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~~6) be certified by the Secretary of the Department of Health and Human Services as qualified to provide physician's services to a child under 21 years of age; and~~

~~7) deliver services in a manner consistent with the standards of the American Academy of Pediatrics and rules as published by the Illinois Department of Public Health.~~

~~01/93 Physician services to pregnant women, including postpartum care, will be covered only when the following conditions are met:~~

~~1) the physician, whether based in a hospital, clinic or individual practice, retains hospital delivery privileges or documents a written referral arrangement with another physician who retains such privileges for the purposes of specialized treatment and admission to a hospital; and~~

~~2) maternal services are delivered in a manner consistent with the quality of care guidelines published by the American College of Obstetricians and Gynecologists in the current edition of the "Standards for Obstetric-Gynecologic Services."~~

~~7/95 In order for a physician to participate in the Maternal and Child Health program, he must meet all provisions of regular Medicaid enrollment and the following additional program requirements:~~

~~1) maintain hospital admitting privileges and, for obstetrical care, hospital delivery privileges;~~

~~2) provide periodic health screening (EPSDT) and primary pediatric care as needed, consistent with guidelines published by the American Academy of Pediatrics or American Academy of Family Physicians;~~

~~3) provide obstetrical care and delivery services as appropriate, consistent with guidelines published by the American College of Obstetricians and Gynecologists or the American Academy of Family Physicians;~~

~~4) perform risk assessment for pregnant women and/or children;~~

~~5) provide medical care coordination including arranging for diagnostic consultation and specialty care;~~

~~6) maintain 24-hour telephone coverage for assessment and consultation; and;~~

~~7) provide equal access to quality medical care for MCH clients.~~

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~~7/95~~ ~~The Department will consider requests on a case by case basis from physicians who are unable to meet the hospital delivery or admitting privileges criteria for enrollment in the MCH Program. In order to be considered under the exception process, the physician must have executed a formal agreement with another physician to accept referrals for hospital admission, submit certain documents and have such requests reviewed and approved by members of the State Medical Advisory Committee (SMAC).~~

~~07/88~~ ~~b. MEDICAL AND SURGICAL SERVICES FURNISHED BY A DENTIST (IN ACCORDANCE WITH SECTION 1905(a)(5)(B) OF THE ACT)~~

~~Physician services provided by dentists are limited to those services furnished by licensed dental practitioners within the scope of their practice as defined by State law.~~

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~~6a. PODIATRISTS' SERVICES~~

~~7/99 Services are provided only to EPSDT recipients. Covered services are limited to medically necessary diagnostic, laboratory, radiological and surgical procedures required for treatment of conditions of the feet.~~

~~Consultations, routine foot care, preventive or reconstructive procedures and screenings, X-rays, laboratory work or similar services are not covered unless specifically required by the foot condition.~~

~~Certain services and unusual procedures require prior approval.~~

~~7/99 Limits on services or treatments are not applicable to EPSDT (Healthy Kids) clients. All services or treatments which are medically necessary to correct or lessen health problems detected or suspected by the screening process must be provided to individuals under age 21.~~

~~6b. OPTOMETRISTS' SERVICES~~

~~7/99 Covered Optometrist's services for EPSDT recipients are limited to eye examinations and the provision of necessary material as specified in 12d. Authorization for more than one examination in a twelve (12) month period can be given if medical need for a second examination is documented.~~

~~7/99 Services to recipients aged 21 or older are limited to the examination and dispensing fee for the provision of initial eye wear following cataract surgery. Limits on services or treatments are not applicable to EPSDT (Healthy Kids) clients. All services or treatments which are medically necessary to correct or lessen health problems detected or suspected by the screening process must be provided to individuals under age 21.~~

~~6c. CHIROPRACTORS' SERVICES~~

~~7/99 Services are covered only for EPSDT recipients. Covered services are limited to those provided by chiropractors who meet standards promulgated by the Secretary of the Department of Health and Human Services and consisting of treatment by means of manual manipulation of the spine.~~

