~~State ILLINOIS~~

~~10/91~~ ~~Mental Health Services~~

~~Rehabilitative mental health services are to be delivered by providers certified for Medicaid participation by designated State agencies. A comprehensive assessment will be developed for each eligible individual by qualified mental health professionals (QMHPs) and mental health professionals (MHPs). A physician, licensed clinical psychologist (LCP) or a licensed clinical social worker (LCSW) as licensed practitioners of the healing arts will review the assessment and may recommend that medical or remedial services are necessary to reduce the physical or mental disability of an individual or to restore an individual to the maximum possible functioning level. Once the recommendation for mental~~

~~7/96~~ ~~health services has been made, an individualized treatment plan will be developed and implemented by professional staff including QMHPs and MHPs. The treatment plan must be reviewed and approved by a physician or a licensed practitioner of the healing arts or a QMHP with supervisory authority over the professional staff responsible for implementing the treatment plan.~~

~~7/96~~ ~~QMHPs, MHPs and Rehabilitative Services Associates (RSAs) provide mental health services. A QMHP is~~ defined as one of the following positions:

1. ~~A physician licensed under the Medical Practice Act of 1987 to practice medicine or osteopathy with training in mental health services or one year of clinical experience, under supervision, in treating problems related to mental illness, or specialized training (the treatment of children and adolescents);~~
2. ~~A psychiatrist (a physician licensed under the Medical Practice Act of 1987) who has successfully completed a training program in psychiatry approved by the American Medical Association, the American Osteopathic Association or other training program identified as equivalent by the Department;~~
3. ~~A psychologist licensed under the Clinical Psychologist Licensing Act with specialized training in mental health services;~~
4. ~~A social worker possessing a master's or doctoral degree in social work and licensed under the Clinical Social Work and Social Work Practice Act with specialized training in mental health services;~~
5. ~~A registered nurse licensed pursuant to the Illinois Nursing Act of 1987 with at least one year of clinical experience in a mental health setting or master's degree in psychiatric nursing;~~
6. ~~An occupation therapist registered pursuant to the Illinois Occupational Therapy Practice Act with at least one year of clinical experience in a mental health setting;~~
7. ~~An individual with a master's degree and at least one year of clinical experience in mental health services and who holds a license to practice marriage and family therapy pursuant to the Marriage and Family Licensing Act [225 ILCS 55];~~

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~~8. An individual possessing a master's or doctoral degree in counseling and guidance, rehabilitation counseling, social work, psychology, pastoral counseling, or family therapy, or related field who has successfully completed a practicum and/or internship which includes 1,000 hours, or who has one year of clinical experience under the supervision of a qualified mental health professional, or who is a licensed social worker holding a master's degree with two years of experience in mental health services or who is a permanently licensed professional counselor under the Professional Counselor and Clinical Professional Counselor Licensing Act holding a master's degree with one year of experience in mental health services.~~

~~A mental health professional (MHP) provides services under the supervision of a qualified mental health professional. The MHP must possess a bachelor's degree, a practical nurse license pursuant to the Illinois Nursing Act of 1987 [225 ILCS 65] or have a minimum of five years supervised experience in mental health or human services.~~

~~A rehabilitative services associate (RSA) assists in the provision of services. An RSA must be at least 21 years old, have demonstrated skills in the field of services to adults or children, have demonstrated the ability to work within agency structure and accept supervision, and have demonstrated the ability to work constructively with clients, other providers and the community.~~

~~7/96~~ ~~In addition to providing necessary medical services to reduce the physical disability and maximize the potential of the individual, other Mental health services may include:~~

- ~~client-centered consultation: professional communication with others who are involved with the treatment process, including staff of other agencies, schools, family members or others for the purpose of implementing and/or evaluating the treatment plan. The focus of~~
- ~~7/96 this activity is to manage and direct the treatment process. It is not case management activity;~~
- ~~psychosocial rehabilitation day programming: a structured program of daily activities provided in an environment which permits maximum participation of the individual. Core service elements are individual or group counseling and social rehabilitation;~~
- ~~psychiatric treatment: services include psychotherapy, mental health counseling and/or medication administration, monitoring and training. Services are provided to eligible individuals, families or to groups of individuals;~~
- ~~crisis intervention: services include crisis assessment, short-term intervention and referral for persons who appear to need immediate~~
- ~~7/96 intensive intervention; and~~

