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State/Territory Name: IL

State Plan Amendment (SPA) #: 14-0025

This file contains the following documents in the order listed:

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

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



August 1, 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 14-0025

Dear Ms. Hamos:

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

Transmittal #14-0025 - Approves Illinois' request to amend coverage language to allow other licensed practitioners of the healing arts to prescribe occupational therapy services as described under the special rehabilitative services section.

--Effective Date: July 1, 2014

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/

Alan Freund
Acting Associate Regional Administrator
Division of Medicaid and Children's Health Operations

Enclosure

cc: Mary Doran, HFS
Teresa Hursey, HFS

August 1, 2014

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

ATTN: Theresa Eagleson

RE: TN 14-0025 Companion Review

Dear Ms. Hamos:

This email is being sent as a companion to our approval for State plan amendment (SPA) 14-0025 submitted June 12, 2014 by the Illinois Department of Healthcare and Family Services. This SPA proposes to amend coverage language to allow other licensed practitioners of the healing arts to prescribe occupational therapy services as described under the special rehabilitative services section. Because we identified an outdated payment reference for occupational therapy services, we require Attachment 4.19-B, Item 14 on page 36 to comprehensively describe the payment methodology. Our regulation at 42 CFR 430.10 which requires the State plan be a comprehensive written statement containing “all information necessary for CMS to determine whether the plan can be approved as a basis for Federal Financial Participation (FFP) in the State program” is the basis for our page correction request. Specifically, the occupational therapy payment methodology references Item 6 that is “Other Radiology and X-Ray Services.”

In order to correct this payment language, the State has the option to revise it under pending SPA 14-0014. If this is a technical change, public notice is not necessary. Please confirm with your correspondence to us that it is a technical correction, and payment has not changed. As this is a companion issue for SPA 14-0014, the State could opt to submit a separate SPA that corrects the outdated reference for SPA 14-0014 and SPA 14-0025.

If the State elects to correct the reference to a different item, the referenced item must contain our effective date language to comply with our comprehensive language guidance. For example, item 6, contains our model language that provides for the agency’s fee schedule date, rates that are the same for public and private providers and the website address that locates the fee schedule. Had this been the correct reference, then the State’s current language for item 14 is acceptable. However, we believe independent speech, occupational and physical therapists services payments are unique, and it is likely that these services have published fee schedules on the state website. If this is the case, we recommend that the State modifies the payment for item 14 by inserting our model language as follows:

“Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of (ex. case management for persons with chronic mental

Ms. Hamos

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illness). The agency's fee schedule rate was set as of *(insert date here)* and is effective for services provided on or after that date. All rates are published *(ex. on the agency's website)*."

The State has 90 days from the date of this letter, to address the issues described above. Within that period the State may submit SPAs to address the inconsistencies or submit a corrective action plan describing in detail how it will resolve the issues identified above in a timely manner. Failure to respond may result in the initiation of a formal compliance process. During the 90 days, CMS will provide any required technical assistance.

If you have any questions concerning this SPA, please contact Catherine Song at (312) 353-5184 for more information.

Sincerely,

/s/

Alan Freund

Acting Associate Regional Administrator

Division of Medicaid and Children's Health Operations

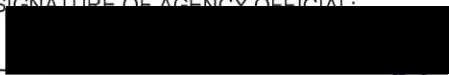
cc: Mary Doran, HFS
Teresa Hursey, HFS

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTER FOR MEDICARE AND MEDICAID SERVICES	1. TRANSMITTAL NUMBER 14-0025	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, 2014

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 of the Social Security Act	7. FEDERAL BUDGET IMPACT a. FFY 2015 \$0 b. FFY 2016 \$0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Appendix to Attachment 3.1A, Page 16(D)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Appendix to Attachment 3.1A, Page 16(D)
10. SUBJECT OF AMENDMENT: Occupational Therapy - Schools	
11. GOVERNOR'S REVIEW (Check One) <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Not submitted for review by prior approval.	
12. SIGNATURE OF AGENCY OFFICIAL: 	16. RETURN TO: Department of Healthcare and Family Services Bureau of Program and Reimbursement Analysis Attn: Mary Doran 201 South Grand Avenue East Springfield, IL 62763-0001
13. TYPED NAME: Julie Hamos	
14. TITLE: Director of Healthcare and Family Services	
15. DATE SUBMITTED 6/12/14	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 6/12/14	18. DATE APPROVED: 8/1/14
PLAN APPROVED—ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2014	20. SIGNATURE OF REGIONAL OFFICIAL: /s/
21. TYPED NAME Alan Freund	22. TITLE: Acting Associate Regional Administrator
23. REMARKS:	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Illinois

AMOUNT, DURATION, AND SCOPE OF SERVICES

- 07/93 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.
- 07/14
- 2) Occupational 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 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, catheterization, 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.
- 01/95
- 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.