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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

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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.



Digitally signed by
James G. Scott -S
Date: 2022.02.25
18:08:43 -06'00'

James G Scott, Director
Division of Program Operations

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 <u>2 2 — 0 0 0 1</u>	2. STATE <u>IL</u>
	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE January 1, 2022	
5. FEDERAL STATUTE/REGULATION CITATION 42 CFR 440.10	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2022</u> \$ <u>1,950,000</u> b. FFY <u>2023</u> \$ <u>2,600,000</u>	
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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Appendix to Attachment 3.1-A, Page 1	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

OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL 	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
12. TYPED NAME Theresa Eagleson	
13. TITLE Director of Healthcare and Family Services	
14. DATE SUBMITTED 1/28/22	

FOR CMS USE ONLY

16. DATE RECEIVED January 28, 2022	17. DATE APPROVED February 25, 2022
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PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL January 1, 2022	19. SIGNATURE OF APPROVING OFFICIAL Digitally signed by James G. Scott - 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

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.

~~07/12~~ ~~• Services will not be covered for clients 21 years of age and older 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.~~

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.

07/02 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.