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State/Territory Name: Illinois

State Plan Amendment (SPA) #: 24-0020

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

December 4, 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) 24-0020

Dear Director Whitehorn:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0020. This SPA proposes to make certain technical changes to Illinois' Medicaid State Plan.

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 24-0020 was approved on December 3, 2024, with an effective date of July 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,

Ruth A. Hughes, Acting 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 4 — 0 0 2 0

2. STATE
IL

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
July 1, 2024

5. FEDERAL STATUTE/REGULATION CITATION
Social Security Act Sec. 1905(a)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2024 \$ 0
b. FFY 2025 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Appendix to Attachment 3.1-A Pages 15 and 15A
Attachment 4.19-B Pages 31B3, 33A, 48, and 48(1)

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Appendix to Attachment 3.1-A Pages 15 and 15A
Attachment 4.19-B Pages 31B3, 33A, 48, and 48(1)

9. SUBJECT OF AMENDMENT
Technical Corrections

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
Kelly Cunningham

13. TITLE
Administrator Division of Medical Programs

14. DATE SUBMITTED
September 5, 2024

15. RETURN TO
Department of Healthcare and Family Services
Bureau of Program and Policy Coordination
Attn: Kati Hinshaw
201 South Grand Avenue East
Springfield, IL 62763-0001

FOR CMS USE ONLY

16. DATE RECEIVED
September 5, 2024

17. DATE APPROVED
December 3, 2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
July 1, 2024

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL
Ruth A. Hughes

21. TITLE OF APPROVING OFFICIAL
Acting 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

13d. REHABILITATIVE SERVICES

Alcohol and Substance Abuse Substance Use Disorder Services (continued)

8. Medication Assisted Treatment (MAT): The medical administration of opioid compounds as a treatment for a substance use disorder. MAT is delivered under the supervision of a physician, and administered by an Illinois licensed physician, nurse practitioner or physician extender, registered nurse or licensed practical nurse. While other FDA approved opioid compounds are used for MAT, Methadone is the only compound reimbursable through IDHS/SUPR. MAT shall be determined to be medically necessary prior to delivery and must:
- Include a referral for additional treatment for one or more of the covered Medicaid Rehabilitative Option (MRO) substance use disorder services; or
 - Include one or more of the covered MRO covered services as an adjunct to MAT when Methadone is used for MAT in accordance with State Administrative Rules and SAMHSA guidelines in 42 CFR Part 8 (MAT); and
 - Have MAT services effectively coordinated with the delivery of MAT and documented in the patient treatment plan in accordance with standard medical practice or, as applicable, in accordance with State Administrative Rules.

All services or treatments which are medically necessary to correct or lessen health problems detected or suspected by the screening process will be provided to individuals under age 21 as an EPSDT benefit.

9. Peer Recovery Support: Culturally competent individual and group services that provide nonclinical assistance and support throughout all stages of the SUD recovery and rehabilitation process in support of the beneficiary's recovery or treatment goals. Services aim to prevent relapse, empower beneficiaries through strength-based coaching, support linkages to community resources and the development of natural supports, and educate beneficiaries and their families about their conditions and the process of recovery. Services can include contact with family members or other collaterals if the purpose of the collateral's participation is to focus on the treatment needs of the beneficiary by supporting the achievement of the beneficiary's recovery or treatment goals. Peer Recovery Support services are provided directly by Peer Support Workers (PSWs), operating under the supervision of a Certified Alcohol and Drug Counselor (CADC), who meet the following qualifications:
- Are at least 18 years of age;
 - Have a minimum one year of recovery from lived experience in substance use and/or co-occurring mental health disorders;
 - Has completed a Department-approved peer recovery training or certification program; and
 - Demonstrates the ability to work within agency structure, accept supervision, and participate as a member of a multi-disciplinary team, when applicable.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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

13d. REHABILITATIVE SERVICES

Alcohol and Substance Abuse Substance Use Disorder Services (continued)

Substance Use Disorder Provider Qualifications:

Services Provided	Provider/Practitioner	License/Certification
Assessment, Individual Counseling/Therapy, Group Counseling/Therapy, Psycho Educational Group, Family Counseling, Continued Stay Reviews, Treatment Planning, Nutrition Education, Discharge Planning	Certified Alcohol and Drug Counselor (CADC)	Certification pursuant to the requirements established by the Illinois Certification Board (ICB) that include a minimum of a high school/GED degree, two years (4000 hours) of paid, qualified work experience in the SUD field in the past four years, 150 hours of supervised practical experience and 225 clock hours of continuing education units that must include 100 hours that are SUD specific, 6 hours related to professional ethics and responsibilities and 119 hours in specific performance domains. and licensure from IDHS/SUPR pursuant to State Administrative Rules.
Assessment, Individual Counseling/Therapy, Group Counseling/Therapy, Psycho Educational Group, Family Counseling, Continued Stay Reviews, Treatment Planning, Nutrition Education, Discharge Planning	Licensed Professional Counselor (LPC) or Licensed Clinical Professional Counselor (LCPC)	Licensed pursuant to the Professional Counselor and Clinical Professional Counselor Licensing Act and licensure from IDHS/SUPR pursuant to State Administrative Rules.
Assessment, Individual Counseling/Therapy, Group Counseling/Therapy, Psycho Educational Group, Family Counseling, Continued Stay Reviews, Treatment Planning, Nutrition Education, Discharge Planning	Licensed Clinical Social Worker (LCSW)	Licensed pursuant to the Clinical Social Work and Social Work Practice Act and licensure from IDHS/SUPR pursuant to State Administrative Rules.

