ILLINOIS

This summary of state regulations and policy represents only a snapshot at a point in time, is not comprehensive, and should not be taken to constitute legal advice or guidance. State Medicaid requirements are included at the end of this summary.

Types of Facilities

Mental Health (MH): Illinois regulates Specialized Mental Health Rehabilitation Facilities (SMHRFs) that provide at least one of four services, three of which are residential and are listed below. The facility shall provide a 24-hour program that provides intensive support and recovery services designed to assist persons, 18 years or older, with mental disorders to develop the skills to become self-sufficient and capable of increasing levels of independent functioning.

- Crisis Stabilization Units (CSUs): A secure and separate unit that provides short-term behavioral, emotional, or psychiatric crisis stabilization as an alternative to hospitalization or re-hospitalization for consumers from residential or community placement. Crisis stabilization units provide safety, structure and the support necessary, including peer support, to help a consumer to stabilize a psychiatric episode. CSUs serve consumers no longer than 21 days.

- Recovery and Rehabilitation Supports (RRSs): A unit with a program that facilitates a consumer's longer-term symptom management and stabilization while preparing the consumer for transitional living units or transition to the community by improving living skills and community socialization. The duration of stay in this setting is based on the clinical needs of the consumer.

- Transitional Living Units for 3 or more persons (TLUs): Transitional living units provide assistance and support to consumers with mental illnesses who have not yet acquired, or who have lost previously acquired, skills needed for independent living and are in need of and can benefit from services in a structured, supervised setting in which the consumer can acquire and practice these skills. The maximum length of stay at a transitional living unit is 120 days, and no unit may be larger than 16 beds.

Substance Use Disorder (SUD): Illinois regulates the following levels of care, all of which may be provided in a residential setting in Illinois and all of which follow the corresponding ASAM levels, including hours of service per week:

- Level 3.1: Clinically Managed Low-Intensity Residential Services, also known as “residential extended care”

- Level 3.2: Clinically Managed Residential Withdrawal Management, also known as "social detox"
- Level 3.5: Clinically Managed Medium-Intensity Residential Services
- Level 3.7: Medically Monitored High Intensity Inpatient Services
- Level 4: Medically Managed Intensive Inpatient

Unregulated Facilities: There are no unregulated residential treatment facilities in Illinois. We exclude MH Community Integrated Living and SUD Recovery Homes because they do not incorporate clinical services within the scope of this summary.

Approach

The Illinois Department of Public Health (DPH) regulates SMHRFs and the Department of Human Services (DHS) regulates SUD residential treatment facilities, regardless of ownership or funding source.

Processes of Licensure or Certification and Accreditation

Mental Health (MH): Licensure by the DPH is required for operation of all SMHRFs, with certification as to type of unit.

- Accreditation is required by a national accreditation agency, which may be one of the following: The Joint Commission, CARF, the Healthcare Facilities Accreditation Program, or other body approved by the DPH.
- A survey is required for licensure and at least annually thereafter.
- No new SMHRFs may open and no more than 24 may exist. An existing SMHRF may close and relocate to an underserved region of the state if the facility receives a Certificate of Need.
- Provisional licensure is granted for three years after which full licensure must be obtained. The duration of full licensure is one year.

Substance Use Disorder (SUD): Licensure by the DHS is required for operation of all SUD treatment facilities, with the applicable ASAM level of care specified.

- Accreditation is not required.
- Inspections occur “routinely.”
- A Certificate of Need is not required.
- Licensure duration is three years.

Cause-Based Monitoring

Mental Health (MH): Licenses may be restricted, placed on probation, revoked, refused, not renewed, or placed on administrative notice. Fines may be imposed. Plans of correction may be required. Surveys may be announced or unannounced.

Substance Use Disorder (SUD): Licenses may be restricted, placed on probation, suspended, revoked, or modified. Financial penalties may be assessed. The DHS may inspect at any reasonable time. The DHS also may conduct investigations and refer matters to the appropriate legal authority. Organizations may take corrective action unless emergency action is needed to protect the public interest, safety or welfare.

Access Requirements

Mental Health (MH) and Substance Use Disorder (SUD): Wait-time requirements were not found.

Substance Use Disorder (SUD): Access to services will not denied on the basis of race, religion, ethnicity, disability, sexual orientation or HIV status.

