**Section 141.220 CMH-HCBS Services**

Individuals determined eligible for CMH-HCBS shall be eligible to receive the services listed within this section, as medically necessary.

a) Care Coordination and Support (CCS). CCS is an evidence-informed, structured approach to care coordination that adheres to required procedures for participant and family engagement, individualized care planning, identifying and utilizing strengths and natural supports while monitoring progress and fidelity to the required process. CCS includes a broad set of activities designed to assess, plan, and monitor the service needs of the participant and family and includes, but is not limited to: engagement and outreach; organization and facilitation of a CFT; review and update of the individual's IATP; Crisis Assessment, Safety and Prevention Planning, and Response (CASPR); coordination and consultation with providers and formal and informal supports involved in the participant's care; and, referral, linkage, and follow-up.

1) CCS shall be provided at two intensity levels – CCS: High-Fidelity Wraparound (CCSW) and CCS: Intensive (CCSI).

A) Care Coordination and Support: High-Fidelity Wraparound (CCSW). CCSW shall be delivered in accordance with the evidence-based practice of High-Fidelity Wraparound. CCSW Care Coordinators shall not exceed an average Care Coordinator to participant caseload of 1:10, with no more than 12 participants on a caseload at one time. CCSW shall include facilitation of at least one CFT meeting a minimum of every 30 days, or more often as appropriate to each participant's needs, as well as frequent in-person and phone contacts.

B) Care Coordination and Support: Intensive (CCSI). CCSI shall be delivered in accordance with the principles of High-Fidelity Wraparound. CCSI Care Coordinators shall not exceed an average Care Coordinator to participant caseload of 1:25, with no more than 30 participants on a caseload at one time. CCSI shall include facilitation of at least one CFT meeting a minimum of every 60 days, or more often as appropriate to each participant's needs, as well as frequent in-person and phone contacts.

2) CCS services must be delivered:

A) Consistent with the evidence-informed best practices as approved by the Department;

B) By Community Mental Health Center (CMHC) or Behavioral Health Clinic (BHC) that has been approved as a Care Coordination and Support Organization (CCSO) pursuant to Section 141.240(b);

C) By staff who minimally meet the qualification of an MHP and complete the Department's approved training and certification process as detailed at pathways.illinois.gov;

D) On an individual basis;

E) At a service location and setting deemed appropriate for reimbursement, as detailed in the Department's published fee schedule; and

F) By video, phone or face-to-face contact, notwithstanding the restriction on services provided via phone in 89 Ill. Adm. Code 140.6(m) and 140.403.

b) Family Peer Support. Family Peer Support is a structured, strengths-based, individualized service provided to a parent, legal guardian or primary caregiver of a participant with behavioral health needs. Family Peer Support services are directed toward the well-being and benefit of the participant and are designed to enhance the caregiver's capacity to understand the participant's behavioral health needs, to support the participant in the home and community, and to advocate for services and supports for the participant and family. Family Peer Support must be provided:

1) By a CMHC or BHC;

2) On an individual basis;

3) At a service location and setting deemed appropriate for reimbursement, as detailed in the Department's published fee schedule;

4) By video, phone or face-to-face contact, notwithstanding the restriction on services provided via phone in 89 Ill. Adm. Code 140.6(m) and 140.403; and

5) By staff who meet the following requirements:

A) Meet the qualifications of a Rehabilitative Services Associate (RSA);

B) Have individual lived experience or experience as a caregiver of a child with special needs, preferably behavioral health needs;

C) Have experience navigating any of the child-serving systems;

D) Have experience supporting, educating and advocating for family members who are involved with the child-serving systems;

E) Have access to supervision and clinical consultation provided by a Qualified Mental Health Professional (QMHP) or LPHA who actively participates in ongoing training and coaching specific to Family Peer Support as required by the Department and as outlined at pathways.illinois.gov; and

F) Have completed the Department's approved Family Peer Support training process and actively participate in ongoing training and coaching by the Department or its designee as outlined at pathways.illinois.gov.

c) Respite. Respite is a time-limited, individualized, supervised service that provides families scheduled relief to help prevent stressful situations, including avoiding a crisis or escalation within the home. Services shall be provided in the home and in locations within the participant's community with the intent of providing both participant and caregiver supportive time apart to reduce stress and increase the likelihood of the participant remaining safely at home and in the community. Respite is a supportive service and is to be provided as an adjunct to other behavioral health therapeutic services the participant and family receives.

1) Respite services must be provided:

A) By a CMHC or BHC;

B) On an individual or group basis. Group services shall not exceed a 3:1 participant to staff ratio;

C) In a home or other community setting deemed appropriate for reimbursement, as detailed in the Department's published fee schedule. Respite services shall not be provided in an institutional setting or residential treatment facility;

D) Face-to-face; and

E) By staff who minimally meet the qualifications of an RSA, maintain CPR certification, and have access to a QMHP or LPHA for clinical consultation, as needed.

2) Respite services may be subject to prior authorization, pursuant to 89 Ill. Adm. Code 140.40.

d) Therapeutic Mentoring. Therapeutic Mentoring is a structured, strengths-developing, individualized service provided to a participant who requires support in recognizing, displaying, and using pro-social behavior in the home and community setting. Therapeutic Mentoring is designed to assist the participant by improving their ability to navigate various social contexts, observe and practice appropriate behaviors and key interpersonal skills that build confidence, assist with emotional stability, demonstrate empathy, and enhance positive communication of personal needs without escalating into crisis. Therapeutic Mentoring must be provided:

1) By a CMHC or BHC;

2) On an individual basis;

3) At a service location and setting deemed appropriate for reimbursement, as detailed in the Department's published fee schedule;

4) By video, phone or face-to-face contact, notwithstanding the restriction on services provided via phone in 89 Ill. Adm. Code 140.6(m) and 140.403; and

5) By staff who minimally meet the qualifications of a RSA, have access to a QMHP or LPHA for clinical consultation, as needed, and who have completed the Department's approved Therapeutic Mentoring training process as outlined at pathways.illinois.gov.

e) Intensive Home-Based (IHB) Services. IHB services are strengths-based, family-driven, focused services provided directly to participants and their caregivers in home and community settings to: improve participant and family functioning; improve the family's ability to provide effective support to the participant; and promote healthy family functioning. Interventions are designed to enhance and improve the family's capacity to maintain the participant within the home and community, and to prevent the participant's admission to an inpatient hospital or other out-of-home treatment setting.

