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State/Territory Name: Illinois

State Plan Amendment (SPA) #: 22-0035

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

April 22, 2024

Elizabeth Whitehorn
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) 22-0035

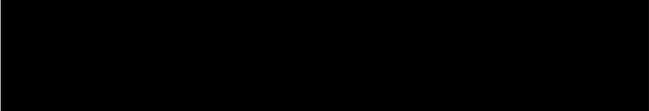
Dear Director Whitehorn:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 22-0035. This SPA proposes to establish a partial benefit package of family planning and family planning-related services to individuals whose income is at or below 208% of the federal poverty level.

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 22-0035 was approved on April 22, 2024, with an effective date of November 30, 2022.

If you have any questions, please contact Courtenay Savage at 312-353-3721 or via email at Courtenay.Savage@cms.hhs.gov.

Sincerely,



James G. Scott, Director
Division of Program Operations

Enclosures

cc: Kelly Cunningham
Mary Doran
Annet Godiksen
Kati Hinshaw

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER <u>2 2 — 0 0 3 5</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
November 30, 2022

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR 440.40

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2023 \$ 2,100,000
b. FFY 2024 \$ 2,500,000

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
**Attachment 3.1-A, Page 2
Attachment 3.1-B, Page 2
Appendix to Attachment 3.1-A, ~~Page 2A & 3~~ Page 3(A)(2)
Attachment 4.19-B, Page 35B**

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
**Attachment 3.1-A, Page 2
Attachment 3.1-B, Page 2
Appendix to Attachment 3.1-A, ~~Page 2A & 3~~ Page 3(A)(2)
Attachment 4.19-B, Page 35B**

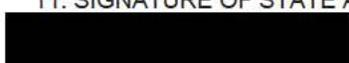
9. SUBJECT OF AMENDMENT

Family planning and family planning related services benefit

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


12. TYPED NAME
Theresa Eagleson

13. TITLE
Director of Healthcare and Family Services

14. DATE SUBMITTED
12/28/22

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

FOR CMS USE ONLY

16. DATE RECEIVED
December 28, 2022

17. DATE APPROVED
April 22, 2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
November 30, 2022



20. TYPED NAME OF APPROVING OFFICIAL
James G. Scott

21. TITLE OF APPROVING OFFICIAL
Director, Division of Program Operations

22. REMARKS
3/21/24 - State sent revised CMS-179.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Illinois

AMOUNT, DURATION, AND SCOPE OF SERVICES

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.*
- 11/22 ii. Individuals eligible under 1902(a)(10)(A)(ii)(XXII).
A. Family planning services available to the general Medicaid population (4.c.) are the same as provided to this group.
B. Family planning related services.
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.*

* 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.*
11/22 ii. Individuals eligible under 1902(a)(10)(A)(ii)(XXI).
A. Family planning services available to the general Medicaid population (4.c.) are the same as provided to this group.
B. Family planning related services.
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

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Illinois

AMOUNT, DURATION, AND SCOPE OF SERVICES

- 05/19 4c. FAMILY PLANNING SERVICES
- i. 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.
- 11/22 ii. Individuals eligible under 1902(a)(10)(A)(ii)(XXI).
- A. No limitations on family planning services.
- 11/22 B. Family planning related services are services provided as part of, or as follow-up to, the family planning visit such as:
- Resolving unintended medical consequences following the insertion/removal of a medical device.
 - Follow-up testing, lab work, treatment, and prescribing for abnormal or incidental findings discovered during examination of reproductive system, including treatment of lower genital tract and genital skin infections/disorders, urinary tract infections, and conditions related to sexual health.
 - Vaccines for preventable reproductive health related conditions.
 - Breast mammography or tomosynthesis and BRCA genetic counseling and testing as applicable.
 - Surgical removal and pathology of lesions related to sexually transmitted infections discovered during the examination.
 - Prescription only prenatal vitamins and folic acid for preconception care and prescribing and management of Pre-exposure prophylaxis (PrEP) and Post-exposure prophylaxis (PEP) medications for HIV.
 - Transportation services needed as related to family planning and family planning associated visits.
- 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.

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**

19. FAMILY PLANNING:

11/22 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 family planning services. The agency's fee schedule rate was set as of November 30, 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/>

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/>