Staffing

Mental Health (MH): All SMHRFs must have an interdisciplinary team (IDT) at all levels of service, including at a minimum, a physician and a licensed clinical social worker or a licensed clinical professional counselor, as well as the consumer, the consumer's guardian, and other professionals, including the consumer's primary service providers, particularly the staff most familiar with the consumer, and other appropriate professionals and caregivers. Facilities also have requirements related to qualifications and responsibilities for an executive director, a psychiatric medical director, a program director, qualified mental health professionals, mental health professionals, certified recovery support specialists, rehabilitation services associates, and volunteers.

All employees must have training during orientation and annually. The training must satisfy DMH standards and be consistent with nationally recognized national accreditation standards. Training must include, but not be limited to, understanding symptoms of mental illnesses; principles of evidence-based practices and emerging best practices, including trauma informed care, illness management and recovery, wellness recovery action plans, crisis prevention intervention training, consumer rights, and recognizing, preventing, and mandatory reporting of abuse and neglect.

- CSUs: Detailed requirements for staffing ratios by staff type are identified, including, among others, requirements related to mental health professionals, medical and psychiatric professionals, direct care, dietary and safety staffing. The direct care staff must meet weekly for cross-training to support professional skill development.

- RRS: Detailed requirements for staffing ratios by staff type are identified, including, among others, requirements related to mental health professionals, medical and psychiatric professionals, direct care, and dietary staffing.

- TLUs: Detailed requirements for staffing ratios by staff type are identified, including, among others, requirements related to mental health professionals, medical and psychiatric professionals, direct care, dietary and safety staffing. The treatment team must meet weekly for cross-training to support professional skill development.

Substance Use Disorder (SUD): All SUD residential treatment facilities have specific requirements, regarding qualifications and responsibilities, related to a medical director; professional staff including those providing clinical services or clinical assessments; other direct patient care providers; and interns. Additional requirements are in place for staff at any medically managed or monitored detoxification service. Treatment for special populations must be delivered by appropriate personnel as clinical needs indicate. All SUD treatment facilities must provide orientation training to staff within 7 days of employment that includes, among other things, an overview of the regulations, information on universal precautions, and information on confidentiality.

- Level 3 residential, excepting Residential Extended Care, has specific requirements regarding awake staff, clinical staff, and use of residents to fill staffing requirements.

- Withdrawal Management: At least two staff persons must provide 24-hour observation, monitoring and treatment, one of whom must meet certain regulatory qualification standards.
    - Medically Managed (Level IV-D): A physician must see the patient daily. The regulation requires there be at least one staff, 24 hours a day, who meets requirements as a registered nurse, a licensed practical nurse, or a certified emergency medical technician.

Placement

Mental Health (MH): A CSU, RRS, or a TLU must not accept anyone with medical issues requiring active intervention or treatment, or who requires a higher level of medical care. The regulation includes a list of medical issues that disqualify a person from placement including, but not limited to having methadone dependency, unless he or she is in an accredited methadone program. Admission requires authorization to facilitate treatment in the least restrictive setting. Each consumer must receive an assessment prior to admission to a facility to determine the appropriate level of service for service delivery. Additional authorizations may be requested by the interdisciplinary team if the initial authorization has expired and the consumer continues to require treatment at a specific level of service. Standards for conducting assessments are included in the regulations. Facility-specific requirements include:

- Consumers admitted to a CSU must: (1) be diagnosed as having a serious mental illness; (2) be experiencing an acute exacerbation of psychiatric symptoms; (3) have a need for assessment and treatment within a structured, supervised therapeutic environment; and (4) be expected to benefit from the treatment provided. Exclusionary criteria also are provided.

- Consumers admitted to an RRS must need RRS care as determined by State-authorized assessment, level of service determination, and authorization criteria. Exclusionary criteria are provided, including but not limited to those with a primary diagnosis of SUD. The determination that a consumer meets the requirements must be made by the center's LPHA.

- Consumers admitted to a TLU must: (1) need transitional living assistance and support as determined by State-authorized assessment, level of service determination, and authorization criteria; (2) within the past two years, have received a minimum of 60 days of psychiatric hospital care or a minimum of 90 days of institutional care for an exacerbation of serious mental illness; (3) as a result of mental illness, lack critical ADLs or IADLs necessary for living in a less restrictive environment, and require an ongoing structured, supervised therapeutic environment to develop these skills; and (4) demonstrate an ability to generalize skills and to receive supports from a community provider for transition to a community setting. A transitional living unit may admit consumers who were hospitalized, if those consumers meet the requirements for admission. Exclusionary criteria are identified, including but not limited to those with a primary diagnosis of SUD.

