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State/Territory Name: Illinois

State Plan Amendment (SPA) #: 23-0039

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
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

November 1, 2023

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) 23-0039

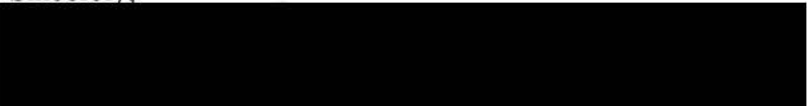
Dear Director Eagleson:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0039. This SPA proposes to update the professional qualifications for technicians delivering Adaptive Behavior Support services to Medicaid beneficiaries diagnosed with autism spectrum disorder.

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 23-0039 was approved on November 1, 2023 with an effective date of July 1, 2023.

If you have any questions, please contact Courtenay Savage at 312-353-3721 or via email at Courtenay.Savage@cms.hhs.gov.

Sincerely,


James G Scott, Director
Division of Program Operations

Enclosures

cc: Kelly Cunningham
Mary Doran
Annet Godiksen
Kati Hinshaw

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 2 3 — 0 0 3 9	2. STATE IL
	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 \$ 0 b. FFY 2024 \$ 0	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Appendix to Attachment 3.1-A, Page 13(A)(2)	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Appendix to Attachment 3.1-A, Page 13(A)(2)	

9. SUBJECT OF AMENDMENT
Update to Adaptive Behavior Support (ABS) professional qualifications.

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 	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 September 28, 2023	

FOR CMS USE ONLY

16. DATE RECEIVED September 28, 2023	17. DATE APPROVED November 1, 2023
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PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL July 1, 2023	19. SIGNATURE OF APPROVING OFFICIAL
20. TYPED NAME OF APPROVING OFFICIAL James G Scott	21. TITLE OF APPROVING OFFICIAL Director, Division of Program Operations

22. REMARKS

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

07/23 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~~ 18 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.