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State/Territory Name: IL

State Plan Amendment (SPA) #: 16-0005

This file contains the following documents in the order listed:

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

Department of Health & Human Services
Centers for Medicare & Medicaid Services
233 North Michigan Avenue, Suite 600
Chicago, Illinois 60601-5519



April 26, 2018

Felicia Norwood, Director
Illinois Department of Healthcare and Family Services
Prescott E. Bloom Building
201 South Grand Avenue East
Springfield, Illinois 62763-0001

Attn: Teresa Hursey

Dear Ms. Norwood:

Enclosed for your records is an approved copy of the following State Plan Amendment.

Transmittal #16-0005 – Integrated Assessment Treatment Plan Tool
– Effective Date: July 1, 2018
– Approval Date: April 24, 2018

If you have any questions, please have a member of your staff contact Courtenay Savage at 312-353-3721 or via email at Courtenay.Savage@cms.hhs.gov.

Sincerely,

/s/

Ruth A. Hughes
Associate Regional Administrator
Division of Medicaid and Children's Health Operations

Enclosure

cc: Teresa Jursey, HFS
Sara Barger, HFS
Kimberley Cox, HFS
Mary Doran, HFS

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTER FOR MEDICARE AND MEDICAID SERVICES	1. TRANSMITTAL NUMBER 16-0005	2. STATE: ILLINOIS
	3. PROGRAM IDENTIFICATION: Title XIX of the <i>Social Security Act</i> (Medicaid)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE: July 1, 2017 2018 <i>2018</i> <i>JED</i>	

5. TYPE OF PLAN MATERIAL (*Check One*)


NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION: Section 1902 of the <i>Social Security Act</i>	7. FEDERAL BUDGET IMPACT a. FFY 18 2017 \$2,937,500 b. FFY 19 2018 \$11,750,000 <i>JED</i>
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Appendix to Attachment 3.1-A, Page 16, 16(A), 16(A)(1), 16(B) Attachment 4.19-B, Page 36	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Appendix to Attachment 3.1-A, Page 16, 16(A), 16(B) Attachment 4.19-B, Page 36, 37, 37(A)

10. SUBJECT OF AMENDMENT:
Integrated Assessment and Treatment Plan Tool

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
 OTHER, AS SPECIFIED: Not submitted for review by prior approval.

12. SIGNATURE OF AGENCY OFFICIAL: 	16. RETURN TO: Department of Healthcare and Family Services Bureau of Program and Reimbursement Analysis Attn: Mary Doran 201 South Grand Avenue East Springfield, IL 62763-0001
13. TYPED NAME: Felicia F. Norwood	
14. TITLE: Director of Healthcare and Family Services	
15. DATE SUBMITTED 9/30/16 ces	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: September 30, 2016	18. DATE APPROVED: April 24, 2018
PLAN APPROVED—ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2018	20. SIGNATURE OF REGIONAL OFFICIAL: /s/
21. TYPED NAME Ruth A. Hughes	22. TITLE: Associate Regional Administrator
23. REMARKS:	

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 Mental Health Rehabilitative Services

~~07/07~~ 07/17 Rehabilitative mental health services are to be delivered by providers certified for Medicaid participation ~~by designated State agencies. Certified provider types may include Community Mental Health Centers, Behavioral Health clinics, Independent Practitioners and other entities as defined by the Illinois Medicaid Program. Each provider type or entity will provide an array of services as outlined below and approved by the Illinois Medicaid Program. A physician, a licensed advanced practice nurse with psychiatric specialty, a licensed clinical psychologist, a licensed clinical professional counselor, a licensed marriage and family therapist, or a licensed clinical social worker as licensed practitioners of the healing arts (LPHA) will review the assessment and may recommend medical or remedial services necessary to reduce the physical or mental disability of an individual and to restore an individual to the maximum possible functioning level.~~