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=7/96 ~~o community-based rehabilitation: an array of rehabilitative mental health services to assist the individual in maintaining residential stability, independence and integration in the community. Services include interdisciplinary treatment plan development review and/or modification, assertive outreach and psychosocial rehabilitation; and~~

~~o intensive therapeutic intervention for children under age 21: a comprehensive service provided in the home, school or other community-based locations to reduce risk of more restrictive treatment such as inpatient hospitalization. Services may include one-to-one counseling for therapeutic activities, counseling related to treatment plans goals and objectives, psychosocial rehabilitation related to emotional deficits, counseling of the caregiver in behavioral management and assistance in household management.~~

~~-7/96 All treatment is focused on the Medicaid eligible client. Any consultation or treatment involving families or other persons is solely for the purpose of addressing the mental health needs of the Medicaid client.~~

~~-7/96 Mental health services are provided to clients of all ages unless specified otherwise.~~

~~-7/96 Mental health services as described above may be provided either as outpatient community-based services or as residential rehabilitation services. Outpatient community-based services are defined as any one of the above services provided by a certified provider who is enrolled with the Department of Public Aid. Residential rehabilitation services are an array of outpatient community-based services, where one or more of the mental health services are provided on a daily basis to an eligible child under the age of 21 who is residing in a specialized substitute care living arrangement. Residential rehabilitation providers are also certified and enrolled with the Department.~~

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~~07/93 Special Rehabilitation Services~~

~~A. Eligible Providers~~

~~A provider of special rehabilitation services is as defined herein and agrees in writing with the single State agency as follows:~~

~~1) to provide special rehabilitation services as prescribed by professionals acting within their scope of practice as defined by State law, and~~

~~2) to provide special rehabilitation services in the least restrictive environment, and~~

~~3) to comply with the provisions for quality assurance specified in this Attachment of the State plan; and~~

~~4) to maintain and submit all records and reports to ensure compliance with the Illinois State Board of Education's and Illinois Department of Public Aid's administrative rules; and~~

~~5) to assure that claiming for special rehabilitation services does not duplicate claiming for EPSDT Administrative Outreach services.~~

~~A provider of special rehabilitation services must be approved for participation and enrolled the Illinois Medical Assistance Program. Services are provided directly by the special rehabilitation service provider or through subcontractors.~~

~~B. Benefits and Limitations~~

~~Special rehabilitation services are evaluative, diagnostic and treatment services to correct any defects or conditions or to teach compensatory skills for deficits that directly result from a medical condition. These services include obtaining, interpreting and integrating the above evaluative, diagnostic and treatment information appropriate to an individual's coordinated plan of care.~~

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~~7/93~~ ~~Special rehabilitation services include the following:~~

~~1) Speech, Language and Hearing. These are services for individuals with speech, language and hearing disorders. The services are provided by or under the direction of a speech pathologist or audiologist, as the result of a referral by a physician or other licensed practitioner of the healing arts within the scope of his or her practice under law as defined in 42 CFR 440.110(c). These services mean evaluations to determine an individual's need for these services and recommendations for a course of treatment, and treatments to an individual with a diagnosed speech, language or hearing disorder adversely affecting the functioning of the individual.~~

~~2) Occupational Therapy. These 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). These services mean evaluations of problems interfering with an individual's functional performance and therapies which are rehabilitative, active or restorative, and designed to correct or compensate for a medical problem interfering with age appropriate functional performance.~~

~~3) Physical Therapy. These services are prescribed by a physician or other licensed practitioner of the healing arts within the scope of his or her practice under law and provided by or under the direction of a qualified physical therapist as defined in 42 CFR 440.110(a). These services mean evaluations to determine an individual's need for physical therapy and therapies which are rehabilitative, active or restorative, and designed to correct or compensate for a medical problem.~~

~~4) Nursing. These services are performed by a Registered Nurse within the scope of his/her practice relevant to the medical and rehabilitative needs of the individual. Services include medication administration/monitoring, catherization, tube feeding, suctioning, screening and referral for health needs and explanations of treatments, therapies, and physical or mental conditions with family or other professional staff.~~

~~1/95~~ ~~5) Medical Services. These services are provided by a physician licensed to practice medicine in all its branches for the purpose of evaluation, testing, diagnosis and consultative services with the individual. Services include diagnostic, evaluative and consultative services for the purposes of identifying or determining the nature and extent of an individual's medical or other health-related condition.~~

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~~6) Psychological, Counseling and Social Work: These services mean diagnostic or active treatments with the intent to reasonably improve the individual's physical or mental condition. They 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. These services include but are not limited to 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 psychological problems; and unscheduled activities for the purpose of resolving an immediate crisis situation.~~

