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State/Territory Name: IL

State Plan Amendment (SPA) #: 18-0013

This file contains the following documents in the order listed:

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

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



August 27, 2018

Patricia Bellock, 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. Bellock:

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

Transmittal #18-0013 – Rate Increases for Alcoholism and Substance Abuse Treatment
Services
– Effective Date: July 1, 2018
– Approval Date: August 27, 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: 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 18-0013	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, 2018	

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 2018 \$225,000 \$105,525 b. FFY 2019 \$200,000 \$422,100
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B, Page 39A	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19-B, Page 39A
10. SUBJECT OF AMENDMENT: Rate increase for Alcohol and substance use treatment services	
11. GOVERNOR'S REVIEW (Check One) <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL <input checked="" type="checkbox"/> 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:	
14. TITLE: Medicaid Director of Healthcare and Family Services	
15. DATE SUBMITTED 7-12-18	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: July 12, 2018	18. DATE APPROVED: August 27, 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****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.
- 07/18 e. Alcoholism and Substance Abuse Treatment Rate Increase - Effective for dates of service on or after July 1, 2018, the following alcoholism and substance abuse treatment services will be increased by 3%:
- Outpatient care levels I and II. Individual and group therapies
 - Outpatient Care Levels III Day Treatment and Medically Monitored Detox provided in a facility setting as a per diem payment
 - Medical Assisted Treatment