

Illinois

Data as of July 2003

Mental Health and Substance Abuse Services in Medicaid and SCHIP in Illinois

As of July 2003, 1,707,799 people were covered under Illinois' Medicaid/SCHIP programs. Of these 1,580,944 were financed by the traditional Medicaid program, 88,270 were financed by the SCHIP Medicaid expansion program, and 38,585 financed by a Separate SCHIP program. In state fiscal year 2001, Illinois spent \$3.74 billion to provide Medicaid services.

Illinois covers children using Medicaid, SCHIP Medicaid expansion, and separate-SCHIP programs.

- Standard Medicaid covers pregnant women and infants with family incomes of no more than 200% FPL, children ages 1-5 from families with incomes of no more than 133% FPL, children ages 6 through 18 from families with incomes of no more than 100% FPL.
- The SCHIP Medicaid expansion program covers all children from families with incomes of no more than 133% FPL who do not otherwise qualify for Medicaid.
- The separate SCHIP program
 - Covers children from families with incomes of no more than 200% FPL who do not qualify for Medicaid or the SCHIP Medicaid expansion program. Those with incomes of more than 150% FPL must pay a monthly premium that varies by family size.
 - Provides a rebate to families of insured children with incomes of 133-185% FPL who do not qualify for Medicaid or the SCHIP Medicaid expansion program.

Illinois has also been granted an 1115 HIFA waiver from the federal government to enable it to enroll parents of Medicaid and SCHIP-eligible children from families with incomes of no more than 133% FPL into the State's separate SCHIP program.

Illinois delivers mental health and substance abuse services through fee-for-service, and a comprehensive Managed Care Organization (MCO).

- Medicaid beneficiaries who are low-income families and children can join a comprehensive MCO. Those who choose to join the MCO receive most of their mental health and substance abuse services from their MCO.
- All beneficiaries who are not enrolled into an MCO receive mental health and substance abuse care through the fee-for-service system.

As of July 2003 there were 1,580,944 Medicaid beneficiaries in the Medicaid program. Of these, 137,682 were enrolled in a comprehensive Managed Care Organization.

Medicaid

Who is Eligible for Medicaid?

Families and Children

1. Low-income families with children who would have qualified for AFDC cash payments under the rules in effect on July 16, 1996. (The exact income limit varies by family size but is roughly 38%FPL.)
2. Pregnant women and infants up to one year old in families with incomes up to 200% FPL.
3. Children aged 1-6 years with family incomes of 133% FPL or less
4. Children aged 6-18 from families with incomes of 100% FPL or less are also covered.

Information compiled from Medicaid state plan, SCHIP state plan, and various web-related resources that may include the state and/or CMS.

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5. .Recipients of adoption assistance and foster care under Title IV-E of the Social Security Act

Aged, Blind, and Disabled

1. People who meet the federal SSI definition of disability and have incomes of no more than 100% FPL.
2. People eligible for the supplemental payment paid by the state, if their income is below a limit that varies among applicants based on their individual needs, but is no more than 300% of the maximum SSI benefit.
3. Aged and those who meet the SSI definition of disability with income up to 85% FPL and resources below the standard set by the federal SSI program.
4. Working people between the ages of 16 and 64 who meet the SSI definition of disability and have incomes of 200% FPL or less. Some members of this group must pay premiums of up to \$100/month. The amount of premium varies based on income.
5. Disabled children age 18 or under who are living at home, who would be eligible for Medicaid if they were in an institution.

Medically Needy

Members of the following groups may qualify for Medicaid coverage as Medically Needy if they have sufficient medical expenses to reduce their income to a state-established standard.

1. Pregnant women
2. Parents and caretaker relatives¹
3. Aged, Blind, and Disabled

Waiver Populations

Illinois has two 1115 waivers to expand eligibility. The benefit package provided to people who participate in Medicaid under these waivers does not include mental health and substance abuse services and are, therefore, not described here. Illinois also has an 1115 waiver to expand coverage under its separate SCHIP program. That waiver is described in the separate SCHIP program section of this report

Illinois also operates home and community-based waivers, but none of these waivers is targeted to serving a population with mental illness.

What Mental Health/Substance Abuse Services are Covered by Medicaid?

Medicaid must cover some types of services (mandatory services) and may cover some other types of services (optional services). The information presented here identifies the types of service Illinois Medicaid covers and the coverage requirements for those services. These services are presented grouped as they are in the Medicaid State plan that Illinois must maintain under Medicaid law. Only those types of services that include mental health or substance abuse services are discussed.