Substance Use Disorder (SUD): All SUD residential treatment facilities must conduct a medical screening designed by the medical director to capture specified information. The medical director must designate the factors in a medical screening, including a determination of the patient's risk for HIV and tuberculosis infection, and the specific medications prescribed or used by a patient that would require physician review if such medical screening is not conducted by a

physician. The purpose of physician review is to determine the immediate need for a medical referral for a physical or psychiatric examination. If determined necessary, physician review may be by phone, facsimile transmission, or in person, and shall occur no later than 24 hours after admission to Level IV care, and within 48 hours after admission to Level III care. All pregnant women admitted for any type of detoxification shall be subject to physician review. All residents in (Levels III and IV care), excepting those in residential extended care, must undergo a physical examination within 72 hours after admission if on prescription medication or pregnant. All other patients in such care shall undergo a physical examination within 7 days after admission.

An individual face-to-face assessment must be conducted prior to admission to any level of care. The assessment must collect specific data including, but not limited to, diagnoses, an evaluation of the severity of the six dimensions established in the ASAM Patient Placement Criteria, and a recommendation for placement in Levels I-IV care as established in the ASAM Patient Placement Criteria. This must be confirmed by a physician no later than 24 hours after admission for Level IV care, and no later than 72 hours after admission for Level III care.

Treatment and Discharge Planning and Aftercare Services

Mental Health (MH): An individualized treatment plan is required. The facility must facilitate connection to the community-based behavioral health provider or community-based provider prior to discharge to foster the development of, or maintain the treatment relationship with, the community-based behavioral health provider or community-based provider. When a consumer leaves a facility, the facility must contact the community-based behavioral health provider following the consumer's discharge from the facility to ensure that the consumer is receiving follow-up care.

- CSUs: The treatment plan must be updated at least every seven days and whenever there is a change in the consumer's clinical function that has prompted a re-assessment. All discharge planning must commence on admission to the CSU. If a consumer is homeless, the discharge planning shall include the immediate identification of living arrangements. At a minimum, the discharge plan will be reviewed once every seven days until discharge.

- RRS: For recovery and rehabilitation supports, the treatment plan must be updated at least quarterly and whenever there is a change in the consumer's clinical function that has prompted a re-assessment. Discharge planning must commence as early in the admission as practicable. At a minimum, the discharge plan will be reviewed at least quarterly. If a consumer declines to move to a community-based setting, the new individualized treatment plan must incorporate appropriate services to assist in the acquisition of activities of daily living and illness self-management.

- Transitional Living Units: For transitional living, the treatment plan must be updated at least every 30 days and whenever there is a change in the consumer's clinical function that has prompted a re-assessment. Discharge planning will begin within the first month after admission and, at a minimum, the discharge plan will be reviewed once every 30 days until discharge.

Substance Use Disorder (SUD): Upon admission and initial placement, the clinical assessment of the patient must continue in order to develop the treatment plan. Patient needs must be determined through specific inquiry and analysis in the six dimensions established in the ASAM Patient Placement Criteria and include matters defined in the regulations. At a minimum, the initial patient treatment plan shall be based on the patient's presenting concerns as evidenced from the biomedical and emotional/behavioral assessment. Such treatment plan shall be developed within seven calendar days after admission for any patient in Level III care. Ongoing assessment of the patient's progress in treatment shall occur to determine continued stay in the level of care or the need to move to another level of care or to discharge. The assessment shall be accomplished using the ASAM "continued stay" or "discharge" criteria." At a minimum, a continued stay review shall include a review of the ASAM continued stay or discharge criteria, the current treatment plan, and all subsequent progress notes. Organizations must develop a continuing recovery plan for patients who are no longer actively receiving treatment in, or no longer require an ASAM level of care. The continuing recovery plan must address specific requirements. The continuing recovery plan shall be completed prior to discharge from all ASAM levels of care within the organization for any patient no longer meeting the criteria for continued active treatment.

Treatment Services

Mental Health (MH): All SMHRFs must incorporate evidence-based practices, biopsychosocial approaches, and programs regarding the treatment and rehabilitation of persons who have mental illnesses. SMHRFs must provide linkage, including coordinating the consumer's care with other health care providers, including, but not limited to, primary care physicians, psychiatrists, hospitals and other medical professionals, to ensure that the mental and physical health care needs of the consumer are met. The facility must share all relevant treatment information for a consumer with the community-based behavioral health provider or other health care provider to facilitate recovery and rehabilitation. Linkage may occur through direct partnerships with providers, as well as through managed care entities. Facilities must provide, at a minimum, the following services: physician, nursing, pharmaceutical, rehabilitative, and dietary services.

