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State/Territory Name: Illinois

State Plan Amendment (SPA) #: 20-0014

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS Form 179
- 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

October 19, 2021

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) 20-0014

Dear Ms. Eagleson:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 20-0014. This amendment proposes to add medication-assisted treatment (MAT) as a mandatory benefit in the Medicaid state plan. This letter is to inform you that Illinois' Medicaid SPA Transmittal Number 20-0014 is approved effective October 1, 2020 until September 30, 2025, pursuant to 1905(a)(29) of the Social Security Act and Section 1006(b) of the SUPPORT Act.

Section 1006(b) of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act ("SUPPORT Act"), signed into law on October 24, 2018, amended section 1902(a)(10)(A) of the Social Security Act (the Act) to require state Medicaid plans to include coverage of MAT for all individuals eligible to enroll in the state plan or waiver of the state plan. Section 1006(b) also added a new paragraph 1905(a)(29) to the Act to include the new required benefit in the definition of "medical assistance" and to specify that the new required benefit will be in effect for the period beginning October 1, 2020, and ending September 30, 2025.

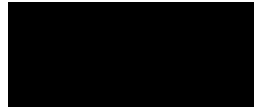
Section 1006(b) of the SUPPORT Act also added section 1905(ee)(1) to the Act to define MAT, for purposes of the new required coverage, as:

. . . all drugs approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355), including methadone, and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262) to treat opioid use disorders; and[,] . . . with respect to the provision of such drugs and biological products, counseling services and behavioral therapy.

CMS conducted our review of your submittal according to statutory requirements in Title XIX of the Act and implementing regulations.

If you have any questions, please contact Courtenay Savage at 708-567-2048 or via email at Courtenay.Savage@cms.hhs.gov.

Sincerely,

 Digitally signed by Ruth
Hughes -S
Date: 2021.10.19
16:49:23 -05'00'

Ruth A. Hughes, Acting Director
Division of Program Operations

Enclosures

cc: Kelly Cunningham, HFS
Mary Doran, HFS
Jane Eckert, HFS


TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTER FOR MEDICARE AND MEDICAID SERVICES	1. TRANSMITTAL NUMBER 20-0014	2. STATE: ILLINOIS
	3. PROGRAM IDENTIFICATION: Title XIX of the Social Security Act (Medicaid)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE: October 1, 2020	

5. TYPE OF PLAN MATERIAL (Check One)


NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: Section 1902 of the Social Security Act 42 CFR 440.130(d)	7. FEDERAL BUDGET IMPACT a. FFY 2020 - \$ 0 b. FFY 2021 - \$ 0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 2 to Attachment 3.1-A, Pages 1-5 Appendix to Attachment 3.1-A, Pages 13(A), 14, 15, 15A, 15B Attachment 4.19-B, Page 39A, 39B, 128	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Appendix to Attachment 3.1-A, Pages 13(A), 14, 15 Attachment 4.19-B, Page 39A
10. SUBJECT OF AMENDMENT: Coverage of Medication Assisted Treatment (MAT) services and drugs under a new mandatory benefit.	
11. GOVERNOR'S REVIEW (Check One) <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Not submitted for review by prior approval.	

12. SIGNATURE OF AGENCY OFFICIAL: 	16. RETURN TO: Department of Healthcare and Family Services Bureau of Program and Reimbursement Analysis Attn: Mary Doran 201 South Grand Avenue East Springfield, IL 62763-0001
13. TYPED NAME: Theresa Eagleson	
14. TITLE: Director of Healthcare and Family Services	
15. DATE SUBMITTED 12/21/2020	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 12/21/2020	18. DATE APPROVED: October 19, 2021
PLAN APPROVED—ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 10/1/2020	20. SIGNATURE OF REGIONAL OFFICIAL:  Digitally signed by Ruth Hughes -S Date: 2021.10.19 16:50:20 -05'00'
21. TYPED NAME Ruth A. Hughes	22. TITLE: Acting Director, Division of Program Operations
23. REMARKS:	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Illinois