~~7) Developmental Testing: These services mean testing 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 of practice.~~

~~10/96 8) Optometric services: These services include evaluation and assessment of visual functioning including the diagnosis and appraisal of specific disorder, delay and abilities. It includes the dispensing of eyeglasses and other optical materials. These services are performed by an licensed optometrist.~~

~~01/01 9. Developmental Rehabilitative Therapy - means treatment provided, through the Early Intervention Program, to a child identified as having a developmental delay of not less than 30% in order to promote normal development by correcting deficits in the child's cognitive, social or emotional, adaptive, communication, psychomotor development or physical functioning, including visual and hearing. These treatments are recommended by a physician or other licensed practitioner of the healing arts, within their scope of practice under State law for maximum reduction of physical or mental disability and restoration to the child's best possible functional level. Deficits are revealed through comprehensive screening, examination and evaluation. Developmental rehabilitative therapy is the provision of direct hands-on treatment with the child in accordance with the individualized family services plan (IFSP) to ameliorate deficits; provision of instruction to parents and to caregivers in assisting them in maintaining a daily therapeutic regimen related to regaining the child's progress. Children diagnosed as mentally retarded or developmentally disabled may receive this service only through an approved waiver.~~

~~Developmental Rehabilitative Therapy is provided by professionals who are credentialed by the Department of Human Services as a Part C EI Service System Developmental Therapists. Medicaid reimburses on an hourly basis determined in accordance with the methods described in Attachment 4.19-B, pages 42 and 43.~~

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~~C. Frequency, Duration and Scope~~

~~Special rehabilitation services, as medically necessary services subject to the limitations of the State plan, are provided to assist eligible individuals in the identification of their illnesses or disabilities regarding their capacity to function.~~

~~IDPA has the responsibility to monitor the operation of the programs and services covered by Medicaid including provider certification. Ongoing certification of providers includes the following elements:~~

~~1) monitoring of providers' staff qualifications and validating providers' listing of staff providing special rehabilitation services;~~

~~2) performance of site survey(s) to verify the ability of an agency to be a qualified provider;~~

~~3) monitoring of providers to ensure that special rehabilitation services are appropriate, effective and delivered in a cost effective manner consistent with the reduction of physical or mental disabilities; and~~

~~4) policies and procedures to address provider noncompliance with applicable Federal and State laws and regulations and policies of the Illinois Medical Assistance Program.~~

~~14b. SKILLED NURSING FACILITY SERVICES FOR INDIVIDUALS AGE 65 OR OLDER IN INSTITUTIONS FOR MENTAL DISEASES~~

~~Preadmission screening is required.~~

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~~14c. INTERMEDIATE CARE FACILITY SERVICES FOR INDIVIDUALS AGE 65 OR OLDER IN INSTITUTIONS FOR MENTAL DISEASES~~

~~Preadmission screening is required.~~

~~15a. INTERMEDIATE CARE FACILITY SERVICES (OTHER THAN IN AN INSTITUTION FOR MENTAL DISEASE)~~

~~A screening assessment is required prior to admission.~~

~~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.~~

~~15b. INCLUDING SUCH SERVICES IN A PUBLIC INSTITUTION (OR DISTINCT PART THEREOF)~~

~~A screening assessment is required prior to admission.~~

~~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.~~

~~16. INPATIENT PSYCHIATRIC FACILITY SERVICES FOR INDIVIDUALS UNDER 22 YEARS OF AGE~~

~~All hospital inpatient psychiatric services are subject to a prepayment review. Only medically necessary inpatient psychiatric care will be covered.~~

~~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.~~

~~Psychiatric Services for individuals under the age of 21 means inpatient psychiatric services provided in accordance with 42 CFR 440.160 under the direction of a physician by one of the following:~~

~~a a psychiatric hospital~~

~~b an inpatient psychiatric program in a hospital accredited by the Joint Commission on Accreditation of Healthcare Organizations~~

~~c a psychiatric facility which is accredited by the Joint Commission on Accreditation of Healthcare Organizations, the Council on Accreditation of Services for Families and Children, or the Commission on Accreditation of Rehabilitation Facilities.~~

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~~An individual plan of care will be developed for each individual receiving services to improve his/her condition to the extent that inpatient care is no longer necessary. The plan of care must be a diagnostic evaluation that includes examination of the medical, psychological, social, behavioral and developmental aspects of the individual's situation and reflects the need for inpatient psychiatric care. Development and implementation of the plan will occur no later than 14 days after admission and the plan shall be designed to achieve the recipient's discharge from inpatient status at the earliest possible time. The plan of care will be developed by an interdisciplinary team of personnel who are employed by, or provide services to patients in the facility. Based on education and experience, including competence in child psychiatry, the team must be capable of:~~

- ~~Assessing the individual's immediate and long-range therapeutic needs, developmental priorities and personal strengths and liabilities;~~
- ~~Setting treatment objectives;~~
- ~~Prescribing therapeutic modalities and achieve the plan's objectives~~

~~The interdisciplinary team shall consist of one of the following:~~

1. ~~A board-eligible or board-certified psychiatrist;~~
2. ~~A clinical psychologist who has a doctoral degree and a physician licensed t practice medicine or osteopathy or~~
3. ~~A physician licensed to practice medicine or~~
4. ~~A physician licensed to practice osteopathy with specialized training and experience in the diagnosis and treatment of mental diseases, and a psychologist who has a master's degree in clinical psychology or who has been certified by the State or by the State psychological association.~~

~~The team must also include one of the following:~~

- ~~A psychiatric social worker;~~
- ~~A registered nurse with specialized training or one year's experience in treating mentally ill individuals.~~
- ~~An occupational therapist who is licensed, if required by the State, and who has specialized training or one year of experience in treating mentally ill individuals.~~
- ~~A psychologist who has a master's degree in clinical psychology or who has been certified by the State or by the State psychological association.~~
- ~~A clinically certified alcohol and drug counselor~~

~~In order for the services to be eligible for reimbursement under Medicaid, the team is required to certify:~~

a. ~~Ambulatory care resources available in the community do not meet the treatment needs of the recipient;~~
b. ~~Proper treatment of the recipient's psychiatric condition requires services on an inpatient basis under the direction of a Physician; and~~
c. ~~The services can reasonable be expected to improve the recipient's condition or prevent further regression so that the services will no longer be needed.~~

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~~17. NURSE-MIDWIFE SERVICES~~

~~Nurse-midwife services are a covered service for all eligible clients, provided the care by the nurse-midwife is provided under supervision of a physician and is not in conflict with the Illinois Nursing Act of 1987 (Ill. Rev. Stat. 1987, Ch. 111, par. 3501 et seq.) and implementing regulations.~~

~~Nurse-midwife must have completed a program of study and clinical experience for nurse-midwives accredited/approved by the American College of Nurse-Midwives. A nurse-midwife must have and maintain a current agreement with a physician licensed to practice medicine in all its branches who has hospital delivery privileges. A copy of this signed agreement must be on file with the Department.~~

~~18. HOSPICE SERVICES~~

~~10/95 Hospice is a covered service for all eligible clients, including residents of intermediate and skilled care facilities, when provided by a Medicare certified hospice provider and in accordance with provisions contained in 42 CFR 418.1 through 418.405.~~

~~Covered services include:~~

- ~~nursing care;~~
- ~~physician services;~~
- ~~medical social services;~~
- ~~short term inpatient care;~~
- ~~medical appliances, supplies, drugs and biologicals;~~
- ~~home health aide services;~~
- ~~occupational therapy, physical therapy and speech-language pathology services to control symptoms, and~~
- ~~counseling services.~~

~~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.~~

~~19. CASE MANAGEMENT SERVICES~~

~~10/91 Case management is a covered service for eligible children age birth through 20 when provided by qualified case managers to assure treatments which are medically necessary, to correct or lessen health problems detected or suspected by the screening process.~~

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~~20. EXTENDED SERVICES TO PREGNANT WOMEN~~

~~10/91 The following is a list of major categories of services that are available as pregnancy-related services or services for any other medical condition that may complicate pregnancy. There are no limitations applied to these services:~~

- ~~hospital;~~
- ~~federally qualified health center (FQHC);~~
- ~~rural health clinic; and~~
- ~~physician.~~

~~7/96 Service limits will not be applied to a pregnant woman who is receiving alcohol and substance abuse services. This exemption exists during the 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 the services are no longer clinically necessary, whichever comes first. These extended limits shall not apply to a woman who enters treatment services after delivery.~~

~~23. PEDIATRIC OR FAMILY NURSE PRACTITIONER SERVICES~~

~~7/95 Coverage is limited to services provided by a nurse practitioner who has completed a program of study and clinical experience for certified pediatric or certified family nurse practitioner which is accredited and approved by the appropriate Accreditation Board as defined in Department rule. Further, the nurse practitioner must have and maintain a current agreement with a physician licensed to practice medicine in all its branches who has hospital admitting privileges including delivery privileges where applicable.~~