- CSUs must ensure that all consumers who are admitted undergo an immediate assessment that identifies and prioritizes the immediate and longer term services that the consumer needs. The CSU must provide 32 hours per week of group or individual active treatment, as prescribed by each consumer's treatment plan, as well as other services that include but are not limited to case management, Therapeutic interventions that use

evidence-based practices, psychiatric evaluations, medication services; and the capability of providing dual diagnoses services for a consumer, if needed.

- RRSs must ensure that specific services are provided including, but not limited to: (1) dual diagnosis services for consumers, including the engagement of services appropriate for the pre-contemplative state of recovery; (2) adequate case management; (3) appropriate therapeutic interventions, including evidence-based practices of IMR, WRAP, motivational interviewing, cognitive training, and wellness and resilience support development; (4) regular psychiatric and medical evaluations as indicated; (5) 15 hours of treatment programming per week; and (6) Consumers receive adequate medication services.

- TLUs must ensure that specified occupational therapy is provided and that each consumer receives 90 minutes of individual occupational therapy or rehabilitation per week, provided by an occupational therapy assistant or other trained providers, and each consumer receives 18 hours of treatment programming per week. The providers must be trained in evidence-based skills training. Additional services, among others, include adequate case management; appropriate therapeutic interventions, including evidence-based practices of IMR, WRAP, motivational interviewing, cognitive training, and wellness and resilience support development; regular psychiatric evaluations as indicated; adequate medication services; and dual diagnosis services, if needed.

Substance Use Disorder (SUD): Didactic and counseling group treatment standards are established for all SUD treatment facilities, including purpose, ratios, and staff credentials. Requirements for patient education plans and education are in place, to be provided individually or in a group. Other requirements related to recreational activities and medical and nursing care.

- Level III facility standards include hours per week of clinical services.

- Medically Monitored Withdrawal Management requires 24 hour observation, monitoring, and treatment.

- Level IV: Medically Managed Withdrawal Management: This includes opioid maintenance therapy for patients over age 15. Services must include 24 hours medically directed observation, monitoring, and treatment and that a physician see the patient daily.

Patient Rights and Safety Standards

Mental Health (MH): Consumers must receive a written explanation of their rights, including but not limited to rights to present grievances, be free of discrimination, communication, religion, informed consent, and confidentiality. Use of physical restraints and therapeutic separation are limited. Other than CSUs, units must establish a consumers' advisory council.

There is a central registry for reporting and accessing cases of suspected resident abuse or neglect and standards for reporting and investigation.

Substance Use Disorder (SUD): A written statement must be provided to patients which describes the rights of all patients, including but not limited to, nondiscriminatory access to services; right to services in the least restrictive environment available; confidentiality; informed consent; and the right to refuse treatment. Any incidents (an action by staff or patients that led to, or is likely to lead to, an adverse effect on patient services because of a deviation from established patient care procedures) must be documented and significant incidents reported to the DHS. Patients and others have a right to file complaints with the DHS.

Quality Assurance or Improvement

Mental Health (MH): The SMHRF must ensure that the facility's executive director and the governing body develop, implement and maintain a data-driven quality assessment and performance improvement (QAPI) program. The program must emphasize quality structures, processes and activities, with a goal of improved behavioral health outcomes that enable consumers to transition to the most integrated community-based settings possible. The written program shall be updated annually and must include, among other things, the following: 1) An ongoing program for quality improvement and consumer safety as a priority for facility management that is communicated throughout the facility; 2) A quality improvement committee that shall regularly review and evaluate all QAPI activities and progress; 3) Written benchmarks, targets and standards of care for safety and quality of care that, for each indicator, shall be well established and communicated throughout the facility. Outcomes shall be regularly reviewed to measure them against the benchmarks and targets; 4) That the facility share the results of the QAPI activities with the consumer's advisory council; and 5) A data collection and reporting process that assures the submission, at least quarterly, of all reports or other required data within prescribed time frames. Specific quality improvement indicators are required for crisis stabilization, transitional living and rehabilitation and recovery services. Obligations of the quality improvement committee are elaborated. The findings of root cause analyses shall be available to the Department, DHS-DMH and the Department of Healthcare and Family Services upon request. The regulations include a list of reportable performance indicators including, but not limited to, restraints and seclusions, reportable incidents, and other matters.

