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3 SUBCHAPTER d: MEDICAL PROGRAMS  
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447  
 448 AUTHORITY: Implementing and authorized by Articles III, IV, V and VI and Section 12-13 of  
 449 the Illinois Public Aid Code [305 ILCS 5/Arts. III, IV, V and VI and 12-13].  
 450

451 SOURCE: Adopted at 3 Ill. Reg. 24, p. 166, effective June 10, 1979; rule repealed and new rule  
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 455 8308, effective July 1, 1983; amended at 7 Ill. Reg. 8271, effective July 5, 1983; emergency  
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 457 Ill. Reg. 8540, effective July 15, 1983; amended at 7 Ill. Reg. 9382, effective July 22, 1983;  
 458 amended at 7 Ill. Reg. 12868, effective September 20, 1983; peremptory amendment at 7 Ill.  
 459 Reg. 15047, effective October 31, 1983; amended at 7 Ill. Reg. 17358, effective December 21,  
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 461 Reg. 580, effective January 1, 1984, for a maximum of 150 days; codified at 8 Ill. Reg. 2483;  
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 469 July 24, 1984; Sections 140.72 and 140.73 recodified to 89 Ill. Adm. Code 141 at 8 Ill. Reg.  
 470 16354; amended (by adding sections being codified with no substantive change) at 8 Ill. Reg.  
 471 17899; peremptory amendment at 8 Ill. Reg. 18151, effective September 18, 1984; amended at 8  
 472 Ill. Reg. 21629, effective October 19, 1984; peremptory amendment at 8 Ill. Reg. 21677,  
 473 effective October 24, 1984; amended at 8 Ill. Reg. 22097, effective October 24, 1984;

474 peremptory amendment at 8 Ill. Reg. 22155, effective October 29, 1984; amended at 8 Ill. Reg.  
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 476 November 21, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 25067, effective  
 477 December 19, 1984; emergency amendment at 9 Ill. Reg. 407, effective January 1, 1985, for a  
 478 maximum of 150 days; amended at 9 Ill. Reg. 2697, effective February 22, 1985; amended at 9  
 479 Ill. Reg. 6235, effective April 19, 1985; amended at 9 Ill. Reg. 8677, effective May 28, 1985;  
 480 amended at 9 Ill. Reg. 9564, effective June 5, 1985; amended at 9 Ill. Reg. 10025, effective June  
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 483 effective July 24, 1985; amended at 9 Ill. Reg. 12306, effective August 5, 1985; amended at 9 Ill.  
 484 Reg. 13998, effective September 3, 1985; amended at 9 Ill. Reg. 14684, effective September 13,  
 485 1985; amended at 9 Ill. Reg. 15503, effective October 4, 1985; amended at 9 Ill. Reg. 16312,  
 486 effective October 11, 1985; amended at 9 Ill. Reg. 19138, effective December 2, 1985; amended  
 487 at 9 Ill. Reg. 19737, effective December 9, 1985; amended at 10 Ill. Reg. 238, effective  
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 490 Reg. 1206, effective January 13, 1986; amended at 10 Ill. Reg. 3041, effective January 24, 1986;  
 491 amended at 10 Ill. Reg. 6981, effective April 16, 1986; amended at 10 Ill. Reg. 7825, effective  
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 494 11440, effective June 20, 1986; amended at 10 Ill. Reg. 14714, effective August 27, 1986;  
 495 amended at 10 Ill. Reg. 15211, effective September 12, 1986; emergency amendment at 10 Ill.  
 496 Reg. 16729, effective September 18, 1986, for a maximum of 150 days; amended at 10 Ill. Reg.  
 497 18808, effective October 24, 1986; amended at 10 Ill. Reg. 19742, effective November 12, 1986;  
 498 amended at 10 Ill. Reg. 21784, effective December 15, 1986; amended at 11 Ill. Reg. 698,  
 499 effective December 19, 1986; amended at 11 Ill. Reg. 1418, effective December 31, 1986;  
 500 amended at 11 Ill. Reg. 2323, effective January 16, 1987; amended at 11 Ill. Reg. 4002, effective  
 501 February 25, 1987; Section 140.71 recodified to 89 Ill. Adm. Code 141 at 11 Ill. Reg. 4302;  
 502 amended at 11 Ill. Reg. 4303, effective March 6, 1987; amended at 11 Ill. Reg. 7664, effective  
 503 April 15, 1987; emergency amendment at 11 Ill. Reg. 9342, effective April 20, 1987, for a  
 504 maximum of 150 days; amended at 11 Ill. Reg. 9169, effective April 28, 1987; amended at 11 Ill.  
 505 Reg. 10903, effective June 1, 1987; amended at 11 Ill. Reg. 11528, effective June 22, 1987;  
 506 amended at 11 Ill. Reg. 12011, effective June 30, 1987; amended at 11 Ill. Reg. 12290, effective  
 507 July 6, 1987; amended at 11 Ill. Reg. 14048, effective August 14, 1987; amended at 11 Ill. Reg.  
 508 14771, effective August 25, 1987; amended at 11 Ill. Reg. 16758, effective September 28, 1987;  
 509 amended at 11 Ill. Reg. 17295, effective September 30, 1987; amended at 11 Ill. Reg. 18696,  
 510 effective October 27, 1987; amended at 11 Ill. Reg. 20909, effective December 14, 1987;  
 511 amended at 12 Ill. Reg. 916, effective January 1, 1988; emergency amendment at 12 Ill. Reg.  
 512 1960, effective January 1, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 5427,  
 513 effective March 15, 1988; amended at 12 Ill. Reg. 6246, effective March 16, 1988; amended at  
 514 12 Ill. Reg. 6728, effective March 22, 1988; Sections 140.900 thru 140.912 and 140.Table H and  
 515 140.Table I recodified to 89 Ill. Adm. Code 147.5 thru 147.205 and 147.Table A and 147.Table  
 516 B at 12 Ill. Reg. 6956; amended at 12 Ill. Reg. 6927, effective April 5, 1988; Sections 140.940

517 thru 140.972 recodified to 89 Ill. Adm. Code 149.5 thru 149.325 at 12 Ill. Reg. 7401; amended at  
 518 12 Ill. Reg. 7695, effective April 21, 1988; amended at 12 Ill. Reg. 10497, effective June 3,  
 519 1988; amended at 12 Ill. Reg. 10717, effective June 14, 1988; emergency amendment at 12 Ill.  
 520 Reg. 11868, effective July 1, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 12509,  
 521 effective July 15, 1988; amended at 12 Ill. Reg. 14271, effective August 29, 1988; emergency  
 522 amendment at 12 Ill. Reg. 16921, effective September 28, 1988, for a maximum of 150 days;  
 523 amended at 12 Ill. Reg. 16738, effective October 5, 1988; amended at 12 Ill. Reg. 17879,  
 524 effective October 24, 1988; amended at 12 Ill. Reg. 18198, effective November 4, 1988;  
 525 amended at 12 Ill. Reg. 19396, effective November 6, 1988; amended at 12 Ill. Reg. 19734,  
 526 effective November 15, 1988; amended at 13 Ill. Reg. 125, effective January 1, 1989; amended  
 527 at 13 Ill. Reg. 2475, effective February 14, 1989; amended at 13 Ill. Reg. 3069, effective  
 528 February 28, 1989; amended at 13 Ill. Reg. 3351, effective March 6, 1989; amended at 13 Ill.  
 529 Reg. 3917, effective March 17, 1989; amended at 13 Ill. Reg. 5115, effective April 3, 1989;  
 530 amended at 13 Ill. Reg. 5718, effective April 10, 1989; amended at 13 Ill. Reg. 7025, effective  
 531 April 24, 1989; Sections 140.850 thru 140.896 recodified to 89 Ill. Adm. Code 146.5 thru  
 532 146.225 at 13 Ill. Reg. 7040; amended at 13 Ill. Reg. 7786, effective May 20, 1989; Sections  
 533 140.94 thru 140.398 recodified to 89 Ill. Adm. Code 148.10 thru 148.390 at 13 Ill. Reg. 9572;  
 534 emergency amendment at 13 Ill. Reg. 10977, effective July 1, 1989, for a maximum of 150 days;  
 535 emergency expired November 28, 1989; amended at 13 Ill. Reg. 11516, effective July 3, 1989;  
 536 amended at 13 Ill. Reg. 12119, effective July 7, 1989; Section 140.110 recodified to 89 Ill. Adm.  
 537 Code 148.120 at 13 Ill. Reg. 12118; amended at 13 Ill. Reg. 12562, effective July 17, 1989;  
 538 amended at 13 Ill. Reg. 14391, effective August 31, 1989; emergency amendment at 13 Ill. Reg.  
 539 15473, effective September 12, 1989, for a maximum of 150 days; amended at 13 Ill. Reg.  
 540 16992, effective October 16, 1989; amended at 14 Ill. Reg. 190, effective December 21, 1989;  
 541 amended at 14 Ill. Reg. 2564, effective February 9, 1990; emergency amendment at 14 Ill. Reg.  
 542 3241, effective February 14, 1990, for a maximum of 150 days; emergency expired July 14,  
 543 1990; amended at 14 Ill. Reg. 4543, effective March 12, 1990; emergency amendment at 14 Ill.  
 544 Reg. 4577, effective March 6, 1990, for a maximum of 150 days; emergency expired August 3,  
 545 1990; emergency amendment at 14 Ill. Reg. 5575, effective April 1, 1990, for a maximum of 150  
 546 days; emergency expired August 29, 1990; emergency amendment at 14 Ill. Reg. 5865, effective  
 547 April 3, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 7141, effective April 27,  
 548 1990; emergency amendment at 14 Ill. Reg. 7249, effective April 27, 1990, for a maximum of  
 549 150 days; amended at 14 Ill. Reg. 10062, effective June 12, 1990; amended at 14 Ill. Reg. 10409,  
 550 effective June 19, 1990; emergency amendment at 14 Ill. Reg. 12082, effective July 5, 1990, for  
 551 a maximum of 150 days; amended at 14 Ill. Reg. 13262, effective August 6, 1990; emergency  
 552 amendment at 14 Ill. Reg. 14184, effective August 16, 1990, for a maximum of 150 days;  
 553 emergency amendment at 14 Ill. Reg. 14570, effective August 22, 1990, for a maximum of 150  
 554 days; amended at 14 Ill. Reg. 14826, effective August 31, 1990; amended at 14 Ill. Reg. 15366,  
 555 effective September 12, 1990; amended at 14 Ill. Reg. 15981, effective September 21, 1990;  
 556 amended at 14 Ill. Reg. 17279, effective October 12, 1990; amended at 14 Ill. Reg. 18057,  
 557 effective October 22, 1990; amended at 14 Ill. Reg. 18508, effective October 30, 1990; amended  
 558 at 14 Ill. Reg. 18813, effective November 6, 1990; Notice of Corrections to Adopted  
 559 Amendment at 15 Ill. Reg. 1174; amended at 14 Ill. Reg. 20478, effective December 7, 1990;