~~7/99 Limits on services or treatments are not applicable to EPSDT (Healthy Kids) clients. All services or treatments which are medically necessary to correct or lessen health problems detected or suspected by the screening process must be provided to individuals under age 21.~~

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- ~~HOME HEALTH SERVICES~~

~~a.b. and c.~~
~~Services are provided on a short-term, intermittent basis to facilitate clients transitioning from a more acute level of care. Services must be provided only on direct order of a physician, and require prior approval unless the client is eligible for these benefits under Medicare.~~
~~Limits on services or treatments are not applicable to EPSDT (Healthy Kids) clients. All services or treatments which are medically necessary to correct or lessen health problems detected or suspected by the screening process must be provided to individuals under age 21.~~
~~d.~~
~~Services available only when provided by a Home Health Agency, or by a registered nurse when no home health agency exists in the area. Services require aon direct order of a physician, and with prior approval unless the client is eligible for these benefits under Medicare.~~
~~Limits on services or treatments are not applicable to EPSDT (Healthy Kids) clients. All services or treatments which are medically necessary to correct or lessen health problems detected or suspected by the screening process must be provided to individuals under age 21.~~
- ~~PRIVATE DUTY NURSING SERVICES~~

~~01/01~~ ~~Provided only when recommended by the physician. Requires prior approval. Services cannot be covered if provided by a relative.~~
~~Limits on services or treatments are not applicable to EPSDT (Health Kids) clients. All services or treatments which are medically necessary to correct or lessen health problems detected or suspected by the screening process must be provided to individuals under age 21.~~

~~4/98 9.~~ ~~CLINIC SERVICES~~
~~Community Mental Health Services~~
~~Mental Health Services are to be provided to eligible clients who require such services:~~
- ~~to effectively manage current symptoms of mental illness through treatment or rehabilitation programs;~~

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- ~~to promote growth or maintenance of independent functioning following episodes of institutionalization;~~
- ~~to prevent deterioration in independent role functioning which may result in inpatient treatment; or~~
- ~~to relieve personal distress and stabilize functioning following crises which may reduce the clients ability to function independently.~~

~~All services will be provided by or under the direct supervision of a Qualified Mental Health Professional. The QMHP may be a licensed physician or registered psychologist, a registered, certified social worker, a licensed RN, a registered occupational therapist, or an individual who holds a masters degree or higher in psychology, sociology, counseling, family therapy, or related field. The physician must have at least one year clinical experience or training in mental health services. The RN must have at least one year of clinical experience in a mental health setting or a masters' in psychiatric nursing. The occupational therapist must have one year of clinical experience in a mental health setting. The individual holding the masters' or doctorate in counseling, social work or related field must have successfully completed a practicum and/or internship which includes a minimum of 1,000 hours or has one year of clinical experience under the supervision of a QMHP. A Mental Health Professional (MHP) who provides services under the supervision of a QMHP must possess a bachelors' degree or have a minimum of five years supervised experience in mental health or human services.~~

~~All services must be provided by an entity which is certified by the Illinois Department of Mental Health and Developmental Disabilities. Clinics which are not certified are not eligible to provide services under this provision of the State Plan.~~

~~All services under this section of the Plan must be provided under the direction of a fully licensed physician. The physician must review and approve the treatment plan whenever significant changes in the plan occur, or at least once every six months for adult recipients and at least every three months for children and adolescents.~~

~~Community Mental Health Services will include only the following services:~~

- ~~Assessment. Assessments will be provided to determine the condition of the client and the nature and extent of services required. Mental health assessments, psychiatric assessments, and psychological assessments may be provided to obtain information on the nature and extent of presenting problems and the present level of functioning of clients.~~

