

Table of Contents

State/Territory Name: Illinois

State Plan Amendment (SPA) #: 25-0005

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

June 17, 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) 25-0005

Dear Director Whitehorn:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0005. This SPA adds non-licensed Certified Professional Midwives to provide maternity services under the category of preventive services.

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 25-0005 was approved on June 17, 2025, with an effective date of February 15, 2025.

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 <u>2</u> <u>5</u> — <u>0</u> <u>0</u> <u>0</u> <u>5</u>	2. STATE <u>I</u> <u>L</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 February 15, 2025	
5. FEDERAL STATUTE/REGULATION CITATION 42 CFR 440.130(c)		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2025</u> \$ <u>0</u> b. FFY <u>2026</u> \$ <u>0</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Appendix to Attachment 3.1-A, pages 13(A)(8) (new page) Attachment 4.19-B, Introduction page 2 and page 48(1)		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4.19-B, Introduction page 2 and page 48(1)	
9. SUBJECT OF AMENDMENT Coverage of non-licensed Certified Professional Midwives			
10. GOVERNOR'S REVIEW (Check One) <input type="radio"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="radio"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="radio"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL <input checked="" type="radio"/> OTHER, AS SPECIFIED:			
OFFICIAL 12. TYPED NAME Kelly Cunningham 13. TITLE Medicaid Administrator 14. DATE SUBMITTED March 31, 2025		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 March 31, 2025		17. DATE APPROVED June 17, 2025	
PLAN APPROVED - ONE COPY ATTACHED			
18. EFFECTIVE DATE OF APPROVED MATERIAL February 15, 2025		19. SIGNATURE OF APPROVING OFFICIAL	
20. TYPED NAME OF APPROVING OFFICIAL Ruth A. Hughes		21. TITLE OF AP 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

02/25 13c. Preventive Services –Certified Professional Midwife Services

- A. **Service Description.** Certified professional midwives (CPM) offer care, education, counseling and support to pregnant individuals and their families throughout pregnancy and birth, as well as maternal and well-baby care through the postpartum period. Pursuant to 42 C.F.R. Section 440.130(c), CPM services are provided as preventive services and must be recommended by a licensed physician, physician assistant (PA), or advanced practice registered nurse (APRN) within their scope of practice under state law to prevent perinatal complications and/or promote the physical and mental health of the beneficiary.

CPM services include the following components:

- Initial and ongoing comprehensive assessment, diagnosis, and treatment during pregnancy, labor and delivery, postpartum, and newborn care;
- Conduct physical examinations;
- Administer medications and use devices, as permitted within the CPM's scope of practice and training;
- Order and interpret allowable laboratory and diagnostic tests; and,
- Consultation, referral, and/or linkage to other healthcare professionals.

- B. **Qualified Provider Specifications.** CPM services shall be provided by qualified individuals who are certified by the North American Registry of Midwives (NARM).

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**

Service	Attachment 4.19-B Reference	Applicable Fee Schedule	Effective Date of Fee Schedule
Pharmacist Services	p. 47E	Pharmacist	January 1, 2023
Acupuncturist Services	p. 47E	Acupuncture	April 1, 2023
Licensed Genetic Counselors	p. 47E	Practitioner	January 1, 2025
Licensed Certified Professional Midwives	p. 47E	Midwives	September 5, 2024
Screening Services	p. 48	Practitioner	January 1, 2025
Preventive Services, Adaptive Behavior Support	p. 48	Adaptive Behavior Support	October 1, 2021
Preventive Services, Lactation Support Services	p. 48	Lactation Consultant	January 1, 2024
Preventive Services, Doula Services	p. 48(1)	Doula	February 1, 2024
Preventive Services, Home Visiting	p. 48(1)	Home Visiting	September 5, 2024
Preventive Services, Certified Professional Midwives	p. 48(1)	Midwives	February 15, 2025
Freestanding Birth Centers	p. 48(A)(1)	Birth Centers	January 1, 2025

TN # 25-0005

Approval Date: 06/17/2025

Effective Date: 02/15/2025

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**

- 02/24 C. Doula Services. For services found under Appendix to Attachment 3.1-A, Doula Services, the state pays the lessor 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. Home Visiting Services. For services found under Appendix to Attachment 3.1-A, Home Visiting Services, the state pays the lessor of: 1) provider charges, or 2) the maximum fee schedule rate established for the specific research-informed or evidence-based home visiting model. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of home visiting 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>.
- 02/25 E. Certified Professional Midwives. For services found under Appendix to Attachment 3.1-A, Certified Professional Midwives, the state pays the lessor of: 1) provider charges, or 2) the maximum fee schedule rate established for certified professional midwife services. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of certified midwife 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>.
- d. Rehabilitation – Reserved