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State/Territory Name: IL

State Plan Amendment (SPA) #: 18-0014

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



January 18, 2019

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

Attn: Kelly Cunningham

Dear Ms. Bellock:

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

Transmittal #18-0014 – Modifies Mental Health Professional Provider Qualifications

- Effective Date: January 1, 2019

- Approval Date: January 18, 2019

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

	A DATE OF THE REAL PROPERTY.	
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTER FOR MEDICARE AND MEDICAID SERVICES	1. TRANSMITTAL NUMBER 18-0014	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, 2019	
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:	7. FEDERAL BUDGET IMPACT	
Section 4902 of the Social Social Act ces 1/10/19	a. FFY 2018 \$0 b. FFY 2019 \$0	
Sections 1902(a)(23) and 1905(a)(13) of the Social Security Act	b. FFY 2019 \$0	₩
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Appendix to Attachment 3.1-A, Page 16(A)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Appendix to Attachment 3.1-A, Page 16(A)	
10. SUBJECT OF AMENDMENT: Adding a person who has completed a psychiatric training certification program from any branch of the United States Armed Forces to be recognized as a mental health professional		
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 OF AGENCY OFFICIAL:	16. RETURN TO:	1000
	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: Teresa 1. Hursey		
14. TITLE: Medicaid Director		
15. DATE SUBMITTED 12-10-18		
FOR REGIONAL OFFICE USE ONLY		
AT BATE DECEMEN	40 DATE ADDROVED	40.0040
December 10, 20 to	ONE COPY ATTACHED	anuary 18, 2019
19. EFFECTIVE DATE OF APPROVED MATERIAL: 20. SIGNATURE OF REGIONAL OFFICIAL:		
January 1, 2019 21. TYPED NAME	22. TITLE:	/s/
Ruth A. Hughes 23. REMARKS:	Associate Regional Administrator	

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

- 4. 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.
- O5/12 An MHP provides rehabilitative services under the supervision of a QMHP. The MHP must be 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 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.
- 9. An individual who has completed a United States Armed Forces behavioral health technician or other psychiatric training certification through the Medical Education and Training Campus in Fort Sam Houston, Texas, with one year documented clinical experience in a mental health setting under supervision of a QMHP.
- O7/18 An RSA assists in the provision of services under the supervision of a MHP. An RSA is described as one of the following:
 - 1. An individual qualified as a MHP.
 - 2. An individual 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.

TN # 18-0014 Supersedes TN # 16-0005 Approval date: 1/18/19

Effective date: 01/01/2019