560 amended at 14 Ill. Reg. 20729, effective December 12, 1990; amended at 15 Ill. Reg. 298,  
 561 effective December 28, 1990; emergency amendment at 15 Ill. Reg. 592, effective January 1,  
 562 1991, for a maximum of 150 days; amended at 15 Ill. Reg. 1051, effective January 18, 1991;  
 563 amended at 15 Ill. Reg. 6220, effective April 18, 1991; amended at 15 Ill. Reg. 6534, effective  
 564 April 30, 1991; amended at 15 Ill. Reg. 8264, effective May 23, 1991; amended at 15 Ill. Reg.  
 565 8972, effective June 17, 1991; amended at 15 Ill. Reg. 10114, effective June 21, 1991; amended  
 566 at 15 Ill. Reg. 10468, effective July 1, 1991; amended at 15 Ill. Reg. 11176, effective August 1,  
 567 1991; emergency amendment at 15 Ill. Reg. 11515, effective July 25, 1991, for a maximum of  
 568 150 days; emergency expired December 22, 1991; emergency amendment at 15 Ill. Reg. 12919,  
 569 effective August 15, 1991, for a maximum of 150 days; emergency expired January 12, 1992;  
 570 emergency amendment at 15 Ill. Reg. 16366, effective October 22, 1991, for a maximum of 150  
 571 days; amended at 15 Ill. Reg. 17318, effective November 18, 1991; amended at 15 Ill. Reg.  
 572 17733, effective November 22, 1991; emergency amendment at 16 Ill. Reg. 300, effective  
 573 December 20, 1991, for a maximum of 150 days; amended at 16 Ill. Reg. 174, effective  
 574 December 24, 1991; amended at 16 Ill. Reg. 1877, effective January 24, 1992; amended at 16 Ill.  
 575 Reg. 3552, effective February 28, 1992; amended at 16 Ill. Reg. 4006, effective March 6, 1992;  
 576 amended at 16 Ill. Reg. 6408, effective March 20, 1992; expedited correction at 16 Ill. Reg.  
 577 11348, effective March 20, 1992; amended at 16 Ill. Reg. 6849, effective April 7, 1992; amended  
 578 at 16 Ill. Reg. 7017, effective April 17, 1992; amended at 16 Ill. Reg. 10050, effective June 5,  
 579 1992; amended at 16 Ill. Reg. 11174, effective June 26, 1992; emergency amendment at 16 Ill.  
 580 Reg. 11947, effective July 10, 1992, for a maximum of 150 days; amended at 16 Ill. Reg. 12186,  
 581 effective July 24, 1992; emergency amendment at 16 Ill. Reg. 13337, effective August 14, 1992,  
 582 for a maximum of 150 days; emergency amendment at 16 Ill. Reg. 15109, effective September  
 583 21, 1992, for a maximum of 150 days; amended at 16 Ill. Reg. 15561, effective September 30,  
 584 1992; amended at 16 Ill. Reg. 17302, effective November 2, 1992; emergency amendment at 16  
 585 Ill. Reg. 18097, effective November 17, 1992, for a maximum of 150 days; amended at 16 Ill.  
 586 Reg. 19146, effective December 1, 1992; expedited correction at 17 Ill. Reg. 7078, effective  
 587 December 1, 1992; amended at 16 Ill. Reg. 19879, effective December 7, 1992; amended at 17  
 588 Ill. Reg. 837, effective January 11, 1993; amended at 17 Ill. Reg. 1112, effective January 15,  
 589 1993; amended at 17 Ill. Reg. 2290, effective February 15, 1993; amended at 17 Ill. Reg. 2951,  
 590 effective February 17, 1993; amended at 17 Ill. Reg. 3421, effective February 19, 1993; amended  
 591 at 17 Ill. Reg. 6196, effective April 5, 1993; amended at 17 Ill. Reg. 6839, effective April 21,  
 592 1993; amended at 17 Ill. Reg. 7004, effective May 17, 1993; emergency amendment at 17 Ill.  
 593 Reg. 11201, effective July 1, 1993, for a maximum of 150 days; emergency amendment at 17 Ill.  
 594 Reg. 15162, effective September 2, 1993, for a maximum of 150 days; emergency amendment  
 595 suspended at 17 Ill. Reg. 18902, effective October 12, 1993; emergency amendment at 17 Ill.  
 596 Reg. 18152, effective October 1, 1993, for a maximum of 150 days; amended at 17 Ill. Reg.  
 597 18571, effective October 8, 1993; emergency amendment at 17 Ill. Reg. 18611, effective October  
 598 1, 1993, for a maximum of 150 days; amended at 17 Ill. Reg. 20999, effective November 24,  
 599 1993; emergency amendment repealed at 17 Ill. Reg. 22583, effective December 20, 1993;  
 600 amended at 18 Ill. Reg. 3620, effective February 28, 1994; amended at 18 Ill. Reg. 4250,  
 601 effective March 4, 1994; amended at 18 Ill. Reg. 5951, effective April 1, 1994; emergency  
 602 amendment at 18 Ill. Reg. 10922, effective July 1, 1994, for a maximum of 150 days; emergency

603 amendment suspended at 18 Ill. Reg. 17286, effective November 15, 1994; emergency  
604 amendment repealed at 19 Ill. Reg. 5839, effective April 4, 1995; amended at 18 Ill. Reg. 11244,  
605 effective July 1, 1994; amended at 18 Ill. Reg. 14126, effective August 29, 1994; amended at 18  
606 Ill. Reg. 16675, effective November 1, 1994; amended at 18 Ill. Reg. 18059, effective December  
607 19, 1994; amended at 19 Ill. Reg. 1082, effective January 20, 1995; amended at 19 Ill. Reg.  
608 2933, effective March 1, 1995; emergency amendment at 19 Ill. Reg. 3529, effective March 1,  
609 1995, for a maximum of 150 days; amended at 19 Ill. Reg. 5663, effective April 1, 1995;  
610 amended at 19 Ill. Reg. 7919, effective June 5, 1995; emergency amendment at 19 Ill. Reg. 8455,  
611 effective June 9, 1995, for a maximum of 150 days; emergency amendment at 19 Ill. Reg. 9297,  
612 effective July 1, 1995, for a maximum of 150 days; emergency amendment at 19 Ill. Reg. 10252,  
613 effective July 1, 1995, for a maximum of 150 days; amended at 19 Ill. Reg. 13019, effective  
614 September 5, 1995; amended at 19 Ill. Reg. 14440, effective September 29, 1995; emergency  
615 amendment at 19 Ill. Reg. 14833, effective October 6, 1995, for a maximum of 150 days;  
616 amended at 19 Ill. Reg. 15441, effective October 26, 1995; amended at 19 Ill. Reg. 15692,  
617 effective November 6, 1995; amended at 19 Ill. Reg. 16677, effective November 28, 1995;  
618 amended at 20 Ill. Reg. 1210, effective December 29, 1995; amended at 20 Ill. Reg. 4345,  
619 effective March 4, 1996; amended at 20 Ill. Reg. 5858, effective April 5, 1996; amended at 20  
620 Ill. Reg. 6929, effective May 6, 1996; amended at 20 Ill. Reg. 7922, effective May 31, 1996;  
621 amended at 20 Ill. Reg. 9081, effective June 28, 1996; emergency amendment at 20 Ill. Reg.  
622 9312, effective July 1, 1996, for a maximum of 150 days; amended at 20 Ill. Reg. 11332,  
623 effective August 1, 1996; amended at 20 Ill. Reg. 14845, effective October 31, 1996; emergency  
624 amendment at 21 Ill. Reg. 705, effective December 31, 1996, for a maximum of 150 days;  
625 emergency amendment at 21 Ill. Reg. 3734, effective March 5, 1997, for a maximum of 150  
626 days; amended at 21 Ill. Reg. 4777, effective April 2, 1997; amended at 21 Ill. Reg. 6899,  
627 effective May 23, 1997; amended at 21 Ill. Reg. 9763, effective July 15, 1997; amended at 21 Ill.  
628 Reg. 11569, effective August 1, 1997; emergency amendment at 21 Ill. Reg. 13857, effective  
629 October 1, 1997, for a maximum of 150 days; amended at 22 Ill. Reg. 1416, effective December  
630 29, 1997; amended at 22 Ill. Reg. 4412, effective February 27, 1998; amended at 22 Ill. Reg.  
631 7024, effective April 1, 1998; amended at 22 Ill. Reg. 10606, effective June 1, 1998; emergency  
632 amendment at 22 Ill. Reg. 13117, effective July 1, 1998, for a maximum of 150 days; amended at  
633 22 Ill. Reg. 16302, effective August 28, 1998; amended at 22 Ill. Reg. 18979, effective  
634 September 30, 1998; amended at 22 Ill. Reg. 19898, effective October 30, 1998; emergency  
635 amendment at 22 Ill. Reg. 22108, effective December 1, 1998, for a maximum of 150 days;  
636 emergency expired April 29, 1999; amended at 23 Ill. Reg. 5796, effective April 30, 1999;  
637 amended at 23 Ill. Reg. 7122, effective June 1, 1999; emergency amendment at 23 Ill. Reg. 8236,  
638 effective July 1, 1999, for a maximum of 150 days; amended at 23 Ill. Reg. 9874, effective  
639 August 3, 1999; amended at 23 Ill. Reg. 12697, effective October 1, 1999; amended at 23 Ill.  
640 Reg. 13646, effective November 1, 1999; amended at 23 Ill. Reg. 14567, effective December 1,  
641 1999; amended at 24 Ill. Reg. 661, effective January 3, 2000; amended at 24 Ill. Reg. 10277,  
642 effective July 1, 2000; emergency amendment at 24 Ill. Reg. 10436, effective July 1, 2000, for a  
643 maximum of 150 days; amended at 24 Ill. Reg. 15086, effective October 1, 2000; amended at 24  
644 Ill. Reg. 18320, effective December 1, 2000; emergency amendment at 24 Ill. Reg. 19344,  
645 effective December 15, 2000, for a maximum of 150 days; amended at 25 Ill. Reg. 3897,