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- ~~Treatment Plan Development and Modification. An individual treatment plan must be developed within 30 days of the documented date of completion of the mental health assessment for all clients served under this section. The individual treatment plan must state the overall goals of treatment and shall indicate the specific mental health services to be provided. The plan must be developed or approved by a physician, and must be reviewed and modified as necessary, but at least every six months for adults and three months for children.~~
- ~~Psychotropic Medication Monitoring and Training - Monitoring of psychotropic medications and training of clients in self medication may be provided by the physician, by a QMHP under the direction of a physician, or by a MHP under the supervision of a QMHP. The physician must designate in writing the professionals who provide medication monitoring and training services. The monitoring will include recording of medications prescribed and taken by the client; observation of the effectiveness of medication; observation of any side effects resulting from the medication; and assurance that medication is being used in accordance with the prescription and in accordance with sound medical practice. Training shall be provided to clients to promote self medication; and will include training on side effects and adverse reactions; proper dosage; proper timing of medication; storing and safeguarding medication; and communication with mental health professionals regarding medication issues.~~
- ~~Crisis Intervention - Crisis intervention shall be provided to clients who are experiencing a psychiatric crisis. The service is intended to reduce symptomatology, stabilize and restore the client to a previous level of role functioning and to assist the client in functioning in the community. Services include immediate mental health assessment, brief and immediate therapy, and referral or linkage to appropriate mental health services.~~
- ~~Psychiatric Therapy - Psychiatric and psychological therapy will be provided to clients who require interpersonal therapy to promote growth in role functioning in order to maintain the client's functioning in the community. Services available include individual therapy, group therapy, and family therapy.~~

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~~Day Treatment - Day treatment shall include services provided on an integrated, comprehensive schedule of recognized psychiatric treatment addressing at least three areas of dysfunction: psychological, interpersonal and primary role dysfunction. Services will include: (1) intensive stabilization, provided in a structured environment, to resolve short term problems or crises which could lead to institutionalization; and (2) extended treatment services focused on the development of interpersonal and living skills to restore client functioning and facilitate reentry into the family and community. Both services will include elements of therapy, skills development and training, and assessment and treatment planning.~~

~~All services or treatments which are medically necessary to correct or lessen health problems detected or suspected by the screening process must be provided to EPSDT recipients.~~

~~4/98 School Based/Linked Health Clinics~~

~~The purpose of school based/linked health clinics is to improve the overall physical and emotional health of students by promoting healthy lifestyles and by providing available and accessible preventive health care when it is needed.~~

~~School based health clinics are located in schools or on school grounds, serving at least the students attending that school. School linked health centers are located off school grounds but a formal relationship exists to serve students attending a particular school or multiple schools within the district. Services are available to eligible students who have obtained written parental consent, or who are 18 years of age, and/or who are otherwise able to give their own consent.~~

~~School based/linked clinics must be certified by the Department of Human Services (DHS) that they are meeting the minimum standards established by DHS. A qualified physician will be the medical director of the clinic. Each clinic will develop standing orders and protocols. The medical director shall ensure compliance with the policies and procedures pertaining to medical procedures. The medical director will medically supervise the medical regimen involving direct care of students. All medical services must be in compliance with the American College of Obstetricians and Gynecologists, the American Academy of Pediatrics, the American Academy of Family Practice guidelines and the standards established by outside regulatory agencies. All laboratory services must be in compliance with CLIA. DHS will provide ongoing monitoring to assure that appropriate clinical standards are followed.~~

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~~4/98~~ ~~The clinic will be staffed by Illinois licensed, registered, and/or certified health professionals who are trained and experienced in community and school health, and who have knowledge of health promotion and illness prevention strategies for children and adolescents. The clinic must ensure that staff are assigned responsibilities consistent with their education and experience, supervised, evaluated annually, and trained in the policies and procedures of the clinic.~~

~~The clinic must have in place telephone answering methods that notify students and parents/guardians where and how to access 24 hour back-up services when the clinic is not open.~~