Substance Use Disorder (SUD): The licensee must design and utilize a quality improvement plan. Such plan shall be written and shall contain, at a minimum, a method of evaluation to assess achievement of the organization's mission and the functioning of the organization and its service delivery systems and utilization review process. The quality improvement plan shall be approved by management or, if applicable, the board of directors of the organization and annually reviewed and revised as necessary. Minimum requirements for the evaluation are specified and the results of the evaluation must be available for inspection by the Department and submitted at the time of application for renewal of licensure. Requirements for utilization

review are included that incorporate a requirement that it be conducted in accordance with continued stay and discharge criteria established in the ASAM Patient Placement Criteria. Requirements related to data collection and maintenance are included.

Governance

Mental Health (MH): The facility shall have a governing body responsible for the overall leadership, oversight and administration of a SMHRF. The regulations include detailed requirements for policies and procedures.

Special Populations

Mental Health (MH) and Substance Use Disorder (SUD): No requirements related to special populations for adults in residential treatment were found.

Location of Regulatory and Licensing Requirements

Illinois Department of Public Health Specialized MH Rehabilitation Facilities regulations[1]; Central Complaint Registry regulations[2]; Illinois Department of Human Services SU Licensure regulations[3]. Regulatory data collected August 21, 2019.

Other Information Sources

L. Garcia, N. Seibert (DHS SUPR), L. Reinert (DHS DMH); National Conference of State Legislatures CON Program Overview, http://www.ncsl.org/research/health/con-certificate-of-need-state-laws.aspx

[1] See http://www.ilga.gov/commission/jcar/admincode/077/07700380sections.html.

[2] See http://www.ilga.gov/commission/jcar/admincode/077/07700400sections.html.

[3] See http://www.ilga.gov/commission/jcar/admincode/077/07702060sections.html.

ILLINOIS MEDICAID

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Approach

The Illinois Department of Human Services (DHS) oversees the state Medicaid program. Illinois also has a Section 1115 waiver under which substance use disorder (SUD) treatment services provided in residential treatment settings that qualify as an Institution for Mental Diseases (IMD) will be covered for beneficiaries. The state historically has relied on the in lieu of provision and on Disproportionate Share Hospital (DSH) payments for Medicaid coverage of some IMD services.

Types of Facilities

Mental Health (MH): Researchers found no other evidence of Medicaid reimbursement for adult residential MH treatment services.

Substance Use Disorder (SUD): Non-IMD residential settings may be certified to enroll in the Illinois Medicaid program if the site has 16 beds or less and meets the following criteria, among others: (A) be a free-standing program of 16 or fewer beds; or (B) be within a larger facility, as a distinct unit of 16 beds or less, which: (i) is licensed; (ii) is physically separate from other certified and licensed programs (for example, separated by floors, wings, or other building sections); (iii) provides a level of care significantly different in clinical content from other certified and licensed programs (e.g., adult versus adolescent care); (iv) has a separate cost center (budgeting, accounting, etc.); (v) has separate staffing; and (vi) has separate operating policies and procedures.

Pursuant to the Section 1115 waiver, the demonstration benefit package will include SUD treatment services, including short term residential services provided in residential and inpatient treatment settings that qualify as an IMD. Levels 3.5 and 3.7 are included in the statewide Section 1115 waiver and the state Medicaid program also will cover Level 3.2-WM clinically managed residential withdrawal management services under a pilot that may be less than statewide.

Processes of Medicaid Enrollment

Mental Health (MH) and Substance Use Disorder (SUD): To participate in the Medicaid program, health care providers must apply and, among other things, be appropriately licensed, be certified, and have a provider agreement with the state. Providers may be denied, suspended, terminated, or excluded from participation in the Illinois Medicaid program, and may be otherwise sanctioned.

Staffing

Substance Use Disorder (SUD): Pursuant to the Section 1115 waiver, the state must establish residential treatment provider qualifications in licensure, policy or provider manuals, managed care contracts or credentialing, or other requirements or guidance that meet program standards in the ASAM Criteria or other nationally recognized, SUD-specific program standards regarding credentials of staff for residential treatment settings. The state must assess the availability of providers in the key levels of care throughout the state, or in the regions of the state participating under this demonstration, including those that offer MAT.

