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State/Territory Name: Illinois

State Plan Amendment (SPA) #: 21-0018

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

March 15, 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) 21-0018

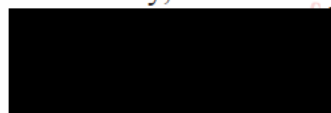
Dear Ms. Eagleson:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 21-0019. This amendment proposes to add adaptive behavior supports.

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 21-0018 was approved on March 15, 2022 with an effective date of October 20, 2021.

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

Sincerely,

 Digitally signed by James G. Scott -S
Date: 2022.03.15 16:58:54
05'00'

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: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER <u>2</u> <u>1</u> — <u>0</u> <u>0</u> <u>1</u> <u>8</u>	2. STATE <u>IL</u>
		3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="checked" type="radio"/> XIX <input type="radio"/> XXI	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE <p style="text-align: center;">October 20, 2021</p>	
5. FEDERAL STATUTE/REGULATION CITATION 42 CFR 440.130		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2022</u> \$ <u>42,000,000</u> b. FFY <u>2023</u> \$ <u>42,000,000</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Appendix to Attachment 3.1-A, Pages 13(A)(2) & 13(A)(3) Attachment 4.19-B, Pages 48, 48A, & 48A(1)		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4.19-B, Pages 48 & 48A	
9. SUBJECT OF AMENDMENT <p style="margin-left: 20px;">Adaptive Behavior Support (ABS) Services</p>			
10. GOVERNOR'S REVIEW (Check One) <input type="radio"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="checked" type="radio"/> OTHER, AS SPECIFIED: <input type="radio"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="radio"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
11. SIGNATURE OF STATE AGENCY OFFICIAL _____ re		15. 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	
12. TYPED NAME Theresa Eagleson			
13. TITLE Director of Healthcare and Family Services			
14. DATE SUBMITTED <p style="text-align: center;">12/17/21</p>			
FOR CMS USE ONLY			
16. DATE RECEIVED <p style="text-align: center;">December 17, 2021</p>		17. DATE APPROVED <p style="text-align: center;">March 15, 2022</p>	
PLAN APPROVED - ONE COPY ATTACHED			
18. EFFECTIVE DATE OF APPROVED MATERIAL <p style="text-align: center;">October 20, 2021</p>		19. SIGNATURE OF APPROVING OFFICIAL _____ Digitally signed by James G. Scott -S Date: 2022.03.15 16:59:42 -05'00'	
20. TYPED NAME OF APPROVING OFFICIAL <p style="text-align: center;">James G. Scott</p>		21. TITLE OF APPROVING OFFICIAL <p style="text-align: center;">Director, Division of Program Operations</p>	
22. REMARKS On 2/25/22 CMS received the state's approval to make pen and ink changes to boxes 7 and 8 in order to add the correct SPA page numbers. (CES)			

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

13c. Preventive Services - Adaptive Behavior Support (ABS) Services

A. Provider Qualifications

Adaptive Behavior Support (ABS) services are delivered by the following certified providers:

1. Behavioral Health Clinics;
2. Behavioral Health Independent Practitioners (BHIP) with specialized training in the treatment modality being delivered, which includes:
 - Licensed Clinical Social Workers;
 - Licensed Clinical Professional Counselors;
 - Licensed Marriage and Family Therapists; and
 - Licensed Clinical Psychologists; and
3. Speech Pathologists and Occupational Therapists licensed in the state of Illinois with specialized training in the treatment modality being delivered;
4. Other qualified healthcare professionals as certified by the Illinois Medicaid program.
 - Board Certified Behavioral Analyst (BCBA)
 - Registered Behavior Technician (RBT)
 - ABS Therapist – A BHIP with advanced clinical training in Developmental Intervention as recognized by the Illinois Medicaid program.
 - ABS Technician - An individual age 21 or older, with technical training in Developmental Intervention as recognized by the Illinois Medicaid program.

