

## **Table of Contents**

**State/Territory Name: IL**

**State Plan Amendment (SPA) #: 16-0004**

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



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March 3, 2017

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 #16-0004 – Authorizes PhD Psychologists and Licensed Clinical Social  
Workers as Licensed Providers  
– Effective Date: January 1, 2017

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  
Kimberley Cox, 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 <b>16-0004</b>	2. STATE: <b>ILLINOIS</b>
	3. PROGRAM IDENTIFICATION: <b>Title XIX of the Social Security Act (Medicaid)</b>	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE: <b>January 1, 2017</b>


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: <b>Section 1902 of the Social Security Act</b>	7. FEDERAL BUDGET IMPACT a. FFY 2017 \$4,687,000 b. FFY 2018 \$6,250,000
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: <b>Attachment 3.1-B, page 3</b> <b>Appendix to Attachment 3.1-A, page 4</b> <b>Attachment 4.19-B, pages 47D &amp; 48 CES, 3/2/17</b>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): <b>Attachment 3.1-B, page 3</b> <b>Appendix to Attachment 3.1-A, page 4</b> <b>Attachment 4.19-B, page 48</b>

**Enrollment of psychologists and licensed clinical social workers**

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.		16. RETURN TO: <b>Department of Healthcare and Family Services</b> <b>Bureau of Program and Reimbursement Analysis</b> <b>Attn: Mary Doran</b> <b>201 South Grand Avenue East</b> <b>Springfield, IL 62763-0001</b>
NATURE OF AGENCY OFFICIAL: 		
13. TYPED NAME: <b>Felicia F. Norwood</b>		
10. SUBJECT OF AMENDMENT: 14. TITLE: <b>Director of Healthcare and Family Services</b>		
15. DATE SUBMITTED <b>December 15, 2016</b>		

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: <b>December 15, 2016</b>	18. DATE APPROVED: <b>March 3, 2017</b>
PLAN APPROVED—ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>January 1, 2017</b>	20. SIGNATURE OF REGIONAL OFFICIAL: <b>/s/</b>
21. TYPED NAME <b>Ruth A. Hughes</b>	22. TITLE: <b>Associate Regional Administrator</b>
23. REMARKS:	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Illinois

AMOUNT, DURATION, AND SCOPE OF SERVICES

6a. PODIATRISTS' SERVICES

- 10/14 Covered services are limited to medically necessary diagnostic, laboratory, radiological and surgical procedures required for treatment of conditions of the feet.  
Consultations, routine foot care, preventive or reconstructive procedures and screenings, x-rays, laboratory work or similar services are not covered unless specifically required by the foot condition.
- 07/12 Covered services are limited to those provided by Podiatrist meeting the requirements of 42 CFR 440.60.  
Certain services and unusual procedures require prior approval.
- 07/99 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 age 21.

6b. OPTOMETRISTS' SERVICES

- 04/11 Optometrist's services are covered for EPSDT recipients only.
- 07/99 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 age 21.
- 07/12 Covered services are limited to those provided by Optometrist meeting the requirements of 42 CFR 440.60.

6c. CHIROPRACTORS' SERVICES

- 07/12 Covered services are limited to those provided by Chiropractors meeting the requirements of 42 CFR 440.60.
- 07/12 Chiropractic services are covered for EPSDT recipients only.
- 07/99 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 age 21.

01/17 6d. OTHER PRACTITIONER SERVICES

Psychologists – Effective January 1, 2017, licensed psychologists will be enrolled to provide behavioral health services. Covered services are limited to those under the Psychologists' scope of practice as defined by State law.

Social Workers – Effective January 1, 2017, licensed clinical social workers will be enrolled to provide behavioral health services. Covered services are limited to those under the Licensed Clinical Social Workers' scope of practice as defined by State law.

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

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6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State Law.
- a. Podiatrists' Services  
  x   Provided:      No limitations   x   with limitations\*
- b. Optometrists' Services  
  x   Provided:      No limitations   x   with limitations\*
- c. Chiropractors' Services  
  x   Provided:      No limitations   x   with limitations\*
- d. Other Practitioners' Services  
  x   Provided:      No limitations   x   with limitations
7. Home Health Services
- a. Intermittent or part-time nursing service provided by a home health agency or by a registered nurse when no home health agency exists in the area.  
  x   Provided:      No limitations   x   with limitations\*
- b. Home health aide services provided by a home health agency.  
  x   Provided:      No limitations   x   with limitations\*
- c. Medical supplies, equipment, and appliances suitable for use in the home.  
  x   Provided:      No limitations   x   with limitations\*
- d. Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility.  
  x   Provided:      No limitations   x   with limitations\*

\*Description provided on attachment.

State: Illinois

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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

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~~07/07~~01/17 26. ~~Reserved~~ Other Practitioner Services

- A. Psychologists. Reimbursement is made at the lesser of the usual and customary charge to the general public or statewide maximum established by the Department. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of psychologists services. Psychologists will be reimbursed at 75% of the physician reimbursement rate. The agency's fee schedule rate was set as of January 1, 2017, and is effective for services provided on or after that date. All rates are published on the Department's website in the Psychologist/LCSW Fee Schedule located at <http://www.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/Pages/>.
- 01/17 B Social Workers. Reimbursement is made at the lesser of the usual and customary charge to the general public or statewide maximum established by the Department. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of social worker services. Social workers will be reimbursed at 75% of the physician reimbursement rate. The agency's fee schedule rate was set as of January 1, 2017, and is effective for services provided on or after that date. All rates are published on the Department's website in the Psychologist/LCSW Fee Schedule located at <http://www.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/Pages/>.

State: **Illinois**

STATE PLAN UNDER TITLE XIX OF THE *SOCIAL SECURITY ACT*

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

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~~26. Reserved~~

07/07 27. OTHER DIAGNOSTIC, SCREENING, PREVENTIVE, REHABILITATION SERVICES:

- a. Diagnostic – Reserved.
  - b. Screening – Payments shall be made at the lesser 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/](http://www.hfs.illinois.gov/reimbursement/).
  - c. Preventive – Payments shall be made at the lesser 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/](http://www.hfs.illinois.gov/reimbursement/).
  - d. Rehabilitation – Reserved.
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 establish 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.