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State/Territory Name: IL

State Plan Amendment (SPA) #: 21-0020

This file contains the following documents in the order listed:

1) Approval Letter
2) CMS 179 Form/Summary Form (with 179-like data)
3) Approved SPA Pages
Financial Management Group

May 17, 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) 21-0020

Dear Ms. Eagleson:

We have reviewed the proposed amendment to Attachments 4.19-A of your Medicaid State plan submitted under transmittal number 21-0020 to update the fee schedule for long-acting injectable medications administered in Inpatient Hospital psychiatric settings.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903(a), and 1923 of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C. We have found that the proposed reimbursement methodology complies with applicable requirements and therefore have approved them with an effective date of January 1, 2022. We are enclosing the CMS-179 and the amended approved plan pages.

If you have any questions, please contact Fredrick Sebree at Fredrick.sebree@cms.hhs.gov.

Sincerely,

Rory Howe
Director
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER
2. STATE
21 - 0020
IL

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT
XIX
XXI

4. PROPOSED EFFECTIVE DATE
January 1, 2022

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR 440.10

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2022 $3,150,000
b. FFY 2023 $4,200,000

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 4.19-A, Page 70.1

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Attachment 4.19A, Page 70.1

9. SUBJECT OF AMENDMENT
Reimbursement policy and payment criteria for the use of long-acting injectable medications administered in the hospital inpatient setting.

10. 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

11. SIGNATURE OF STATE AGENCY OFFICIAL
Teresa Eagleson

12. TYPED NAME
Director of Healthcare and Family Services

13. TITLE

14. DATE SUBMITTED
12/6/2021

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

16. DATE RECEIVED
12/6/2021

17. DATE APPROVED
May 17, 2022

18. EFFECTIVE DATE OF APPROVED MATERIAL
1/1/2022

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL
Rory Howe

21. TITLE OF APPROVING OFFICIAL
Director

22. REMARKS

Instructions on Back
h. Effective January 1, 2022, payment for long-acting injectable antipsychotics
drugs and long-acting injectable substance use disorder drugs administered in the
inpatient psychiatric setting will be reimbursed at the agency’s fee schedule rate.
All rates are published on the Department’s website in the Practitioner Fee Schedule
located at:
https://www2.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/Pages/
default.aspx

ig. Definitions

“Allocated static payments” means the State plan approved adjustment payments
in Chapter XV effective during State fiscal year 2011, excluding those payments
that continue after July 1, 2014, allocated to general acute services based on the
ratio of general acute claim charges to total inpatient claim charges determined
using inpatient base period claims data.

“Inpatient base period paid claims data” means State fiscal year 2011 inpatient
Medicaid fee-for-service paid claims data, excluding Medicare dual eligible
claims, for psychiatric payment for services provided in State fiscal years 2015
and 2016.