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**State/Territory Name: IL**

**State Plan Amendment (SPA) #: 19-0003**

This file contains the following documents in the order listed:

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
233 N. Michigan Avenue, Suite 600
Chicago, Illinois 60601-5519

**Regional Operations Group**

July 26, 2019

Theresa Eagleson, Director
Illinois Department of Healthcare and Family Services
201 South Grand Avenue East, 3rd Floor
Springfield, IL 62763-0001

Attn: Douglas Elwell

Dear Ms. Eagleson:

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

| | |
|---|---|
| Transmittal #19-0003 | -Authorizes Fertility Preservation Services<br>-Effective Date: May 11, 2019<br>-Approval Date: July 26, 2019 |

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.

Sincerely,

/s/

Tannisse Joyce
Acting Deputy Director
Center for Medicaid & CHIP Services
Regional Operations Group

Enclosure

cc: Sara Barger, HFS
Mary Doran, HFS

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTER FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB NO. 0938-0193

# TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

**FOR: CENTER FOR MEDICARE AND MEDICAID SERVICES**

1. TRANSMITTAL NUMBER: **19-0003**

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: **May 11, 2019**

5. TYPE OF PLAN MATERIAL *(Check One)*

[ ] NEW STATE PLAN [ ] AMENDMENT TO BE CONSIDERED AS NEW PLAN [X] 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 2019 $1,875,000**
b. **FFY 2020 $4,500,000**

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
**Attachment 3.1-A, Page 2 and 12**
**Attachment 3.1-B, Page 2**
**Appendix to Attachment 3.1-A, Page 3**
**Attachment 4.19-B, Page 33**

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable):*
**Attachment 3.1-A, Page 2 and 12**
**Attachment 3.1-B, Page 2**
**Appendix to Attachment 3.1-A, Page 3**
**Attachment 4.19-B, Page 33**

10. SUBJECT OF AMENDMENT:
**Fertility preservation 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
[X] OTHER, AS SPECIFIED: Not submitted for review by prior approval.

12. SIGNATURE OF AGENCY OFFICIAL:
[redacted]

13. TYPED NAME: **Theresa Eagleson**

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

15. DATE SUBMITTED: 5-24-19

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**

## FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: May 24, 2019

18. DATE APPROVED: July 26, 2019

PLAN APPROVED—ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
May 11, 2019

20. SIGNATURE OF REGIONAL OFFICIAL:
/s/

21. TYPED NAME: Tannisse Joyce

22. TITLE: Acting Deputy Director

23. REMARKS:

FORM CMS-179 (07/92)

*Instructions on Back*

4. a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.

Provided: ☐ No limitations. ☑ With limitations.*

b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age and treatment of conditions found.*

c. Family planning services and supplies for individuals of childbearing age.

Provided: ☑ No limitations. ☐ With limitations.*

05/19 i. Medically necessary fertility preservation services for individuals of child bearing age.

Provided: ☐ No limitations. ☑ With limitations.*

01/14 d. Face-to-Face Tobacco Cessation Counseling Services for Pregnant Women

Provided: ☑ No limitations.

5. a. Physicians' services whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere.

Provided: ☐ No limitations. ☑ With limitations.*

b. Medical and surgical services furnished by a dentist (in accordance with section 1905(a)(5)(B) of the Act.

Provided: ☐ No limitations. ☑ With limitations.*

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.

Provided: ☐ No limitations. ☑ With limitations.*

**MEDICAID PROGRAM: REQUIREMENTS RELATING TO COVERED OUTPATIENT DRUGS FOR THE CATEGORICALLY NEEDY**

1927(d)(2) and 1935(d)(2)

1. The Medicaid agency provides coverage for the following excluded or otherwise restricted drugs or classes of drugs, or their medical uses to all Medicaid recipients, including full benefit dual eligible beneficiaries under the Medicare Prescription Drug Benefit–Part D.

The following excluded drugs are covered:

☐ (a) Agents when used for anorexia, weight loss, weight gain (see specific drug categories below).

05/19

☑ (b) Agents when used to promote fertility (See specific drug categories below)

Hormonal agents used to suppress ovaries to prevent premature egg release prior to egg retrieval
Hormonal agents used stimulate ovaries to promote egg development and ovulation induction

☐ (c) Agents when used for cosmetic purposes or hair growth (see specific drug categories below).

☑ (d) Agents when used for the symptomatic relief of cough and colds (see specific drug categories below).

01/13

Antitussive/expectorant and antitussive/antihistamine combinations.

☑ (e) Prescription vitamins and mineral products, except prenatal vitamins and fluoride (See specific drug categories below).

01/13

Vitamin D preparations, vitamin K preparations, folic acid and vitamin B12 injectable.

☑ (f) Nonprescription drugs (See specific drug categories below).

01/13

Analgesic-pediatric formulations, antacids, anthelmintics, antidiarrheals, antiemetic/antivertigo agents, antifungals, electrolyte depleters, electrolyte maintenance, emollients, hemorrhoidal preps, hyperglycemics, insulin, iron replacement, irritants/counter-irritants, keratolytics, laxatives, multivitamin-cystic fibrosis formulation, niacin, ophthalmic preparations, protectives, sodium/saline preparations, topical antibacterials and antibiotics, topical antiparasitics, vitamin D.

*Description provided on attachment.