07/17 A Licensed Practitioner of the Healing Arts (LPHA) will review the assessment and may recommend medical or remedial services necessary to reduce the physical or mental disability of an individual and to restore an individual to the maximum possible functioning level. A Licensed Practitioner of the Healing Arts (LPHA) shall provide mental health services within their scope of practice, as defined by State law, and include the following:

1. A physician licensed under the *Medical Practice Act of 1987* [225 ILCS 60] to practice medicine or osteopathy with training in mental health services or one year of supervised clinical experience in treating problems related to mental illness or specialized training in the treatment of children and adolescents.
2. An advanced practice nurse with a psychiatric specialty licensed pursuant to the Illinois Nursing and Advanced Practice Nursing Act [225 ILCS 65].
3. A psychologist licensed under the Clinical Psychologist Licensing Act [225 ILCS 15] with specialized training in mental health services.
4. A social worker possessing a master's or doctoral degree in social work and licensed under the Clinical Social Work and Social Work Practice Act [225 ILCS 20] as a Licensed Clinical Social Worker (LCSW) with specialized training in mental health services or with two years of experience in mental health services.
5. An individual possessing a master's or doctoral degree in marriage and family therapy under the Marriage and Family Therapist Licensing Act [225 ILCS 55] with specialized training in mental health services or with two years of experience in mental health services.
6. 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 All treatment is focused on the Medicaid eligible client. Any consultation or treatment involving families or other persons is solely for the purpose of addressing the mental health needs of the Medicaid client.

07/07 Mental health services are provided to clients of all ages, unless otherwise specified.

07/07 Qualified mental health professionals (QMHPs), mental health professionals (MHPs) and rehabilitative services associates (RSAs) provide mental health services within their scope of practice, as defined by State law. A QMHP is defined as one of the following:

1. All individuals qualified as an LPHA.
2. A registered nurse licensed pursuant to the Illinois Nursing and Advanced Practice Nursing Act [225 ILCS 65] with at least one year of clinical experience in a mental health setting or master's degree in psychiatric nursing.
3. An occupation therapist registered pursuant to the Illinois Occupational Therapy Practice Act [225 ILCS 75] with at least one year of clinical experience in a mental health setting who meets the requirements and qualifications in 42 CFR 440.110.

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

-
- ~~1. A physician licensed under the *Medical Practice Act of 1987* [225 ILCS 60] to practice medicine or osteopathy with training in mental health services or one year of clinical experience, under supervision, in treating problems related to mental illness, or specialized training (the treatment of children and adolescents).~~
 - ~~2. A psychiatrist (a physician licensed under the *Medical Practice Act of 1987* [225 ILCS 60]) who has successfully completed a training program in psychiatry approved by the American Medical Association, the American Osteopathic Association or other training program identified as equivalent by the Department.~~
 - ~~3. A psychologist licensed under the *Clinical Psychologist Licensing Act* [225 ILCS 15]) with specialized training in mental health services.~~
 - 07/07 ~~4. A social worker possessing a master's or doctoral degree in social work and licensed under the *Clinical Social Work and Social Work Practice Act* [225 ILCS 20]) with specialized training in mental health services or with two years of experience in mental health services.~~
 - 07/07 ~~5. An advanced practice nurse with a psychiatric specialty licensed pursuant to the *Illinois Nursing and Advanced Practice Nursing Act* [225 ILCS 65].~~
 - 07/07 ~~6. A registered nurse licensed pursuant to the *Illinois Nursing and Advanced Practice Nursing Act* [225 ILCS 65] with at least one year of clinical experience in a mental health setting or master's degree in psychiatric nursing.~~
 - 07/07 ~~7. An occupation therapist registered pursuant to the *Illinois Occupational Therapy Practice Act* [225 ILCS 75] with at least one year of clinical experience in a mental health setting who meets the requirements and qualifications in 42 *CFR* 440.110.~~

