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State/Territory Name: Illinois

State Plan Amendment (SPA) #: 23-0043

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 27, 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) 23-0043

Dear Director Whitehorn:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0043. This SPA establishes coverage for lactation support services by qualified providers, authorized under the preventive services benefit.

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 23-0043 was approved on February 23, 2024, with an effective date of January 1, 2024.

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
Annet Godiksen
Kati Hinshaw

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

1. TRANSMITTAL NUMBER

2 3 — 0 0 4 3

2. STATE

I L

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT

XIX XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

January 1, 2024

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR 440.130

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2024 \$ 270,000
b. FFY 2025 \$ 360,000

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Appendix to Attachment 3.1-A, page 13(A)(4) (new page)
Attachment 4.19-B, page 48

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Attachment 4.19-B, page 48

9. SUBJECT OF AMENDMENT

Adds coverage for lactation support 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:

SIGNATURE OF STATE AGENCY OFFICIAL

TYPED NAME
Theresa Eagon

13. TITLE
Director of Healthcare and Family Services

14. DATE SUBMITTED
December 15, 2023

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 15, 2023

17. DATE APPROVED
February 23, 2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
January 1, 2024

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL
James G. Scott

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

22. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Illinois

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES TO THE
CATEGORICALLY NEEDY

01/24 13c. Preventive Services – Lactation Support Services

- A. **Service Description.** Lactation support services include education, counseling, and assistance for common breastfeeding issues, along with skilled, evidence-based care for more complex lactation issues. Lactation support services may be provided in the perinatal period through infant weaning. Pursuant to 42 C.F.R. Section 440.130(c), lactation support services are provided as preventive services and must be recommended by a physician or other licensed practitioner of the healing arts within their scope of practice under state law to promote the physical and mental health of the beneficiary.

Lactation support services may include the following components:

1. Perinatal education about breastfeeding and human lactation.
2. Comprehensive maternal, infant, and feeding assessments related to breastfeeding and human lactation.
3. Evidence-based lactation counseling and provision of support and encouragement to promote successful attainment of breastfeeding goals.

Service may be delivered individually or in group settings and may be provided in person or via telehealth.

- B. **Qualified Provider Specifications.** Lactation support services shall be provided by qualified individuals who are at least 18 years of age and who are certified as any one of the following:
- a. International Board Certified Lactation Consultant (IBCLC) – requires certification by the International Board of Lactation Consultant Examiners.
 - b. Certified Lactation Counselor (CLC) – requires certification by the Academy of Lactation Policy and Practice, Inc.
 - c. Certified Lactation Specialist (CLS) – requires certification by the Lactation Education Consultants

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Illinois

**A 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 lessor 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 Services. Payments shall be made at the lessor 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 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/.
- A. Adaptive Behavior Support (ABS) Services. For services found under Appendix to Attachment 3.1-A, Adaptive Behavior Support (ABS) Services, the state pays the lessor of: 1) provider charges, or 2) the maximum fee schedule rate for ABS preventive services. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of ABS preventive services. The agency’s fee schedule rate was set as of October 1, 2021, and is effective for services provided on or after that date. All rates are published on the HFS website at <http://www2.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement>.

The fee schedule shall detail the unit of service, rate of reimbursement and applicable modifiers. The rates do not include costs related to room and board or any other unallowable facility costs. The services will be monitored via encounter data to ensure adequate service mix. Services must meet the LPHA recommendations from the service plan.
- 01/24 B. Lactation Support Services. For services found under Appendix to Attachment 3.1-A, Lactation Support Services, the state pays the lessor of: 1) provider charges, or 2) the maximum fee schedule rate for lactation support services. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of lactation support services. The agency’s fee schedule rate was set as of January 1, 2024, and is effective for services provided on or after that date. All rates are published on the HFS website at <http://www2.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement>.
- d. Rehabilitation – Reserved.