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State/Territory Name: IL

State Plan Amendment (SPA) #: 19-0013

This file contains the following documents in the order listed:

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



Regional Operations Group

October 24, 2019

Theresa Eagleson, Director
Illinois Department of Healthcare and Family Services
201 South Grand Avenue East, 3rd Floor
Springfield, IL 62763-0001

Attn: Douglas Elwell

Dear Ms. Eagleson:

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

Transmittal #19-0013	-Increases rates for substance use disorder services
	-Effective Date: July 1, 2019
	-Approval Date: October 24, 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
Deputy Director
Center for Medicaid and CHIP Services
Regional Operations Group

Enclosure

cc: Sara Barger, HFS
Mary Doran, HFS
Jane Eckert, HFS

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTER FOR MEDICARE AND MEDICAID SERVICES	1. TRANSMITTAL NUMBER 19-0013	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, 2019

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 2019 \$46,875 b. FFY 2020 \$187,500
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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19-B, Page 39A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)

- ☐ 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:



13. TYPED NAME: **Theresa Eagleson**

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

15. DATE SUBMITTED **7/31/19**

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: July 31, 2019	18. DATE APPROVED: October 24, 2019
PLAN APPROVED—ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2019	20. SIGNATURE OF REGIONAL OFFICIAL: /s/
21. TYPED NAME Ruth A. Hughes	22. TITLE: Deputy Director
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.
- 07/189 e. Alcoholism and Substance Abuse Treatment Rate Increase – Effective for dates of service on or after July 1, ~~2018~~2019, the following alcoholism and substance abuse treatment services will be increased by ~~3~~2.5%:
- 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
 - Psychiatric diagnostic services
 - Medical Assisted Treatment
- The fee schedule rate was set as of July 1, 2019 and is effective for services provided on or after that date. Rates are published at <https://www.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/>.