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State/Territory Name Illinois

State Plan Amendment (SPA) #: 24-0032

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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

July 31, 2025

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) 24-0032

Dear Director Whitehorn:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0032. This SPA describes coverage and adds per diem reimbursement for private duty nursing care for Early and Periodic Screening, Diagnostic and Treatment (EPSDT) beneficiaries.

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 24-0032 was approved on July 31, 2025, with an effective date of January 1, 2025.

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

Sincerely,

Shantrina Roberts, Acting Director
Division of Program Operations

Enclosures

cc: Annet Godiksen

Kati Hinshaw

Laura Phelan

DEPARTMENT OF HEALTH & HUMAN SERVICES

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601 E. 12th St., Room 355

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July 31, 2025

Elizabeth Whitehorn

Director

Illinois Department of Healthcare and Family Services

201 South Grand Avenue East

3rd Floor

Springfield, IL 62763-0001

Re: Companion Letter for Illinois State Plan Amendment (SPA) 24-0032

Dear Director Whitehorn:

This letter is sent as a companion to the Centers for Medicare & Medicaid Service's (CMS) approval of Illinois SPA Transmittal Number 24-0032, which describes coverage and adds per diem reimbursement for private duty nursing care for Early and Periodic Screening, Diagnostic and Treatment (EPSDT) beneficiaries.

Section 1902(a)(4) of the Social Security Act (the Act) requires that the state use methods of administration found by the Secretary to be "necessary for the proper and efficient administration of the plan." Implementing regulations at 42 CFR § 430.10 provide that, "the State plan is a comprehensive written statement submitted by the agency describing the nature and scope of its Medicaid program and giving assurance that it will be administered in conformity with the specific requirements of Title XIX, the regulations in this Chapter IV, and other applicable official issuances of the Department. The State plan contains all information necessary for CMS to determine whether the plan can be approved to serve as a basis for Federal financial participation (FFP) in the State program."

During our review of SPA 24-0032, we identified same-page review concerns regarding the lack of a service description for Item 14a (Inpatient Hospital Services for Individuals Age 65 or Older in Institutions for Mental Diseases) in the Appendix to Attachment 3.1-A. As a result, CMS has concluded that the Illinois state plan is not a comprehensive written statement and does not meet the requirements of section 1902(a)(4) of the Act.

Further, section 1902(a)(10)(B) of the Act and the implementing regulations at 42 CFR § 440.230 require each service under the state plan be sufficient in amount, duration, and scope to achieve its purpose and that the state may place appropriate limitations on a service based on criteria such as medical necessity or utilization control procedures. The state's approved Attachment 3.1-A, page 6, identifies the state as providing Item 14a., inpatient hospital services to individuals 65 years of age and older in institutions for mental diseases, with limitations. However, the corresponding Appendix to Attachment 3.1-A page 16(C) omits the limitations for Item 14a.

We are sending this companion letter to request the state demonstrate compliance with the aforementioned federal requirements by amending Appendix to Attachment 3.1-A, page 16(C) to add Item 14a limitations for inpatient hospital services for individuals age 65 and older in institutions for mental disease.

The state has 90 days from the date of this letter to address the issues described above. During this time period, the state must either submit a SPA with the additional information, or a corrective action plan describing in detail how the state will resolve the issues in a timely manner. Failure to respond may result in the initiation of a formal compliance process. During the 90-day compliance period, CMS will be available to provide technical assistance if needed.

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

Sincerely,

Shantrina Roberts, Acting Director
Division of Program Operations

Enclosures

cc: Laura Phelan
Annet Godiksen
Kati Hinshaw

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

1. TRANSMITTAL NUMBER <u>2 4 — 0 0 3 2</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
January 1, 2025

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR 440.40 and 42 CFR 441.57

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2025 \$ 1,500,000
b. FFY 2026 \$ 2,000,000

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
**Appendix to Attachment 3.1-A, Page 3(A)(1) and 16(C)
Attachment 4.19-B, Introductory Page 1 and 35(B)**

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
**Appendix to Attachment 3.1-A, Page 3(A)(1), 16(C), 16(D), 16(E), and 16(F)
Attachment 4.19-B, Introductory Page 1, 35(B) and 35(C)**

9. SUBJECT OF AMENDMENT

Set rate for transitional care services under EPSDT. School-based health services clean-up.

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
October 18, 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
October 18, 2024

17. DATE APPROVED
July 31, 2025

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
January 1, 2025

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL
Shantrina Roberts

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 SERVICES

Services:

Orientation and Mobility services are rehabilitative services related to the evaluation, diagnosis, and treatment of a student who is blind or visually impaired to attain systematic and safe orientation and movement within their environment through sensory integrative techniques. Orientation and Mobility services also include direct assistance with the selection, acquisition, training, and use of an assistive technology device. It would also include provision of instruction to parents and to caregivers in assisting them in maintaining a daily therapeutic regimen related to regaining the child's progress.

Providers:

Developmental Rehabilitative Therapy is provided by professionals who are credentialed by the Department of Human Services as a Part C EI Service System Developmental Therapists. In the school setting for IEPs and other medical plans of care, services are provided by Licensed Orientation and Mobility Specialists Licensed by the Academy for Certification of Vision Rehabilitation and Education Professionals.