646 effective March 1, 2001; amended at 25 Ill. Reg. 6665, effective May 11, 2001; amended at 25  
647 Ill. Reg. 8793, effective July 1, 2001; emergency amendment at 25 Ill. Reg. 8850, effective July  
648 1, 2001, for a maximum of 150 days; amended at 25 Ill. Reg. 11880, effective September 1,  
649 2001; amended at 25 Ill. Reg. 12820, effective October 8, 2001; amended at 25 Ill. Reg. 14957,  
650 effective November 1, 2001; emergency amendment at 25 Ill. Reg. 16127, effective November  
651 28, 2001, for a maximum of 150 days; emergency amendment at 25 Ill. Reg. 16292, effective  
652 December 3, 2001, for a maximum of 150 days; emergency amendment at 26 Ill. Reg. 514,  
653 effective January 1, 2002, for a maximum of 150 days; amended at 26 Ill. Reg. 663, effective  
654 January 7, 2002; amended at 26 Ill. Reg. 4781, effective March 15, 2002; emergency amendment  
655 at 26 Ill. Reg. 5984, effective April 15, 2002, for a maximum of 150 days; amended at 26 Ill.  
656 Reg. 7285, effective April 29, 2002; emergency amendment at 26 Ill. Reg. 8594, effective June  
657 1, 2002, for a maximum of 150 days; emergency amendment at 26 Ill. Reg. 11259, effective July  
658 1, 2002, for a maximum of 150 days; emergency amendment at 26 Ill. Reg. 12461, effective July  
659 29, 2002, for a maximum of 150 days; emergency amendment repealed at 26 Ill. Reg. 16593,  
660 effective October 22, 2002; emergency amendment at 26 Ill. Reg. 12772, effective August 12,  
661 2002, for a maximum of 150 days; amended at 26 Ill. Reg. 13641, effective September 3, 2002;  
662 amended at 26 Ill. Reg. 14789, effective September 26, 2002; emergency amendment at 26 Ill.  
663 Reg. 15076, effective October 1, 2002, for a maximum of 150 days; amended at 26 Ill. Reg.  
664 16303, effective October 25, 2002; amended at 26 Ill. Reg. 17751, effective November 27, 2002;  
665 amended at 27 Ill. Reg. 768, effective January 3, 2003; amended at 27 Ill. Reg. 3041, effective  
666 February 10, 2003; amended at 27 Ill. Reg. 4364, effective February 24, 2003; amended at 27 Ill.  
667 Reg. 7823, effective May 1, 2003; amended at 27 Ill. Reg. 9157, effective June 2, 2003;  
668 emergency amendment at 27 Ill. Reg. 10813, effective July 1, 2003, for a maximum of 150 days;  
669 amended at 27 Ill. Reg. 13784, effective August 1, 2003; amended at 27 Ill. Reg. 14799,  
670 effective September 5, 2003; emergency amendment at 27 Ill. Reg. 15584, effective September  
671 20, 2003, for a maximum of 150 days; emergency amendment at 27 Ill. Reg. 16161, effective  
672 October 1, 2003, for a maximum of 150 days; amended at 27 Ill. Reg. 18629, effective  
673 November 26, 2003; amended at 28 Ill. Reg. 2744, effective February 1, 2004; amended at 28 Ill.  
674 Reg. 4958, effective March 3, 2004; emergency amendment at 28 Ill. Reg. 6622, effective April  
675 19, 2004, for a maximum of 150 days; amended at 28 Ill. Reg. 7081, effective May 3, 2004;  
676 emergency amendment at 28 Ill. Reg. 8108, effective June 1, 2004, for a maximum of 150 days;  
677 amended at 28 Ill. Reg. 9640, effective July 1, 2004; emergency amendment at 28 Ill. Reg.  
678 10135, effective July 1, 2004, for a maximum of 150 days; amended at 28 Ill. Reg. 11161,  
679 effective August 1, 2004; emergency amendment at 28 Ill. Reg. 12198, effective August 11,  
680 2004, for a maximum of 150 days; amended at 28 Ill. Reg. 13775, effective October 1, 2004;  
681 amended at 28 Ill. Reg. 14804, effective October 27, 2004; amended at 28 Ill. Reg. 15513,  
682 effective November 24, 2004; amended at 29 Ill. Reg. 831, effective January 1, 2005; amended  
683 at 29 Ill. Reg. 6945, effective May 1, 2005; emergency amendment at 29 Ill. Reg. 8509, effective  
684 June 1, 2005, for a maximum of 150 days; emergency amendment at 29 Ill. Reg. 12534, effective  
685 August 1, 2005, for a maximum of 150 days; amended at 29 Ill. Reg. 14957, effective September  
686 30, 2005; emergency amendment at 29 Ill. Reg. 15064, effective October 1, 2005, for a  
687 maximum of 150 days; emergency amendment repealed by emergency rulemaking at 29 Ill. Reg.  
688 15985, effective October 5, 2005, for the remainder of the 150 days; emergency amendment at



689 29 Ill. Reg. 15610, effective October 1, 2005, for a maximum of 150 days; emergency  
690 amendment at 29 Ill. Reg. 16515, effective October 5, 2005, for a maximum of 150 days;  
691 amended at 30 Ill. Reg. 349, effective December 28, 2005; emergency amendment at 30 Ill. Reg.  
692 573, effective January 1, 2006, for a maximum of 150 days; amended at 30 Ill. Reg. 796,  
693 effective January 1, 2006; amended at 30 Ill. Reg. 2802, effective February 24, 2006; amended at  
694 30 Ill. Reg. 10370, effective May 26, 2006; emergency amendment at 30 Ill. Reg. 12376,  
695 effective July 1, 2006, for a maximum of 150 days; emergency amendment at 30 Ill. Reg. 13909,  
696 effective August 2, 2006, for a maximum of 150 days; amended at 30 Ill. Reg. 14280, effective  
697 August 18, 2006; expedited correction at 31 Ill. Reg. 1745, effective August 18, 2006;  
698 emergency amendment at 30 Ill. Reg. 17970, effective November 1, 2006, for a maximum of 150  
699 days; amended at 30 Ill. Reg. 18648, effective November 27, 2006; emergency amendment at 30  
700 Ill. Reg. 19400, effective December 1, 2006, for a maximum of 150 days; amended at 31 Ill.  
701 Reg. 388, effective December 29, 2006; emergency amendment at 31 Ill. Reg. 1580, effective  
702 January 1, 2007, for a maximum of 150 days; amended at 31 Ill. Reg. 2413, effective January 19,  
703 2007; amended at 31 Ill. Reg. 5561, effective March 30, 2007; amended at 31 Ill. Reg. 6930,  
704 effective April 29, 2007; amended at 31 Ill. Reg. 8485, effective May 30, 2007; emergency  
705 amendment at 31 Ill. Reg. 10115, effective June 30, 2007, for a maximum of 150 days; amended  
706 at 31 Ill. Reg. 14749, effective October 22, 2007; emergency amendment at 32 Ill. Reg. 383,  
707 effective January 1, 2008, for a maximum of 150 days; peremptory amendment at 32 Ill. Reg.  
708 6743, effective April 1, 2008; peremptory amendment suspended at 32 Ill. Reg. 8449, effective  
709 May 21, 2008; suspension withdrawn by the Joint Committee on Administrative Rules at 32 Ill.  
710 Reg. 18323, effective November 12, 2008; peremptory amendment repealed by emergency  
711 rulemaking at 32 Ill. Reg. 18422, effective November 12, 2008, for a maximum of 150 days;  
712 emergency expired April 10, 2009; peremptory amendment repealed at 33 Ill. Reg. 6667,  
713 effective April 29, 2009; amended at 32 Ill. Reg. 7727, effective May 5, 2008; emergency  
714 amendment at 32 Ill. Reg. 10480, effective July 1, 2008, for a maximum of 150 days; emergency  
715 expired November 27, 2008; amended at 32 Ill. Reg. 17133, effective October 15, 2008;  
716 amended at 33 Ill. Reg. 209, effective December 29, 2008; amended at 33 Ill. Reg. 9048,  
717 effective June 15, 2009; emergency amendment at 33 Ill. Reg. 10800, effective June 30, 2009,  
718 for a maximum of 150 days; amended at 33 Ill. Reg. 11287, effective July 14, 2009; amended at  
719 33 Ill. Reg. 11938, effective August 17, 2009; amended at 33 Ill. Reg. 12227, effective October  
720 1, 2009; emergency amendment at 33 Ill. Reg. 14324, effective October 1, 2009, for a maximum  
721 of 150 days; emergency expired February 27, 2010; amended at 33 Ill. Reg. 16573, effective  
722 November 16, 2009; amended at 34 Ill. Reg. 516, effective January 1, 2010; amended at 34 Ill.  
723 Reg. 903, effective January 29, 2010; amended at 34 Ill. Reg. 3761, effective March 14, 2010;  
724 amended at 34 Ill. Reg. 5215, effective March 25, 2010; amended at 34 Ill. Reg. 19517, effective  
725 December 6, 2010; amended at 35 Ill. Reg. 394, effective December 27, 2010; amended at 35 Ill.  
726 Reg. 7648, effective May 1, 2011; amended at 35 Ill. Reg. 7962, effective May 1, 2011;  
727 amended at 35 Ill. Reg. 10000, effective June 15, 2011; amended at 35 Ill. Reg. 12909, effective  
728 July 25, 2011; amended at 36 Ill. Reg. 2271, effective February 1, 2012; amended at 36 Ill. Reg.  
729 7010, effective April 27, 2012; amended at 36 Ill. Reg. 7545, effective May 7, 2012; amended at  
730 36 Ill. Reg. 9113, effective June 11, 2012; emergency amendment at 36 Ill. Reg. 11329, effective  
731 July 1, 2012 through June 30, 2013; emergency amendment to Section 140.442(e)(4) suspended