AMOUNT, DURATION, AND SCOPE OF SERVICES

[\[Material Removed\]](#)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: **Illinois**

AMOUNT, DURATION, AND SCOPE OF SERVICES

13d. REHABILITATIVE SERVICES

Alcohol and Substance Abuse Substance Use Disorder Services

Covered substance use disorder (SUD) treatment services, including Medication Assisted Treatment, are provided in accordance with evidence-based best practice and the most recent version of the American Society of Addiction Medicine (ASAM) Criteria and State Administrative Rules. All SUD providers must be licensed in accordance with State law, certified by IDHS/SUPR and enrolled for participation through the Illinois Department of Healthcare and Family Services (HFS). See SUD provider qualifications in the chart below. Services are recommended by a physician or other licensed practitioner, within the scope of their practice under State law, for maximum reduction of physical or mental disability and restoration of a beneficiary to their best possible functional level.

Covered services include:

1. **Assessment:** An evidence-based process designed to determine the severity of the substance use disorder, the comprehensive treatment needs of the patient and a level of care determination. A medical screening and a biopsychosocial, multidimensional assessment is administered by qualified professional staff (see chart below) with approval by a physician, physician extender or other qualified professional identified in State Administrative Rules.
2. **Outpatient Treatment (ASAM Level 1):** Services include individual, group counseling, treatment planning, didactic (SUD educational) groups, continued stay reviews and discharge planning provided in an outpatient setting by qualified professional staff (see chart below). Medical. Psychiatric and lab services are available onsite or through consultation or referral. Outpatient treatment services include fewer than 9 hours per week for adults and fewer than six hours per week for adolescents.
3. **Intensive Outpatient Treatment (ASAM Level 2.1):** All services specified in this section are the same as specified for outpatient treatment but range from 9-19 hours per week for adults and 6-19 hours per week for adolescents. Medical. Psychiatric and lab services are available onsite or through consultation or referral.
4. **Partial Hospitalization (ASAM Level 2.5):** Non-residential services that include individual, group counseling, treatment planning, didactic (SUD educational) groups, continued stay reviews and discharge planning provided in an outpatient setting by qualified professional staff (see chart below) for patients whose identified needs warrant daily monitoring or management but that can be appropriately addressed in an outpatient setting. Services typically average five hours of clinical services per day and generally include 20 or more hours per week with direct access to psychiatric, medical and lab services.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: **Illinois**

AMOUNT, DURATION, AND SCOPE OF SERVICES

13d. REHABILITATIVE SERVICES

Alcohol and Substance Abuse Substance Use Disorder Services (continued)

5. Residential Treatment Services (ASAM Level 3.5): Residential services that include all services as specified for outpatient treatment, general nursing care to medically ill or pregnant patients, nutritional counseling and physician services, as needed. All services are delivered by qualified professional staff (see chart below). All services are tailored to the patient's readiness to change and are most appropriate for patients whose SUD is so severe that it requires a residential supportive treatment environment to initiate or continue a recovery process that has failed to progress. All services help patients stabilize and focus on the development of recovery skills so that they do not continue to use in an imminently dangerous manner upon transfer to a less intensive level of care. Services are offered seven days per week for a minimum of 25 hours per week in a residential treatment setting certified by IDHS/SUPR has having 16 beds or less. Reimbursement for this service excludes room and board costs.
6. Medically Monitored Withdrawal Management (ASAM Level 3.7): Residential services that are identical to residential services, but are based upon the stability and medical condition of the patient and require a stronger focus on individual treatment sessions and smaller groups as well as residential monitoring during the patient's withdrawal. The primary focus of Level 3.7 care is stabilization until withdrawal signs and symptoms are sufficiently resolved and the patient can be safely managed in a less intensive level of care or, conversely, referred for more acute medical management. All services are delivered by qualified professional staff (see chart below) in a treatment setting certified by IDHS/SUPR has having 16 beds or less. Reimbursement for this service excludes room and board costs.
7. Psychiatric Evaluation: The provision of an evaluation and/or examination of a patient and exchange of information to determine whether the patient's condition is due to the effects of the substance use disorder or to a diagnosed psychiatric disorder. Psychiatric evaluations are reimbursed on a per encounter basis (one per day). This service is delivered by qualified professional staff (see chart below).