Inpatient Hospital Services		
Service	Description	Coverage Requirements
Inpatient Psychiatric Care	There are no specific limitations other than that care must be medically necessary and is subject to approval as such.	<ul style="list-style-type: none">• All inpatient psychiatric and substance abuse services are subject to a review by the Department's peer review organization.

Outpatient Hospital Including Rural Health Center and Federally Qualified Health Center Services		
Service	Description	Coverage Requirements
Psychiatric Clinic	A hospital-based clinic that provides Medicaid-covered psychiatric services, including:	<ul style="list-style-type: none">• All services will be provided by a qualified mental health professional.• All services must be provided by an entity that

¹ The medically needy income limit for parents varied by family size, but was, for example about 40% FPL for a family of three.

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	<ul style="list-style-type: none"> diagnostic evaluation; individual, group and family therapy; medical control; Electroconvulsive Therapy (ECT) counseling active treatment programs that include at least 4 hours/day of social, recreational, and task-oriented activities. 	<p>is licensed by the state of Illinois department of mental health and developmental disabilities.</p> <ul style="list-style-type: none"> The beneficiary must be under age 21 in order to receive the following services: <ul style="list-style-type: none"> diagnostic evaluation; individual, group and family therapy; medical control; Electroconvulsive Therapy counseling A beneficiary may not participate in an 'active treatment' program for more than 6 of any 12 months.
Federally Qualified Health Centers (FQHCs) and Rural Health Centers (RHCs)	<p>FQHC's and RHC's may provide Medicaid-covered mental health and substance abuse services that are within the providing practitioner's scope of practice, including</p> <ul style="list-style-type: none"> Clinical psychologist services Clinical social worker services 	<ul style="list-style-type: none"> FQHC's and RHC's may provide Medicaid-covered mental health and substance abuse services that are within the providing practitioner's scope of practice. All services must meet the same coverage criteria as those provided in another setting.

Physician Services		
Service	Description	Coverage Requirements
Physician Services	<ul style="list-style-type: none"> Medicaid-covered mental health and substance abuse services provided by a physician acting within his/her scope of practice. Limitations on specific services are found in other places in the state plan by type of service or facility. 	<ul style="list-style-type: none"> Services provided by a physician operating within their scope of practice. Only beneficiaries under age 21 may receive psychiatric services. All services provided by a physician must meet the same coverage requirements as those provided by another type of provider.

Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Services to Children Under 21		
Service	Description	Coverage Requirements
Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Mental Health Services	Services are described in other relevant sections of the state plan	<ul style="list-style-type: none"> Limits on services and treatments are not applicable to EPSDT-covered children. All medically necessary treatments and services will be provided by EPSDT clinics

Optional State Plan Services

Other Licensed Practitioners		
Service	Description	Coverage Requirements
Psychological, Counseling and Social Work:	<p>These services are diagnostic or active treatments that include but are not limited to</p> <ul style="list-style-type: none"> testing and evaluation that appraise cognitive, emotional and social functioning and self concept; therapy and treatment that is planning, managing and providing a program of psychological services to individuals with diagnosed 	<ul style="list-style-type: none"> These services are provided to individuals whose condition or functioning can be expected to improve with these interventions. These services are performed by a licensed physician or psychiatrist; or other licensed or equivalent psychological, counseling and social work staff acting within their scope of practice.

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	<p>psychological problems; and</p> <ul style="list-style-type: none"> • unscheduled activities for the purpose of resolving an immediate crisis situation. 	
Developmental Testing	This testing is performed to determine if motor, speech, language and psychological problems exist or to detect the presence of any developmental lags.	These services are performed by or under the supervision of a licensed physician or other provider acting within their scope

Clinic Services		
Service	Description	Coverage Requirements
Community Mental Health Services	<p>Community Mental Health Services will include only the following services:</p> <ul style="list-style-type: none"> • Assessments, • Treatment Plan Development and Modification, • Psychotropic Medication Monitoring and Training, • Crisis intervention, • Individual, group and family psychiatric therapy, and • day treatment that can include intensive stabilization and extended treatment. 	<ul style="list-style-type: none"> • All services will be provided by or under the direct supervision of a Qualified Mental Health Professional as specified in the State Plan. • All services must be provided by an entity that is certified by the Illinois Department of Mental Health and Developmental Disabilities. • A physician must review and approve the treatment plan whenever significant changes in the plan occur, at least once every six months for adults at least every three months for children and adolescents. • Services may only be provided as part of an active plan of treatment • These services may be provided by a hospital ambulatory clinic
School Based Clinics	Services include those that promote healthy lifestyles and provide available and accessible preventive health care when it is needed.	All services will be provided by clinics meeting the criteria of the state plan.
Day Treatment/Partial Hospitalization	These services are the same as those described under community mental health services.	They are furnished by a distinct and organized ambulatory treatment center which offers care less than 24 hours a day

Inpatient Psychiatric Services (for persons under the age of 22)		
Service	Description	Coverage Requirements
Inpatient psychiatric facility services for individuals age 22 years of age	<p>Psychiatric services (including substance abuse services) provided in a.</p> <ul style="list-style-type: none"> • Psychiatric hospital • Inpatient psychiatric program • Psychiatric facility 	<ul style="list-style-type: none"> • All hospital inpatient psychiatric services are subject to a prepayment review. • Only medically necessary inpatient psychiatric care will be covered.