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**

xii. Alternative Payment Methodology and Managed Care Organizations

Beginning January 1, 2018, Centers providing care through a contractual arrangement with managed care organizations (MCOs) have the option to elect to receive payments from the MCOs that are at least equal to their FFS provider specific PPS rate. If a Center does not elect this option, the Department will make supplemental payments to the Center at least quarterly that equals the difference between the payment under the PPS rate and the payment provided by the MCO.

- 01/24
- xiii. FQHC encounter rates for dates of service April 1, 2021 through June 30, 2021 will be set at a level 25.9% above the rates in effect on March 31, 2021.
- xiv. FQHC encounter rates for dates of service beginning July 1, 2021 and after, will be set at a level 11.5% above the rates in effect on March 31, 2021.
- xv. FQHC encounter rates for dates of service beginning January 1, 2024 and after, will be set at a level 11% above the rates in effect on December 31, 2023.
- xvi. At the end of each calendar year, rates as established in subsection xv. will be trended annually effective January 1 of the next year by the MEI published by CMS for the most recent year.
- 01/23
- xvii. Effective for service on or after January 1, 2023, FQHCs and RHCs who provide maternal health services are eligible to receive quality incentive add-on payments when postpartum care visits are conducted by a physician, APN, or physician's assistant within the timeframes outlined below. Payments shall be reimbursed through an APM when these services are provided on the same date as a medical visit and will be made as follows:
- a. A \$75 add-on payment will be made on claims for a postpartum care visit when the visit occurs within 26 days after the delivery date.
 - b. A separate \$75 add-on payment will be made on claims for a postpartum care visit when the visit occurs between 27-89 days after the delivery date.
- The APM must be agreed to by the Department and the FQHC/RHC and must result in a payment to the FQHC/RHC which is at least the PPS rate.

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**

- payment for performing a prenatal risk assessment (\$15);
- payment for performing risk assessments on children (\$15);
- increased reimbursement for deliveries (\$400 additional);
- a \$10 increase in the EPSDT screening rate; and
- an 8 percent increase in the reimbursement rate for office visits for children.

Physicians employed by government-operated entities other than hospitals, long term care facilities, and cost-reporting clinics.

For services provided by salaried physicians employed by a government-operated entity that is not a hospital, long term care facility, or cost-reporting clinic, the State or local government agency operating that entity may elect to enter into an interagency or intergovernmental agreement, as appropriate, with the Department that specifies the responsibilities of the two parties with respect to physician services provided by the entity and the funding thereof, including supplemental payments to universities for certain physician services. This methodology also applies to podiatric services in item 10 and chiropractic services in item 11.

- 09/20
- a. Effective September 1, 2020, supplemental payments are available for services, eligible under Title XIX of the *Social Security Act*, that are provided by physicians who are employed by either the Medical Practice Plan – Physicians at the University of Illinois College of Medicine at Chicago, the Medical Practice Plan – Physicians at the University of Illinois College of Medicine at Rockford, the Medical Practice Plan – Physicians at the University of Illinois College of Medicine at Peoria, or the SIU Physicians and Surgeons, Inc at the Southern Illinois University School of Medicine at Springfield.
- i. Physician services eligible for supplemental payments shall include:
- A. services provided by an Advanced Practice Nurse (APN) or Physician’s Assistant (PA) when billed under the collaborating physician’s name and provider ID, and
- B. services provided by interns and residents when billed under the teaching physician’s name and provider ID.
- ii. Physician services eligible for supplemental payments shall not include services provided by contracting physicians nor any other non physician not specified in the state plan.
- iii. Such supplemental payments will be made on a quarterly basis as described below.
- 09/20
- b. Definitions
- i. Average Commercial Rate means, the average contractually defined payment amount paid to the university for practitioner services including patient share amounts, for each CPT code. This average shall be based on the participating university's payments from the five largest private insurance carriers for the CPT services.

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

- 01/24 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 rates were set as of the date on the Attachment 4.19-B Introduction Page and are published at: <https://hfs.illinois.gov/medicalproviders/medicaidreimbursement.html>.
- 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 rates were set as of the date on the Attachment 4.19-B Introduction Page and are published at: <https://hfs.illinois.gov/medicalproviders/medicaidreimbursement.html>.
- 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 rates were set as of the date on the Attachment 4.19-B Introduction Page and are published at: <https://hfs.illinois.gov/medicalproviders/medicaidreimbursement.html>.
- 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 rates were set as of the date on the Attachment 4.19-B Introduction Page and are published at: <https://hfs.illinois.gov/medicalproviders/medicaidreimbursement.html>.

STATE PLAN UNDER TITLE XIX OF THE *SOCIAL SECURITY ACT*

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

02/24

- C. Doula Services. For services found under Appendix to Attachment 3.1-A, Doula Services, the state pays the lesser of: 1) provider charges, or 2) the maximum fee schedule rate for doula services. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of doula services. The agency's fee schedule rates were set as of the date on the Attachment 4.19-B Introduction Page and are published at: <https://hfs.illinois.gov/medicalproviders/medicaidreimbursement.html>.
- a. Doulas are eligible to receive quality incentive payments for improving the delivery of follow-up postpartum care.
 - i. A \$50 quality incentive payment will be made when the doula facilitates and attends a postpartum visit with a practitioner in support of the birthing parent. Doula will receive a separate \$50 quality incentive payment if they facilitate and attend a second postpartum visit in support of the birthing parent.
 - ii. A separate \$50 quality incentive payment will be made when the doula facilitates and attends the first newborn visit with a practitioner in support of the birthing parent.
 - d. Rehabilitation – Reserved