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: **Illinois**

AMOUNT, DURATION, AND SCOPE OF SERVICES

13d. REHABILITATIVE SERVICES

Alcohol and Substance Abuse Substance Use Disorder Services (continued)

8. Medication Assisted Treatment (MAT): The medical administration of opioid compounds as a treatment for a substance use disorder. MAT is delivered under the supervision of a physician, and administered by an Illinois licensed physician, nurse practitioner or physician extender, registered nurse or licensed practical nurse. While other FDA approved opioid compounds are used for MAT, Methadone is the only compound reimbursable through IDHS/SUPR. MAT shall be determined to be medically necessary prior to delivery and must:
 - Include a referral for additional treatment for one or more of the covered Medicaid Rehabilitative Option (MRO) substance use disorder services; or
 - Include one or more of the covered MRO covered services as an adjunct to MAT when Methadone is used for MAT in accordance with State Administrative Rules and SAMHSA guidelines in 42 CFR Part 8 (MAT); and
 - Have MAT services effectively coordinated with the delivery of MAT and documented in the patient treatment plan in accordance with standard medical practice or, as applicable, in accordance with State Administrative Rules, and
 - Ensure that from October 1, 2020, through September 30, 2025, that MAT to treat OUD as defined at section 1905(ee)(1) of the Social Security Act (the Act) is covered exclusively under section 1905(a)(29) of the Act.

All services or treatments which are medically necessary to correct or lessen health problems detected or suspected by the screening process will be provided to individuals under age 21 as an EPSDT benefit.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: **Illinois**

AMOUNT, DURATION, AND SCOPE OF SERVICES

13d. REHABILITATIVE SERVICES

Alcohol and Substance Abuse Substance Use Disorder Services (continued)

Substance Use Disorder Provider Qualifications:

Services Provided	Provider/Practitioner	License/Certification
Assessment, Individual Counseling/Therapy, Group Counseling/Therapy, Psycho Educational Group, Family Counseling, Continued Stay Reviews, Treatment Planning, Nutrition Education, Discharge Planning	Certified Alcohol and Drug Counselor (CADC)	Certification pursuant to the requirements established by the Illinois Certification Board (ICB) that include a minimum of a high school/GED degree, two years (4000 hours) of paid, qualified work experience in the SUD field in the past four years, 150 hours of supervised practical experience and 225 clock hours of continuing education units that must include 100 hours that are SUD specific, 6 hours related to professional ethics and responsibilities and 119 hours in specific performance domains. and licensure from IDHS/SUPR pursuant to State Administrative Rules.
Assessment, Individual Counseling/Therapy, Group Counseling/Therapy, Psycho Educational Group, Family Counseling, Continued Stay Reviews, Treatment Planning, Nutrition Education, Discharge Planning	Licensed Professional Counselor (LPC) or Licensed Clinical Professional Counselor (LCPC)	Licensed pursuant to the Professional Counselor and Clinical Professional Counselor Licensing Act and licensure from IDHS/SUPR pursuant to State Administrative Rules.
Assessment, Individual Counseling/Therapy, Group Counseling/Therapy, Psycho Educational Group, Family Counseling, Continued Stay Reviews, Treatment Planning, Nutrition Education, Discharge Planning	Licensed Clinical Social Worker (LCSW)	Licensed pursuant to the Clinical Social Work and Social Work Practice Act and licensure from IDHS/SUPR pursuant to State Administrative Rules.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: **Illinois**