732 at 36 Ill. Reg. 13736, effective August 15, 2012; suspension withdrawn from Section  
 733 140.442(e)(4) at 36 Ill. Reg. 14529, September 11, 2012; emergency amendment in response to  
 734 Joint Committee on Administrative Rules action on Section 140.442(e)(4) at 36 Ill. Reg. 14820,  
 735 effective September 21, 2012 through June 30, 2013; emergency amendment to Section 140.491  
 736 suspended at 36 Ill. Reg. 13738, effective August 15, 2012; suspension withdrawn by the Joint  
 737 Committee on Administrative Rules from Section 140.491 at 37 Ill. Reg. 890, January 8, 2013;  
 738 emergency amendment in response to Joint Committee on Administrative Rules action on  
 739 Section 140.491 at 37 Ill. Reg. 1330, effective January 15, 2013 through June 30, 2013; amended  
 740 at 36 Ill. Reg. 15361, effective October 15, 2012; emergency amendment at 37 Ill. Reg. 253,  
 741 effective January 1, 2013 through June 30, 2013; emergency amendment at 37 Ill. Reg. 846,  
 742 effective January 9, 2013 through June 30, 2013; emergency amendment at 37 Ill. Reg. 1774,  
 743 effective January 28, 2013 through June 30, 2013; emergency amendment at 37 Ill. Reg. 2348,  
 744 effective February 1, 2013 through June 30, 2013; amended at 37 Ill. Reg. 3831, effective March  
 745 13, 2013; emergency amendment at 37 Ill. Reg. 5058, effective April 1, 2013 through June 30,  
 746 2013; emergency amendment at 37 Ill. Reg. 5170, effective April 8, 2013 through June 30, 2013;  
 747 amended at 37 Ill. Reg. 6196, effective April 29, 2013; amended at 37 Ill. Reg. 7985, effective  
 748 May 29, 2013; amended at 37 Ill. Reg. 10282, effective June 27, 2013; amended at 37 Ill. Reg.  
 749 12855, effective July 24, 2013; emergency amendment at 37 Ill. Reg. 14196, effective August  
 750 20, 2013, for a maximum of 150 days; amended at 37 Ill. Reg. 17584, effective October 23,  
 751 2013; amended at 37 Ill. Reg. 18275, effective November 4, 2013; amended at 37 Ill. Reg.  
 752 20339, effective December 9, 2013; amended at 38 Ill. Reg. 859, effective December 23, 2013;  
 753 emergency amendment at 38 Ill. Reg. 1174, effective January 1, 2014, for a maximum of 150  
 754 days; amended at 38 Ill. Reg. 4330, effective January 29, 2014; amended at 38 Ill. Reg. 7156,  
 755 effective March 13, 2014; amended at 38 Ill. Reg. 12141, effective May 30, 2014; amended at 38  
 756 Ill. Reg. 15081, effective July 2, 2014; emergency amendment at 38 Ill. Reg. 15673, effective  
 757 July 7, 2014, for a maximum of 150 days; emergency amendment at 38 Ill. Reg. 18216, effective  
 758 August 18, 2014, for a maximum of 150 days; amended at 38 Ill. Reg. 18462, effective August  
 759 19, 2014; amended at 38 Ill. Reg. 23623, effective December 2, 2014; amended at 39 Ill. Reg.  
 760 4394, effective March 11, 2015; emergency amendment at 39 Ill. Reg. 6903, effective May 1,  
 761 2015 through June 30, 2015; emergency amendment at 39 Ill. Reg. 8137, effective May 20,  
 762 2015, for a maximum of 150 days; emergency amendment at 39 Ill. Reg. 10427, effective July  
 763 10, 2015, for a maximum of 150 days; emergency expired December 6, 2015; amended at 39 Ill.  
 764 Reg. 12825, effective September 4, 2015; amended at 39 Ill. Reg. 13380, effective September  
 765 25, 2015; amended at 39 Ill. Reg. 14138, effective October 14, 2015; emergency amendment at  
 766 40 Ill. Reg. 13677, effective September 16, 2016, for a maximum of 150 days; emergency  
 767 expired February 12, 2017; amended at 41 Ill. Reg. 999, effective January 19, 2017; amended at  
 768 41 Ill. Reg. 3296, effective March 8, 2017; amended at 41 Ill. Reg. 7526, effective June 15,  
 769 2017; amended at 41 Ill. Reg. 10950, effective August 9, 2017; amended at 42 Ill. Reg. 4829,  
 770 effective March 1, 2018; amended at 42 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

771  
 772 SUBPART D: PAYMENT FOR NON-INSTITUTIONAL SERVICES  
 773

774 Section 140.452 Community-based Mental Health Providers Qualified for

Payment Services

- a) Payment will be made for community-based mental health services provided by providers enrolled in the Illinois Medical Assistance Program as:
  - 1) A Community Mental Health Center. Community Mental Health Center shall mean an entity certified by the Department, or its agent, pursuant to as being in compliance with standards set forth in 59 Ill. Adm. Code 132; or
  - 2) A Behavioral Health Clinic, pursuant to Section 140.499; or certified as being compliant with standards set forth in 59 Ill. Adm. Code 132 and under a multi-agency contract with the Department, DCFS and DHS to provide Screening, Assessment and Support Services (SASS).
  - 3) An Independent Practitioner defined as:
    - A) A Licensed Clinical Psychologist, pursuant to 89 Ill. Adm. Code 140.423(a);
    - B) A Licensed Clinical Social Worker, pursuant to 89 Ill. Code 140.424(a); or
    - C) A psychiatrist, defined as a physician licensed under the Medical Practice Act of 1987 who has successfully completed a training program in psychiatry approved by the Accreditation Council for Graduate Medical Education (ACGME) or other training program identified as equivalent by the Department.
- b) To receive payment for community-based mental health services, providers must be enrolled for participation in the Medical Assistance Program, pursuant to Sections 140.11 and 140.12.
- c) Community Mental Health Centers may receive reimbursement for all services described in Section 140.454.
- d) Behavioral Health Clinics may receive reimbursement for all services described in Section 140.454, except Behavioral Health Clinics may not receive reimbursement for the services described in the following subsections of Section 140.453: Assertive Community Treatment (Section 140.453(d)(4)(A)) and Psychosocial Rehabilitation (Section 140.453(d)(2)(F)).

- 817 e) Independent Practitioners may receive reimbursement only for the following  
818 services: Assessment and Treatment Planning (Section 140.453(d)(1));  
819 Therapy/Counseling (Section 140.453(d)(2)(G)); and MRO Crisis Services  
820 (Section 140.453(d)(3)).

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822 (Source: Amended at 42 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

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824 **Section 140.453 Community-based Mental Health Service Definitions and Professional**  
825 **Qualifications**

- 826  
827 a) Inter-Departmental Collaboration and Administration. The Department of Human  
828 Services-Division of Mental Health (DHS-DMH) and the Department of Children  
829 and Family Services (DCFS), pursuant to an executed interagency agreement,  
830 shall ensure the administration and coordination of mental health services.  
831  
832 b) Community-based Mental Health Professional Qualifications. All individuals  
833 qualified under this Section to provide services shall only provide the services  
834 listed in this Section within their scope of practice, as defined or by federal or  
835 state law, regulation or policy.  
836  
837 1) All professional definitions provided in this subsection (b) are only  
838 applicable to services detailed in this Section.  
839  
840 2) Independent Practitioner (IP). An IP, as defined by Section 140.452(a)(3),  
841 may receive direct reimbursement for services pursuant to Section  
842 140.452(e). All other credentialed staff detailed in this Section must be  
843 employees of a Community Mental Health Center or Behavioral Health  
844 Clinic that may qualify for reimbursement for the services provided.  
845  
846 3) Licensed Practitioner of the Healing Arts (LPHA). An LPHA is defined  
847 as:  
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849 A) A physician who holds a valid license in the state of practice and is  
850 legally authorized under state law or rule to practice medicine in  
851 all its branches, so long as that practice is not in conflict with the  
852 Medical Practice Act of 1987;  
853  
854 B) An advanced practice nurse with psychiatric specialty that holds a  
855 valid license in the state of practice and is legally authorized under  
856 state law or rule to practice as an advanced practice nurse, so long  
857 as that practice is not in conflict with the Illinois Nurse Practice  
858 Act or the Medical Practice Act of 1987;  
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- C) A clinical psychologist who holds a valid license in the state of practice and is legally authorized under state law or rule to practice as a clinical psychologist, so long as that practice is not in conflict with the Clinical Psychologist Licensing Act;
  - D) A licensed clinical professional counselor possessing a master's degree who holds a valid license in the state of practice and is legally authorized under state law or rule to practice as a licensed clinical professional counselor, so long as that practice is not in conflict with the Professional Counselor and Clinical Professional Counselor Licensing Act [225 ILCS 107];
  - E) A marriage and family therapist who holds a valid license in the state of practice and is legally authorized under state law or rule to practice as a marriage and family therapist, so long as that practice is not in conflict with the Marriage and Family Therapist Licensing Act [225 ILCS 55];
  - F) A clinical social worker possessing a master's or doctoral degree who holds a valid license in the state of practice and is legally authorized under state law or rule to practice as a social worker, so long as that practice is not in conflict with the Clinical Social Work and Social Work Practice Act.
- 4) Qualified Mental Health Professional (QMHP). A QMHP is defined as one of the following:
- A) Any individual identified as an LPHA in subsection (b)(3);
  - B) A registered nurse who holds a valid license in the state of practice, is legally authorized under state law or rule to practice as a registered nurse, so long as that practice is not in conflict with the Illinois Nurse Practice Act, and has training in mental health services or one year of clinical experience, under supervision, in treating problems related to mental illness, or specialized training in the treatment of children and adolescents.
  - C) An occupational therapist who holds a valid license in the state of practice and is legally authorized under state law or rule to practice as an occupational therapist, so long as that practice is not in conflict with the Illinois Occupational Therapy Practice Act [225 ILCS 75] with at least one year of clinical experience in a mental health setting. In the event the state of practice does not provide a

903 legal authority for licensure, the individual must meet the  
904 requirements of 42 CFR 484.4 for an occupational therapist.

905  
906 D) An individual possessing a master's or doctoral degree in  
907 counseling and guidance, rehabilitation counseling, social work,  
908 psychology, pastoral counseling, family therapy, or a related field  
909 and has:

910  
911 i) Successfully completed 1,000 hours of practicum and/or  
912 internship under clinical and educational supervision; or

913  
914 ii) One year of documented clinical experience under the  
915 supervision of a QMHP.

