

**PROPOSED CHANGES IN METHODS AND STANDARDS
FOR ESTABLISHING MEDICAL ASSISTANCE PAYMENT RATES**

**STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES**

The Illinois Department of Healthcare and Family Services (HFS) is proposing changes in the methods and standards for setting payment rates for providers of mental health services. The proposed changes are effective for dates of service July 1, 2022 and after.

The Department proposes increasing the Medicaid reimbursement rates for certain mental health services as follows:

Service	Staff Level	Unit	On-Site Rate	Off-Site Rate
IATP, LPHA Review	LPHA	15 min	\$31.81	N/A
Crisis Stabilization	MHP	15 min	\$25.00	\$25.00
Therapy/Counseling	MHP	15 min	\$27.32	\$30.26
Therapy/Counseling	QMHP	15 min	\$34.84	\$38.00
Therapy/Counseling	LPHA	15 min	\$31.81	\$35.60
Community Support	RSA	15 min	\$30.05	\$32.47
Community Support	MHP	15 min	\$33.32	\$36.26
Community Support	QMHP	15 min	\$34.84	\$38.00
Case Management	RSA	15 min	\$30.05	\$32.47
Case Management	MHP	15 min	\$33.32	\$36.26
Case Management	QMHP	15 min	\$34.84	\$38.00
Assertive Community Treatment	Multidisciplinary Team	15 min	\$49.98	\$54.78

The proposed fee schedule for mental health services effective July 1, 2022 is provided as an attachment to this notice. The Department estimates this proposed change in reimbursement rates will result in an annual increase in Medicaid liability of \$130.4 million for services provided through fee-for-service or through managed care organizations.

The Department also proposes introducing access payments for providers of team-based mental health services. Mental health providers of assertive community treatment shall receive an access payment of equivalent to \$6,000 annually for each Medicaid customer who receives at least 300 units of assertive community treatment services in a calendar year. Mental health providers of team-based community support services shall receive an access payment equivalent to \$4,200 annually for each Medicaid customer who receives at least 200 units of team-based community support services in a calendar year. The Department estimates this proposed change will result in an annual increase in Medicaid liability of \$2.67 million for services provided through fee-for-service.

These proposed changes are subject to approval by the federal Centers for Medicare and Medicaid Services and may be modified or revised during the approval process.

Any interested party may submit questions or comments concerning these proposed changes in reimbursement methods and standards. All questions or comments must be submitted in writing within thirty (30) days of the publication date of this notice and addressed to:

Bureau of Program and Policy Coordination
Division of Medical Programs
Healthcare and Family Services
201 South Grand Avenue East
Springfield, IL 62763-0001
E-mail address: HFS.bpra@illinois.gov

This notice may be viewed at the DHS local offices (except Cook County). In Cook County, the notice and clarification may be reviewed at the Office of the Director, Illinois Department of Healthcare and Family Services, 401 South Clinton Street, 1st Floor, Chicago, Illinois. Comments received regarding this notice shall be published on the HFS web site at <https://www.illinois.gov/hfs/info/legal/PublicNotices/Pages/default.aspx>

This notice is being provided in accordance with federal requirements found at 42 CFR 447.205.

