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State/Territory Name: IL

State Plan Amendment (SPA) #: 07-013

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

Department of Health & Human Services
Centers for Medicare & Medicaid Services
233 North Michigan Avenue, Suite 600
Chicago, Illinois 60601-5519



November 12, 2014

Julie Hamos, Director
Illinois Department of Healthcare and Family Services (HFS)
Prescott E. Bloom Building
201 South Grand Avenue East
Springfield, Illinois 62763-0001

ATTN: Theresa Eagleson

RE: TN 07-13

Dear Ms. Hamos:

Enclosed for your records is an approved copy of the following State Plan Amendment (SPA).

Transmittal #07-13 - Approves Illinois' request to include diagnostic and screening services for the prevention or diagnosis of a primary disease or the prevention of complications of a chronic disease.

--Effective Date: July 1, 2007

If you have any questions, please have a member of your staff contact Cathy Song at (312) 353-5184 or by email at Catherine.Song1@cms.hhs.gov.

Sincerely,

/s/

Verlon Johnson
Associate Regional Administrator
Division of Medicaid and Children's Health Operations

Enclosure

cc: Mary Doran, HFS
Teresa Hursey, HFS

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTER FOR MEDICARE AND MEDICAID SERVICES	1. TRANSMITTAL NUMBER 07-13	2. STATE: ILLINOIS
	3. PROGRAM IDENTIFICATION: Title XIX of the Social Security Act (Medicaid)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE: July 1, 2007

5. TYPE OF PLAN MATERIAL (Check One)

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: Section 1902(a) (26) and 1934 of the Social Security Act	7. FEDERAL BUDGET IMPACT a. FFY 2007—\$0.8 million b. FFY 2008—\$3.0 million
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, Page 6 Attachment to Attachment 3.1-A, Page 13 Appendix Attachment 3.1-B, Page 5 Attachment 4.19-B, Page 48	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-A, Page 6 Attachment to Attachment 3.1-A, Page 13 Appendix Attachment 3.1-B, Page 5 Attachment 4.19-B, Page 48

10. SUBJECT OF AMENDMENT:

Preventive Services

11. 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: Not submitted for review by prior approval.

12. SIGNATURE OF AGENCY OFFICIAL:

[Redacted Signature]

13. TYPED NAME: **Barry S. Maram**

14. TITLE: **Director of Healthcare and Family Services**

15. DATE SUBMITTED **9/28/07**

16. RETURN TO:

Department of Healthcare and Family Services
Bureau of Program and Reimbursement Analysis
Attn: Frank Kopel, Chief
201 South Grand Avenue East
Springfield, IL 62763-0001

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 9/28/07	18. DATE APPROVED: 11/12/14
PLAN APPROVED—ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 7/1/07	20. SIGNATURE OF REGIONAL OFFICIAL: /s/
21. TYPED NAME Verlon Johnson	22. TITLE: Associate Regional Administrator
23. REMARKS:	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: **Illinois****AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND
SERVICES PROVIDED TO THE CATEGORICALLY NEEDY**

- b. Screening services.
- ☒ Provided: ☒ [No limitations.](#) ☒ With limitations.*
- ☐ Not provided.
- c. Preventive services.
- ☒ Provided: ☒ [No limitations.](#) ☒ With limitations.
- ☐ Not provided.
- d. Rehabilitative services.
- ☒ Provided: ☐ No limitations. ☒ With limitations.*
- ☐ Not provided.
14. Services for individuals age 65 or elder in institutions for mental diseases.
- a. Inpatient hospital services.
- ☒ Provided: ☐ No limitations. ☒ With limitations.*
- ☐ Not provided.
- b. Skilled nursing facility services.
- ☒ Provided: ☐ No limitations. ☒ With limitations.*
- ☐ Not provided.
- c. Intermediate care facility services.
- ☒ Provided: ☐ No limitations. ☒ With limitations.*
- ☐ Not provided.

STATE PLAN UNDER TITLE XIX OF THE *SOCIAL SECURITY ACT*State: **Illinois****AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED MEDICALLY NEEDY GROUP (S): ALL-
SPECIFIED IN ITEM C OF ATTACHMENT 2.2-A**

-
- c. Prosthetic devices.
☒ Provided: ☐ No limitations ☒ with limitations*
- d. Eyeglasses.
☒ Provided: ☐ No limitations ☒ with limitations*
13. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in this plan.
- a. Diagnostic Services
☒ Provided: ☒ No limitations ☐ with limitations*
- b. Screening services
☒ Provided: ☒ No limitations ☒ with limitations*
- c. Preventive services.
☒ Provided: ☒ No limitations ☒ with limitations*
- d. Rehabilitative services.
☒ Provided: ☐ No limitations ☒ with limitations*
14. Services for individuals age 65 or older in institutions for mental diseases
- a. Inpatient hospital services.
☒ Provided: ☒ No limitations ☐ with limitations*
- b. Skilled nursing facility services.
☒ Provided: ☐ No limitations ☒ with limitations*

*Description provided on attachment.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Illinois

**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES—
OTHER TYPE OF CARE—BASIS FOR REIMBURSEMENT**

- 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 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.