B. Service Definitions

1. Behavior Assessment and Treatment Planning (BATP). BATP is the formal process of information gathering and service planning to evaluate:
 - Current maladaptive or disruptive behaviors;
 - Skills and deficits;
 - Needs and strengths; and
 - Individualized treatment goals, objectives and recommendations for the delivery of Behavior Analysis Intervention (BAI) Services.

Additional BATP functions include: administering, scoring, and interpreting the assessment(s); non-face-to-face analyzing treatment history; and discussing findings and recommendations with the individual's guardian.

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2. Behavior Analysis Intervention (BAI). BAI consist of services identified on the individual's BATH for the maximum reduction of mental disability through the use of behavioral stimuli and consequences, to produce socially significant improvement in behavior, including the use of direct observation, measurement, and functional analysis of the relationships between environment and behavior.
 3. Parent Coaching and Training (PCT). PCT is the act of coaching and training parents, for the clinical benefit of the child, to reinforce the training and treatment provided by qualified providers during non-therapeutic moments, reducing the overall reliance upon clinical instruction.
- B. Covered Services. BATH and BAI services are covered when:
1. Provided to an individual under the age of 21;
 2. Prior authorization from the provider has been obtained from the Department;
 3. Delivered by a qualified provider; and
 4. Provided consistent with an evidence-based treatment modalities recognized by the Illinois Medicaid program, such as:
 - Applied Behavior Analysis; or
 - Developmental Intervention
- C. Services Excluded from ABS Coverage
1. Any activities that include Restraint, which is the direct restriction of the limbs, head or body, or Seclusion, which is the sequestration by placement in a room with no means of leaving;
 2. Traditional psychological, psychiatric, and mental health assessment, such as: psychological testing, personality assessment, intellectual assessment, and neuropsychological assessment;
 3. Traditional and atypical clinical interventions for behavioral health needs, such as: psychotherapy, cognitive therapy, sex therapy, psychoanalysis, hypnotherapy, family therapy, and counseling;
 4. Activities that are solely educational in nature or for educational purposes;
 5. Activities that are solely vocational or recreational in nature; and
 6. Educational services provided under an individualized family service plan (IFSP) or an individualized educational program (IEP), as required under the federal Individuals with Disabilities Education Act (IDEA).

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**

07/07 27. OTHER DIAGNOSTIC, SCREENING, PREVENTIVE, REHABILITATION SERVICES:

- a. Diagnostic – Reserved.
- b. Screening – Payments shall be made at the lessor of the charge or the Department-established rates for the screening, tests or procedure. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of screening and diagnostic tests and procedures. The agency’s fee schedule rate was set as of January 1, 2006 and is effective for services provided on or after that date. All rates are published on the Department’s website in the Practitioner fee schedule located at www.hfs.illinois.gov/reimbursement/.

- 08/21 c. Preventive – Payments shall be made at the lessor of the charge or the Department-established rates for the service. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of preventive services. The agency’s fee schedule rate was set as of August 1, 2021 and is effective for services provided on or after that date. All rates are published on the Department’s website in the Practitioner fee schedule located at www.hfs.illinois.gov/reimbursement/.

Preventive Services - Adaptive Behavior Support (ABS) Services

For services found under Attachment 3.1-A, Adaptive Behavior Support (ABS) Services, the state pays the lessor of: 1) provider charges, or 2) the maximum fee schedule rate for ABS preventive services.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of ABS preventive services. The agency’s fee schedule rate was set as of October 1, 2021 and is effective for services provided on or after that date. All rates are published on the HFS website at <http://www2.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement>.

The fee schedule shall detail the unit of service, rate of reimbursement and applicable modifiers. The rates do not include costs related to room and board or any other unallowable facility costs.

The services will be monitored via encounter data to ensure adequate service mix. Services must meet the LPHA recommendations from the service plan.

- d. Rehabilitation – Reserved.

