

**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/Department) 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 January 1, 2024 and after.

Pursuant to [PA 103-0102](#), 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, IATP: Review and Update, IATP: LOCUS Assessment	MHP	15 min	\$33.32	\$36.26
IATP, IATP: Review and Update	QMHP	15 min	\$34.84	\$38.00
IATP: LPHA Review	LPHA	15 min	\$38.81	N/A
IATP: Clinical Assessment Tool	Lower level staff	15 min	\$33.32	\$36.26
IATP: Clinical Assessment Tool	LPHA	15 min	\$34.84	\$38.00
IATP: Psychological Assessment	Psychologist – Master’s	15 min	\$34.84	\$38.00
IATP: Psychological Assessment	LCP	15 min	\$41.54	\$45.80
Crisis Intervention	MHP	15 min	\$47.98	\$53.27
Crisis Intervention Team	Team	15 min	N/A	\$60.57
Mobile Crisis Response	MHP	Event	\$402.09	\$474.60
Mobile Crisis Response Team	Team	Event	N/A	\$527.92
Therapy/Counseling - Group	MHP	15 min	\$7.58	\$8.31
Therapy/Counseling – Group	QMHP	15 min	\$9.62	\$10.67
Therapy/Counseling - Family	MHP	15 min	\$30.32	\$33.26
Therapy/Counseling - Family	QMHP	15 min	\$37.84	\$41.00
Medication Monitoring	Physician	15 min	\$62.00	\$62.00
Medication Monitoring	APN	15 min	\$44.61	\$44.61
Medication Monitoring	Lower level staff	15 min	\$37.04	\$37.04
Community Support – Group	RSA	15 min	\$6.77	\$7.37
Community Support – Group	MHP	15 min	\$7.58	\$8.31
Community Support – Group	QMHP	15 min	\$9.62	\$10.67

The Department estimates this proposed change in reimbursement rates will result in an annual increase in Medicaid liability of \$30 million for services provided through fee-for-service or through managed care organizations.

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.BPPC@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.