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State/Territory Name: Illinois

State Plan Amendment (SPA) #: 25-0008

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

May 27, 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) 25-0008

Dear Director Whitehorn:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0008. This SPA updates the state plan to clarify Illinois' compliance with federal requirements as they pertain travel-related expenses for long-distance transportation funded by Medicaid.

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 25-0008 was approved on May 27, 2025, with an effective date of March 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: 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 5 — 0 0 0 8

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

March 1, 2025

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 440.170

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2025 \$ 157,070b. FFY 2026 \$ 269,263

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-B Revised Page 35A
Appendix to Attachment 3.1-A Page 188. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)Attachment 4.19-B Revised Page 35A
Appendix to Attachment 3.1-A Page 18

9. SUBJECT OF AMENDMENT

Travel related expenses.

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 March 13, 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 13, 2025

17. DATE APPROVED

May 27, 2025

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

March 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

24. RESPIRATORY CARE SERVICES

01/01 Respiratory services or treatment which are required to correct or lessen health problems detected by a screening process as medically necessary must be provided to individuals under age 21.

03/25 **24a. TRANSPORTATION**

Transportation services and other related travel expenses which are determined necessary by the Department to secure covered services for beneficiaries. The cost of transportation for the beneficiary is covered for the following provider types:

- Ambulance
- Medicar, service car, taxi, private auto
- Transportation Network Company services
- Other (bus, train, airplane, *etc.*)

Other related travel expenses include:

- The cost of meals and lodging for the beneficiary while traveling to or from covered services and while receiving medical care.
- The cost of an attendant to accompany the beneficiary, including the cost of the attendant's transportation, meals, lodging, and, if the attendant is not a member of the beneficiary's family, salary.

All transportation benefits, except for ambulance transport in the case of emergency or a hospital-to-hospital transfer, require prior approval.

05/13 24b. (Reserved.)

24c. (Reserved.)

24d. SKILLED NURSING FACILITY SERVICES FOR PATIENTS UNDER 21 YEARS OF AGE

03/25 Nursing facility services, other than services in an institution for mental disease, 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.

Limits on services or treatments are not applicable to EPSDT (Health Kids) clients. All services or treatments, which are medically necessary to correct or lessen health problems detected or suspected by the screening process, must be provided to individuals under age 21.

TN # 25-0008

Approval Date: 05/27/2025

Effective Date: 03/01/2025

Supersedes

TN # 23-0011

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 17. **MEDICAL SUPPLIES AND EQUIPMENT:** Reimbursement is made at the lesser of the provider's usual and customary charges 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 of medical supplies and equipment. 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 Department's maximum allowable rates for new items or services added to the fee schedule are calculated based on the Medicare rate for the year the procedure code is first established on the Department's fee schedule minus 6 percent. The Department's maximum allowable rate for medically necessary medical supplies and equipment where no fee schedule rate has been established is determined as follows:
- Medical supplies and durable equipment rates are set at the lesser of:
 - The average suggested retail price; or
 - The actual acquisition cost for each item plus 50 percent; or
 - The Medicare allowable rate for covered Medicare items or services.
 - Wheelchair, including parts and accessories, rates are set at the Manufacturer's Suggested Retail Price (MSRP) minus 10 percent.
 - Proprietary medical equipment, including parts and accessories, are set at the lesser of:
 - The average suggested retail price derived from available medical supply catalogs and/or providers' price lists; or
 - The wholesale price for each item plus 50 percent; or
 - The Medicare allowable rate for covered Medicare items or services; or
 - The MSRP minus 30 percent.
- 01/24 18. **TRANSPORTATION:** 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 transportation 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>.
- 03/25 Effective March 1, 2025, reimbursement for related ancillary travel expenses may not exceed the state subsistence and lodging reimbursement rates. The rates for food and lodging are established by the federal government's General Services Administration and may be found at the following hyperlink: <https://www.gsa.gov/travel/plan-book/per-diem-rates>.