916  
917 5) Mental Health Professional (MHP)

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919 A) An MHP is defined as one of the following:

920  
921 i) Any individual identified as a QMHP in subsection (b)(4);  
922 or

923  
924 ii) An individual meeting the following qualifications,  
925 delivering services under the supervision of a QMHP:

926  
927 • An individual possessing a bachelor's degree in  
928 counseling and guidance, rehabilitation counseling,  
929 social work, education, vocational counseling,  
930 psychology, pastoral counseling, family therapy, or  
931 related human service field;

932  
933 • An individual possessing a bachelor's degree in any  
934 field, other than those identified in subsection  
935 (b)(4)(D), with two years of documented clinical  
936 experience in a mental health setting under the  
937 supervision of a QMHP;

938  
939 • A practical nurse who holds a valid license in the  
940 state of practice and is legally authorized under state  
941 law or rule to practice as a practical nurse, so long  
942 as that practice is not in conflict with the Illinois  
943 Nurse Practice Act;  
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- 945 • An individual possessing a certificate of psychiatric  
946 rehabilitation from a DHS-approved program, plus  
947 a high school diploma or GED, plus two years'  
948 documented experience in providing mental health  
949 services;
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- 951 • A recovery support specialist with a current  
952 certification from the Illinois Alcohol and Other  
953 Drug Abuse Professional Certification Association,  
954 Inc.;
- 955
- 956 • A family partnership professional with current  
957 certification from the Illinois Alcohol and Other  
958 Drug Abuse Professional Certification Association,  
959 Inc.;
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- 961 • An occupational therapy assistant with at least one  
962 year of experience in a mental health setting that  
963 holds a valid license in the state of practice and is  
964 legally authorized under state law or rule to practice  
965 as an occupational therapist assistant, so long as that  
966 practice is not in conflict with the Illinois  
967 Occupational Therapy Practice Act. In the event  
968 the state of practice does not provide a legal  
969 authority for licensure, the individual must meet the  
970 requirements of 42 CFR 484.4 for an occupational  
971 therapist; or
- 972
- 973 • An individual with a high school diploma or GED  
974 and a minimum of five years documented clinical  
975 experience in mental health or human services.
- 976
- 977 B) Any individual designated as an MHP prior to July 1, 2011 shall  
978 retain that designation throughout the continual course of his/her  
979 employment. In the event that the individual leaves the current  
980 employer, the designation is no longer valid.
- 981
- 982 6) Rehabilitative Services Associate (RSA). An RSA is defined as one of the  
983 following:
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- 985 A) Any individual identified as a QMHP in subsection (b)(4); or  
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B) An individual meeting the following qualifications, delivering services under the supervision of a QMHP:

i) Any individual identified as an MHP in subsection (b)(5); or

ii) Any individual who is 21 years of age and demonstrates all of the following:

- Skill in the delivery of rehabilitative services to adults or children;

- The ability to work within a provider agency's structure and accept supervision; and

- The ability to work constructively with individuals receiving services, other providers of service, and the community.

c) Service Reimbursements. The services detailed in subsections (d) and (e) may be eligible for reimbursement pursuant to the Department's published fee schedule when the services are:

1) Recommended by an LPHA or IP, operating within his/her scope of practice. Unless otherwise noted in this Section, the term services "recommended by an LPHA or IP" shall mean:

A) The services of Assessment and Treatment Planning performed by an LPHA or IP to determine an individual's potential clinical need for services; or

B) Those services identified by the LPHA or IP following the completion of an Assessment and Treatment Plan;

2) Provided to an individual for the maximum reduction of mental disability and restoration to the best possible functional level in accordance with 42 CFR 440.130. A mental disability, for the purposes of receiving services under this Section is established as follows:

A) The identification of a diagnosis and a functional impairment in accordance with subsection (d)(1)(A)(i) (Assessment) and treatment recommendations by the LPHA or IP following the completion of the Assessment and Treatment Plan; or



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B) For children under age 21 who do not meet the criteria listed in subsection (c)(2)(A), the identification of more than one documented criterion for a mental disorder listed in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), a documented impact on the child's functioning in more than one life domain, and treatment recommendations by the LPHA or IP following the completion of the Assessment and Treatment Plan;

3) Provided consistent with any service limitations, utilization controls, and prior authorizations established by the Department. All prior authorizations for the services detailed in this Section shall be completed by the Department or its approved agent; and

4) Provided for the direct benefit of the child, which may include support provided to immediate caregivers of the eligible child.

d) Medicaid Rehabilitation Option (MRO). The following services are established as qualified mental health services under section 1905(a)(13)(C) of the Social Security Act (42 USC 1396d(19)).

1) Assessment and Treatment Planning

A) Assessment. Assessment means a formal process of gathering information regarding an individual's mental and physical status and presenting problems through direct contact with the individual and collaterals, resulting in the identification of the individual's mental health service needs. The service of Assessment includes establishing a diagnosis, treatment recommendations, and level of care determinations for service delivery and shall result in an initial or updated Assessment Report.

i) Assessment services may provide or determine a definitive or provisional diagnosis pursuant to DSM-5 or the International Classification of Diseases, 10<sup>th</sup> Revision – Clinical Modification (ICD-10). In the event that a rule-out diagnosis is utilized, the Assessment Report must contain documentation as to what additional diagnostic assessment activities will occur in order to provide a definitive diagnosis. A definitive diagnosis shall be determined within 90 days after the completion of the Assessment Report.

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- ii) The Assessment Report shall be reviewed, approved and signed by the LPHA or IP.
  
- iii) At a minimum, the Assessment Report is updated at least every 12 months.
  
- iv) The Assessment may also include:
  - Clinical assessment activities, performed by, or under the supervision of, an LPHA or IP using a nationally standardized assessment instrument resulting in a written report or documented outcome that includes the identification of a clinical issue or tentative diagnosis to assist in the completion of the initial or updated Assessment Report;
  
  - Psychological testing activities, provided in accordance with the Clinical Psychologist Licensing Act and using a nationally standardized psychological assessment instrument, resulting in a written report that includes the identification of issues, tentative diagnosis and recommendations for treatment or services; and
  
  - The completion of the Level of Care Utilization System (LOCUS) activities.
  
- v) Assessment services may be provided:
  - By a Community Mental Health Center, Behavioral Health Clinic, or Independent Practitioner;
  
  - At all service locations and settings deemed appropriate for reimbursement, as detailed in the Department's published fee schedule;
  
  - On an individual basis;
  
  - By an MHP, QMHP, LPHA; and
  
  - By video, phone or face-to-face contact, notwithstanding the restriction on services provided via phone in Sections 140.6(n) and 140.403.

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- B) Treatment Plan Development. A process, based upon the Assessment Report and any additional evaluations, that results in a written Treatment Plan developed with the participation of the individual and the individual's parent or guardian, if applicable. The Treatment Plan is client focused; it defines the specific services to be provided, the individual's goals for those services, and the staff responsible for delivering the services; and it may include updating and modifications.
- i) The individual's written Treatment Plan will include a diagnosis, pursuant to subsection (d)(1)(A)(i).
  - ii) The individual's Treatment Plan shall be reviewed, approved, and signed by the LPHA or IP.
  - iii) At a minimum, the individual's Treatment Plan shall be updated at least every six months.
  - iv) The individual and, if applicable, the individual's parent or guardian, will sign the written Treatment Plan to document their participation in development with the plan.
  - v) The individual and the individual's parent or guardian, if applicable, will be offered a complete copy of their Treatment Plan upon completion or revision.
  - vi) Treatment Plan services may be provided:
    - By a Community Mental Health Center, Behavioral Health Clinic, or Independent Practitioner;
    - At all service locations and settings deemed appropriate for reimbursement, as detailed in the Department's published fee schedule;
    - On an individual basis;
    - By an MHP, QMHP, LPHA; and
    - By video, phone or face-to-face contact, notwithstanding the restriction on services provided via phone in Sections 140.6(n) and 140.403.

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2) General MRO Services

A) Community Support Services. Community Support Services shall consist of therapeutic interventions that facilitate illness self-management, identification and use of natural supports, and skill building.

i) Community Support Services includes: engaging the individual to have input into his/her service delivery and recovery process; development of relapse prevention strategies and plans; assistance in development of functional, interpersonal and community coping skills (including adaptation to home, school, family and work environments); and skill-building related to symptom self-monitoring. Community Support Services may include an evidence-informed approach to skills training.

ii) Community Support Services may only be provided:

- By a Community Mental Health Center or Behavioral Health Clinic;
- At all service locations and settings deemed appropriate for reimbursement, as detailed in the Department's published fee schedule;
- In an individual or group modality;
- By an RSA, MHP, QMHP, LPHA; and
- By video, phone or face-to-face contact, notwithstanding the restriction on services provided via phone in Sections 140.6(n) and 140.403.

B) Intensive Outpatient (IO) Services. Intensive Outpatient Services are scheduled group therapeutic sessions made available for at least four hours per day, five days per week, for individuals at risk of, or with a history of, psychiatric hospitalization.

i) IO Services may only be provided:

- By a Community Mental Health Center or Behavioral Health Clinic;
- Through programs approved pursuant to Table N;
- At all service locations and settings deemed appropriate for reimbursement, as detailed in the Department's published fee schedule;
- By a QMHP;
- In a group modality; and
- On a face-to-face basis.

ii) IO services may be subject to prior authorization, pursuant to Section 140.40.

C) Medication Administration. Medication Administration consists of preparing the individual and the medication for administration and observing the individual for possible adverse reactions. Medication Administration services may only be provided:

- i) By a Community Mental Health Center or Behavioral Health Clinic;
- ii) At all service locations and settings deemed appropriate for reimbursement, as detailed in the Department's published fee schedule;
- iii) On an individual basis;
- iv) By face-to-face contact; and
- v) By staff that hold a valid license in the state of practice and are legally authorized under state law or rule to administer medication, so long as that practice is not in conflict with the Illinois Nurse Practice Act or the Medical Practice Act of 1987 (e.g., a physician, a psychiatrist, advanced practice nurse, registered nurse or a practical nurse).

