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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

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
233 North Michigan Ave., Suite 600
Chicago, Illinois 60601



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	1. TRANSMITTAL NUMBER <u>2 2 - 0 0 0 6</u>	2. STATE <u>IL</u>
	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	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 <u>2022</u> \$ <u>93,967</u> b FFY <u>2023</u> \$ <u>161,086</u>	
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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4.19-B, Page 35	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


OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL 	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
12. TYPED NAME Theresa Eagle	
13. TITLE Director of Healthcare and Family Services	
14. DATE SUBMITTED 3/27/2022	

FOR CMS USE ONLY

16. DATE RECEIVED March 28, 2022	17. DATE APPROVED April 26, 2022
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PLAN APPROVED - ONE COPY ATTACHED

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

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

- 11/19 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>
- 05/15 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.
- 03/22 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.
- 11/19 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>