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State Territory Name: ILLINOIS

State Plan Amendment (SPA) #: 23-0022

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

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
233 North Michigan Ave., Suite 600
Chicago, Illinois 60601



Financial Management Group

October 27, 2023

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

RE: TN IL 23-0022

Dear Director Eagleson:

We have reviewed the proposed Illinois State Plan Amendment (SPA) to Attachment 4.19-B IL-23-0022, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on August 29, 2023. This plan amendment the updates the rates for Substance Use Disorder Treatment.

Based upon the information provided by the State, we have approved the amendment with an effective date of July 1, 2023. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Debi Benson at (312) 886-0360 or Deborah.Benson@cms.hhs.gov.

Sincerely,



Todd McMillion
Director
Division of Reimbursement Review

Enclosures

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

1. TRANSMITTAL NUMBER <u>2 3</u> — <u>0 0 2 2</u>	2. STATE <u>IL</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input 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
July 1, 2023

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR 440.130

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2023 \$ 699,750
b. FFY 2024 \$ 933,000

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

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)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

OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL
[Redacted]

12. TYPED NAME
Theresa Eagleson

13. TITLE
Director of Healthcare and Family Services

14. DATE SUBMITTED
August 29, 2023

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

FOR CMS USE ONLY

16. DATE RECEIVED AUGUST 29, 2023	17. DATE APPROVED October 27, 2023
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PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL JULY 1, 2023	19. SIGNATURE OF APPROVING OFFICIAL [Redacted]
20. TYPED NAME OF APPROVING OFFICIAL TODD MCMILLION	21. TITLE OF APPROVING OFFICIAL DIRECTOR, DIVISION OF REIMBURSEMENT REVIEW

22. REMARKS

State: **Illinois**

STATE PLAN UNDER TITLE XIX OF THE *SOCIAL SECURITY ACT*
**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES—
OTHER TYPE OF CARE—BASIS FOR REIMBURSEMENT**

21. REHABILITATIVE SERVICES

Substance Use Disorder Treatment, continued

- 07/23 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, 2023, and is effective for services provided on or after that date.

All rates are published at

<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.

- 01/22 e. The state pays the lessor of: 1) provider charges, or 2) the maximum fee schedule rate for the following substance use disorder rehabilitative services:
- Outpatient care
 - Day Treatment and Medically Monitored Withdrawal Management provided in a facility setting as a per diem payment
 - Psychiatric evaluation services
 - Medication Assisted Treatment
 - Peer Recovery Support services

- 07/23 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 rehabilitative services. The agency’s fee schedule rate was set as of July 1, 2023, and is effective for services provided on or after that date. Rates are published at <https://www.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/>