Table of Contents

State/Territory Name: Illinois

State Plan Amendment (SPA) #: 22-0008

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
July 15, 2022

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

RE: State Plan Amendment 22-0008

Dear Ms. Eagleson:

We have reviewed the proposed amendment to your Medicaid State plan submitted under transmittal number 22-0008. This amendment updates rates for Mental Health Rehab Services.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903(a) 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 April 1, 2022.

If you have any questions, please contact Debi Benson at Deborah.Benson@cms.hhs.gov.

Sincerely,

Todd McMillion
Director
Division of Reimbursement Review

Enclosure
TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER 2 2 - 0 0 0 8
2. STATE IL

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

4. PROPOSED EFFECTIVE DATE
   April 1, 2022

5. FEDERAL STATUTE/REGULATION CITATION
   2 CFR 440.130

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
   a. FFY 2022 $ 630,000
   b. FFY 2023 $ 1,260,000

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
   Attachment 4.19-B, Page 36

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (if Applicable)
   Attachment 4.19-B, Page 36

9. SUBJECT OF AMENDMENT
   Medication administration rates.

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
   [Signature]

12. TYPED NAME Theresa Eagleson

13. TITLE Director of Healthcare and Family Services

14. DATE SUBMITTED 4/19/2022

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 April 19, 2022

17. DATE APPROVED July 15, 2022

18. EFFECTIVE DATE OF APPROVED MATERIAL April 1, 2022

19. SIGNATURE OF APPROVING OFFICIAL
   [Signature]

20. TYPED NAME OF APPROVING OFFICIAL Todd McMillion

21. TITLE OF APPROVING OFFICIAL Director, Division of Reimbursement Review

22. REMARKS

Instructions on Back
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

07/12 21. REHABILITATIVE SERVICES:

Mental Health Rehabilitative Services

For services found under Attachment 3.1-A, Mental Health Rehabilitative Services, the state pays the lessor of: 1) provider charges, or 2) the maximum fee schedule rate for mental health rehabilitative services.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of mental health rehabilitative services. The agency’s fee schedule rate was set as of April 1, 2022, and is effective for services provided on or after that date. All rates are published on the HFS website at http://www.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.

Assertive Community Treatment (ACT), Community Support and Mobile Crisis Response services are reimbursed using a bundled payment methodology (i.e. single rate for multiple levels of different practitioners or clinical activities). The agency shall establish procedures to annually review provider costs and service expenditures to ensure that beneficiaries receive the types, quantity and intensity of services to meet their medical needs and that rates are economic and efficient.

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