Table of Contents

State/Territory Name: Illinois

State Plan Amendment (SPA) #: 25-0020

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 Services601
E. 12th St., Room 355
Kansas City, Missouri 64106

CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR MEDICAID & CHIP SERVICES

Medicaid and CHIP Operations Group

November 10, 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) 25-0020

Dear Director Whitehorn:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0020. This amendment proposes to update adaptive behavior support services reimbursement and coverage language relating to provider types and their qualifications.

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 25-0020 was approved on November 9, 2026, with an effective date of effective October 1, 2025.

Enclosed are copies of form CMS-179 and approved SPA pages to be incorporated into the Illinois State Plan.

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

Sincerely,

Megan K. Buck
Director, Division of Program Operations

Enclosures:

cc: Laura Phelan
Annet Godiksen
Kati Hinshaw

DEPARTMENT OF HEALTH ANDHUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB No. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER: 25-0020

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
October 1, 2025

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR 440.130(c)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2026 $ 0
b. FFY 2027 $ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Appendix to Attachment 3.1-A, page 13(A)(2) and page 13(A)(3)
Attachment 4.19-B, Introduction page 2

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*
Appendix to Attachment 3.1-A, page 13(A)(2) (23-0039) and page 13(A)(3) (21-0018)
Attachment 4.19-B, Introduction page 2 (25-0011)

9. SUBJECT OF AMENDMENT
Updates to adaptive behavior support services professional qualifications.

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
Laura Phelan

13. TITLE
Medicaid Administrator

14. DATE SUBMITTED
12/30/2025

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
December 30, 2025

17. DATE APPROVED
November 9, 2026

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
Megan K. Buck

21. TITLE OF APPROVING OFFICIAL
Director, Division of Program Operations

22. REMARKS

Instructions on Back

07/23
10/25

13c. Preventive Services - Adaptive Behavior Support (ABS) Services

A. **Service Description.** ABS services are provided to individuals under the age of 21 when medically necessary to treat autism spectrum disorder. ABS services are preventive services and must be recommended by a physician or licensed clinical psychologist operating within their scope of practice under state law and provided in accordance with 42 C.F.R. Section 440.130 (c).

ABS services require prior authorization. ABS services include the following components and must be provided consistent with an evidence-based treatment modality recognized by the Illinois Medicaid program (i.e., applied behavior analysis, other developmental interventions):

- Behavior assessment and Treatment Planning (BATP), which is a formal process of assessing an individual's current maladaptive or disruptive behaviors, functional skills, skill deficits, skill acquisition and maintenance of skills, and developing or updating individualized treatment goals, objectives and service recommendations based upon the assessment findings.
- Behavior analysis intervention, which are evidence-based interventions identified on the individual's BATP that use behavioral stimuli and consequences to produce socially significant improvement in behavior.
- Parent coaching and training, which is the act of coaching and training parents or guardians for the clinical benefit of the beneficiary, to reinforce the training and treatment provided by qualified providers during non-therapeutic moments, reducing the overall reliance upon clinical instruction.

Services excluded from ABS coverage include:

- Any activities that include Restraint, which is the direct restriction of the limbs, head or body, or Seclusion, which is the sequestration by placement in a room with no means of leaving;
- Traditional psychological, psychiatric, and mental health assessment, such as: psychological testing, personality assessment, intellectual assessment, and neuropsychological assessment;
- Traditional and atypical clinical interventions for behavioral health needs, such as: psychotherapy, cognitive therapy, sex therapy, psychoanalysis, hypnotherapy, family therapy, and counseling;
- Activities that are solely educational in nature or for educational purposes, including educational services provided under an individualized family service plan (IFSP) or an individualized educational program (IEP); and,
- Activities that are solely vocational or recreational in nature.

B. **Provider Qualifications**. ABS services are delivered by providers certified for Medicaid participation, which includes Behavioral Health Clinics and independently licensed practitioners. Staff qualified to deliver ABS services include the following individuals operating within their scope of practice as defined by state law or within the scope of their education and training:

a. Licensed Clinical Psychologists (LCPs)

b. Licensed Clinical Social Workers (LCSW) with advanced training in developmental interventions

c. Licensed Clinical Professional Counselors (LCPC) with advanced training in developmental interventions

d. Licensed Marriage and Family Therapists (LMFT) with advanced training in developmental interventions

e. Licensed Occupational Therapists with advanced training in developmental interventions

f. Licensed Speech-Language Pathologists with advanced training in developmental interventions

g. Licensed Behavior Analysts (LBA)

h. Licensed Assistant Behavior Analysts (LABA) delivering services under the supervision of an LCP or LBA.

i. Registered Behavior Technicians (RBTs) certified by the Behavior Analyst Certification Board (BACB) and who deliver services under the supervision of an LCP, LBA, or LABA. Individuals who have completed 40 hours of RBT training and passed the RBT initial competency assessment may provide ABS services for up to 120 calendar days while concurrently seeking full RBT certification from the BACB.

j. Behavior Technicians who deliver services under the supervision of any of the licensed providers listed in this subsection 13(c) Preventive Services – ABS Services. Behavior Technicians must be 18 years of age or older, have a high school diploma or GED, and have received technical training in developmental interventions.

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
Emergency Medical Services Personnel	p. 47F	Transportation	July 1, 2025
Screening Services	p. 48	Practitioner	January 1, 2025
Preventive Services, Adaptive Behavior Support	p. 48	Adaptive Behavior Support	October 1, 2025
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