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- ~~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 07/17 104.~~ 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.
- 05/12 An MHP provides rehabilitative services under the supervision of a QMHP. ~~The~~ An MHP must be is defined as one of the following:
1. All individuals qualified as a QMHP.
 2. 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~~ certified by and in good standing with the Psychiatric Rehabilitation Association as a Certified Psychiatric Rehabilitation Professional (CPRP).
 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.
 6. A licensed occupational therapy assistant with at least one year of experience in a mental health setting.
 7. 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 07/17~~ 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. An RSA is defined as one of the following:~~
1. An individual qualified as a MHP.
 2. An individual of 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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AMOUNT, DURATION, AND SCOPE OF SERVICES

07/17 Mental health services detailed in this section of the plan are provided upon treatment recommendation by an LPHA:

- 07/17 1. Integrated Assessment and Treatment Planning (IATP): A formal information gathering and review process that utilizes a standardized assessment and service planning tool in order to: 1) identify a client's integrated healthcare needs and strengths across all life domains; 2) recommend services needed to ameliorate a client's condition and improve wellbeing; and 3) develop, review, and update an individualized treatment plan that is client-centered. An LPHA, QMHP, or MHP may participate in the completion of the IATP. The IATP shall be completed once every six months. An LPHA must review and approve the assessment and treatment plan.
- a. Qualified providers shall be required to utilize a standardized assessment and service planning tool as defined and approved by the single State Medicaid Authority in order to receive reimbursement for the IATP.
 - b. The IATP process is conducted with the participation of the client and client's parent/guardian, if applicable.
 - c. For clients under the age of 21, the completion of an IATP and identification of clinical need by an LPHA may be sufficient to establish medical necessity for the services in this section, absent a confirmed diagnosis.

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State: Illinois

AMOUNT, DURATION, AND SCOPE OF SERVICES

~~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.~~

~~08/1607/17 42.~~ 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.

07/17 3. Reserved

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

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

- ~~07/02~~ a. ~~The amount approved for payment of mental health rehabilitative services shall be based on the type and amount of service required by a client. The amount is determined in accordance with prospective rates developed by the [Department of] Human Services (DHS) or the Department of Children and Family Services (DCFS) and as adopted by the Illinois Department of Public Aid for Medicaid reimbursable services. The rates are prospective without reconciliation. The adopted rate shall not exceed the charges to the general public.~~
- ~~07/96~~ b. ~~Rates are cost based and are established annually for each service. In order that costs may be determined, each provider shall submit, upon application for certification and annually thereafter, an annual audit for the prior fiscal year and two copies of the required statistical and financial information which shall be submitted on forms specified by DMHDD or DCFS. Rates will be developed through the application of formal methodologies specific to each category.~~
- ~~07/96~~ i. ~~Outpatient community based services are reimbursed at an all inclusive per client hour rate payable to the nearest quarter hour for services actually delivered. The service hourly rate is calculated as the sum of all appropriate costs divided by available time to provide billable direct care. Appropriate costs are the sum of three components:~~
- ~~A. Annual staff salary (or wages);~~
 - ~~B. The proportion of annual overhead costs necessary for the direct care staff person to perform duties. Overhead costs include non-salary program costs, administration, support, and occupancy/building related costs; and~~
 - ~~C. The annual cost of paid benefits for a direct care staff person.~~

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.

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, 2018, 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.

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METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES—
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[MATERIAL REMOVED]

~~07/96 — D. Available time to provide billable direct care is the remainder of annual direct care staff working hours minus annual direct care staff non-billable hours. Annual direct care staff working hours is the product of: average length of a work day and the remainder of total annual service days for a direct care staff position minus the average number of paid non-work days per year for direct care staff (i.e., vacation, holidays and sick days).~~

~~Annual direct care staff non-billable hours is time necessary for providing direct care but which is not, in itself, a billable activity. It includes such activities as staff development (training and coordination), preparation for and documentation of services, client no-shows and missed appointments, and non-billable collateral contacts. It is the product of annual direct care staff working hours and a statewide standard (proportion) of time required for necessary but non-billable indirect activities.~~

~~E. The hourly rates developed for outpatient community-based services vary by service, depending upon three additional conditions:~~

