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State/Territory Name: Illinois

State Plan Amendment (SPA) #: 25-0004

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 Page

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

June 8, 2026

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) 25-0004

Dear Director Whitehorn:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0004. This SPA clarifies the service limitations for Inpatient Hospital Services for Individuals Age 65 or Older in Institutions for Mental Diseases, and is a response to the companion letter that accompanied approval of Illinois Medicaid SPA 24-0032.

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 25-0004 was approved on June 8, 2026, with an effective date of October 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,

Nicole McKnight
Acting Director, Division of Program Operations

Enclosures

cc: Laura Phelan
Annet Godiksen
Kristin Hartsaw

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

1. TRANSMITTAL NUMBER <u>2 5</u> — <u>0 0 0 4</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 October 1, 2025
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5. FEDERAL STATUTE/REGULATION CITATION 42 CFR 440.140(a)	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2026</u> \$ <u>0</u> b. FFY <u>2027</u> \$ <u>0</u>
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7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Appendix to Attachment 3.1-A, Page 16C	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Appendix to Attachment 3.1-A, Page 16C (24-0032)
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9. SUBJECT OF AMENDMENT
Inpatient hospital services for individuals aged 65 or older in institutions for mental diseases

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: Kati Hinshaw 201 South Grand Avenue East Springfield, IL 62763-0001
12. TYPED NAME Laura Phelan	
13. TITLE Administrator Division of Medical Programs	
14. DATE SUBMITTED 12/30/2025	

FOR CMS USE ONLY

16. DATE RECEIVED December 30, 2025	17. DATE APPROVED June 8, 2026
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PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL October 1, 2025	19. SIGNATURE OF APPROVING OFFICIAL
20. TYPED NAME OF APPROVING OFFICIAL Nicole McKnight	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

14. Services for individuals aged 65 or older in institutions for mental diseases

10/25 14a. LIMITATIONS FOR INPATIENT HOSPITAL SERVICES FOR INDIVIDUALS AGE 65 OR OLDER IN INSTITUTIONS FOR MENTAL DISEASES

Inpatient hospital services ordered by and provided under the direction of a physician. Prior authorization is not required prior to an inpatient psychiatric admission. Concurrent review is required for inpatient psychiatric stays exceeding 72 hours and is conducted by the State's Quality Improvement Organization (QIO) vendor. The concurrent review process includes submission of real-time clinical data and an order by a physician that inpatient hospital services are medically necessary. Inpatient hospital services for individuals aged 65 or older in institutions for mental diseases meet requirements at 42 CFR §440.140(a).

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

1/25 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 # 25-0004

Approval Date: 6/8/2026

Effective Date: 10/1/2025

Supersedes

TN # 24-0032