. An LPHA must review and approve the treatment plan.
- 07/07 3. Psychiatric treatment: This service includes psychotherapy, counseling and psychotropic medication management.
- a. Psychotherapy/counseling utilizes psychotherapy theory and techniques and may be provided by a QMHP or MHP. Services are provided to eligible individuals, families, or groups of individuals.
 - b. Psychotropic medication management:
 - Medication administration: The service consists of preparing the client and the medication for administration, administering psychotropic medications, and observing the client for possible adverse reactions. Staff eligible to provide the service are personnel licensed to administer medication pursuant to the *Nursing and Advance Practice Nursing Act* or the *Medical Practice Act of 1987*, e.g., a physician, a psychiatrist, advanced practice nurse, registered nurse and a practical nurse.
 - Medication monitoring: The service includes observation and evaluation of target symptom response, adverse effects and new target symptoms or medication. Staff eligible to provide the service must be designated in writing by a physician or an advanced practice nurse per a collaborative agreement
 - Medication training: The service includes training clients on self-administration and safeguarding of medication and communication with other professionals, family or caregivers on medication issues. Staff eligible to provide the service must be designated in writing by a physician or an advanced practice nurse per a collaborative agreement.
- 07/07 4. Crisis intervention: A service that includes crisis assessment, short-term intervention, and referral for persons who appear to need immediate intensive intervention. Staff eligible to provide this service include QMHPs and MHPs with access to a QMHP who is available for immediate consultation.
- 07/07 5. Psychosocial rehabilitation: A facility-based rehabilitative therapy for individuals to increase abilities and resources necessary for community living, socialization, work and recovery. Core activities include cognitive-behavioral interventions, problem

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- solving, interventions to reduce or ameliorate symptoms of co-occurring disorder and other rehabilitative interventions. Psychosocial rehabilitation is provided in an organized program through individual and group interventions. The focus of treatment interventions includes capacity building to facilitate independent living and adaptation, problem solving and coping skills development. Staff eligible to provide this service include QMHP, MHP and RSA.
- 07/07 6. Community support: The service consists of therapeutic interventions that facilitate illness self-management, identification and use of natural supports and skill building. The service includes engaging the client to have input into their service delivery and recovery process; development of relapse prevention strategies and plans; assistance in development of functional, interpersonal and community coping skills (including adaptation to home, school, family and work environments); and skill-building related to symptom self-monitoring. Community support is provided primarily in an individual's home, current residential setting and other natural settings; this does not include IMDs. Community support may be provided to an individual or to a group of individuals. Staff eligible to provide this service include QMHP, MHP, and RSA, or a multidisciplinary team with these credentials.
- 07/07 7. Assertive community treatment (ACT): Comprehensive intensive integrated crisis, treatment and rehabilitative supports provided by an interdisciplinary team to individuals with serious and persistent mental illness or co-occurring mental health and alcohol/substance abuse disorders. The service is intended to promote symptom stability and appropriate use of psychotropic medications as well as restore personal care, community living, work and social skills. This comprehensive service includes counseling and psychotherapy, medication management and monitoring, skill building and crisis stabilization services. The focus of treatment interventions is the restoration of functional skills (e.g., psychosocial, adaptive, self-care) to promote and maintain community living. ACT is available 24 hours per day, seven days a week. ACT is directed to adults 18 and over with multiple and frequent psychiatric inpatient readmissions and use of crisis/emergency services. ACT team members, which include QMHPs, MHPs and RSAs, are supervised by a licensed clinician who serves as a full-time team leader.
- 07/07 8. Comprehensive rehabilitation services: This is an array of mental health services as defined above with the exception of assertive community treatment, where one or more of the mental health services are provided on an encounter basis to an eligible child, under 21 years of age, who is in a State-approved living arrangement. The state-approved living arrangement does not include IMDs. Reimbursement is only for mental health rehabilitative services, not room and board. Staff eligible to provide the service include QMHPs, MHPs, and RSAs.
- The reimbursement methodology for comprehensive rehabilitation services will end, effective June 30, 2008.

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