AMOUNT, DURATION, AND SCOPE OF SERVICES

Services Provided	Provider/Practitioner	License/Certification
Assessment, Individual Counseling/Therapy, Group Counseling/Therapy, Psycho Educational Group, Family Counseling, Continued Stay Reviews, Treatment Planning, Nutrition Education, Discharge Planning	Licensed Social Worker (LSW)	Licensed pursuant to the Clinical Social Work and Social Work Practice Act and licensure from IDHS/SUPR pursuant to Administrative Rule.
Psychiatric Evaluations.	Advanced Practice Nurse (APN)	Licensed pursuant to the Nurse Practice Act and certified in Psychiatric and Mental Health Nursing.
Confirmations of diagnosis, treatment placement, treatment plans and other medical services, including MAT, under the supervision of a physician.	Advanced Practice Nurse, Physician's Assistant, Physician Extender	Licensed pursuant to the Nurse Practice Act and licensure from IDHS/SUPR pursuant to State Administrative Rules.
Assessment, Outpatient, Intensive Outpatient, Partial Hospitalization, Residential Services. Medically Monitored Withdrawal Management, MAT, psychiatric evaluations.	Licensed Physician	Licensed pursuant to the Medical Practice Act of 1987
Assessment, Outpatient, Intensive Outpatient, Partial Hospitalization, Day Treatment. Medically Monitored Withdrawal Management, psychiatric evaluations.	Licensed Clinical Psychologist	Licensed pursuant to the Clinical Psychology Practice Act

Enclosure ____

Supplement 2 to Attachment 3.1-A

Page 1

State of Illinois

1905(a)(29) Medication-Assisted Treatment (MAT)

Citation: 3.1(a)(1) Amount, Duration, and Scope of Services: Categorically Needy
(Continued)

1905(a)(29) X MAT as described and limited in Supplement 2 to Attachment 3.1-A.

ATTACHMENT 3.1-A identifies the medical and remedial services provided to the categorically needy.

State of Illinois

1905(a)(29) Medication-Assisted Treatment (MAT)

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Categorically Needy (continued)

i. General Assurance

MAT is covered under the Medicaid state plan for all Medicaid beneficiaries who meet the medical necessity criteria for receipt of the service for the period beginning October 1, 2020, and ending September 30, 2025.

ii. Assurances

- a. The state assures coverage of Naltrexone, Buprenorphine, and Methadone and all of the forms of these drugs for MAT that are approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262).
- b. The state assures that Methadone for MAT is provided by Opioid Treatment Programs that meet the requirements in 42 C.F.R. Part 8.
- c. The state assures coverage for all formulations of MAT drugs and biologicals for OUD that are approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262).

iii. Service Package

From October 1, 2020, through September 30, 2025, the state assures that MAT to treat OUD as defined at section 1905(ee)(1) of the Social Security Act (the Act) is covered exclusively under section 1905(a)(29) of the Act.

The state covers the following counseling services and behavioral health therapies as part of MAT.

- a) Please set forth each service and components of each service (if applicable), along with a description of each service and component service.

State of Illinois

- **Assessment.** A formal process of information gathering that utilizes a clinical interview and a standardized instrument to identify a client's healthcare needs, diagnosis, perspectives on treatment, and preferences related to their OUD.
 - **Treatment Planning.** The review and organization of client details, diagnosis, and clinical needs, as gathered during the Assessment, to create recommend services (including amount, duration, and scope) to be provided to the client to ameliorate their identified condition(s), establishing medical necessity for the recommended services. For clients under the age of 21, the completion of an Assessment and identification of clinical need by an LPHA may be sufficient to establish medical necessity for the services in this section, absent a confirmed diagnosis.
 - **Therapy/ Counseling.** Therapy/ counseling utilizes clinical theory and techniques to resolve a client's problematic behaviors, beliefs, feelings, relationship issues, and/ or somatic responses, consistent with the goals and objectives of the client's treatment plan. Therapy/ Counseling can be provided individually, in group settings, or with a client and their family.
- b) Please include each practitioner and provider entity that furnishes each service and component service.

The following providers, when practicing within their scope of practice, are qualified to provide each of the services (Assessment, Treatment Planning, and Therapy/Counseling) listed in Section iii.a., above.

- Licensed Physician
 - Licensed Clinical Psychologist
 - Licensed Professional Counselor or Licensed Clinical Professional Counselor
 - Licensed Clinical Social Worker or Licensed Social Worker
 - Certified Alcohol and Drug Counselor
- c) Please include a brief summary of the qualifications for each practitioner or provider entity that the state requires. Include any licensure, certification, registration, education, experience, training and supervisory arrangements that the state requires.
- A physician who holds a valid license in the state of practice and is legally authorized under state law or rule to practice medicine in all its branches pursuant to the Medical Practice Act of 1987;

State of Illinois

- A clinical psychologist who holds a valid license in the state of practice and is legally authorized under state law or rule to practice as a clinical psychologist pursuant to the Clinical Psychologist Licensing Act;
- A licensed professional counselor (LPC) or a licensed clinical professional counselor (LCPC) who holds a valid license in the state of practice and is legally authorized under state law or rule to practice as a LPC or LCPC pursuant to the Professional Counselor and Clinical Professional Counselor Licensing Act;
- A licensed clinical social worker (LCSW) or a licensed social worker (LCS) who holds a valid license in the state of practice and is legally authorized under state law or rule to practice as a LCSW or LCS pursuant to the Clinical Social Work and Social Work Practice Act; and
- Certified Alcohol and Drug Counselor (CADC) pursuant to the requirements established by the Illinois Certification Board (ICB) that include a minimum of a high school/GED degree, two years (4000 hours) of paid, qualified work experience in the SUD field in the past four years, 150 hours of supervised practical experience and 225 clock hours of continuing education units that must include 100 hours that are SUD specific, 6 hours related to professional ethics and responsibilities and 119 hours in specific performance domains.

1905(a)(29) Medication-Assisted Treatment (MAT)

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Categorically Needy (continued)

iv. Utilization Controls

 X The state has drug utilization controls in place. (Check each of the following that apply)

- X Generic first policy
- X Preferred drug lists
- X Clinical criteria
- Quantity limits

 The state does not have drug utilization controls in place.

v. Limitations

State of Illinois

Describe the state's limitations on amount, duration, and scope of MAT drugs, biologicals, and counseling and behavioral therapies related to MAT.

Oral buprenorphine is subject to quantity limits, and certain products and brands are included on the state's Preferred Drug List. Injectable and implantable buprenorphine are covered through the medical benefit with prior authorization.

PRA Disclosure Statement - This information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section 1006(b) of the SUPPORT for Patients and Communities Act (P.L. 115-271) enacted on October 24, 2018. Section 1006(b) requires state Medicaid plans to provide coverage of Medication-Assisted Treatment (MAT) for all Medicaid enrollees as a mandatory Medicaid state plan benefit for the period beginning October 1, 2020, and ending September 30, 2025. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 # 60). Public burden for all of the collection of information requirements under this control number is estimated to take about 80 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

vi. Additional Details

[Payment methods and rates for MAT services are authorized under the Medicaid Rehabilitative Option benefit in Attachment 4.19-B of the state plan.](#)

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

- 10/20 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, 2020, 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.

- 10/20 e. Substance Use Disorder Treatment Rate Increase – Rates in effect on June 30, 2020, shall be increased by 2%, effective for dates of services on or after July 1, 2020, for the following 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

The fee schedule rate was set as of July 1, 2020 and is effective for services provided on or after that date. Rates are published at

<https://www.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/>

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**

1905(a)(29) Medication-Assisted Treatment (MAT)

- f. Payment methods and rates for MAT services provided in opiate treatment programs, licensed substance use disorder treatment programs, or by licensed professionals in private practice are authorized under the Rehabilitative Services (§ 13d.) benefit in Attachment 4.19-B pages 39B of the state plan. Payments shall be made at the lessor of the charge or the Department-established rates for the screening, tests or procedure. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of screening and diagnostic tests and procedures. All rates are published on the Department's website in the MAT fee schedule located at www.hfs.illinois.gov/reimbursement/.

Medication Assisted Treatment (MAT) pursuant to section 1905(a)(29) of the Social Security Act. The reimbursement for unbundled MAT prescribed drugs and biologicals used to treat opioid use disorder (OUD) will be reimbursed using the same methodology as described for prescribed drugs located in Attachment 4.19-B, pages 32, 32A, 32B and 32C for prescribed drugs that are dispensed or administered.