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~~24. RESPIRATORY CARE SERVICES~~

~~01/01 Respiratory services or treatment which are required to correct or lessen health problems detected by a screening process as medically necessary must be provided to individuals under age 21.~~

~~24a. TRANSPORTATION.~~

- ~~Ambulance Service. Requires prior approval except in case of emergency, or transfer from one hospital to another hospital for admission or for clients who reside in long term care facilities.~~
- ~~Medical, service car, taxi, private auto. Requires prior approval except for clients who reside in long term care facilities.~~
- ~~Other (bus, train, airplane, etc.). Requires prior approval.~~
- ~~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.~~

~~24b. SERVICES OF CHRISTIAN SCIENCE NURSE~~ ~~RELIGIOUS NONMEDICAL HEALTHCARE INSTITUTIONS~~

~~10/91 Christian Science nurse services~~ ~~Religious nonmedical healthcare institutions are limited to individuals age birth through twenty when the service is medically necessary, and required to treat a condition identified as the result of screening or diagnosis.~~

~~24c. Reserved~~

~~24d. SKILLED NURSING FACILITY SERVICES FOR PATIENTS UNDER 21 YEARS OF AGE~~

~~Preadmission screening is required.~~

~~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.~~

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MARCH 1987

SUPPLEMENT 1 TO ATTACHMENT 3.1-B
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OMB No.: 0939-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: Illinois
Case Management

A. Target Group: TARGET GROUP A — Individuals in the community who are determined eligible and receiving mental health services under the rehabilitatative option or clinic option and who require assistance in gaining access to mental health services & to social, educational, vocational recreational, housing, public income entitlements & other community services to assist the client in the community.

B. Areas of State in which services will be provided:
X Entire State
Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than statewide.

C. Comparability of Services
Services are provided in accordance with section 1902(a)(10)(B) of the Act.
X Services are not comparable in amount, duration, and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.

D. Definition of Services:
Services include assessment, planning, advocacy, linkage, monitoring, problem-solving assistance, interagency service coordination and crisis response management. Units are billed in 15 minute increments with a maximum of 240 hours annually for case management services/coordination and an annual maximum of 40 hours for transition linkage and aftercare services.

E. Qualification of Providers
Services will be delivered by providers certified to provide mental health services under the clinic or rehabilitative options. In order to qualify as a provider of case management services, the provider must provide assessment, treatment planning and one other Medicaid service unless waived by the designated agency.

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6. ~~The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) OF THE Act.~~
   1. ~~Eligible recipients will have free choice of the providers of case management services.~~
   2. ~~Eligible recipients will have free choice of the providers of other medical care under the plan.~~
7. ~~Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.~~

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~~STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT~~

~~State/Territory ILLINOIS~~

~~CASE MANAGEMENT SERVICES~~

~~A. Target Group C. Individuals aged birth to 36 months who are determined eligible and receiving early intervention services and who require assistance in gaining access to early intervention services as identified in the Individualized Family Service Plan (IFSP).~~

~~B. Areas of State in which services will be provided:~~

~~X Entire State~~

~~C. Comparability of Services:~~

~~Services are provided in accordance with section 1902(a)(10)(B) of the Act.~~

~~X Services are not comparable in amount, duration and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.~~

~~D. Definition of Services:~~

~~10/94 Case management services include services to coordinate the Individualized Family Service Plan provided by qualified staff whose services are needed by the target population to identify the medical, social, educational and other special needs of the client, identify the services necessary to meet those needs, and facilitate access to those services. Case management services shall not duplicate other case management provided through the Medical Assistance program.~~

~~E. Qualification of Providers:~~

~~10/94 All individuals employed or contracted by early intervention programs/providers, or individuals maintaining a private practice in their area of specialty, must meet minimum entry level degree and licensing or other credentialing requirement for their respective disciplines or positions pursuant to state regulations, as well as the requirements for the Early Intervention Specialist as set forth by the Illinois Interagency Council on Early Intervention. Credentialing is accomplished through submission of an individual portfolio to the designated State agency(ies) with annual updates as required or through the completion of an approved university program of study. Case managers must have at least a bachelor's degree or be under the supervision of a person with a bachelor's or master's degree.~~

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~~F. The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.~~

~~G. Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.~~