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

State: **Illinois**

**AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED MEDICALLY NEEDY GROUP (S):**

1. Inpatient hospital services other than those provided in an institution for mental diseases.

   ☑ Provided: ☐ No limitations ☑ with limitations*

2. a. Outpatient hospital services.

   ☑ Provided: ☐ No limitations ☑ with limitations*

   b. Rural health clinic services and other ambulatory services furnished by a rural health clinic.

   ☑ Provided: ☐ No limitations ☑ with limitations*

   c. Federally qualified health center (FQHC) services and other ambulatory services that are covered under the plan and furnished by an FQHC in accordance with section 4231 of the State Medicaid Manual (HCFA-Pub.45-4).

   ☑ Provided: ☐ No limitations** ☑ with limitations

3. Other laboratory and x-ray services.

   ☑ Provided: ☐ No limitations ☑ with limitations

4. a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.

   ☑ Provided: ☐ No limitations ☑ with limitations*

   b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.

   c. Family planning services and supplies for individuals of childbearing age.

05/19 i. Medically necessary fertility preservation services for individuals of child bearing age.

   Provided: ☐ No limitations. ☑ With limitations.*

   d. Face-to-Face Tobacco Cessation Counseling Services for Pregnant Women.

   ☑ Provided: ☑ No limitations ☐ with limitations*

*Description provided on attachment

**Limitations for participation in Healthy Moms/Healthy Kids are defined in the Appendix.

04/09 3. OTHER LABORATORY AND X-RAY SERVICES

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.

4a. SKILLED NURSING FACILITIES (OTHER THAN SERVICES IN AN INSTITUTION FOR MENTAL DISEASES) FOR INDIVIDUALS 21 YEARS OF AGE OR OLDER

A preadmission screening assessment is required.

4b. EARLY AND PERIODIC SCREENING AND DIAGNOSIS TREATMENT SERVICES
Clients shall be referred for dental screenings beginning at age 2 if the client is not in the continuing care of an enrolled dental provider.

All medically necessary diagnosis and treatment services will be furnished to EPSDT (Healthy Kids) clients to treat conditions detected by periodic and inter-periodic screening services even if the services are not included in the State Plan.
In addition to services provided under this State Plan, covered Medicaid (Section 1905(a) of the *Social Security Act*) services for individuals under age 21 include: case management, personal care services, Christian Science nurse and respiratory care services.
Limits on services or treatments are not applicable to EPSDT (Healthy Kids) clients. All services or treatments, including organ transplants 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.

05/19 4c. ~~Reserved.~~ FAMILY PLANNING SERVICES
Medically necessary fertility preservation services for individuals of child bearing age are limited to office visits, pelvic ultrasounds, sperm and oocyte cryopreservation and storage, medications/injectables and laboratory testing.

01/14 4d. TOBACCO CESSATION COUNSELING SERVICES FOR PREGNANT WOMEN

1) Face-to-Face Tobacco Cessation Counseling Services provided (by):
   (i) By or under supervision of a physician;
   (ii) By any other health care professional who is legally authorized to furnish such services under State law and who is authorized to provide Medicaid coverable services *other* than tobacco cessation services; or*
   (iii) Any other health care professional legally authorized to provide tobacco cessation services under State law *and* who is specifically *designated* by the Secretary in regulations. (None are designated at this time; this item is reserved for future use.)
   *described if there are any limitations on who can provide these counseling services.
2) Provided: ☑ No limitations ☐ With Limitations
   Tobacco cessation counseling services for pregnant women shall include four (4) individual face-to-face counseling sessions per quit attempt, with a maximum of three (3) quit attempts per calendar year.

5. OVER-THE-COUNTER DRUGS: Effective February 1, 2012, pharmacies will be reimbursed for over-the-counter drugs at the lower of:

   The pharmacy's usual and customary charge to the general public.

   The wholesale acquisition cost plus 25 percent.

   The State upper limit.

07/12 6. OTHER LABORATORY AND X-RAY SERVICES: Lesser of the usual and customary charge to the general public or statewide maximums established by the Department not to exceed the upper limits specified in federal regulations. Reimbursement is based upon the applicable modifier billed by the provider, and will be either for the technical component, the professional component or a global amount.

~~05/15~~05/19 Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Other Laboratory and X-ray services. The agency's fee schedule rate was set as of ~~July 1, 2012~~May 11, 2019, and is effective for services provided on or after that date. All rates are published on the Department's website in Practitioner Fee Schedule located at http://www.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/Pages/
Clinic diagnostic laboratory services comply with Section 1903(i)(7) of the Social Security Act, which limits Medicaid payments for clinical diagnostic lab services to the amount paid by Medicare for those services on a per test basis.

~~05/15 Effective for dates of service May 1, 2015 through June 30, 2015, laboratory reimbursement rates are reduced by 16.75% with the excpetion of governmental providers.~~

04/09 7. PHYSICIAN's SERVICES: Reimbursement for physician services are at the physician's usual and customary charges, not to exceed the maximum established by the Department.

~~05/15~~05/19 Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Physician services. The agency's fee schedule rate was set as of ~~July 1, 2012~~May 11, 2019, 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 http://www.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/Pages/.
Providers, including practitioners working under the supervision of the physician and billing under the physician's name and provider number, statewide who meet the participation requirements for the Maternal and Child Health Program receive enhanced reimbursement rates for services provided to pregnant women and children through age 20 who are participants in the MCH Program. The enhanced rates, which are detailed on the practitioner fee schedule and paid in combination with the maximum fee-for-service rates, include: