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**State/Territory Name: Illinois**

**State Plan Amendment (SPA) #: 23-0029**

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

601 E. 12th St., Room 355

Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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November 1, 2023

Theresa Eagleson

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) 23-0029

Dear Director Eagleson:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0029. This SPA proposes to increase reimbursement rates for speech therapy services, physical therapy services, and occupational therapy services; and adds speech-language pathology assistants, physical therapy assistants, and occupational therapy assistants as providers.

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 23-0029 was approved on November 1, 2023 with an effective date of January 1, 2024.

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

Sincerely,

A large black rectangular redaction box covers the signature area of the letter.

James G Scott, Director  
Division of Program Operations

Enclosures

cc: Kelly Cunningham

Mary Doran

Annet Godiksen

Kati Hinshaw

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> <b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER <u>2 3</u> — <u>0 0</u> <u>2 9</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 <b>January 1, 2024</b>	
5. FEDERAL STATUTE/REGULATION CITATION <b>42 CFR 440.110</b>	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2024</u> \$ <u>450,000</u> b. FFY <u>2025</u> \$ <u>600,000</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <b>Appendix to Attachment 3.1-A, page 9 Attachment 4.19-B, page 35</b>	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <b>Appendix to Attachment 3.1-A, page 9 Attachment 4.19-B, page 35</b>	

9. SUBJECT OF AMENDMENT  
**Reimbursement rates for speech therapy services, physical therapy services, and occupational therapy services**

10. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT  OTHER, AS SPECIFIED:  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

11. SIGNATURE OF STATE AGENCY OFFICIAL 	15. RETURN TO Department of Healthcare and Family Services Bureau of Program and Policy Coordination Attn: Mary Doran 201 South Grand Avenue East Springfield, IL 62763-0001
12. TYPED NAME Theresa Eagleson	
13. TITLE Director of Healthcare and Family Services	
14. DATE SUBMITTED October 5, 2023	

**FOR CMS USE ONLY**

16. DATE RECEIVED October 5, 2023	17. DATE APPROVED November 1, 2023
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**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL January 1, 2024	19. SIGNATURE OF APPROVING OFFICIAL 
20. TYPED NAME OF APPROVING OFFICIAL James G Scott	21. TITLE OF APPROVING OFFICIAL 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

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11a. PHYSICAL THERAPY

01/24 Services are prescribed by a physician or other licensed practitioner of the healing arts within the scope of his or her practice under State law and provided by a qualified physical therapist, or by a physical therapist assistant operating under the direction of a physical therapist, as defined in 42 *CFR* 484.115. Services are provided in accordance with a plan of care established by licensed practitioner of the healing arts for the purpose of attaining maximum reduction of a disability and/or restoration of the client to an acceptable functional level.

Prior approval is required for the provision of services by an independent physical therapist or by a community health agency unless the client is eligible for these benefits under Medicare. 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.

11b. OCCUPATIONAL THERAPY

01/24 Services are prescribed by a physician or other licensed practitioner of the healing arts within the scope of his or her practice under State law and provided by a qualified occupational therapist, or by an occupational therapist assistant operating under the direction of an occupational therapist, as defined in 42 *CFR* 484.115. Services are provided in accordance with a plan of care established by a licensed practitioner of the healing arts for the purpose of attaining maximum reduction of a disability and/or restoration of the client to an acceptable functional level.

Prior approval is required for the provision of services by an independent occupational therapist or by a community health agency unless the client is eligible for these benefits under Medicare. 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.

11c. SPEECH, HEARING AND LANGUAGE

01/24 Services are referred by a physician or other licensed practitioner of the healing arts within the scope of his or her practice under State law and provided by a speech-language pathologist or audiologist, or by a speech-language pathology and audiology assistant, as defined in 42 *CFR* 440.110(c). Services are provided in accordance with a plan of care established by a licensed practitioner of the healing arts for the purpose of attaining maximum reduction of a disability and/or restoration of the client to an acceptable functional level.

Prior approval is required for the provision of services by an independent speech pathologist or audiologist or by a community health agency unless the client is under the age of 21 or eligible for these benefits under Medicare. 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.

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**

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- 05/15 14. INDEPENDENT SPEECH, OCCUPATIONAL AND PHYSICAL THERAPIST SERVICES: Reimbursement is made at the lesser of the usual and customary charge to the general public or statewide maximum established by the Department.
- 01/24 Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of independent therapy services. The agency's fee schedule rate was set as of January 1, 2024, and is effective for services provided on or after that date. All rates are published on the Department's website in the Therapy Fee Schedule located at <http://www.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/Pages/>
15. HEALTH MAINTENANCE ORGANIZATION SERVICES: Flat monthly rate per enrolled client as established by the Department.
- 01/23 16. APPLIANCES/PROSTHESES: Beginning November 1, 2019, the Department's maximum allowable rates for custom prosthetic and orthotics will be calculated based on the Medicare rate in effect on July 1, 2019, minus 6 percent, and the Department's maximum allowable rates for new items or services added to the fee schedule after November 1, 2019 will be calculated based on the Medicare rate for the year the procedure code is first established on the Department's fee schedule minus 6 percent.
- Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of appliances/orthotics and prostheses services. The agency's fee schedule rate was set as of January 1, 2023, and is effective for services provided on or after that date. All rates are published on the Department's website in the Durable Medical Equipment fee schedule located at <https://www.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/Pages/default.aspx>