Table of Contents

State/Territory Name: IL

State Plan Amendment (SPA) #: 21-0022

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
Center for Medicaid & CHIP Services
233 North Michigan Ave., Suite 600
Chicago, Illinois  60601

Financia l Management Group

January 25, 2022

Kelly Cunningham, Medicaid Administrator
State of Illinois, Division of Medical Programs
Department of Healthcare and Family
201 South Grand Avenue East, 3rd Floor
Springfield, IL  62763-0001

RE: TN 21-0022

Dear Ms. Cunningham:

We have reviewed the proposed State Name State Plan Amendment (SPA) to Attachment 4.19-B, IL 21-0022, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on December 7, 2021. This plan amendment updates the reimbursement immunizations for children under 21.

Based upon the information provided by the State, we have approved the amendment with an effective date of January 1, 2022. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact DRR analyst name at 1-312-886-0360 or Deborah.Benson@cms.hhs.gov.

Sincerely,

Todd McMillion
Director
Division of Reimbursement Review

Enclosures
**TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL**

**FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

**TO: CENTER DIRECTOR**

CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

**STATE: IL**

**PROGRAM IDENTIFICATION/TITLE OF THE SOCIAL SECURITY ACT:** XIX

**FEDERAL STATUTE/REGULATION CITATION:** 42 CFR 440.40

**PROPOSED EFFECTIVE DATE:** January 1, 2022

**FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars):**

a. FFY 2022 $ 4,500,000

b. FFY 2023 $ 6,000,000

**PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:**

Attachment 4.19-B, Page 35B

**FEDERAL OFFICE REPORTED NO COMMENT**

**RETURN TO**

Department of Healthcare and Family Services
Bureau of Program and Policy Coordination
Attn: Mary Doran
201 South Grand Avenue East
Springfield, IL 62763-0001

**DATE RECEIVED:** December 7, 2021

**DATE APPROVED:** January 25, 2022

**EFFECTIVE DATE OF APPROVED MATERIAL:** January 1, 2022

**SIGNATURE OF APPROVING OFFICIAL:**

**TITLE OF APPROVING OFFICIAL:**

Director, Division of Reimbursement Review

**REMARKS:**

Reimbursement for immunizations for children under 21.
01/25/2022
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE: Illinois

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

19. FAMILY PLANNING: Variable maximum per visit category: initial visit, annual visit, routine visit, problem visit and supply visit.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of family planning services. The agency's fee schedule was set as of July 1, 2012, 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/

20. HEALTHY KIDS SERVICES: (Early and Periodic Screening, Diagnosis and Treatment): Variable maximum depending upon provider type: hospital outpatient clinic facility—Department approved outpatient rate; encounter rate clinic—Department approved visit rate; physician visit—Department approved rate(s).

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of healthy kids services. The agency's fee schedule rate was set as of January 1, 2022, 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/