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State/Territory Name: Illinois

State Plan Amendment (SPA) #: 21-0017

This file contains the following documents in the order listed:

1) Approval Letter
2) CMS Form 179
3) Approved SPA Pages
February 25, 2022

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

Re: Illinois State Plan Amendment (SPA) 21-0017

Dear Ms. Eagleson:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 21-0017. This amendment proposes to add veteran support specialists under the Rehabilitation benefit.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations. This letter is to inform you that Illinois Medicaid SPA 21-0017 was approved on February 25, 2022 with an effective date of December 1, 2021.

If you have any questions, please contact Courtenay Savage at 708-567-2048 or via email at Courtenay.Savage@cms.hhs.gov.

Sincerely,

[Signature]

James G Scott, Director  
Division of Program Operations

Enclosures

cc: Kelly Cunningham  
    Mary Doran  
    Jane Eckert
TRANSMITTAL AND NOTICE OF APPROVAL
OF STATE PLAN MATERIAL
FOR: CENTER FOR MEDICARE AND MEDICAID SERVICES

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

1. TRANSMITTAL NUMBER: 21-0017
2. STATE: ILLINOIS

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

4. PROPOSED EFFECTIVE DATE: December 1, 2021

5. TYPE OF PLAN MATERIAL (Check One)
   [X] AMENDMENT
   [ ] NEW STATE PLAN
   [ ] AMENDMENT TO BE CONSIDERED AS NEW PLAN

COMPLETE BLOCKS 8 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
   42 CFR 449.130

7. FEDERAL BUDGET IMPACT
   a. FFY 2021 - $0
   b. FFY 2022 - $0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
   Appendix to Attachment 3.1-A, Page 16(A) & 16(A)(1)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):
   Appendix to Attachment 3.1-A, Page 16(A) & 16(A)(1)

10. SUBJECT OF AMENDMENT:
    Veteran Support Specialists

11. GOVERNOR'S REVIEW (Check One)
   [ ] GOVERNOR'S OFFICE REPORTED NO COMMENT
   [ ] COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
   [X] NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
   [ ] OTHER, AS SPECIFIED: Not submitted for review by prior approval.

12. SIGNATURE OF AGENCY OFFICIAL:
    [Signature]

13. TYPED NAME: Theresa Eagleson

14. TITLE: Director
    Director of Healthcare and Family Services

15. DATE SUBMITTED: 11/30/21

16. RETURN TO:
    Department of Healthcare and Family Services
    Bureau of Program and Policy Coordination
    Attn: Mary Doran
    201 South Grand Avenue East
    Springfield, IL 62763-0001

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: November 30, 2021
18. DATE APPROVED: February 25, 2022

PLAN APPROVED—ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
    December 1, 2021

20. SIGNATURE OF REGIONAL OFFICIAL:
    [Signature]
    Date: 2022.02.25 18:38:12 -0600
    Digitally signed by James G. Scott

21. TYPED NAME: James G. Scott

22. TITLE: Director, Division of Program Operations

23. REMARKS:

FORM CMS-179 (07/82) Instructions on Back
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

07/18

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.

05/12

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 vocational 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.

01/19

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.

12/21

10. A veteran support specialist certified by and in good standing with the Illinois Alcohol and Other Drug Abuse Professional Certification Association, Inc.
07/18 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.

07/18 Mental health services detailed in this section of the plan are provided upon treatment recommendation by an LPHA:

07/18 1. Integrated Assessment and Treatment Planning (IATP): A formal information gathering and review process that utilizes a standardized assessment and service planning tool in order to: 1) identify a client’s integrated healthcare needs and strengths across all life domains; 2) recommend services needed to ameliorate a client’s condition and improve wellbeing; and 3) develop, review, and update an individualized treatment plan that is client-centered. An LPHA, QMHP, or MHP may participate in the completion of the IATP. The IATP shall be completed once every six months. An LPHA must review and approve the assessment and treatment plan.

a. Qualified providers shall be required to utilize a standardized assessment and service planning tool as defined and approved by the single State Medicaid Authority in order to receive reimbursement for the IATP.
b. The IATP process is conducted with the participation of the client and client’s parent/guardian, if applicable.
c. For clients under the age of 21, the completion of an IATP and identification of clinical need by an LPHA may be sufficient to establish medical necessity for the services in this section, absent a confirmed diagnosis.