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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

Department of Health & Human Services
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850



FINANCIAL MANAGEMENT GROUP

Division of Reimbursement Review

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,

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

Todd McMillion
Director
Division of Reimbursement Review

Enclosure

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER <u>2 2 - 0 0 2 5</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 <p style="text-align: center;">July 1, 2022</p>	
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 \$ 9,700,000	
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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4.19-B, Page 39A	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 OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

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 June 30, 2022	

FOR CMS USE ONLY

16. DATE RECEIVED June 30, 2022	17. DATE APPROVED July 25, 2022
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PLAN APPROVED - ONE COPY ATTACHED

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.

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

07/22 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/>

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 lesser 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/>.