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**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES—
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28. Supplemental Incentives for Training and Education: Payment will be made for the training and education of health professionals through the Supplemental Incentives for Training and Education (SITE) program.
- a. To qualify for payment, an enrolled clinic must:
 - i. be located in a medically underserved area of the state;
 - ii. provide a minimum of 4000 encounters per year to Medicaid clients; and
 - iii. be awarded payment from the Illinois Department of Public Health (IDPH) for the training and education of health professionals that are likely to ultimately established professional practices in the area of the state in which they are being trained, be located in a medically underserved area of the state.
 - b. SITE payments shall be made to cover the direct costs associated with providing Medicaid services. Payment rates shall equal the product of:
 - i. The total SITE payments made by the IDPH to the qualified clinic in a 12 month period, multiplied by;
 - ii. The percent of annual services provided by the SITE clinic to persons eligible for Medical Assistance.
- 06/07 29. INCENTIVE PAYMENTS FOR MATERNAL AND CHILD HEALTH PROVIDERS: Maternal and Child Health Providers means physicians. Participating Maternal and Child Health providers shall be eligible to receive a Well Child Visit Incentive Payment:
- a. The provider will receive a one-time annual payment of \$30 for each qualifying child.
 - b. A qualifying child is a child:
 - i. who had its first, second, third, fourth or fifth birthday during the calendar year, and;
 - ii. for whom the provider personally, or through an affiliated provider, rendered all recommended well child visits.
 - c. Recommended services must be rendered during the 13-month period ending one month after the child's birthday. For children turning one year old, the period begins ten days after birth and ends one month after the child's birthday. Rendering of services will be based on Department claims data.
 - d. The first incentive payments shall be made by June 30, 2007 for children who met the definition of a qualifying child during calendar year 2005. Subsequent incentive payments will be made at least annually following receipt of a claim which verifies that the provider of services has provided all services necessary to meet the requirement of the incentive payment

STATE PLAN UNDER TITLE XIX OF THE *SOCIAL SECURITY ACT*

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**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES—
OTHER TYPE OF CARE—BASIS FOR REIMBURSEMENT**

05/13 30. Other Clinics

a. Reimbursement for Freestanding Birth Centers

Effective for dates of service on or after May 1, 2013:

- i. Facility services provided by a birth center will be reimbursed at the lower of billed charges or 75 percent of the statewide average facility payment rate made to a hospital for an uncomplicated vaginal birth.
- ii. Observation services provided by a birth center will be reimbursed at the lower of billed charges or at 75 percent of the rate established by the Department for the number of hours of observation billed under one of three categories:
 - A. at least 60 minutes, but less than six hours and 31 minutes;
 - B. at least six hours and 31 minutes, but less than 12 hours; or
 - C. at least 12 hours and 31 minutes or more of observation services.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of birth center services. The agency's fee schedule rate was set as May 1, 2013 and is effective for services provided on or after that date. All rates are published on the agency's website.

- iii. Transfer fees will be reimbursed to a birth center at the lower of billed charges or 15 percent of the statewide average facility payment rate made to a hospital for an uncomplicated vaginal birth.

Effective for dates of service on or after November 16, 2013:

- i. Facility services provided by a birth center located in Cook County will be reimbursed at the lower of billed charges or 75 percent of the average facility payment made to a hospital located in Cook County for an uncomplicated vaginal birth.
- ii. Facility services provided by a birth center located outside of Cook County will be reimbursed at the lower of billed charges or 75 percent of the statewide average facility payment rate made to a hospital located outside of Cook County for an uncomplicated vaginal birth.
- iii. Observation services provided by a birth center will be reimbursed at the lower of billed charges or at 75 percent of the rate established by the Department for the number of hours of observation billed under one of three categories:
 - A. at least 60 minutes, but less than six hours and 31 minutes;
 - B. at least six hours and 31 minutes, but less than 12 hours; or
 - C. at least 12 hours and 31 minutes or more of observation services.