DRAFT Fee Schedule for Providers of Community-Based Behavioral Health Services

Effective: 7/1/2022

Service Name	Proc Code	Modifiers		Units	State Max	
		1	2		On-Site	Off-Site
Group A - billable by BHC, CMHC, IPs						
Assessment and Treatment Planning						
Integrated Assessment and Treatment Planning (IATP)	H2000	HN		1/4 hr	\$ 26.32	\$ 29.26
Integrated Assessment and Treatment Planning (IATP)	H2000	HO		1/4 hr	\$ 27.84	\$ 31.00
IATP: LPHA Review	H2000	TF	SF	1/4 hr	\$ 31.81	N/A
IATP: Review and Update	H2000	HN	SF	1/4 hr	\$ 26.32	\$ 29.26
IATP: Review and Update	H2000	HO	SF	1/4 hr	\$ 27.84	\$ 31.00
IATP: Clinical Assessment Tool under LPHA direction	H2000	52		1/4 hr	\$ 26.32	\$ 29.26
IATP: Clinical Assessment Tool performed by an LPHA	H2000	TF		1/4 hr	\$ 27.84	\$ 31.00
IATP: Psychological Assessment	H2000	AH		1/4 hr	\$ 27.84	\$ 31.00
IATP: Psychological Assessment	H2000	HP		1/4 hr	\$ 34.54	\$ 38.80
IATP: LOCUS Assessment	H2000	HN	HE	1/4 hr	\$ 26.32	\$ 29.26
Crisis Services						
Crisis Intervention	H2011	HN		1/4 hr	\$ 39.98	\$ 45.27
Therapy/Counseling Services						
Therapy/Counseling - Individual	H0004	HN		1/4 hr	\$ 27.32	\$ 30.26
Therapy/Counseling - Individual	H0004	HO		1/4 hr	\$ 34.84	\$ 38.00
Therapy/Counseling - Brief Intervention	H0004	TF	TL	1/4 hr	\$ 31.81	\$ 35.60
Therapy/Counseling - Group	H0004	HN	HQ	1/4 hr	\$ 4.58	\$ 5.31
Therapy/Counseling - Group	H0004	HO	HQ	1/4 hr	\$ 6.62	\$ 7.67
Therapy/Counseling - Family	H0004	HN	HR	1/4 hr	\$ 27.32	\$ 30.26
Therapy/Counseling - Family	H0004	HO	HR	1/4 hr	\$ 34.84	\$ 38.00
Group B - billable by BHC and CMHC						
General Medicaid Rehabilitation Option Services						
Community Support - Individual	H2015	HM		1/4 hr	\$ 30.05	\$ 32.47
Community Support - Individual	H2015	HN		1/4 hr	\$ 33.32	\$ 36.26
Community Support - Individual	H2015	HO		1/4 hr	\$ 34.84	\$ 38.00
Community Support - Group	H2015	HM	HQ	1/4 hr	\$ 3.77	\$ 4.37
Community Support - Group	H2015	HN	HQ	1/4 hr	\$ 4.58	\$ 5.31
Community Support - Group	H2015	HO	HQ	1/4 hr	\$ 6.62	\$ 7.67
Medication Administration	T1502	TE		Event	\$ 22.02	\$ 25.54
Medication Administration	T1502	SA		Event	\$ 27.89	\$ 32.37
Medication Monitoring	H2010	52		1/4 hr	\$ 22.04	\$ 22.04
Medication Monitoring	H2010	SA		1/4 hr	\$ 26.54	\$ 26.54
Medication Monitoring	H2010	AF		1/4 hr	\$ 36.89	\$ 36.89
Medication Training - Individual	H0034	52		1/4 hr	\$ 23.32	\$ 26.26
Medication Training - Individual	H0034	SA		1/4 hr	\$ 26.54	\$ 30.80
Medication Training - Group	H0034	52	HQ	1/4 hr	\$ 6.11	\$ 7.10
Medication Training - Group	H0034	SA	HQ	1/4 hr	\$ 8.85	\$ 10.27
Targeted Case Management Services						
Case Management - Client-Centered Consultation	T1016	HM	HS	1/4 hr	\$ 30.05	\$ 32.47
Case Management - Client-Centered Consultation	T1016	HN	HS	1/4 hr	\$ 33.32	\$ 36.26
Case Management - Mental Health	T1016	HM		1/4 hr	\$ 30.05	\$ 32.47
Case Management - Mental Health	T1016	HN		1/4 hr	\$ 33.32	\$ 36.26
Case Management - Transition Linkage and Aftercare	T1016	HN	TS	1/4 hr	\$ 33.32	\$ 36.26
Case Management - Transition Linkage and Aftercare	T1016	HO	TS	1/4 hr	\$ 34.84	\$ 38.00
Crisis Services						
Crisis Intervention - Team	H2011	HN	HT	1/4 hr	N/A	\$52.57
Crisis Stabilization	T1019	HN		1/4 hr	\$25.00	\$25.00
Mobile Crisis Response	S9484	HN		Event	\$202.09	\$274.60
Mobile Crisis Response - Team	S9484	HN	HT	Event	N/A	\$327.92

DRAFT Fee Schedule for Providers of Community-Based Behavioral Health Services

Effective: 7/1/2022

Intensive Services Requiring Program Certification						
Community Support Team	H2016	*		1/4 hr	\$34.84	\$38.00
Violence Prevention Community Support Team - Individual	H0037	*		1/4 hr	\$34.84	\$38.00
Violence Prevention Community Support Team - Group	H0037	HQ	*	1/4 hr	\$4.86	\$5.64
Mental Health Intensive Outpatient - Adult Program	S9480	HO	HB	1 hr	\$17.62	\$17.62
Mental Health Intensive Outpatient - Child Program	S9480	HO	HA	1 hr	\$70.00	N/A
Behavioral Health Screening Services						
Developmental Screening	96110	TF		Event	\$ 17.14	\$ 17.14
Developmental Testing	96112	TF		Event	\$ 17.14	\$ 17.14
Mental Health Risk Assessment	96127	TF		Event	\$ 15.57	\$ 15.57
Prenatal Care At-Risk Assessment	H1000	TF		Event	\$ 15.57	\$ 15.57
Family Support Program (FSP) Services						
FSP Application Assistance	G9012	HN	SE	1/4 hr	\$ 19.60	\$ 19.60
FSP Clinical Case Participation	T1016	HN	SE	1/4 hr	\$ 20.19	\$ 20.19
FSP Family Support Services	T1999	SE		Event		
FSP Therapeutic Support Services	H0046	SE		Event		
Group C - billable by CMHC only						
Telehealth Services						
Telepsychiatry: Originating Site	Q3014	HN		Event	\$ 25.00	N/A
Intensive Services Requiring Program Certification						
Assertive Community Treatment - Individual	H0039	*		1/4 hr	\$49.98	\$ 54.78
Assertive Community Treatment - Group	H0039	HQ	*	1/4 hr	\$9.99	\$ 11.59
Psychosocial Rehabilitation - Individual	H2017	HM		1/4 hr	\$15.05	N/A
Psychosocial Rehabilitation - Individual	H2017	HN		1/4 hr	\$18.32	N/A
Psychosocial Rehabilitation - Individual	H2017	HO		1/4 hr	\$19.84	N/A
Psychosocial Rehabilitation - Group	H2017	HM	HQ	1/4 hr	\$3.77	N/A
Psychosocial Rehabilitation - Group	H2017	HN	HQ	1/4 hr	\$4.58	N/A
Psychosocial Rehabilitation - Group	H2017	HO	HQ	1/4 hr	\$6.62	N/A
*CST, VP-CST, and ACT services must be billed with an additional modifier indicating the highest level of practitioner level delivering the unit(s) of service from the acceptable list of modifiers. See the Handbook for Providers of Community-Based Behavioral Services for more information.						