07/07 13a. DIAGNOSTIC SERVICES

Medically necessary diagnostic tests and procedures, in accordance with generally accepted medical practice guidelines for the prevention or diagnosis of a primary disease, or the prevention of complications of a chronic disease are covered.

07/07 13b. SCREENING SERVICES

~~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 through 49 years of age; and (c) a mammogram once per year for women 50 years of age or older. Medically necessary screening and diagnostic tests and procedures, in accordance with generally accepted medical practice guidelines, for the prevention or diagnosis of a primary disease, or the prevention of complications of a chronic disease are covered. Screening procedures are provided by a physician or other licensed practitioner under the direction of a physician.~~

~~13c. PREVENTIVE SERVICES~~

~~Preventive services are limited to EPSDT (Healthy Kids) recipients. All services or treatments, which are medically necessary preventive services, in accordance with generally accepted medical practice guidelines, and recommendations from nationally recognized authoritative health care task forces, professional associations and institutes to prevent, correct, or lessen health problems are covered, to correct or lessen health problems detected or suspected by the screening process, must be provided. Preventive services are provided by a physician or other licensed practitioner under the direction of a physician and meet the requirements set forth in the State Medicaid Manual, Part 4, section 4385.~~

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Illinois

**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES—
OTHER TYPE OF CARE—BASIS FOR REIMBURSEMENT**

07/07

26. Reserved.

~~CHRISTIAN SCIENCE NURSE: Payment will be at the lower of their charge or the prevailing community rate not to exceed the maximum fee screen established for a registered nurse.~~

07/07

27. OTHER DIAGNOSTIC, SCREENING, PREVENTIVE, REHABILITATION SERVICES:a. Diagnostic – Reserved.

b. Screening – Payments shall be made at the lessor of the charge or the Department-established rates for the screening, tests or procedure. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of screening and diagnostic tests and procedures. The agency's fee schedule rate was set as of January 1, 2006 and is effective for services provided on or after that date. All rates are published on the Department's website in the Practitioner fee schedule located at www.hfs.illinois.gov/reimbursement/.

c. Preventive – Payments shall be made at the lessor of the charge or the Department-established rates for the service. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of preventive services. The agency's fee schedule rate was set as of January 1, 2006 and is effective for services provided on or after that date. All rates are published on the Department's website in the Practitioner fee schedule located at www.hfs.illinois.gov/reimbursement/.

d. Rehabilitation – Reserved.MammogramsPayment shall be made at the same rate as the Department-established rate for a bilateral x-ray.

28. Supplemental Incentives for Training and Education: Payment will be made for the training and education of health professionals through the Supplemental Incentives for Training and Education (SITE) program.

a. To qualify for payment, an enrolled clinic must:

- i. be located in a medically underserved area of the state;
- ii. provide a minimum of 4000 encounters per year to Medicaid clients; and
- iii. be awarded payment from the Illinois Department of Public Health (IDPH) for the training and education of health professionals that are likely to ultimately established professional practices in the area of the state in which they are being trained, be located in a medically underserved area of the state.

b. SITE payments shall be made to cover the direct costs associated with providing Medicaid services. Payment rates shall equal the product of:

- i. The total SITE payments made by the IDPH to the qualified clinic in a 12 month period, multiplied by;
- ii. The percent of annual services provided by the SITE clinic to persons eligible for Medical Assistance.

06/07

29. INCENTIVE PAYMENTS FOR MATERNAL AND CHILD HEALTH PROVIDERS: Maternal and Child Health Providers means physicians. Participating Maternal and Child Health providers shall be eligible to receive a Well Child Visit Incentive Payment:

- a.. The provider will receive a one time annual payment of \$30 for each qualifying child.
- b.. A qualifying child is a child:
 - i. who had its first, second, third, fourth or fifth birthday during the calendar year, and;
 - ii. for whom the provider personally, or through an affiliated provider, rendered all recommended well child visits.
- c. Recommended services must be rendered during the 13-month period ending one month after the child's birthday. For children turning one year old, the period begins ten days after birth and ends one month after the child's birthday. Rendering of services will be based on Department claims data.
- d. The first incentive payments shall be made by June 30, 2007 for children who met the definition of a qualifying child during calendar year 2005. Subsequent incentive payments will be made at least annually following receipt of a claim which verifies that the provider of services has provided all services necessary to meet the requirement of the incentive payment.

TN# 07-13

Approval date: 11/12/14

Effective date: 07/01/2007

Supersedes

TN# 07-07