Rehabilitative Services		
Service	Description	Coverage Requirements
Alcohol and Substance Abuse Services	<ul style="list-style-type: none"> • Services include: <ul style="list-style-type: none"> - outpatient care (individual and group therapy), - intensive outpatient care, - residential rehabilitation, - day treatment, - medically monitored detoxification, 	<ul style="list-style-type: none"> • All services must be provided by a qualified treatment professional in accordance with a treatment plan approved by a physician. • There are no service limits for pregnant women through 60 days post partum. • Beneficiaries other than children under age 21, and pregnant and post-partum women, may receive no more than the following amounts of

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	<ul style="list-style-type: none"> - Psychiatric diagnostic service. • Opioid treatments such as methadone maintenance and LAAM are not covered. 	service per benefit year: <ul style="list-style-type: none"> - 25 hours of individual/group therapy - 75 hours of intensive outpatient - 30 days of day treatment - 9 days of medically managed detoxification
Rehabilitative Mental Health Services	Services include: <ul style="list-style-type: none"> • client-centered consultations, • psychosocial rehabilitation day programming, • psychiatric treatment, • crisis intervention, and • Intensive therapeutic intervention for children under age 21. 	<ul style="list-style-type: none"> • All services must be provided by a qualified treatment professional in accordance with a treatment plan approved by a physician. Mental health services are provided to clients of all ages unless specified otherwise specified. • Services are provided in a variety of settings, ambulatory, residential and inpatient by certified providers. • Services may only be provided as part of an active plan of treatment, developed based on an individual assessment.

Targeted Case Management		
Service	Description	Coverage Requirements
Targeted Case Management	<ul style="list-style-type: none"> • This service is intended to help access treatments which are medically necessary, to correct or lessen health problems detected or suspected by the screening process. • Services include <ul style="list-style-type: none"> - assessment planning, - advocacy, - linkage, - Monitoring. - problem-solving assistance, - interagency service coordination and - crisis response management. 	<ul style="list-style-type: none"> • To receive TCM, beneficiaries must <ul style="list-style-type: none"> - be in the community and - receiving mental health services under the rehabilitative option or clinic option and - require assistance in gaining access to mental health services and to social, educational, vocational recreational, housing, public income entitlements and other community services to assist the client in the community.

SCHIP Medicaid Expansion Program

Who is Eligible for the SCHIP Medicaid Expansion Program?

Illinois' SCHIP Medicaid expansion program, called KidCare Assist, serves children from 6 through age 18 from families with income from 100-133% FPL.

What Mental Health/Substance Abuse Services are Covered by the SCHIP Medicaid Expansion Program?

Service coverage is identical to coverage in the Medicaid program, which was described in the previous section.

Separate SCHIP Program

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Who is Eligible for the Separate SCHIP Program?

Illinois' separate SCHIP program is called KidCare and, is divided into three programs.

1. KidCare Share serves all children age 1-18 from families with incomes of 150% FPL or less who do not qualify for Medicaid.
2. KidCare Premium serves all children age 1-18 children from families with incomes of 150-200% FPL. Children in this program must pay a premium in order to participate in the program, families with one child pay \$15 per month; with two children pay \$25, and three or more pay \$30.
3. KidCare Rebate serves insured children age 1-18 with from families with incomes over 133% FPL, but no more than 185% FPL. This program reimburses part of the cost for private health insurance for children.

Illinois also has an 1115 waiver from the Federal government that enables them to cover parents of Medicaid and SCHIP-eligible children from families with incomes of no more than 133% FPL who do not qualify for Medicaid. Also an 1115 HIFA waiver allows this state to cover insured children in its separate SCHIP program.

What Mental Health/Substance Abuse Services are Covered by the Separate SCHIP Program?

Benefits in Separate SCHIP programs must be actuarially equivalent to a benchmark selected by the State, among federally established options. Illinois has elected to provide coverage equivalent to the State employee health plan. Illinois has also elected to cover the same mental health and substance abuse services in the KidCare Share and KidCare Premium programs as those covered by the Medicaid program, which are described earlier in this document.