~~The clinics must coordinate care and the exchange of information necessary for the provision of health care of the student, between the clinic and a student's primary care practitioner, medical specialist or managed care entity. Services provided in school-based/linked clinics shall be coordinated with the client's primary care provider. A written referral with pertinent medical information is sent by the school-based/ linked clinic to the provider and managed care plan for coordination and ongoing care. Written policies must address obtaining student and/or parental consent to share information regarding a student's health care.~~

~~The clinics must operate in accordance with a systematic process for referring students to community-based health care providers when the clinic is not able to provide the services required by the student. The clinic will refer a student who requires specialty medical and/or surgical services to his/her primary care provider or managed care entity to obtain a referral for a specialist. The clinic will document in the student's record that the referral was made, and document follow-up on the outcome of the referral when relevant to the health care provided by the clinic.~~

~~Clinics may provide the following services:~~

- ~~basic medical services: well-child or adolescent exams, consisting of a comprehensive health history, complete physical assessment, screening procedures and age appropriate anticipatory guidance; immunizations; EPSDT services; diagnosis and treatment of acute illness and injury; basic laboratory tests; prescriptions and/or dispensing of commonly used medications for identified health conditions, in accordance with medical practice and pharmacy practice acts; acute management and on-going monitoring of chronic conditions, such as asthma, diabetes and seizure disorders;~~
- ~~reproductive health services: gynecological exams; diagnosis and treatment of sexually transmitted diseases; family planning, prescribing, dispensing or referring for birth control; pregnancy testing; treatment or referral for prenatal and postpartum care; cancer screening;~~

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- ~~mental health services: mental health assessment, individual and group counseling; crisis intervention; referrals to a continuum of mental health services including emergency psychiatric care community support programs; inpatient and outpatient programs;~~
- ~~substance abuse services: assessment of substance abuse problems; referrals to a continuum of substance abuse services including intervention and treatment services; supportive services for students recovering from substance abuse;~~
- ~~dental screening and treatment services.~~

~~The clinic must develop a collaborative relationship with other health care providers, insurers, managed care entities, the school health program, students and parents/guardians with the goal of assuring continuity of care and reducing duplication and fragmentation of services.~~

~~The clinic maintains a health record system that provides for consistency, confidentiality, storage and security of records for documenting significant student health information, and the delivery of health care services.~~

~~10. DENTAL SERVICES~~

~~7/99~~ ~~Dental services for recipients age 21 and older are covered for only a limited range of emergency dental services. Emergency dental services are described as those dental procedures necessary to treat pain in the teeth, gums, palate or any other problem of the mouth that requires immediate attention and is appropriately treated by a dentist. Prior to payment, each claim will be reviewed for medical necessity and for true emergency status.~~ are categorized below:

~~7/99~~ ~~The following dental services are covered only for EPSDT recipients. Procedures covered~~ under each category ~~and prior approval or emergency post approval provisions are specified in Department Handbooks for Dentists and/or Provider Bulletins.~~

~~7/99~~ ~~Dental Services for Recipients Under the EPSDT Program:~~

- ~~Clinical oral examinations~~
- ~~Radiographs~~
- ~~Preventive~~
- ~~Restorative~~
- ~~Endodontics~~
- ~~Periodontics~~
- ~~Prosthodontics~~
- ~~Oral surgery~~
- ~~Orthodontics~~
- ~~Adjunctive general services~~

~~7/99~~ ~~All services or treatments which are medically necessary to correct or lessen health problems detected or suspected by the screening process will be provided to individuals under age 21.~~

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~~7/99 Adults Residing in ICF/DD Facilities:~~

- ~~Initial oral exams~~
- ~~Radiographs~~
- ~~Prophylaxis~~
- ~~Restorative~~
- ~~Periodontics~~
- ~~Oral Surgery~~
- ~~Anterior endodontics~~
- ~~Complete dentures~~
- ~~Denture relining or repair~~
- ~~Adjunctive general services~~

