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State/Territory Name: Illinois

State Plan Amendment (SPA) #: 22-0006

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
Financial Management Group

April 26, 2022

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

RE: State Plan Amendment 22-0006

Dear Ms. Eagleson:

We have reviewed the proposed amendment to your Medicaid State plan submitted under transmittal number 22-0006. This amendment updates rates for Occupational Therapy (OT).

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903(a), and 1923 of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C. We have found that the proposed reimbursement methodology complies with applicable requirements and therefore have approved them with an effective date of March 1, 2022.

If you have any questions, please contact Debi Benson at Deborah.Benson@cms.hhs.gov.

Sincerely,

Todd McMillion
Director
Division of Reimbursement Review

Enclosure
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

1. TRANSMITTAL NUMBER
2. STATE
22-0006 IL

3. PROGRAM IDENTIFICATION
TITLE OF THE SOCIAL SECURITY ACT
XXI

4. PROPOSED EFFECTIVE DATE
March 1, 2022

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR 440.110

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2022 $ 93,967
b. FFY 2023 $ 161,086

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 4 19-B, Page 35

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)
Attachment 4.19-B, Page 35

9. SUBJECT OF AMENDMENT
Rate increase for some occupational therapy services.

10. 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

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME
Theresa Eagle ss

13. TITLE
Director of Healthcare and Family Services

14. DATE SUBMITTED
3/27/2022

15. 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

16. DATE RECEIVED
March 28, 2022

17. DATE APPROVED
April 26, 2022

18. EFFECTIVE DATE OF APPROVED MATERIAL
March 1, 2022

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL
Todd McMillion

21. TITLE OF APPROVING OFFICIAL
Division of Reimbursement Review

22. REMARKS

Instructions on Back
13. PRIVATE DUTY NURSING SERVICES: Reimbursement is made at the lesser of the usual
and customary charge to the general public or statewide maximum established by the
Department. In-home shift nursing payments for children who are under 21 years of age shall
be at the Department’s established hourly rate to an agency licensed to provide these services.

The agency’s fee schedule rate was set as of November 1, 2019, and is effective for services
provided on or after that date. All rates are published on the Department’s website in the
Home Health Fee Schedule located at
https://www2.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/Pages/default.aspx

14. INDEPENDENT SPEECH, OCCUPATIONAL AND PHYSICAL THERAPIST
SERVICES: 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 independent therapy services. The agency’s fee
schedule rate was set as of March 1, 2022, and is effective for services provided on or after
that date. All rates are published on the Department’s website in the Therapy Providers Fee
Schedule located at
https://www2.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/Pages/default.aspx

15. HEALTH MAINTENANCE ORGANIZATION SERVICES: Flat monthly rate per enrolled
client as established by the Department.

16. APPLIANCES/PROSTHESES: Beginning November 1, 2019, the Department's maximum
allowable rates for custom prosthetic and orthotics will be calculated based on the Medicare
rate in effect on July 1, 2019, minus 6 percent, and the Department's maximum allowable
rates for new items or services added to the fee schedule after November 1, 2019 will be
calculated based on the Medicare rate for the year the procedure code is first established on
the Department's fee schedule minus 6 percent.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for
both governmental and private providers of appliances/orthotics and prostheses services. The
agency’s fee schedule rate was set as of November 1, 2019, and is effective for services
provided on or after that date. All rates are published on the Department’s website in the
Durable Medical Equipment fee schedule located at
https://www2.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/Pages/default.aspx