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State Territory Name: ILLINOIS

State Plan Amendment (SPA) #: 23-0031

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

February 5, 2024

Theresa Eagleson
Illinois Department of Healthcare and Family Services
201 South Grand Avenue East, 3rd Floor
Springfield, IL 62763-0001
RE: TN IL 23-0031

Dear Director Eagleson:

We have reviewed the proposed Illinois State Plan Amendment (SPA) to Attachment 4.19-B IL-23-0031, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on December 5, 2023. This plan amendment updates the rates for Substance Use Disorder Services.

Based upon the information provided by the State, we have approved the amendment with an effective date of January 1, 2024. We are enclosing the approved CMS-179 and a copy of the new state plan page.

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,

A solid black rectangular box used to redact the signature of the sender.

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</u> <u>3</u> <u>0</u> <u>0</u> <u>3</u> <u>1</u>	2. STATE <u>IL</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	
4. PROPOSED EFFECTIVE DATE January 1, 2024	
5. FEDERAL STATUTE/REGULATION CITATION 42 CFR 440.130	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a FFY <u>2024</u> \$ <u>7,470,000</u> b FFY <u>2025</u> \$ <u>9,960,000</u>
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B, Page 38	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4.19-B, Page 38

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR 440.130

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 4.19-B, Page 38

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, ASSPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME
Theresa Eagleson

13. TITLE
Director of Healthcare and Family Services

14. DATE SUBMITTED
December 5, 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
December 5, 2023

17. DATE APPROVED
February 5, 2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
January 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

STATE PLAN UNDER TITLE XIX OF THE *SOCIAL SECURITY ACT*

State: **Illinois**

**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES—
OTHER TYPE OF CARE—BASIS FOR REIMBURSEMENT**

09/20 21. REHABILITATIVE SERVICES

Substance Use Disorder Residential Treatment Services

- a. Reimbursement for substance use disorder (SUD) residential treatment services is made through daily payment rates established by the state. The daily payment rates are made for each day of patient care, not including the day of discharge. Reimbursement rates are based on aggregated cost data from providers of SUD residential treatment services and include direct service costs, including salaries, wages, and benefits of direct service personnel, and non-personnel operating costs, including costs for program related supplies and general administration costs. Room and board costs are not reimbursable.

Daily payment rates have been established for the following services:

- Substance Use Disorder Treatment, Medically Monitored Withdrawal Management; ASAM Level 3.7
- Substance Use Disorder Treatment, Adult Day Treatment; ASAM Level 3.5
- Substance Use Disorder Treatment, Adolescent Day Treatment; ASAM Level 3.5
- Substance Use Disorder Treatment, Adolescent Psychiatric Rehabilitation Treatment Facility (PRTF); ASAM Level 3.5 – Adolescent

01/24

The rates are established as part of the state-developed fee schedule for both governmental and private providers. The rates were set as of January 1, 2024, and are effective for services provided on or after that date. Rates are published at <https://www.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/>.

For providers, where the updated standard rates result in projected lower overall reimbursement for the services providers are currently licensed to provide, effective September 1, 2020, any existing rate in place on August 31, 2020 will remain in place and not subject to any future increase until the standard rate for that service reaches the same level for all other organizations.

- b. Reserved.