

Table of Contents

State Territory Name: ILLINOIS

State Plan Amendment (SPA) #: 24-0019

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
230 South Dearborn Street
Chicago, Illinois 60604



Financial Management Group

October 16, 2024

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

RE: TN 24-0019

Dear Director Cunningham:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Illinois state plan amendment (SPA) to Attachment 4.19-B 24-0019, which was submitted to CMS on September 26, 2024. This plan amendment updates rates for 1915(i) Children's Mental Health Home and Community Based Services (HCBS).

We reviewed your SPA submission for compliance with statutory requirements including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2), of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of August 1, 2024. 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 via email at Deborah.Benson@cms.hhs.gov.

Sincerely,

A solid black rectangular box redacting the signature of Todd McMillion.

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

2 4 — 0 0 1 9

2. STATE

I L

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL

SECURITY ACT

☒ XIX☐ XXI

4. PROPOSED EFFECTIVE DATE

August 1, 2024

TO: CENTER DIRECTOR

CENTERS FOR MEDICAID & CHIP SERVICES

DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 440.182

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2024 \$ 1,833,333b. FFY 2025 \$ 14,750,000

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-B, Pages 73-75

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)

Attachment 4.19-B, Pages 73-75

9. SUBJECT OF AMENDMENT

1915(i) Children's Mental Health HCBS rate increases

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

12. TYPED NAME

Kelly Cunningham

13. TITLE

Administrator Division of Medical Programs

14. DATE SUBMITTED

September 26, 2024

15. RETURN TO

Department of Healthcare and Family Services

Bureau of Program and Policy Coordination

Attn: Kati Hinshaw

201 South Grand Avenue East Springfield, IL 62763-0001

FOR CMS USE ONLY

16. DATE RECEIVED

September 26, 2024

17. DATE APPROVED

October 16, 2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

August 1, 2024

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

Methods and Standards for Establishing Payment Rates

1. **Services Provided Under Section 1915(i) of the Social Security Act.** For each optional service, describe the methods and standards used to set the associated payment rate. *(Check each that applies, and describe methods and standards to set rates):*

<input type="checkbox"/>	HCBS Case Management
<input type="checkbox"/>	HCBS Homemaker
<input type="checkbox"/>	HCBS Home Health Aide
<input type="checkbox"/>	HCBS Personal Care
<input type="checkbox"/>	HCBS Adult Day Health
<input type="checkbox"/>	HCBS Habilitation
<input checked="" type="checkbox"/>	<p>HCBS Respite Care</p> <p>HCBS Respite Care rates are on a fee schedule and were established by comparing the services to similar covered Medicaid services.</p> <p>Reimbursement is made at the lesser of the usual and customary charge to the general public or the maximum fee schedule rate established by the Department. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers. The agency's fee schedule rate will be set as of August 1, 2024, and is effective for services provided on or after that date. All rates are published on the Department's website located at http://www.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/Pages/.</p>
For Individuals with Chronic Mental Illness, the following services:	
<input type="checkbox"/>	HCBS Day Treatment or Other Partial Hospitalization Services
<input type="checkbox"/>	HCBS Psychosocial Rehabilitation
<input type="checkbox"/>	HCBS Clinic Services (whether or not furnished in a facility for CMI)
<input checked="" type="checkbox"/>	Other Services (specify below)
	<p>HCBS Family Peer Support</p> <p>HCBS Family Peer Support rates are on a fee schedule and were established by comparing the services to similar covered Medicaid services.</p> <p>Reimbursement is made at the lesser of the usual and customary charge to the general public or the maximum fee schedule rate established by the Department. Except as otherwise noted in the</p>

	<p>plan, state-developed fee schedule rates are the same for both governmental and private providers. The agency's fee schedule rate will be set as of August 1, 2024, and is effective for services provided on or after that date. All rates are published on the Department's website located at http://www.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/Pages/.</p>
	<p>HCBS Intensive Home-Based Services</p> <p>HCBS Intensive Home-Based Services are on a fee schedule and were established by comparing the services to similar covered Medicaid services.</p> <p>Reimbursement is made at the lesser of the usual and customary charge to the general public or the maximum fee schedule rate established by the Department. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers. The agency's fee schedule rate will be set as of August 1, 2024, and is effective for services provided on or after that date. All rates are published on the Department's website located at http://www.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/Pages/.</p>
	<p>HCBS Care Coordination & Support (CCS)</p> <p>Care Coordination and Support Services will consist of two methods of reimbursement: a monthly Care Coordination case rate and event-based reimbursement for Crisis Response services. The Care Coordination monthly case rate will be established consistent with service requirements defined by the Department and published on a standardized fee schedule for Care Coordination and Support Organizations (CCSOs). Monthly case rates may take into consideration the following factors:</p> <ul style="list-style-type: none">• Salaries and benefits for direct care staff, required supervisory staff, and administrative staff;• Client: staff ratios;• Time spent in delivery of services;• Anticipated administrative costs;• Estimated number of clients to be served monthly; and• Time/distance standards for accessing care. <p>The established Care Coordination monthly case rate will be reviewed to determine if adjustments to the rate are necessary every three years. The delivery of CCS services will be monitored using a fidelity monitoring tool administered by the UP as well as through regular reporting from the CCSO to the Department and its contracted MCOs to ensure that CCSOs are delivering the services covered under the established monthly case rate.</p> <p>Rates for event-based Crisis Response were established by comparing the services to similar covered Medicaid services.</p> <p>Reimbursement is made at the lesser of the usual and customary charge to the general public or the maximum fee schedule rate established by the Department. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers. The agency's fee schedule rate will be set as of August 1, 2024, and is effective for services provided on or after that date. All rates are published on the Department's website located at http://www.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/Pages/.</p>
	<p>HCBS Therapeutic Mentoring</p> <p>HCBS Therapeutic Mentoring rates are on a fee schedule and were established by comparing the services to similar covered Medicaid services.</p> <p>Reimbursement is made at the lesser of the usual and customary charge to the general public or the maximum fee schedule rate established by the Department. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers.</p>

	<p>The agency's fee schedule rate will be set as of August 1, 2024, and is effective for services provided on or after that date. All rates are published on the Department's website located at http://www.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/Pages/.</p>
	<p>HCBS Therapeutic Support Services</p> <p>HCBS Therapeutic Support Services are reimbursed at cost to qualified providers approved by the CCSO to render services. HCBS Therapeutic Support Services require prior authorization. As part of the prior authorization process, providers are required to submit documented proof of actual costs. The Department will review and verify the cost of the service, will confirm the provider delivering the service is charging their usual and customary rate, will confirm the services are not duplicative and/or available under other Medicaid spending authorities available to the recipient, and will confirm the service being requested is not otherwise free to the public prior to approving any request for HCBS Therapeutic Support Services. The Department shall establish policies and procedures to ensure that services are verified and to account for all funds to ensure that annual recipient spending limits are not exceeded.</p>
	<p>HCBS Individual Support Services</p> <p>HCBS Individual Support Services are reimbursed at cost to qualified providers approved by the CCSO to render services. HCBS Individual Support Services require prior authorization. As part of the prior authorization process, providers are required to submit documented proof of actual costs. The Department will review and verify the cost of the service, will confirm the provider delivering the service is charging their usual and customary rate, will confirm the services are not duplicative and/or available under other Medicaid spending authorities available to the recipient, and will confirm the service being requested is not otherwise free to the public prior to approving any request for HCBS Individual Support Services. The Department shall establish policies and procedures to ensure that services are verified and to account for all funds to ensure that annual recipient spending limits are not exceeded.</p>