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State/Territory Name: IL

State Plan Amendment (SPA) #: 16-0006 CORRECTED

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 2, 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 a corrected approved copy of the following State Plan Amendment.

Transmittal #16-0006 – Medication Assisted Treatment
– Effective Date: January 1, 2017
– Approval Date: June 19, 2017

The approval package has been changed to add the correct approved state plan page.

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/

Alan Freund
Acting Associate Regional Administrator
Division of Medicaid and Children's Health Operations

Enclosure

cc: 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
16-0006

2. STATE:
ILLINOIS

3. PROGRAM IDENTIFICATION:
Title XIX of the Social Security Act (Medicaid)

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE AND MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE:
January 1, 2017

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 Social Security Act

7. FEDERAL BUDGET IMPACT

a. FFY 2017 \$14,250,000
b. FFY 2018 \$19,000,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Appendix to Attachment 3.1-A, Page 15 ces 7/12/17
Attachment 4.19-B, Page 39, Page 39A ces 6/9/17

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (*If Applicable*):

Appendix to Attachment 3.1-A, Page 15 ces, 7/12/17
Attachment 4.19-B, Page 39

10. SUBJECT OF AMENDMENT:

Medication Assisted Treatment for Opioid Addiction

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

13. TYPED NAME: **Felicia F. Norwood**

14. TITLE: **Director of Healthcare and
Family Services**

15. DATE SUBMITTED: **9/30/16** ces, 6/19/17

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

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: **9/30/2016**

18. DATE APPROVED: **6/19/2017**

PLAN APPROVED—ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

1/1/2017

20. SIGNATURE OF REGIONAL OFFICIAL:

/s/

21. TYPED NAME **Alan Freund**

22. TITLE: **Acting Associate Regional Administrator**

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: **Illinois**

AMOUNT, DURATION, AND SCOPE OF SERVICES

13d. REHABILITATIVE SERVICES

Alcohol and Substance Abuse Services, continued

- 01/17 • Medication Assisted Treatment (MAT) — The medical administration of opioid compounds, such as methadone, as a medical adjunct to alcohol and substance abuse treatment, delivered under the supervision of a physician and administered by an Illinois licensed physician, nurse practitioner, registered nurse or licensed practical nurse.
- 01/17 Recipients of service shall be determined medically necessary prior to the delivery of service and must:
- Receive medication as an adjunct to one or more standard Medicaid Rehabilitative Option (MRO) Substance Abuse Disorder (SUD) Services;
 - Have their MRO SUD services effectively coordinated in the delivery of MAT;
 - Have MAT document in the individual treatment plan.
- 07/97 All services or treatments which are medically necessary to correct or lessen health problems detected or suspected by the screening process will be provided to individuals under age 21 as an EPSDT benefit and without regard for the established benefit limits for alcohol and substance abuse services.
- 07/96 Benefit limits will not be applied to a woman who enters treatment during pregnancy and through the end of the month in which the 60-day period following termination of the pregnancy ends (post partum period), or until services are no longer clinically necessary, whichever comes first. This benefit does not apply to a woman who enters treatment services after delivery.

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**

21. REHABILITATIVE SERVICES

Alcoholism and Substance Abuse Treatment, continued

- A. Program costs. The maximum for comparison is the cost (salary, fringe benefits) per diem of a staffing model that incorporates the following types of staff: counselors, both credentialed and non-credentialed; a program coordinator; facility coverage staff; a consultant physician; registered nurses. Workload assumptions take into consideration programmatic, licensure, and Medicaid certification requirements. In addition, an allowance is made for program supplies and staff training.
 - B. Support costs. The maximum for comparison is 150 percent of the median per diem statewide costs, calculated separately for vehicular-related costs and all other costs.
 - C. Capital. The maximum is facility-specific per diem amount from a capital cost model that, based on available research, represents the most appropriate and reliable measures of facility ownership costs. The model incorporates an assumption of space needed for the provision of this service, the year of construction and the prevailing financing rate available that year, the minimum useful life of the facility, the cost per square foot for new construction, and factor to adjust for economies of scale. But, in the case of a rented facility, the maximum is 150 percent of the regional median per diem rental costs.
- iii. The facility rate is the sum of the above components plus an allowance for administrative costs that is 20 percent of the sum of those components.
- Note: Room and board are not covered under this service. Any costs associated with room and board are to be separately reported on the CFR and, to the extent that they may be reimbursed, will be reimbursed entirely at State expense.
- iv. Established rates are increased periodically (no more often than annually), based upon a cost of living increase as appropriated by the Illinois General Assembly.
- v. In all cases, the calculated rate is compared to the facility's charge to the general public for the service. The rate paid to the facility is the lesser of the two.
- 01/17 c Psychiatric diagnostic services are reimbursed on a per encounter basis to psychiatrists at the practitioner's usual and customary charge, not to exceed the maximum established by the Department ~~of Public Aid~~.

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**

21. REHABILITATIVE SERVICES

Alcoholism and Substance Abuse Treatment, continued

- 01/17 d. Medication Assisted Treatment (MAT) – Reimbursement for medical administration of opioid compounds as a medical adjunct to substance abuse treatment is made on a weekly per patient case rate. The rate is established as part of the state-developed fee schedule for both governmental and private providers of MAT. The agency's fee schedule rate was set as of January 1, 2017, and is effective for services provided on or after that date. All rates are published at <https://www.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/> The fee schedule for MAT considers cost components associated with: 1) Managing the medical plan of care; 2) Ordering the drug; 3) Nursing services related to administration; 4) Administration of the drug; 5) Coordination with other MRO Substance Use Disorder (SUD) services; and 6) Actual drug cost per dose.
- 01/17 The initial medical examination, additional medical services rendered by a practitioner, laboratory services provided by an outside laboratory, and other MRO SUD services are reimbursed separately (not part of the Medication Assisted Treatment bundle) when the services and the provider of the services meet the requirements specified in the state plan.