

## **Table of Contents**

**State/Territory Name: IL**

**State Plan Amendment (SPA) #: 15-0015**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

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



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March 18, 2016

Felicia Norwood, Director  
Illinois Department of Healthcare and Family Services  
Prescott E. Bloom Building  
201 South Grand Avenue East  
Springfield, Illinois 62763-0001

Attn: Teresa Hursey

Dear Ms. Norwood:

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

Transmittal #15-0015      – Prior approval for physical and occupational therapy for children  
   – Effective Date: November 16, 2015

If you have any questions, please have a member of your staff contact Courtenay Savage at 312-353-3721 or via email at [Courtenay.Savage@cms.hhs.gov](mailto:Courtenay.Savage@cms.hhs.gov).

Sincerely,

/s/

Ruth A. Hughes  
Associate Regional Administrator  
Division of Medicaid and Children's Health Operations

Enclosure

cc: Sara Barger, HFS  
Mary Doran, HFS

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> <b>FOR: CENTER FOR MEDICARE AND MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER 15-0015	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: November 16, 2015	

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 2016 \$0.00 b. FFY 2017
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Appendix to Attachment 3.1-A, Page 9	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Appendix to Attachment 3.1-A, Page 9

10. SUBJECT OF AMENDMENT:

Requiring prior approval for physical and occupational therapy for children

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.

13. TYPED NAME: Felicia F. Norwood 14. TITLE: Director of Healthcare and Family Services 15. DATE SUBMITTED 12/30/2015	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
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FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 12/30/2015	18. DATE APPROVED: 3/18/2016
PLAN APPROVED—ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 11/16/2015	20. SIGNATURE OF REGIONAL OFFICIAL: /s/
21. TYPED NAME Ruth A. Hughes	22. TITLE: Associate Regional Administrator
23. REMARKS:	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Illinois

AMOUNT, DURATION, AND SCOPE OF SERVICES

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I la. PHYSICAL THERAPY

11/15 Services are prescribed by a physician or other licensed practitioner of the healing arts within the scope of his or her practice under State law and provided by a qualified physical therapist as defined in 42 CFR 440.110(a). Prior approval is required for the provision of services by an independent physical therapist or by a community health agency, unless client is under age 21 or eligible for these benefits under Medicare.

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.

11 b. OCCUPATIONAL THERAPY

11/15 Services are prescribed by a physician or other licensed practitioner of the healing arts within the scope of his or her practice under State law and provided by a qualified occupational therapist as defined in 42 CFR 440.110(b). Prior approval is required for the provision of services by an independent occupational therapist or by a community health agency, unless client is under age 21 or eligible for these benefits under Medicare.

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.

I Jc. SPEECH, HEARING AND LANGUAGE

10/14 Services are referred by a physician or other licensed practitioner of the healing arts within the scope of his or her practice under State law and provided by a speech pathologist or audiologist as defined 42 CFR 440.110(c). Prior approval is required for the provision of services by an independent speech pathologist or audiologist or by a community health agency, unless client is under the age of 21 or eligible for these benefits under Medicare.

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.