~~1. The staff position that will deliver the actual service (QMHP, MHP, RSA);~~

~~2. The ratio of staff to clients in the service; and~~

~~3. The service requires staff availability seven days a week, twenty four hours per day (crisis services).~~

~~ii. A premium factor is applied for offsite outpatient community-based services. This factor compensates providers for staff time necessary for travel to off-site treatment locations. It is a supplemental proportion added to the basic hourly rate of any service the State determines may be provided off-site.~~

~~07/07 — iii. Comprehensive Residential rehabilitation services are reimbursed at an all-inclusive per diem rate payable for services delivered in accordance with the client's treatment plan. A unique per diem will be developed for each provider under contract to deliver Comprehensive residential rehabilitation services. Each per diem calculation will vary based on the amount of direct care workers' salaries, the program staffing ratios, the amount of allowable overhead costs and other cost variables. Programs designed to service the most difficult clients will have the higher per diem due to a greater number of QMHPs on payroll. The ratio of direct care staff to clients will also be higher in programs serving difficult children.~~

~~07/07 — The per diem rates are computed based on a detailed rate methodology that excludes room and board costs. The rate methodology is outlined in a master document, Residential Rehabilitation Services Rate Methodology, dated June 26, 1997, and is on file with the Department of Children and Family Services' Federal Claiming Unit. The reimbursement methodology for comprehensive rehabilitation services will end, effective June 30, 2008.~~

~~07/07 — iv. Unless otherwise provided for in this State Plan, State developed fee schedule rates are the same for both public and private providers of rehabilitative services~~

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State: Illinois

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES—
OTHER TYPE OF CARE—BASIS FOR REIMBURSEMENT[MATERIAL REMOVED]~~06/05 c. Service Accessibility Assurance Payment~~

- ~~1. Eligibility. Community mental health providers that on June 1, 2005, had entered into agreements with the DPA, DCFS, and DHS to provide screening, assessment and support services (SASS) are eligible for this payment.~~
- ~~2. Payment. Payments under this subsection shall be made during the months of June and August 2005. The amount of the payment to an eligible provider shall be determined as the product of the number of community mental health services provided to Medicaid eligible SASS-enrolled children and adolescents and billed to the Department by the provider multiplied by a provider-specific factor, the numerator of which is:

 - ~~A. The sum of:

 - ~~I. The product of (i) \$250,000 and (ii) the quotient resulting from the number of children in families that have income under 200 percent of the federal poverty income guideline, as reported by the U. S. Department of Commerce from the 2000 Census, within the geographic area assigned to the provider divided by the number of children in families that have income under 200 percent of the federal poverty income guideline, as reported by the U. S. Department of Commerce from the 2000 Census, within Illinois.~~
 - ~~II. The product of (i) \$375,000 and (ii) the quotient resulting from the number of square miles of land, rounded to the nearest whole square mile, within the geographic area assigned to the provider, as reported by the U. S. Department of Commerce from the 2000 Census, divided by the number of land, rounded to the nearest whole square mile, within Illinois.~~
 - ~~III. The product of (i) \$750,000 and (ii) the quotient resulting from the number Medicaid-eligible SASS-enrolled children and adolescents who received a service, other than a pre-admission screening, from the provider (including, in the instance of a partnership arrangement that is formally acknowledged through agreements with the department, provided by partnering providers), as tabulated by the department from adjudicated claims, divided by the sum, across all eligible providers, the number Medicaid-eligible SASS-enrolled children and adolescents who received service, other than a pre-admission screen, as tabulated by the department from adjudicated claims. Calculation of the June payment will include claims adjudicated through the end of May; calculation of the August payment will include claims adjudicated through the end of July.~~~~
 - ~~B. And the denominator of which is the number of community mental health services provided to Medicaid-eligible SASS-enrolled children and adolescents and billed to the Department by the provider~~~~
- ~~3. Effective date. This payment methodology will cease on August 30, 2008.~~