~~7/99 All Other Individuals:~~

- ~~Initial oral exams~~
- ~~Radiographs~~
- ~~Restorative~~
- ~~Oral Surgery~~
- ~~Anterior endodontics~~
- ~~Complete dentures~~
- ~~Denture relining or repair~~
- ~~Adjunctive general services~~

~~7/99 Limitations on certain services and procedures apply~~

- ~~Full mouth series of x-rays are covered only once every three years.~~
- ~~Polycarbonate crowns are covered, acrylic are not.~~
- ~~Complete or partial set of dentures (if necessary) are allowable only once every five years.~~
- ~~Bridgework is allowable only once in five years.~~
- ~~Coverage of orthodontia is limited to cases which present a severe handicapping malocclusion or a handicapping dentofacial deformity. All orthodontia requires prior approval.~~

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~~7/99 The following limitations on certain services and procedures apply in all cases for all individuals (except for individuals under the EPSDT program):~~

- ~~Full mouth series of x-rays are covered only once every three years.~~
- ~~Polycarbonate crowns are covered; acrylic are not.~~
- ~~01/92 Complete or partial set of dentures (if necessary) are allowable only once every five years.~~
- ~~Bridgework is allowable only once in five years.~~
- ~~7/99 Coverage of root canals and apicoectomy procedures except for individuals under the EPSDT program is covered for anterior teeth, bicuspids and first molars only.~~
- ~~Coverage of orthodontia is limited to cases which present a severe handicapping malocclusion or a handicapping dentofacial deformity. All orthodontia requires prior approval.~~

~~Services beyond the above listed services and limitations are available to EPSDT recipients based on the determination of medical necessity.~~

~~11a. PHYSICAL THERAPY~~

~~10/01 Services are prescribed by a physician and provided by or under the direction of a qualified physical therapist as defined in 42 CFR 440.110(a). In most cases, prior approval is required unless recipient is under the age of 21 or eligible for these benefits under Medicare.~~

~~All services or treatments which are medically necessary to correct or lessen health problems detected or suspected by the screening process must be provided to EPSDT recipients.~~

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~~11b. OCCUPATIONAL THERAPY~~

~~-10/94 Services are prescribed by a physician and provided by or under the direction of a qualified occupational therapist as defined in 42 CFR 440.110(b). In most cases, prior approval is required unless the client is under the age of 21 or eligible for these benefits under Medicare.~~

~~All services or treatments which are medically necessary to correct or lessen health problems detected or suspected by the screening process must be provided to individuals under age 21.~~

~~11c. SPEECH, HEARING AND LANGUAGE~~

~~-10/94 Services are referred by a physician and provided by or under the direction of a speech pathologist or audiologist as defined in 42 CFR 440.110(c). In most cases, prior approval is required unless the client is under the age of 21 or eligible for these benefits under Medicare.~~

~~All services or treatments which are medically necessary to correct or lessen health problems detected or suspected by the screening process must be provided to individuals under age 21.~~

~~12a. PRESCRIBED DRUGS~~

~~Illinois shall provide coverage for covered outpatient drugs within the meaning of Section 1927(k) of Title XIX of the Social Security Act of any manufacturer which has entered into and complies with a rebate agreement with the federal Health Care Financing Administration. The drugs listed in the Department's formulary are covered without prior approval when prescribed by a physician licensed to practice medicine in all its branches or a licensed podiatrist or dentist within the scope of their practice. Providers may request prior approval for other items subject to the medical necessity of the client and the issuance of a valid prescription or medication order by the prescriber.~~

~~The following drugs or classes of drugs are excluded from coverage: anorexia and weight gain/loss drugs, agents used to promote fertility, agents for cosmetic purposes or hair growth, most vitamins except prenatal vitamins for pregnant women and fluoride preparations, smoking cessation products, most OTC products, DESI-ineffective products, toiletries, personal care items, oral antiseptics, dentifrices, contact lens supplies and investigational drugs.~~

~~All services or treatments which are medically necessary to correct or lessen health problems detected or suspected by the screening process must be provided to individuals under age 21.~~

~~12b. DENTURES~~

~~-7/95 All services or treatments which are medically necessary as detected by the screening process will be provided to EPSDT recipients.~~

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~~12c. PROSTHETIC DEVICES~~

~~Prior approval for purchase, repair and replacement is required unless:~~

- ~~the recipient is eligible for Medicare and the item is covered under the Medicare Program; or~~
- ~~the cost of repairs does not exceed 75 percent of the purchase price; or~~
- ~~the item is being loaned while the recipient's own item is being repaired or replaced; or~~
- ~~items are replaced within 24 months of the purchase date and all of the following conditions are met:~~
  - ~~the item is not under warranty;~~
  - ~~the item was not faulty at the time of purchase;~~
  - ~~the original purchase was made by the Department for the same recipient or for whom the replacement is needed;~~
  - ~~the original item is either not repairable or the cost of repairs is more than or equal to the replacement; and~~
  - ~~the replacement item is new and of equal value t the original item.~~

~~All services or treatments which are medically necessary to correct or lessen health problems detected or suspected by the screening process will be provided to EPSDT recipients.~~

~~12d. EYEGLASSES AND OTHER OPTICAL MATERIALS~~

~~10/00 Eyeglasses and other optical materials are not available to recipients of all ages, aged 21 and older except for initial eye wear dispensed following cataract surgery. with the following limitations: The following limitations apply to eye care services and materials for recipients under the age of 21:~~

- ~~Single vision lenses only when the following conditions are met:~~
  - ~~The power is at least 0.75 diopters in either the sphere or cylinder component; or~~
  - ~~The difference between the old and new prescription is at least 0.75 diopters in either the sphere or cylinder component.~~

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- ~~Bifocal lenses only when the following conditions are met:~~
  - ~~For the first bifocals, the power of the bifocal addition is at least 1.00 diopter; or~~
  - ~~For a change in bifocal lenses, the power of the bifocal addition is changed by at least 0.50 diopters or the distance power represents a change of at least .75 diopters.~~
- ~~More than one examination per year only when the vendor documents, in the participant's patient record, the need for the additional examination.~~
- ~~More than one pair of eyeglasses per year only when the vendor documents that the additional pair is medically essential necessary and obtains prior approval from the Department. one of the following circumstances apply:~~
  - ~~The eyeglasses being replaced were lost or stolen.~~
  - ~~The eyeglasses being replaced were broken beyond repair.~~
  - ~~For single vision lenses the difference between the old and new prescription is at least 0.75 diopters in either the sphere or cylinder component.~~
  - ~~For bifocal lenses the power of the bifocal addition is changed by at least 0.50 diopters or the distance power represents a change of at least 0.75 diopters.~~

~~7/95~~ ~~Eyeglasses and optical services will be provided to EPSDT recipients beyond and above limitations based on the determinations of medical necessity.~~

~~Eye care materials dispensed by a supplier other than a physician or optometrist, except for replacement and repair items, are covered only when they are prescribed by a licensed physician or optometrist.~~

~~The following items require prior approval. Approval shall be given when, in the judgment of a Department consulting physicianant, the requested item or service is appropriate:~~

~~11/00~~
- ~~Contact lenses and related contact lens services.~~
- ~~A second pair of eyeglasses in one year. A third or subsequent pair of eyeglasses in one year for an adult 21 years of age or older.~~
- ~~Custom made artificial eye~~
- ~~Low vision devices~~
- ~~Any item or service not specifically included in the schedule of procedures for optical services and supplies.~~

~~Eye care services and materials which are not covered:~~

- ~~Services which are not provided to address a recipient's particular visual problems or complaints.~~

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- ~~Lenses and frames obtained from a source other than the DOC(Department of Corrections) laboratory. , unless the specific type of eyeglasses or frames is not available from the DOC laboratory, and prior approval is obtained to secure the item from another source.~~
- ~~Trifocals.~~
- ~~Tinted lenses.~~
- ~~Provider's transportation cost.~~

~~All lenses and frames shall be obtained from the Department of Corrections (DOC) laboratory, unless the particular type of eyeglasses or frames is not available from the DOC laboratory. DOC shall not engage in "office" services, e.g., examinations or dispensing of eyeglasses to recipients, but shall be the State's primary laboratory for fabrication of eyeglasses. Individual optical suppliers shall continue to provide examinations, frame parts for eyeglasses and frames not available from the DOC laboratory, frame repairs, contact lenses, artificial eyes and low vision devices, as well as dispensing of eyeglasses obtained from the DOC laboratory.~~

~~13b. SCREENING~~

~~Mammography screening for occult breast cancer, when ordered by a physician is covered for women who are 35 years of age or older. Coverage limitations are: a) a baseline mammogram for women 35 through 39 years of age; b) a mammogram every one to two years for women 40 though 49 years of age; and c) a mammogram once per year for women 50 years of age or older.~~

~~13c. PREVENTIVE SERVICES~~

~~Preventive services are limited to EPSDT (Healthy Kids) recipients. All services or treatments which are medically necessary to correct or lessen health problems detected or suspected by the screening process must be provided.~~

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~~13d. REHABILITATIVE SERVICES~~
~~1/92 Alcohol and Substance Abuse Services~~
~~7/97 Subacute alcohol and substance abuse treatment services are to be provided in a subacute setting licensed by the Department of Human Services (DHS), Office of Alcoholism and Substance Abuse (OASA), or a hospital licensed by the Department of Public Health; all facilities must be certified for participation by DHS/OASA. All services will be provided by or under the direction of a qualified treatment professional in accordance with a treatment plan approved by a physician. A qualified treatment professional may be an employee of the facility or an independent practioner and must meet at least one of the following minimum requirements set by the Department of Human Services(DHS):~~

~~7/97 • hold clinical certification as a Certified Alcohol and Drug Counselor from the Illinois Alcoholism and Other Drug Abuse Professional Certification Association (IAODAPCA);~~
~~• be a licensed professional counselor or licensed clinical professional counselor pursuant to the Professional Counselor and Clinical Professional Counselor Licensing Act;~~
~~• be a physician licensed to practice medicine in all its branches pursuant to the Medical Practice Act of 1987;~~
~~• be licensed as a psychologist pursuant to the Clinical Psychology Practice Act; or~~
~~• be licensed as a social worker or licensed clinical social worker pursuant to the Clinical Social Work and Social Work Practice Act.~~

~~Alcohol and substance abuse treatment services are limited to the following:~~

~~7/97 • Outpatient services - Level I care - The provision of diagnostic assessment, individual and group counseling and discharge planning services, either individually or in a group on a scheduled or unscheduled basis to an individual who, in the clinical judgement of a qualified treatment professional, is experiencing a problem with alcohol and/or other drugs. These services shall be delivered in accordance with an individual's treatment plan recommended by a physician. Outpatient is a structured program usually offered less than nine hours per week which provides the appropriate hours of service for the level of care required by the client (as set forth in his treatment plan) Treatment must occur in a certified licensed subacute outpatient setting. No more than 25 hours may be reimbursed for an eligible adult client per benefit year. The benefit limit for any individual who does not qualify for the EPSDT benefit or who is not pregnant or post-partum is 25 hours per benefit year.~~

~~7/97 • Intensive Outpatient - Level II care - The provision of diagnostic assessment, counseling and discharge planning services, either individually or in a group on a scheduled-only outpatient basis to an individual who, in the clinical judgement of a qualified treatment professional, is experiencing a problem with alcohol and/or drugs. The services for Intensive Outpatient mirror that of Outpatient services Level I identified in Appendix to Attachment 3.1-A Page 13(A)These services shall be delivered in accordance with an individual's treatment plan recommended by a physician. Intensive outpatient is a structured program offered a minimum of nine hours per week which provides the appropriate hours of service for the level of care required by the client (as set forth in his treatment plan) Treatment must occur in a certified licensed subacute outpatient setting. No more than 75 hours of service may be reimbursed for an eligible adult client per benefit year. The benefit limit for any individual who does not qualify for the EPSDT benefit or who is not pregnant or post partum is 75 hours per benefit year.~~

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~~7/97~~ ~~Residential Rehabilitation - Level III care - the provision of diagnostic, counseling and discharge planning services, either individually or in a group on an inpatient basis to an individual under age 21 as an EPSDT benefit who, in the clinical judgement of a qualified treatment professional, is experiencing a problem with alcohol and/or other drugs. Services shall be delivered in accordance with the individual's treatment plan recommended by a physician. Residential rehabilitation is a structured program offered seven days a week. This includes a minimum of 25 hours of documented treatment per client per week. Services must occur in a psychiatric facility or in an inpatient program in a psychiatric facility, either of which is accredited by the Joint Commission on Accreditation of Healthcare Organizations.~~

~~7/97~~ ~~Day Treatment - Level III care - This program includes the following services: individual and group therapy services, case management services relative to discharge planning, registered nurses responsible for providing general nursing care to pregnant or sick substance abusing individuals as well as medication management and administration, nutritional counseling for malnourished substance abusing individuals and the services of the Medical Director as needed. These services shall be delivered in accordance with the individual's treatment plan recommended by a physician. Day Treatment is a structured program offered seven days a week. This includes a minimum of 25 hours of documented treatment per client per week. Such treatment must occur in a subacute residential setting licensed by the Department of Human Services (DHS) and certified as having 16 beds or less. The treatment services are the same as residential rehabilitation services except that the services shall be provided by a program except that the services shall be provided by a program licensed by the Department of Human Services (DHS) and certified as having 16 beds or less. Services shall be delivered in accordance with an individual's treatment plan recommended by a physician. No more than 30 days shall be reimbursed per benefit year for an eligible adult client per benefit year. Reimbursement for this services excludes room and board costs and the benefit limit for any individual who does not qualify for the EPSDT benefit or who is not pregnant or post-partum is 30 days per benefit year.~~

~~Medically Monitored Detoxification - Level III care - The service providers mirrors that of the Day Treatment Level III as identified in Appendix to Attachment 3.1-A, page 14. , however, Medically Monitored Detoxification requires a much more intensive medical component. Since individuals are going through withdrawal there is a greater need for nursing care. Additionally, the group sessions are limited to two - three individuals as opposed to upwards of 12 in the Intensive Level III benefit. The treatment is very intense over a three to nine day period as opposed to Intensive Level III care. Reimbursement for this service excludes room and board costs and the benefit limit for any individual who does not qualify for the EPSDT benefit or who is not pregnant or post-partum is 9 days per benefit year.~~

~~10/91~~ ~~Psychiatric diagnostic service - The provision of an evaluation by a psychiatrist and/or examination of a client and exchange of information to determine whether the client's condition is due to the effects of alcohol and/or other drugs or to a diagnosed psychiatric disorder.~~

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~~Appendix to~~
~~Attachment 3.1-B~~
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~~7/97~~ ~~All services or treatments which are medically necessary to correct or lessen health problems detected or suspected by the screening process will be provided to individuals under age 21 as an EPSDT benefit and without regard for the established benefit limits for alcohol and substance abuse services.~~

~~7/96~~ ~~Benefit limits will not be applied to a woman who enters treatment during pregnancy and through the end of the month in which the 60-day period following termination of the pregnancy ends (post partum period), or until services are no longer clinically necessary, whichever comes first. This benefit does not apply to a woman who enters treatment services after delivery.~~