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State Territory Name: ILLINOIS

State Plan Amendment (SPA) #: 23-0035

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 15, 2024

Theresa Eagleson
Illinois Department of Healthcare and Family Services
201 South Grand Avenue East, 3rd Floor
Springfield, IL 62763-0001
RE: TN IL 23-0022

Dear Director Eagleson:

We have reviewed the proposed Illinois State Plan Amendment (SPA) to Attachment 4.19-B IL-23-0035, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on December 5, 2023. This plan amendment updates the rates for Community Mental Health 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 pages.

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,



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 3</u> — <u>0 0 3 5</u>	2. STATE <u>I L</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
January 1, 2024

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR 440.130

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2024 \$ 13,500,000
b. FFY 2025 \$ 18,000,000

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-B, page 36

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)


Attachment 4.19-B, page 36

9. SUBJECT OF AMENDMENT
Reimbursement rates for community mental health providers

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
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 15, 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
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**

07/12 21. REHABILITATIVE SERVICES:

Mental Health Rehabilitative Services

07/22 a. For all services found under Attachment 3.1-A, Mental Health Rehabilitative Services, the state pays the lessor of: 1) provider charges, or 2) the maximum fee schedule rate for mental health rehabilitative services.

01/24 Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of mental health rehabilitative services. The agency's fee schedule rate was set as of January 1, 2024, and is effective for services provided on or after that date. All rates are published on the HFS website at <http://www.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/>.

The fee schedule shall detail the unit of service, rate of reimbursement and applicable modifiers. The rates do not include costs related to room and board or any other unallowable facility costs.

Providers are required to maintain complete clinical and financial records, available upon request to HFS, which formed the basis of all claims and statistical and financial reports for at least six years from the date of service. For each individual covered service furnished by the provider organization, the records must include: the date of service, name of the customer, the customer's Medicaid identification number, the name and qualifications of the practitioner rendering the service, the type and extent of services rendered, the units of service rendered, and the place of service. The provider's records must also clearly demonstrate the provider's costs by practitioner and type of service actually delivered and any payments claimed by the provider for furnishing services. In the absence of proper and complete records, no payment will be made and payments previously made will be recouped.

b. Assertive Community Treatment (ACT), Community Support and Mobile Crisis Response services are reimbursed using a bundled payment methodology (i.e. single rate for multiple levels of different practitioners or clinical activities). Providers must make all records, as detailed in section 21.a of this attachment 4.19-B, related to the provision of these services available to HFS upon request. HFS will annually review provider costs and service expenditures to ensure that beneficiaries receive the types, quantity and intensity of services to meet their medical needs and that rates are economic and efficient.

The services will be monitored via encounter data to ensure adequate service mix. Services must meet the LPHA recommendations from the service plan.