

Table of Contents

State/Territory Name: IL

State Plan Amendment (SPA) #: 25-0014

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 Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
230 South Dearborn
Chicago, Illinois 60604



Financial Management Group

February 4, 2026

Laura Phelan, Director
Illinois Department of Healthcare and Family Services
Bureau of Program and Policy Coordination
201 South Grand Avenue East
Springfield, IL 62763-0001

RE: TN 25-0014

Dear Director Phelan,

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Illinois state plan amendment (SPA) to Attachment 4.19-B 25-0014, which was submitted to CMS on August 5, 2025. This state plan amendment proposes to provide an increase to reimbursement rates for both residential substance use disorder services and early intervention services.

We reviewed your SPA submission for compliance with statutory requirements including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2), of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of July 1, 2025. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any questions, please contact please contact Matthew Klein at 214-767-4625 or matthew.klein@cms.hhs.gov.

Sincerely,

A solid black rectangular box used to redact the signature of Todd McMillion.

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

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

1. TRANSMITTAL NUMBER 2 5 — 0 0 1 4		2. STATE IL
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI		
4. PROPOSED EFFECTIVE DATE July 1, 2025		
5. FEDERAL STATUTE/REGULATION CITATION 42 CFR 440.130, 42 CFR 440.169		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a FFY 2025 \$ 724,750 b FFY 2026 \$ 2,899,000
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B Introduction pages 1-2, pages 43(A), 47, 47A, 47B		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4.19-B Introduction pages 1 (24-0032), 2 (25-0005), pages 43(A) (23-0023), 47 (23-0023), 47A (02-0018), 47B (02-0018)
9. SUBJECT OF AMENDMENT Substance Use Disorder and Early Intervention Rate Increases		
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:		
11. SIGNATURE OF STATE AGENCY OFFICIAL [Redacted]		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 August 5, 2025		
FOR CMS USE ONLY		
16. DATE RECEIVED August 5, 2025		17. DATE APPROVED February 4, 2026
PLAN APPROVED - ONE COPY ATTACHED		
18. EFFECTIVE DATE OF APPROVED MATERIAL July 1, 2025		19. SIGNATURE OF APPROVING OFFICIAL [Redacted]
20. TYPED NAME OF APPROVING OFFICIAL Todd McMillion		21. TITLE OF APPROVING OFFICIAL Director, Division of Reimbursement Review
22. REMARKS 01/21/2026: State authorizes a Pen & Ink change to include the superseding numbers for each page provided in item 8.		

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, 2025

TN # 25-0014

Approval date: February 4, 2026

Effective date: 07/01/2025

Supersedes

TN# 24-0032

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
Early Intervention Services Targeted Case Management Services Target Group C	p. 43(A), 47	Early Intervention	July 1, 2025
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
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

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

07/25

Early Intervention Services

Reimbursement is made at the lesser of the usual and customary charge or fee-schedule 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 early intervention services. The agency's fee schedule rate was set and effective as of the date on the Attachment 4.19-B Introduction Pages 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**

07/25 TARGETED CASE MANAGEMENT—TARGET GROUP C

Reimbursement for targeted case management services provided to individuals under Target Group C, as specified in Supplement 1 to Attachment 3.1-A Page 5, is made at the lesser of the usual and customary charge or fee-schedule established by the Agency. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers. The agency's fee schedule rate is maintained on the Early Intervention fee schedule and was set and effective as of the date on the Attachment 4.19-B Introduction Pages. The fee schedule is published at: <https://hfs.illinois.gov/medicalproviders/medicaidreimbursement.html>.

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OTHER TYPE OF CARE—BASIS FOR REIMBURSEMENT**

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