3. Specialized Transportation

Definition:

Specialized transportation services are available to a Medicaid-eligible beneficiary under the age of 21 for whom the transportation services are medically necessary and documented in an IEP/IFSP.

Services:

Services must be provided on the same date of service that a Medicaid covered service, required by the student's IEP/IFSP, is received. Transportation must be on a specially adapted school bus to and/or from the location where the Medicaid service is received.

All specialized transportation services provided must be documented in a transportation log.

Providers:

Transportation services include direct services personnel, e.g. bus drivers, aides etc. employed or contracted by the school district.

- 01/25 B. Private Duty Nursing (PDN) for Individuals under the age of 21– PDN services are provided to individuals under the age of 21 who are determined to be in medical need of PDN. PDN services are available in the individual's home, as well as in Children's Community-Based Health Care Centers. Children's Community-Based Health Care Centers are licensed by the state as an alternative to institutionalization for individuals under the age of 21 who are transitioning from a hospital to home placement or other appropriate setting and are an alternative setting to in-home care. PDN services are provided under the direction of the individual's physician by a registered nurse or licensed practical nurse in accordance with 42 CFR 440.80.

TN # 24-0032

Approval Date: 07/31/2025

Effective Date: 01/01/2025

Supersedes

TN # 21-0008

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

14b. SKILLED NURSING FACILITY SERVICES FOR INDIVIDUALS AGE 65 OR OLDER
IN INSTITUTIONS FOR MENTAL DISEASES

Nursing facility services ordered by and provided under the direction of a physician. Pursuant to 42 CFR 483 Subpart C, preadmission screening is required prior to admission to the Medicaid-certified nursing facility. Resident reviews, when applicable, are required for continued stays in the Medicaid-certified nursing facility. Nursing facility services for individuals aged 65 or older in institutions for mental diseases meet requirements at 42 CFR §440.140(b).

TN # 24-0032

Approval Date: 07/31/2025

Effective Date: 01/01/2025

Supersedes

TN # 96-10

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**

Effective dates for Reimbursement Rates for Specified Services:

Reimbursement rates for the services listed in this introductory section are effective for services provided on or after that date, with the following exception:

1. Medicaid reimbursement using Medicare codes are updated and effective on the first of each quarter based on the methodology specified in Attachment 4.19-B, Methods and Standards for Establishing Payment Rates.

Payment methodologies are listed in the Attachment 4.19-B, Methods and Standards for Establishing Payment Rates, pages that follow. For services provided via telehealth, qualifying patient sites are reimbursed a facility fee of \$25; the distant site provider is reimbursed in accordance with the standard Medicaid reimbursement methodology for the allowable Medicaid services performed. Reimbursement is made at the lesser of the usual and customary charge to the general public or the 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. All rates are published on the Department’s reimbursement webpage located at: <https://hfs.illinois.gov/medicalproviders/medicaidreimbursement.html>.

Service	Attachment 4.19-B Reference	Applicable Fee Schedule	Effective Date of Fee Schedule
Other Laboratory & X-Ray Services	p. 33	Practitioner	January 1, 2025
Physician’s Services	p. 33-33C	Practitioner	January 1, 2025
Physician’s Services - Optometrists	p. 33-33C	Optometric	January 1, 2025
Dental Services	p. 34	Dental	January 1, 2025
Eyeglasses	p. 34	Optometric	April 1, 2024
Podiatric Services	p. 34	Podiatric	April 1, 2024
Speech, Occupational, & Physical Therapy Services	p. 35	Therapy Providers	January 1, 2024
Audiology Services	p. 35	Audiologist	April 1, 2024
Prosthetic Devices	p. 35	Durable Medical Equipment	January 1, 2025
Medical Supplies & Equipment	p. 35A	Durable Medical Equipment	January 1, 2025
Transportation Services	p. 35A	Transportation	January 1, 2024
Family Planning Services	p. 35B	Family Planning	January 1, 2024
EPSDT, Healthy Kids Services	p. 35B	Practitioner	January 1, 2025
EPSDT, In-Home Shift Nursing Services	p. 35B	Home Health	January 1, 2025
EPSDT, Private Duty Nursing for Individuals under the age of 21	p. 35B	Private Duty Nursing for Individuals under the age of 21	January 1, 2025
Rehabilitative Services, Substance Use Disorder Treatment	p. 38-39	Substance Use Prevention & Recovery	July 1, 2024
Licensed Clinical Psychologist, Licensed Clinical Social Worker, Licensed Clinical Professional Counselor, and Licensed Marriage and Family Therapist Services	p. 47D	Licensed Practitioner of the Healing Arts	April 1, 2024

TN # 24-0032

Approval Date: 07/31/2025

Effective Date: 01/01/2025

Supersedes

TN # 24-0025

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**

- 01/24 19. FAMILY PLANNING: 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 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>.
- 01/24 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).

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 healthy kids services. The agency's fee schedule rates for healthy kids providers 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>.
- 01/24 The agency's fee schedule rate for in-home shift nursing 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>.
- 01/25 The agency's fee schedule rate for Private Duty Nursing (PDN) for Individuals under the age of 21 services 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>.