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State/Territory Name: Illinois

State Plan Amendment (SPA) #: 21-0009

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

601 E. 12th St., Room 355

Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

February 4, 2022

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

Re: Illinois State Plan Amendment (SPA) 21-0009

Dear Ms. Eagleson:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 21-0009. This amendment proposes to add the Diabetes Prevention Program (DPP) and Diabetes Self-Management Education and Support (DSMES) services to Illinois' Medicaid State Plan.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations. This letter is to inform you that Illinois Medicaid SPA 21-0009 was approved on February 4, 2022, with an effective date of August 1, 2021.

If you have any questions, please contact Courtenay Savage at 708-567-2048 or via email at Courtenay.Savage@cms.hhs.gov.

Sincerely,

A black rectangular box redacts the signature of James G. Scott. A blue circular mark is visible to the left of the box.

James G Scott, Director
Division of Program Operations

Digitally signed by James G.
Scott -S
Date: 2022.02.04 11:40:27
-06'00'

Enclosures


cc: Kelly Cunningham
Mary Doran
Jane Eckert

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTER FOR MEDICARE AND MEDICAID SERVICES	1. TRANSMITTAL NUMBER 21-0009	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: August 1, 2021

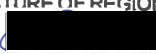
5. TYPE OF PLAN MATERIAL (Check One)

☐ 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: Title XIX of the Social Security Act 42 CFR 440.130 / 1905 (a)(13)	7. FEDERAL BUDGET IMPACT a. FFY 2021 - \$164,000 b. FFY 2022 - \$1.3 million
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Appendix to Attachment 3.1-A, Page 13A and Page 13(B) Attachment 4.19-B, Page 48	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Appendix to Attachment 3.1-A, Page 13A Attachment 4.19-B, Page 48
10. SUBJECT OF AMENDMENT: CDC Diabetes Programs;	
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: Theresa Eagleson	
14. TITLE: Director of Healthcare and Family Services	
15. DATE SUBMITTED 7/21/2021	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 7/21/2021	18. DATE APPROVED: February 4, 2022
PLAN APPROVED—ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 8/01/2021	20. SIGNATURE OF REGIONAL OFFICIAL:  Digitally signed by James G. Scott -S Date: 2022.02.04 11:41:26 -06'00'
21. TYPED NAME James G Scott	22. TITLE: Director, Division of Program Operations

23. REMARKS: 1/31/22 - State provided pen and ink approval to add page 13(B) to Box 8.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: **Illinois**

AMOUNT, DURATION, AND SCOPE OF SERVICES

08/21 13c. PREVENTIVE SERVICES

i. Diabetes Programs

Diabetes Programs are based on CDC guidelines for National Diabetes Prevention Program at <https://www.cdc.gov/diabetes/prevention/index.html> and Diabetes Self-Management Education and Support at <https://www.cdc.gov/diabetes/dsmes-toolkit/index.html>.

Diabetes Prevention Program (DPP)

Diabetes Prevention Program (DPP) services are provided as preventive services pursuant to 42 C.F.R. Section 440.130(c). DPP services must be recommended by a physician or other licensed practitioner of the healing arts acting within the scope of authorized practice under State law to and a Medicaid beneficiary must be referred by a health care provider or otherwise qualify based upon blood tests that indicate services may prevent diabetes or the progression of diabetes, prolong life, and/or promote the physical and mental health of the beneficiary. Services include counseling related to long-term behavior change, including diet, physical activity, and strategies for weight control. DPP services are provided during sessions that occur at regular, periodic intervals over the course of one year.

CDC-recognized organizations with type 2 diabetes prevention programs with active pending, preliminary or full recognition status are eligible to enroll as a Medicaid Diabetes Prevention Program (DPP) Provider type. DPP services are delivered by lifestyle coaches who have completed nationally recognized training for delivery of such services. Providers of these services include physicians, nonphysician licensed practitioners and unlicensed practitioners under the supervision of a DPP service provider or licensed practitioner.

For DPP services delivered by unlicensed lifestyle coaches, the supervising practitioner will assume professional liability for the care of the patient and furnish services with its scope of practice according to state law.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: **Illinois**

AMOUNT, DURATION, AND SCOPE OF SERVICES

i. Diabetes Programs continued

Diabetes Self-Management Education and Support (DSMES)

Diabetes Self-Management Education and Support (DSMES) services are provided as preventive services pursuant to 42 C.F.R. Section 440.130(c). DSMES services must be recommended by a physician or other licensed practitioner of the healing arts acting within the scope of authorized practice under State law to prevent diabetes or the progression of diabetes, prolong life, and/or promote the physical and mental health of the beneficiary. ~~and a Medicaid beneficiary must receive a written referral from the treating qualified provider (i.e. physician, physician assistant (PA), nurse practitioner (NP), or advanced practice nurse [APN]).~~ Services include counseling related to behavior change, including dietary, physical activity, and strategies for weight control; counseling and skill building to facilitate the knowledge, skill, and ability necessary for diabetes self-care; and nutritional counseling services.

All organizations with American Diabetes Association (ADA) and/or Association of Diabetes Care and Education Specialists (ADCES)-recognized services must obtain a separate DSMES NPI and to become a Medicaid DSMES Provider, even if they are already enrolled as a Medicaid Provider of other services. DSMES services will be provided by Diabetes Educators. At least one of the team members responsible for facilitating DSMES services will be a registered nurse, registered dietitian nutritionist, or pharmacist with training and experience pertinent to DSMES or be another health care professional holding certification as a diabetes educator (CDE) or Board Certification in Advanced Diabetes Management (BC-ADM).

The CDE and BC-ADM are licensed practitioners operating within scope of practice under state law or are under the supervision of a licensed practitioner who assumes professional responsibility and such supervision is within the licensed practitioner's scope of practice.

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 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/.
 - 08/21 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~~ August 1, 2021 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.
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