D) Medication Monitoring. Medication Monitoring includes observation, evaluation and discussion of target symptoms

1243 responses, adverse effects, laboratory results, tardive dyskinesia  
1244 screens, and new target symptoms or medications. Medication  
1245 Monitoring services may only be provided:  
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- 1247 i) By a Community Mental Health Center or Behavioral  
1248 Health Clinic;  
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1250 ii) At all service locations and settings deemed appropriate for  
1251 reimbursement, as detailed in the Department's published  
1252 fee schedule;  
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1254 iii) On an individual basis;  
1255  
1256 iv) By an RSA, MHP, QMHP or LPHA, as designated in  
1257 writing to provide the service by staff that hold a valid  
1258 license in the state of practice and are legally authorized  
1259 under state law to prescribe medication pursuant to the  
1260 Illinois Nurse Practice Act or the Medical Practice Act of  
1261 1987; and  
1262  
1263 v) By video or face-to-face contact, notwithstanding the  
1264 restriction on services provided via phone in Sections  
1265 140.6(n) and 140.403. Phone consultation is allowed only  
1266 when a client is experiencing adverse symptoms and phone  
1267 consultation with another professional is necessary.  
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1269 E) Medication Training. Medication Training includes training  
1270 individuals on self-administration and safeguarding of medication  
1271 and communication with other professionals, family or caregivers  
1272 on medication issues. Medication Training services may only be  
1273 provided:  
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- 1275 i) By a Community Mental Health Center or Behavioral  
1276 Health Clinic;  
1277  
1278 ii) At all service locations and settings deemed appropriate for  
1279 reimbursement, as detailed in the Department's published  
1280 fee schedule;  
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1282 iii) In an individual or group modality;  
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1284 iv) By video or face-to-face contact; and  
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v) By an RSA, MHP, QMHP or LPHA, as designated in writing to provide the service by staff that hold a valid license in the state of practice and are legally authorized under state law to prescribe medication pursuant to the Illinois Nurse Practice Act or the Medical Practice Act of 1987.

F) Psychosocial Rehabilitation (PSR). PSR shall be rehabilitative therapy for individuals designed to increase abilities and resources necessary for community living, socialization, work and recovery. Core activities include cognitive-behavioral interventions, problem solving, interventions to reduce or ameliorate symptoms of a co-occurring disorder and other rehabilitative interventions. PSR is provided in an organized program through individual and group interventions. The focus of treatment interventions includes capacity building to facilitate independent living and adaptation, problem solving and coping skills development.

i) PSR services may only be provided:

- On-site at a Community Mental Health Center;
- Through a program that is approved pursuant to [Table N](#);
- In an individual or group modality. The staffing ratio for groups shall not exceed one full-time equivalent staff to 15 individuals;
- By an RSA, MHP, QMHP and LPHA; and
- By face-to-face contact.

ii) PSR may be subject to prior authorization, pursuant to Section 140.40.

G) Therapy/Counseling. Therapy/Counseling is a treatment modality that uses interventions based on psychotherapy theory and techniques to promote emotional, cognitive, behavioral or psychological changes. Therapy/Counseling Services may be provided:

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- i) By a Community Mental Health Center, Behavioral Health Clinic, or Independent Practitioner;
- ii) At all service locations and settings deemed appropriate for reimbursement, as detailed in the Department's published fee schedule;
- iii) In an individual, group or family modality;
- iv) By an MHP, QMHP and LPHA; and
- v) By video, phone or face-to-face contact, notwithstanding the restriction on services provided via phone in Sections 140.6(n) and 140.403.

3) MRO Crisis Services

- A) Crisis Intervention. Crisis Intervention includes: crisis assessment, brief intervention, consultation, referral and linkage to other services.
  - i) Crisis intervention services include pre-hospitalization screening of individuals age 0 through 20, to assess their ability to be stabilized in the community as an alternative to inpatient psychiatric hospitalization, pursuant to Section 5 of the Children's Mental Health Act of 2003 [405 ILCS 49].
  - ii) Crisis intervention services may be provided:
    - Prior to Assessment and Treatment Planning;
    - By a Community Mental Health Center, Behavioral Health Clinic, or Independent Practitioner;
    - At all service locations and settings deemed appropriate for reimbursement, as detailed in the Department's published fee schedule;
    - On an individual basis;
    - By a QMHP, LPHA or MHP with immediate access to a QMHP; and



- By video, phone or face-to-face contact, notwithstanding the restriction on services provided via phone in Sections 140.6(n) and 140.403.

4) Team-based MRO Services

A) Assertive Community Treatment (ACT) Services. ACT Services consist of integrated crisis, treatment and rehabilitative supports provided by an interdisciplinary team to individuals with serious and persistent mental illness or co-occurring mental health and substance use disorders. ACT Services are intended to promote symptom stability, management of co-morbid health conditions, and appropriate use of psychotropic medications, as well as to restore personal care, community living, work and social skills. ACT Services encompass counseling and therapy, medication management and monitoring, skill building, and crisis stabilization services. ACT Services focus on the restoration of functional skills (e.g., psychosocial, adaptive, self-care) to promote and maintain community living.

i) ACT Services shall be:

- Provided only by Community Mental Health Centers;
- Delivered by a team led by a full-time LPHA;
- At least one member of the team who is either a Certified Recovery Support Specialist (CRSS) or Certified Family Partnership Professional (CFPP), based upon the age of the clients served by the team. A person with lived experience may be included on a team that does not have a CRSS or CFPP if he/she obtains certification within 18 months after his/her date of hire; and
- Available 24 hours per day, seven days a week, each week of the year.

ii) ACT Services may only be provided:

- To eligible individuals age 18 or older;

- At all service locations and settings deemed appropriate for reimbursement, as detailed in the Department's published fee schedule;
- In an individual or group modality; and
- By video, phone or face-to-face contact, notwithstanding the restriction on services provided via phone in Sections 140.6(n) and 140.403.

iii) ACT Services may be subject to prior authorization, pursuant to Section 140.40.

B) Community Support Team (CST). CST consists of mental health rehabilitation services and supports to decrease hospitalization and crisis episodes and to increase community functioning in order for the individual to achieve rehabilitative, resiliency and recovery goals. CST facilitates illness self-management, skill building, identification and use of adaptive and compensatory skills, identification and use of natural supports, and use of community resources.

i) CST Services shall be:

- Provided only by programs approved pursuant to Table N;
- Delivered by a team led by a full-time QMHP; and
- Available 24 hours per day, seven days a week, each week of the year.

ii) CST Services may only be provided:

- By a Community Mental Health Center or Behavioral Health Clinic;
- At all service locations and setting deemed appropriate for reimbursement, as detailed in the Department's published fee schedule;
- On an individual basis;

- By video, phone or face-to-face contact, notwithstanding the restriction on services provided via phone in Sections 140.6(n) and 140.403.

- iii) CST Services may be subject to prior authorization, pursuant to Section 140.40.

e) Targeted Case Management (TCM). The following services are established pursuant to section 1905(a)(19) of the Social Security Act (42 USC 1396d(a)(19)).

1) Types of TCM Services

A) Client-centered Consultation Case Management. Client-centered Consultation Case Management consists of client-specific professional communications among provider staff or between provider staff and staff of other providers who are involved with service provision to the individual. Professional communications include offering or obtaining a professional opinion regarding the individual's current functioning level or improving the individual's functioning level, discussing the individual's progress in treatment, adjusting the individual's current treatment, or addressing the individual's need for additional or alternative mental health services. Client-centered Consultation Case Management services may only be provided:

- i) To eligible individuals receiving one or more services detailed in Section 140.453(d)(2) (General MRO Services);
- ii) By a Community Mental Health Center or Behavioral Health Clinic;
- iii) At all service locations and settings deemed appropriate for reimbursement, as detailed in the Department's published fee schedule;
- iv) On an individual basis;
- v) By an RSA, MHP, QMHP and LPHA; and
- vi) By video, phone or face-to-face contact, notwithstanding the restriction on services provided via phone in Sections 140.6(n) and 140.403.

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- B) Mental Health Case Management Services. Mental Health Case Management Services consist of: assessment, planning, coordination and advocacy services for individuals who need multiple services and require assistance in gaining access to and in using behavioral health, physical health, social, vocational, educational, housing, public income entitlements and other community services to assist the individual in the community. Mental Health Case Management Services may also include identifying and investigating available resources, explaining options to the individual, and linking the individual with necessary resources. Mental Health Case Management Services may be provided:
  - i) Prior to Assessment and Treatment Planning;
  - ii) By a Community Mental Health Center or Behavioral Health Clinic;
  - iii) At all service locations and settings deemed appropriate for reimbursement, as detailed in the Department's published fee schedule;
  - iv) On an individual basis;
  - v) By an RSA, MHP, QMHP and LPHA; and
  - vi) By video, phone or face-to-face contact, notwithstanding the restriction on services provided via phone in Sections 140.6(n) and 140.403.
  
- C) Transition Linkage and Aftercare Case Management Services shall be provided to assist in an effective transition in living arrangements, consistent with the individual's welfare and development. This includes discharge from institutional settings, transition to adult services, and assisting the individual or the individual's family or caretaker with the transition.
  - i) Transition, Linkage and Aftercare Limitation. The Department will not fund more than 40 hours of this service per State fiscal year for an eligible individual.
  - ii) Transition, Linkage and Aftercare may only be provided:

- By a Community Mental Health Center or Behavioral Health Clinic;
  - At all service locations and settings deemed appropriate for reimbursement, as detailed in the Department's published fee schedule;
  - On an individual basis;
  - By an MHP, QMHP and LPHA; and
  - By video, phone or face-to-face contact, notwithstanding the restriction on services provided via phone in Sections 140.6(n) and 140.403.
- iii) Transition Linkage and Aftercare Case Management Services may be subject to prior authorization, pursuant to Section 140.40.

2) Limitation on Targeted Case Management Services. The Department shall not fund more than 240 total hours of targeted case management services per State fiscal year per individual (not per provider).

~~Words that are defined in 59 Ill. Adm. Code 132.25 have the same meaning when used in Sections 140.452 through 140.456.~~

~~"DCFS" means the Illinois Department of Children and Family Services.~~

~~"DHS" means the Illinois Department of Human Services.~~

~~"Screening, Assessment and Support Services (SASS)" means a program of intensive mental health services provided by an agency certified by DHS or DCFS to provide screening, assessment and support services to children with a mental illness or emotional disorder who are at risk for psychiatric hospitalization.~~

(Source: Amended at 42 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 140.454 Types of Mental Health Services**

The specific types of mental health services for which payment will be made are:

- a) Mental health services meeting the standards in ~~8959~~ Ill. Adm. Code 140.453132;

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- b) The screening and assessment authorized under 59 Ill. Adm. Code 131.40 for ~~individuals~~clients under 21 years of age; ~~and~~
- c) The crisis intervention and stabilization services authorized under 59 Ill. Adm. Code 131.50(a) provided during an individual's participation in the Screening, Assessment and Support Services program;~~for a period not to exceed 90 days for clients under 21 years of age.~~
- d) Subject to prior approval pursuant to Section 140.40, case management services for individuals, identified through the screening process specified in Section 140.642, transitioning from a nursing facility into residence in the community; ~~and.~~
- e) Developmental testing for an infant and risk assessment screening for perinatal depression, for either the mother (prenatal or post-partum) or the infant, up to one year after delivery.

(Source: Amended at 42 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 140.455 Payment for Mental Health Services**

- a) The amount approved for payment for mental health services described in Section 140.454 shall be based on the type and amount of service required by and actually delivered, and provided consistent with any service limitations, utilization controls, or prior approval processes established or authorized by the Department to a client.
- b) The payment amount for a service described in Section 140.454(a) through (d) is determined in accordance with the rate methodologies outlined in the Department's published fee schedule, available at <https://www.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/Pages/CMHP.aspx>~~59 Ill. Adm. Code 132.60.~~
- c) The payment amount for a service described in Section 140.454(e) shall be at the rate of reimbursement paid to a physician for the same service.

(Source: Amended at 42 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 140.456 Hearings**

The Department shall initiate administrative proceedings pursuant to 89 Ill. Adm. Code 104, Subpart C, and Sections 140.13 through 140.19 to suspend or terminate the eligibility of

1629 providers of mental health ~~clinic~~ services to participate in the Illinois Medical Assistance  
1630 Program when the provider has failed to comply with~~where~~:

- 1631
- 1632 a) ~~The provider has failed to comply with~~ 59 Ill. Adm. Code 132; ~~and/or~~
- 1633
- 1634 b) Sections 140.452 through 140.455;
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- 1636 c) Section 140.460;
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- 1638 d) Section 140.499 or Table O; and/or
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- 1640 e) Any of the grounds for suspension or termination set forth in Section 140.16 or  
1641 Section 140.17 are present.

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1643 (Source: Amended at 42 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

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1645 **Section 140.460 Clinic Services**

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- 1647 a) The following types of clinics are eligible to receive payment for clinic services:
- 1648
- 1649 1a) Hospital-based organized clinics;
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- 1651 2b) Encounter rate clinics;
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- 1653 3e) Federally Qualified Health Centers (FQHC):
- 1654
- 1655 4d) Rural health clinics; and
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- 1657 e) ~~Mental health clinics (see Sections 140.452 through 140.456); and~~
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- 1659 5f) Maternal and Child Health Clinics.
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- 1661 b) Behavioral Health Clinics are eligible to receive payment for Community-based  
1662 Mental Health Services as defined in Section 140.453, as detailed in the  
1663 Department's published fee schedule.
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- 1665 c) Clinics enrolled for participation in the Medical Assistance Program pursuant to  
1666 Sections 140.11 and 140.12 to receive reimbursement on an encounter rate basis  
1667 are prohibited from receiving reimbursement from the Department for the  
1668 provision of services in Section 140.453 in any form other than their established  
1669 behavioral health encounter rate.

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1671 (Source: Amended at 42 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

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**Section 140.499 Behavioral Health Clinic**

The Behavioral Health Clinic (BHC) shall:

- a) Provide community-based mental health services pursuant to Section 140.453;
- b) Enroll with the Department as a medical provider pursuant to Section 140.11 and comply with Subparts A and B;
- c) Not be enrolled for participation in the Medical Assistance Program as a clinic pursuant to Section 140.460(a) or as a Community Mental Health Center pursuant to 59 Ill. Adm. Code 132;
- d) Provide cost reporting information to the Department in a manner and format specified by the Department with a minimum of 90 days written notice; and
- e) Comply with requirements established in [Table O](#).

(Source: Added at 42 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)



**Section 140.TABLE N Program Approval for Specified Behavioral Health Services**

- a) Purpose. Services requiring program approval, as required in Section 140.453, shall be approved based upon the criteria outlined in this Section. For the purposes of this Section, Department shall mean the Department of Healthcare and Family Services (HFS) or its agent.
  
- b) Process
  - 1) Initial Program Approval
    - A) Enrolled providers, and providers seeking enrollment with HFS pursuant to Section 140.452, to provide one or more of the services detailed in Section 140.453 that require program approval, must identify their intention to provide those services with the HFS Provider Participation Unit through the Illinois Medicaid Program Advanced Cloud Technology (IMPACT) portal.
    - B) The Department shall process the provider's enrollment application, or updated materials, pursuant to Subpart B.
    - C) Following the provider's enrollment, or updated enrollment status, the Department will perform program approval of the provider's service program within 90 days.
    - D) The program approval process shall include:
      - i) The annual submission of an attestation detailing the provider's adherence with Section 140.453 and this Table N, for each service for which the provider is seeking program approval.
      - ii) The review of provider program plans, policies, procedures, staffing materials, and other documents required by the Department to determine compliance with Section 140.453 and this Table N, for each service for which the provider is seeking program approval.
      - iii) Program approval of PSR and IO service programs shall require an on-site visit prior to approval.

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iv) The Department may, at its sole discretion, elect to perform on-site program approval activities for any and all services detailed in this Table N.

E) The Department will notify the provider of the date and format of its program approval activities in writing. For program approval activities that are subject to on-site review, the Department will notify the provider at least 10 days prior to the scheduled review. The Provider must:

i) Make the physical plant and site locations available to the Department during clinical review;

ii) Make all administrative and clinical staff, required program plans, procedures manuals, and other necessary documentation required to complete the program approval review available to the Department during the review.

F) The Department shall utilize the program approval criteria detailed in subsection (c) of this Table N for each of the qualifying service program types to be reviewed.

G) Following the on-site review, the Department shall notify the provider in writing, within 10 business days, of its program approval findings.

i) Providers determined to be approved shall be enrolled for a period of 12 months for the service program specialty in IMPACT.

ii) Providers determined not to be approved:

- May request programmatic technical assistance from the Department. Throughout the period of receiving technical assistance, and at the sole discretion of the Department, the Department may work jointly with the provider to remedy outstanding issues and approve the provider's program.

- Providers determined not to be approved shall be notified of their rights to appeal pursuant to

subsection (e), following the receipt of technical assistance from the Department.

2) Program Approval/Annual Re-Approval. Following successful completion of initial program approval, providers shall have their service programs reviewed and re-approved annually pursuant to subsection (b)(1)(D) through (G).

A) Providers determined to be re-approved shall continue to be enrolled for the service program specialty in IMPACT for an additional period of 12 months.

B) Providers failing to continue to meet the approval standards shall be issued a Notice of Deficiencies. The Notice of Deficiencies shall inform the provider that it is granted 30 a day period to remedy all identified deficiencies and that technical assistance is available from the Department.

i) Providers that remedy identified deficiencies shall be re-approved pursuant to subsection (b)(2)(A).

ii) Providers that fail to remedy identified deficiencies shall be provided Final Notice from the Department upon the close of the 30 day period established by the Notice of Deficiencies. Upon the date of issuance of Final Notice, the provider shall be informed of its right to appeal and the availability of technical assistance (see subsection (b)(1)(G)(ii)).

c) Services

1) Community Support Team (CST) Program Approval. The provider must attest annually to CST Services meeting the standards detailed in this subsection (c)(1). Additionally, the provider shall demonstrate compliance with the following requirements through policy, procedures, aggregated service detail and/or client record documentation.

A) Programming. The provider shall ensure CST Services are delivered consistently with the following:

i) Services. Individuals served in the CST program shall have access to the interventions detailed in Section 140.453(d)(2)(A) and (G).

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ii) Service Delivery

- CST Services are to be provided in the individual's natural setting, with teams delivering no fewer than 60 percent of services in the home or community setting.
- CST Services shall be provided during times and at locations that reasonably accommodate individual's service and treatment needs.

iii) Staffing Ratio. CST Services are delivered with staffing ratios that ensure that no more than 18 individuals per each full time equivalent staff are attributed to CST.

B) Staffing Requirements. The provider shall ensure that the CST team is established consistently with the following:

- i) A team lead (see Section 140.453(d)(4)(B)(i));
- ii) A team member who is either a Certified Recovery Support Specialist (CRSS) or Certified Family Partnership Professional (CFPP), based upon the age of the individuals served by the team. A person with lived experience may be included on a team that does not have a CRSS or CFPP if he/she obtains certification within 18 month after his/her date of hire; and
- iii) One other staff member meeting the credentials to provide one or more of the services detailed in in Section 140.453(d)(2)(A) and (G).

C) Targeted Population Profile. The provider shall ensure the predominant population of individuals receiving CST Services from their CST program will exhibit 3 or more of the following conditions:

- i) At risk of institutionalization;
- ii) Repeated utilization of crisis services or emergency services for an underlying behavioral health condition;

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- iii) Current, or history within the last three months of (including threats of):
    - Suicidal ideation or gestures; or
    - Harm to self or others;
  - iv) History of failed treatment compliance with elements of the individual's Treatment Plan, Crisis Safety Plan or prescribed medications impacting his/her behavioral health condition;
  - v) Frequent utilization of detoxification services;
  - vi) Behavioral health issues that have not shown improvement through participation in traditional outpatient behavioral health services; or
  - vii) Compounding treatment factors, such as:
    - Medical complexity, including cognitive impairment, additional medical conditions, and/or medication resistance;
    - Issues with social determinants, including chronic homelessness, repeat arrest, and/or incarceration; or
    - Behavioral complexity, including inappropriate public behavior (e.g., public intoxication, indecency, disturbing the peace) or other behavioral problems.
- D) Provider-based Utilization Management. The provider shall establish a CST Service review process that adheres to the following:
- i) The team shall meet weekly to review all individuals participating in the CST program and their progress in services.
  - ii) The CST team lead shall review, with the referring LPHA, the Assessment and Treatment Plan and CST Services on a

monthly basis to ensure ongoing necessity for service delivery.

iii) The LPHA shall:

- Review each individual's progress in service; and
- Identify any necessary changes in CST Services, including transition to less intensive services, consistent with the participating individual's Assessment and Treatment Plan.

2) IO Program Approval. The provider must attest annually to IO Services meeting the standards detailed in this subsection (c)(2). Additionally, the provider shall demonstrate compliance with the following requirements through policy, procedures, aggregated service detail, and/or client record documentation.

A) Programming. The provider shall ensure IO Services are delivered consistently with the following:

i) Active Treatment. The provider shall program IO Services to ensure participants are provided with active treatment, meaning that activities and therapies are not primarily recreational or diversionary. IO Services are provided in response to the participating individual's condition with a reasonable expectation to:

- Improve or maintain the individual's condition;
- Improve functional level; and
- Prevent institutionalization.

ii) IO programming provides a series of time-limited, structured, group interventions specific to the needs of the participating individuals, including psychoeducational, skills-development, crisis de-escalation, and other therapeutic interventions. IO programming shall be evidence-informed and delivered through the use of a standardized curriculum model, when available.

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- B) Staffing Requirements. The provider shall ensure that IO Service programs are established and include staffing ratios. IO Service staffing ratios for groups shall not exceed one full-time equivalent staff to 8 individuals for adults and one full-time equivalent staff to 4 individuals for youth.
  
- C) Targeted Population Profile. The provider shall ensure the predominant population of individuals receiving IO Services from their IO program meet the criteria in this subsection (c)(2)(C):
  - i) Recognize their condition and seek to manage that condition through lower intensity community services;
  - ii) Are at risk of institutionalization; and
  - iii) Have sufficient cognitive ability to benefit from IO Services.
  
- D) Provider-based Utilization Management. The provider shall establish an IO Service review process that adheres to the following:
  - i) The IO staff shall review, with the referring LPHA, the Assessment and Treatment Plan and IO Services on a weekly basis.
  - ii) The LPHA shall review each individual's diagnosis and identify targeted IO Service topics and goals to be addressed through the provider's IO Service program.
  
- 3) PSR Program Approval. The Provider must attest annually to PSR Services meeting the standards detailed in this subsection (c)(3). Additionally, the provider shall demonstrate compliance with the following requirements through policy, procedures, aggregated service detail, and/or client record documentation.
  - A) Programming. The provider shall ensure PSR Services are delivered consistently with the following:
    - i) Active Treatment. The provider shall develop PSR Services to ensure participants are provided with active treatment, meaning activities and therapies are not primarily recreational or diversionary. PSR Services are

provided in response to the individual's condition, with a reasonable expectation to:

- Improve or maintain the individual's condition;
- Improve functional level; and
- Prevent institutionalization.

ii) Co-occurring Treatment. PSR programs shall have the ability to provide services and interventions to individuals with co-occurring psychiatric and substance use disorder conditions.

B) Staffing. The provider shall ensure that PSR Service programs are established consistently with the following:

i) PSR Program Director. The PSR program shall have a full-time Program Director that meets the requirements of a QMHP (see Section 140.453(b)(2)). The Program Director shall be consistently scheduled onsite, spending at least half of his/her time in the provision of PSR Services.

ii) All PSR program staff shall have direct access to the PSR Program Director, or other delegated QMHP, at all times during PSR Service delivery.

C) Targeted Population Profile. The provider will ensure the predominant population of individuals receiving PSR Services from their PSR program will meet the criteria in this subsection (c)(3)(C):

i) Require a minimum of 20 hours per week of therapeutic services as evidenced in the plan of care;

ii) Benefit from a coordinated program of services and require more than individual sessions of outpatient treatment;

iii) Are not eligible to receive similar services under a facility payment rate;

iv) Have an adequate support system while not actively engaged in the program;

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- v) Have a mental health diagnosis;
- vi) Are determined not to be dangerous to self or others; and
- vii) Have the cognitive and emotional ability to participate in the active treatment process and can tolerate the intensity of PSR Services.

D) Provider-based Utilization Management. The provider shall establish a PSR Service review process that adheres to the following:

i) The PSR staff shall review, with the referring LPHA, the Assessment and Treatment Plan and PSR Services minimally on the following schedule:

- Within 14 days after admission to the PSR program; and
- Once every 30 days, following the initial 14 day period.

ii) The LPHA shall:

- Validate the individual's diagnosis, establish the PSR Service goals with the individual, and direct the type, amount, duration and frequency of intervention to be delivered during the individual's participation at the PSR program.
- Certify that the individual cannot otherwise be stabilized in the community without participating in PSR Services, placing the individual at risk of institutionalization.

d) Transferability. Program approval is assignable or transferable consistent with the policies and procedures established by the HFS Provider Participation Unit related to the assignment and transferability of a provider's enrollment status with HFS.

e) Appeals. For appeals regarding program approval, the following shall apply:

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- 1) The HFS rules for Medical Vendor Hearings (89 Ill. Adm. Code 104.Subpart C) shall apply to all appeals under this Section, except that:
  - A) Informal review of any appealable issue must be completed by the Department's Bureau of Behavioral Health (BBH) pursuant to this Section before formal appeal of the issue may be requested to the Department's Bureau of Administrative Hearings (BAH); and
  - B) 89 Ill. Adm. Code 104.204, 104.205, 104.206, 104.207, 104.208, 104.210, 104.211, 104.213, 104.216, 104.217, 104.249, 104.260, 104.272, 104.273 and 104.274 shall not apply.
  
- 2) A provider may appeal the following actions detailed in this Part:
  - A) Refusal to issue program approval; or
  - B) Revocation of program approval resulting in disenrollment from participation for the specific clinical service in question.
  
- 3) Informal Review Process
  - A) The provider seeking to appeal any of the issues in subsection (e)(2) must first request informal review of the issue by BBH before the issue may be appealed to BAH.
    - i) Request for informal review must be submitted in writing to BBH within 10 days after the date of notice of the contested action and must clearly identify the issue or action for which informal review is sought.
    - ii) If the request for informal review is received by BBH prior to the Department's intended action taking effect, the action shall be stayed until completion of the informal review and, if applicable, expiration of the subsequent 10 day period to formally appeal the outcome of the informal review to BAH.
  - B) The BBH shall complete the informal review of the contested action within 30 days after receipt of the request and shall determine whether to maintain, reverse or modify the action or take other action as necessary.

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i) BBH may request and review all materials pertaining to the informal review held by the Department's vendors, agents or providers.

ii) BBH shall notify the individual or authorized representative in writing of the result of the informal review. The written notification shall:

- State the result of the informal review, including action to be taken, if any;
- State the reason and policy basis for the action; and
- Provide notice of the right to appeal and instructions on how to proceed with formal appeal through BAH.

C) The provider may appeal the result of the informal review by filing a written request for appeal with BAH within 10 days after the date of the notice of the result of the informal review. If the request for appeal is received by BAH prior to Department's intended action taking effect, the action shall be stayed until the appeal is resolved through final administrative decision or withdrawal of the appeal.

D) The final administrative decision shall be issued to the interested parties within 90 days after the date the appeal is filed with BAH unless additional time is required for proper disposition of the appeal.

E) Appropriate action implementing the final administrative decision shall be taken within 30 days after the date the final administrative decision is issued.

(Source: Added at 42 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

2152 **Section 140.TABLE O Criteria for Participation as a Behavioral Health Clinic**

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2154 a) General Requirements. A Behavioral Health Clinic (BHC) shall:

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2156 1) Operate in a manner compliant with all applicable State and federal laws,  
2157 regulations and adopted policies and procedures;  
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2159 2) Establish and maintain policies and procedures to be used by all staff in  
2160 the administration of programs and delivery of services;  
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2162 3) Ensure facilities, staff and services are culturally competent, consistent  
2163 with the needs of individuals served. Culturally competent shall mean  
2164 compliance with the national Culturally and Linguistically Appropriate  
2165 Standards (CLAS) (<https://www.thinkculturalhealth.hhs.gov/clas>), as  
2166 detailed by the HHS Office of Minority Health;  
2167  
2168 4) Establish policies, protocols, and other necessary contracts or agreement  
2169 to ensure individuals can access and maintain active support from an  
2170 independent practitioner licensed by the State of Illinois to provide  
2171 consultation, evaluation, prescription and management of medication; and  
2172  
2173 5) Hold, at a minimum, quarterly meetings with individuals served and  
2174 community stakeholders to obtain feedback.

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2176 b) Clinic Location. BHC locations must meet the following standards:

- 2177  
2178 1) Not be an individual's residence or a home;  
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2180 2) Provide a sanitary and comfortable environment for individuals and staff  
2181 conducive to the provision of behavioral health services;  
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2183 3) Establish and maintain policies and procedures specific to emergency  
2184 disaster plans, fire evacuation plans, and procedures for managing the  
2185 basic maintenance of the site;  
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2187 4) Provide an environment reflective of the interventions being offered and  
2188 populations being served that, at a minimum, shall afford privacy to  
2189 individuals;  
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2191 5) Meet health and safety standards, as applicable;  
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2193 6) Be accessible in accordance with the Americans With Disabilities Act of  
2194 1990 (42 USC 12101), as amended, and the Illinois Accessibility Code (71

Ill. Adm. Code 400) and the ADA Accessibility Guidelines (28 CFR 36), whichever is more stringent. Providers must maintain a written policy for reasonable accommodations for the provision of services to individuals unable to access the provider's sites due to physical inaccessibility;

7) Display a current letter from the Office of the State Fire Marshal or the local fire authority demonstrating annual compliance with 41 Ill. Adm. Code Part 100; and

8) Comply with building codes adopted by local ordinance.

c) Personnel Standards. A BHC shall:

1) Maintain sufficient staff of appropriate training and credentialing to meet the requirements for service delivery;

2) Employ a full-time Clinical Director who meets the requirements of a Licensed Practitioner of the Healing Arts (LPHA) to oversee and direct the clinical functions of the BHC;

3) Perform and record sufficient background checks on all prospective employees, volunteers, interns, unpaid personnel, or other individuals who are prospective agents of the BHC. Background checks shall be retained in the individual's personnel record. The BHC shall, at a minimum:

A) Access the Department of Public Health's Health Care Worker Registry concerning the person. If the Registry has information substantiating a finding of abuse or neglect against the person, the provider shall not engage him/her in any capacity;

B) Perform background checks in compliance with requirements set forth in the Health Care Worker Background Check Act [225 ILCS 46] and in the Illinois Department of Public Health's rules (77 Ill. Adm. Code 955);

C) Review the Provider Sanctions List provided by the HFS Office of Inspector General (HFS OIG) to ensure the provider is not on the list of sanctioned providers. The provider shall not employ or contract with any provider found on the HFS OIG Provider Sanctions List; and

D) Meet any additional background check requirements required by the population or funder as approved by the Department.

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- d) Organizational Requirements. A BHC shall:
  - 1) Maintain an appropriate level of insurance against professional and physical liabilities;
  - 2) Not subcontract for the delivery of services detailed in Section 140.453.
  
- e) Service Delivery Requirements. A BHC shall:
  - 1) Coordinate service delivery with the individual's primary care provider, care coordination entity, and/or managed care entity;
  - 2) Seek to enhance individual engagement through the:
    - A) Availability of services during non-traditional working hours (e.g., weekends and evening periods); and
    - B) Delivery of services in the home or other community-based settings.
  - 3) Develop policies and procedures to ensure individuals receive referrals for substance use disorder treatment services, as needed.

(Source: Added at 42 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)