State/Territory Name: Illinois

State Plan Amendment (SPA) #: 22-0025

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 25, 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 22-0025

Dear Ms. Eagleson:

We have reviewed the proposed amendment to your Medicaid State plan submitted under transmittal number 22-0025. This amendment updates rates for Substance Use Disorder.

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 July 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

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

1. TRANSMITTAL NUMBER: 22-0025
2. STATE: IL

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

4. PROPOSED EFFECTIVE DATE: July 1, 2022

5. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 440.130

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
   a. FFY 2022: $2,425,000
   b. FFY 2023: $8,700,000

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
   Attachment 4.19-8, Page 39A

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
   Attachment 4.19-8, Page 39A

9. SUBJECT OF AMENDMENT:
   Rate increase for substance use disorder services

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:

12. TYPED NAME:
    Theresa Engelson

13. TITLE:
    Director of Healthcare and Family Services

14. DATE SUBMITTED: June 30, 2022

FOR CMS USE ONLY

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: June 30, 2022

17. DATE APPROVED: July 25, 2022

18. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2022

19. SIGNATURE OF APPROVING OFFICIAL:

20. TYPED NAME OF APPROVING OFFICIAL:
    Todd McMillion

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

22. REMARKS:
    Received approval from state to do pen and ink change for Box 14 Date submitted.

Instructions on Back
21. REHABILITATIVE SERVICES

Substance Use Disorder Treatment, continued

**07/22**

d. Medication Assisted Treatment (MAT) – Reimbursement for medical administration of Methadone as a medical adjunct to substance use disorder 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 July 1, 2022, and is effective for services provided on or after that date. All rates are published at [https://www.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/](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.

**07/22**

e. Other Outpatient Substance Use Disorder Treatment Rates – The state pays the lessor of: 1) provider charges, or 2) the maximum fee schedule rate for the following substance use disorder treatment services:
   - Assessment
   - Outpatient care
   - Psychiatric evaluation services
   - Intensive Outpatient Treatment
   - Psychiatric Evaluation

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of substance use disorder treatment services. The fee schedule rate was set as of July 1, 2022 and is effective for services provided on or after that date. Rates are published at [https://www.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/](https://www.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/).