- Clinically Managed Residential Withdrawal Management Pilot. Pursuant to the Section 1115 waiver, services provided must be administered by a qualified treatment professional in a state-licensed residential facility. Qualified treatment professionals must specific clinical or medical certifications or licenses.

Placement

Substance Use Disorder (SUD): Pursuant to the Section 1115 waiver, the state must establish a requirement that providers assess treatment needs based on SUD-specific, multidimensional assessment tools, such as the American Society of Addiction Medicine (ASAM) Criteria or other assessment and placement tools that reflect evidence-based clinical treatment guidelines. The state also must establish a utilization management approach such that beneficiaries have access to SUD services at the appropriate level of care and that the interventions are appropriate for the diagnosis and level of care, including an independent process for reviewing placement in residential treatment settings.

- Clinically Managed Residential Withdrawal Management Pilot. Pursuant to the Section 1115 waiver, beneficiaries are eligible for this pilot if a Physician or Licensed Practitioner of the Healing Arts determines the beneficiary demonstrates moderate withdrawal signs and symptoms, has a primary diagnosis of OUD/SUD, and requires 24-hour structure and support to complete withdrawal management and increase the likelihood of continuing treatment and recovery.

Treatment and Discharge Planning and Aftercare Services

Substance Use Disorder (SUD): Pursuant to the Section 1115 waiver, the Clinically Managed Residential Withdrawal Management Pilot may offer, among other services, discharge services to prepare the beneficiary for referral into another level of care, post treatment return or reentry into the community, and/or the linkage of the individual to treatment resources in the community.

Treatment Services

Substance Use Disorder (SUD): Pursuant to the Section 1115 waiver, beneficiaries will have access to high quality, evidence-based OUD and other SUD treatment services ranging from acute withdrawal management to on-going chronic care for these conditions in cost-effective settings while also improving care coordination and care for comorbid physical and mental health conditions. The state must establish residential treatment provider qualifications in licensure, policy or provider manuals, managed care contracts or credentialing, or other requirements or guidance that meet program standards in the ASAM Criteria or other nationally recognized, SUD-specific program standards regarding in particular the types of services and hours of clinical care for residential treatment settings. The state also must establish a requirement that residential treatment providers offer MAT on-site or facilitate access to MAT off-site. Pursuant to the Section 1115 waiver, the following may be provided in an IMD: residential treatment, medically supervised withdrawal management, MAT, and peer recovery support services.

- Pursuant to the Section 1115 waiver, the components of services in the Clinically Managed Residential Withdrawal Management Pilot are: (a) intake; (b) observation; (c) medication services (i.e., the prescription or administration related to SUD treatment services, or the assessment of the side effects or results of that medication, conducted by staff lawfully authorized to provide such services within their scope of practice or license); and (d) discharge services.

Care Coordination

Substance Use Disorder (SUD): Under the state 1115 waiver, beneficiaries will have improved care coordination and care for comorbid physical and mental health conditions. The state must ensure establishment and implementation of policies to ensure residential facilities link beneficiaries with community-based services and supports following stays in these facilities.

Quality Assurance or Improvement

Substance Use Disorder (SUD): Pursuant to the Section 1115 waiver, the state must establish a provider review process to ensure that residential treatment providers deliver care consistent with the specifications in the ASAM Criteria or other nationally recognized SUD program standards based on evidence-based clinical treatment guidelines for types of services, hours of clinical care, and credentials of staff for residential treatment settings.

Special Populations

Substance Use Disorder (SUD): Under the state 1115 waiver, beneficiaries will have improved care for comorbid physical and mental health conditions.

Location of Medicaid Requirements

Illinois Behavioral Health Transformation Section 1115 demonstration Waiver[4]; Illinois Medicaid Rules and Regulations Title 89[5]. Regulatory data collected December 2019.

Other Information Sources

Kaiser Family Foundation. State Options for Medicaid Coverage of Inpatient Behavioral Health Services. KFF: San Francisco. November 2019 http://files.kff.org/attachment/Report-Brief-State-Options-for-Medicaid-Coverage-of-Inpatient-Behavioral-Health-Services

This state summary is part of the report **"State Residential Treatment for Behavioral Health Conditions: Regulation and Policy"**. The full report and other state summaries are available at https://aspe.hhs.gov/state-bh-residential-treatment.

[4] See https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/il/il-behave-health-transform-ca.pdf.

[5] See http://www.ilga.gov/commission/jcar/admincode/089/089parts.html.