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State/Territory Name: IL

State Plan Amendment (SPA) #: 16-0007

This file contains the following documents in the order listed:

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 #16-0007 – Mobile Crisis Response & Crisis Stabilization
– 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 Hursey, HFS
Sara Barger, HFS
Kimberley Cox, HFS
Mary Doran, HFS

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

April 26, 2018

Felicia F. Norwood, Director
Department of Healthcare and Family Services
Bureau of Program and Reimbursement Analysis
201 South Grand Avenue East
Springfield, IL 62763-0001

ATTN: Teresa Hursey

RE: Transmittal Number (TN) 16-0007

Dear Ms. Norwood:

This letter is being sent as a companion to our approval of Illinois state plan amendment transmittal number (TN) 16-0007 submitted September 30, 2016 to add Mobile Crisis Response and Crisis Stabilization as a state plan service. CMS conducted a same-page review of Page 16(C) in the Appendix to Attachment 3.1-A and determined that the assertive community treatment (ACT) language on this page should be changed in order to conform to Section 1902(a)(10)(B) of the Social Security Act. The state may define the service in terms of desired outcome but may not define the population to be served in terms of age without also providing for comparable services to individuals outside the specified age limit. During the review process the state indicated that there may be a small number of individuals under the age of 18 who could benefit from the purpose of ACT. However, the state did not identify a comparable service for these individuals. We suggest deleting the age reference currently used and adding the following language:

> "ACT is furnished to individuals who meet the state's medical necessity criteria for the service. To ensure comparability of services for children under age 21 pursuant to the EPSDT benefit, the state assures that there are comparable services available for children who may not meet the state's medical necessity criteria for receipt of ACT treatment services, but who have comparable needs."

The state has 90 days from the date of this letter to address the issue described above. That date is July 24, 2018. Within that period the state can submit a SPA to address the inconsistency or submit a corrective action plan describing in detail how the state will resolve the issue identified above in a timely manner. Failure to respond may result in the initiation of a formal compliance process. During the 90 days, CMS will provide any required technical assistance. If you have any questions concerning this SPA, please contact Courtenay Savage at (312) 353-3721 or via email at courtenay.savage@cms.hhs.gov for more information.

Sincerely,

/s/

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

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTER FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: CENTER FOR MEDICARE AND MEDICAID SERVICES

1. TRANSMITTAL NUMBER: 16-0007

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: July 1, ~~2017~~ 2018 JDD

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

[ ] NEW STATE PLAN [ ] AMENDMENT TO BE CONSIDERED AS NEW PLAN [X] 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 ~~17~~ 18 ~~2017~~ $9,262,500
b. FFY ~~18~~ 19 ~~2018~~ $37,050,000 JDD

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Appendix to Attachment 3.1-A, Page 16(B), 16(B)(1), 16(C)
~~Attachment 4.19-B, Page 36 Submitted with SPA 16-0005~~
ces 4/4/18

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:
Appendix to Attachment 3.1-A, Page 16(B), 16(C)
~~Attachment 4.19-B, Page 36, 37, 37(A) Submitted with SPA 16-0005~~
ces 4/4/18

10. SUBJECT OF AMENDMENT:
Mobile Crisis Response and Crisis Stabilization

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

12. SIGNATURE:
[redacted]

13. TYPED NAME: Felicia F. Norwood

14. TITLE: Director of Healthcare and Family Services

15. DATE SUBMITTED 9/30/16 ces

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: 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:

FORM CMS-179 (07/92)

Instructions on Back

~~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.~~

~~08/16~~07/18 4~~2~~. 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.~~ Counseling services to the beneficiary's family and significant others is for the direct benefit of the beneficiary, in accordance with the beneficiary's needs and treatment goals identified in the beneficiary's treatment plan, and for the purpose of assisting in the beneficiary's recovery.

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*~~ *Nurse Practice 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 pursuant to the *Nurse Practice Act.*
- 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 pursuant to the *Nurse Practice Act.*

~~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~~

07/18

3. Crisis Services comprises three distinct services rendered by providers who are certified by the department for crisis service delivery and uniquely qualified to meet the qualifications of a crisis provider. The services include the following:

   a. Crisis Intervention: This service includes short-term intervention and referral for persons who, in the course of treatment or intervention, appear to need immediate intensive intervention to achieve crisis symptom reduction and stabilization. Staff eligible to provide this service include QMHPs and MHPs with access to a QMHP who is available for immediate consultation.

   b. Mobile Crisis Response (MCR): This service is a mobile, responding to the location of the client, focused and time-limited, intensive rehabilitation intervention designed to achieve crisis symptom reduction, stabilization, and restoration of the client to a previous level of functioning – establishing support for the client's caregiver(s) when the client is under 21 and the caregiver is necessary to benefit the child – mitigating the crisis event. MCR services are tailored to meet the individual needs of the client and may include: face-to-face crisis screening; short-term intervention; crisis safety planning; brief counseling; consultation with other qualified providers to assist with the client's specific crisis; referral and linkage to other mental health community services; and in the event that the client cannot be stabilized in the community facilitation of a safe transition to a higher level of care.

   c. Crisis Stabilization: This service is a time-limited, intensive intervention, available immediately following an MCR event, which is designed to target and mitigate the symptoms and causes of the crisis events to further support the restoration of the client to a previous level of functioning. Crisis stabilization requires a demonstrated need for ongoing stabilizing supports as documented in the client's crisis safety plan and authorized by an LPHA. Crisis Stabilization is designed to prevent additional behavioral health crises from occurring by providing strengths-based, individualized, direct supports on a one-on-one basis to clients in the home or community setting. Staff eligible to provide this service include MHPs with access to a QMHP who is available for immediate consultation.

07/0707/18 54. Psychosocial rehabilitation: A rehabilitative therapy for individuals to increase abilities and resources necessary for community living, socialization, work and recovery. Core activities include cognitive-behavioral interventions, problem 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 employed by the provider.

07/0707/18 65. 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, place of residency or ~~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.

07/0707/18 76. 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. The provider of service must maintain a LPHA, QMHP, MHP and RSA and must employ a psychiatric resource who has prescribing authority.

~~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 21years 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.~~