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State/Territory Name: Illinois

State Plan Amendment (SPA) #: 22-0001

This file contains the following documents in the order listed:

1) Approval Letter
2) CMS Form 179
3) Approved SPA Page
February 25, 2022

Theresa Eagleson
Director
Illinois Department of Healthcare and Family Services
201 South Grand Avenue East
3rd Floor
Springfield, IL 62763-0001

Re: Illinois State Plan Amendment (SPA) 22-0001

Dear Ms. Eagleson:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 22-0001. This amendment proposes to remove the 60-day detoxification readmission prohibition for clients who present at a hospital for alcohol or drug-induced detoxification if that client was discharged from a hospital within 60 days for treatment of such services.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations. This letter is to inform you that Illinois Medicaid SPA 22-0001 was approved on February 25, 2022 with an effective date of January 1, 2022.

If you have any questions, please contact Courtenay Savage at 708-567-2048 or via email at Courtenay.Savage@cms.hhs.gov.

Enclosures

cc: Kelly Cunningham
    Mary Doran
    Jane Eckert
### TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

**1. TRANSMITTAL NUMBER**
22-0001

**2. STATE**
IL

**3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT**
- [X] XIX
- [ ] XXI

**4. PROPOSED EFFECTIVE DATE**
January 1, 2022

**5. FEDERAL STATUTE/REGULATION CITATION**
42 CFR 440.10

**6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)**
- FFY 2022 $1,950,000
- FFY 2023 $2,600,000

**7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT**
Appendix to Attachment 3.1-A, Page 1

**8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)**
Appendix to Attachment 3.1-A, Page 1

**9. SUBJECT OF AMENDMENT**
Detoxification services - removes 60-day limitation.

**10. GOVERNOR'S REVIEW (Check One)**
- [ ] GOVERNOR'S OFFICE REPORTED NO COMMENT
- [ ] COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
- [ ] NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

**11. SIGNATURE OF STATE AGENCY OFFICIAL**

**12. TYPED NAME**
Theresa Eagleson

**13. TITLE**
Director of Healthcare and Family Services

**14. DATE SUBMITTED**
1/28/22

**15. RETURN TO**
Department of Healthcare and Family Services
Bureau of Program and Policy Coordination
Attn: Mary Doran
201 South Grand Avenue East
Springfield, IL 62763-0001

**16. DATE RECEIVED**
January 28, 2022

**17. DATE APPROVED**
February 25, 2022

**18. EFFECTIVE DATE OF APPROVED MATERIAL**
January 1, 2022

**19. SIGNATURE OF APPROVING OFFICIAL**
Digitally signed by James G. Scott -S
Date: 2022.02.25 18:09:13 -06'00"

**20. TYPED NAME OF APPROVING OFFICIAL**
James G. Scott

**21. TITLE OF APPROVING OFFICIAL**
Director, Division of Program Operations

**22. REMARKS**

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*Instructions on Back*
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: Illinois

AMOUNT, DURATION, AND SCOPE OF SERVICES

1. INPATIENT HOSPITAL SERVICES (OTHER THAN THOSE PROVIDED IN AN INSTITUTION FOR MENTAL DISEASES OR TUBERCULOSIS)

- Certain inpatient hospital services are subject to review by the Department’s Peer Review Organization and will not be covered unless medical necessity is shown and documented. At least thirty days prior to the effective date, hospitals are notified of changes to review requirements. Statewide hospital review requirements are specified in the Department’s provider manuals and/or notices.

- Preoperative days will be limited to only the day immediately preceding surgery unless the attending physician provides documentation demonstrating the medical necessity of an additional day or days.

- Inpatient psychiatric services are subject to a review by the Department’s Peer Review Organization. Only medically necessary inpatient psychiatric care will be approved.

- 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 21 years of age.

2. OUTPATIENT HOSPITAL SERVICES

Most outpatient hospital services provided are covered utilizing specific fee-for-service codes. Utilization control, e.g., prior approval policies which may apply to the service in question and which would be required of non-hospital providers rendering services on a fee-for-service basis, is in effect.

The Enhanced Ambulatory Patient Groups (EAPGs) define those technical procedures that routinely require the use of the hospital outpatient setting, its technical staff and/or equipment. This list is updated annually.

Client coverage policies applicable to those services provided under the policy used by non-hospital providers include any requirements for utilization control or prior approval as specified in the Illinois Administrative Code and provider handbooks.