1) IHB services consist of two components: Intensive Home-Based Clinical (IHBC) and Intensive Home-Based Support (IHBS).

A) IHBC are therapeutic services driven by an evidence-informed clinical intervention plan that is focused on symptom reduction. IHBC services may be provided by staff who minimally meet the qualifications of a QMHP and have completed the Department approved training and certification process in family therapy and evidence-based practice as outlined at pathways.illinois.gov.

B) IHBS are adjunct services that may only be provided in conjunction with IHBC services. The goal of IHBS is to support the participant and family in implementing the therapeutic interventions, skills development, and behavioral techniques outlined in the IHBC clinical intervention plan. IHBS services must be provided under the clinical direction of the clinician delivering IHBC services. IHBS services may be provided by staff who minimally meet the qualifications of an MHP, have two years of experience working with children and families, and have completed the Department approved training and certification process in family therapy and evidence-based practice as outlined at pathways.illinois.gov.

2) IHB services require the active participation of at least one adult family member who resides in the same home as the participant or who shares in caregiving responsibility for the participant.

3) IHB services must be delivered:

A) By a CMHC or BHC with an IHB Program Approval pursuant to Section 141.240(b)(2);

B) Consistent with HFS-approved evidence-based practice guidelines and fidelity requirements as outlined at pathways.illinois.gov;

C) By a team overseen by a full-time LPHA;

D) On an individual or family basis;

E) By video, phone or face-to-face contact, notwithstanding the restriction on services provided via phone in 89 Ill. Adm. Code 140.6(m) and 140.403; and

F) At a service location and setting deemed appropriate for reimbursement, as detailed in the Department's published fee schedule.

f) Therapeutic Support Services (TSS). TSS are adjunct therapeutic modalities not otherwise covered under the Illinois Medical Assistance Program that support individualized goals as part of the participant's service plan. TSS are designed to help participants find a form of expression beyond words or traditional therapies to reduce anxiety, aggression, and other clinical issues while enhancing service engagement through direct activity and stimulation. TSS includes the following interventions: art therapy, dance/movement therapy, equine-assisted therapy, horticultural therapy, music therapy, and drama therapy.

1) TSS shall be subject to standards for utilization and prior authorization as follows:

A) Prior authorization by the Department or its designee shall be required;

B) TSS shall not exceed $3,000 per State fiscal year per participant;

C) The specific TSS interventions must be documented as a recommended service by the authorizing LPHA, in collaboration with the CFT, on the participant's IATP and must be directly tied to supporting the achievement of one or more goals on the service plan; and

2) TSS may only be provided by an individual qualified in the specific intervention being delivered, consistent with the following:

A) Individuals delivering art therapy must be credentialed by the Art Therapy Credentials Board (https://www.atcb.org/);

B) Individuals delivering dance/movement therapy must be credentialed or board certified by the American Dance Therapy Association (https://www.adta.org/);

C) Individuals delivering equine-assisted therapy must have a certification or credential in equine-assisted therapy from a recognized national or international non-profit association;

D) Individuals delivering horticultural therapy must maintain a professional registration with the American Horticultural Therapy Association (https://ahta.memberclicks.net/);

E) Individuals delivering music therapy must be certified by the Certification Board for Music Therapists (https://www.cbmt.org/); and

F) Individuals delivering drama therapy must be credentialed by the North American Drama Therapy Association (https://www.nadta.org/).

g) Individual Supports and Services (ISS). ISS are habilitative activities, services and goods not otherwise covered under the Illinois Medical Assistance Program that serve as adjunct supports to the therapeutic interventions and supports for participants. ISS are intended to promote health, wellness and behavioral health stability through community stabilization and family stability. ISS services may only be provided for the direct benefit of the participant.

1) ISS includes the following categories of activities, services and goods:

A) Physical wellness activities and goods that promote a healthy lifestyle through physical activity (i.e., sports club fees or gym memberships; bicycles, scooters, roller skates and related safety equipment) and nutrition education (i.e., cooking classes, non-credit nutrition courses);

B) Special or therapeutic youth development programs offered by a community-based organization that serve individuals with disabilities who otherwise would not be able to successfully participate in traditional youth development programs. These programs focus on developing social skills through youth development opportunities that are supported by staff with specialized training;

C) Strengths-developing activities (i.e., music lessons, art lessons, therapeutic summer camp);

D) Sensory items ordered by a licensed occupational therapist, speech-language pathologist, physical therapist, or Licensed Practitioner of the Healing Arts as defined in 89 Ill. Adm. Code 140.453(b)(3); and

E) Parent education and training.

2) ISS shall be subject to standards for utilization and prior authorization as follows:

A) Prior authorization by the Department or its designees shall be required;

B) ISS shall not exceed $1,500 per State fiscal year per participant; and

C) The specific ISS interventions must be documented as a recommended service by the authorizing LPHA, in collaboration with the CFT, on the participant's IATP and must be directly tied to supporting the achievement of one or more goals on the service plan.