

**From:** [Johnson, Chuck](#)  
**To:** [HFS.BPPC](#)  
**Subject:** [External] Medicaid Rate Add-On Proposed for Specialized Child Psychiatric Services  
**Date:** Tuesday, December 16, 2025 2:21:57 PM

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Why is this proposed per diem Medicaid rate add on of \$1,636 limited only to free-standing children's hospitals providing specialized psychiatric services to children diagnosed with autism spectrum disorder on an intensive behavioral health unit when autistic children are being treated in community hospitals with child and adolescent units throughout Illinois.

Chuck Johnson  
Blessing Hospital

**From:** [John Prehm](#)  
**To:** [HFS.BPPC](#)  
**Cc:** [Cathi Ledet](#); [Amy Estell](#); [Amy Moran](#); [James Cha](#)  
**Subject:** [External] Question "Autism Add on Rate"  
**Date:** Wednesday, December 17, 2025 10:44:02 AM  
**Attachments:** [image001.png](#)

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What is the age range of the "children" qualifying for this add on rate and when would we be able to bill for this service?

I would also like to confirm how you are defining "unit". We are a 161 bed standalone psychiatric hospital with a adolescent unit within our hospital. This unit current has adolescents on it with this diagnosis along with others who do not.

Thanks,

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

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

**Date: December 4, 2025**

The Illinois Department of Healthcare and Family Services (HFS) is proposing changes in the methods and standards by which the Department will reimburse providers. The proposed change is effective for dates of service on or after December 5, 2025.

The Department is proposing to reimburse freestanding children's hospitals providing specialized psychiatric services to children diagnosed with autism spectrum disorder on an intensive behavioral health unit a per diem add-on of \$1,636.

These proposed changes will result in an estimated annual increase in Medicaid liability of \$1.2 million. The proposed change is subject to approval by the federal Centers for Medicare & 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. Comments received regarding this notice shall be published on the HFS web site at <https://hfs.illinois.gov/info/legal/publicnotices.html>. It is recommended to include the name of the public notice in the subject line. 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.BPPC@illinois.gov](mailto:HFS.BPPC@illinois.gov)

The notice may be viewed at the DHS local offices (except in Cook County). In Cook County, the notice may be reviewed at the Office of the Director, Illinois Department of Healthcare and Family Services, 401 South Clinton Street, 1st Floor, Chicago, Illinois.

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

John M. Prehm

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