

## **Table of Contents**

**State Territory Name: ILLINOIS**

**State Plan Amendment (SPA) #: 23-0030**

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  
233 North Michigan Ave., Suite 600  
Chicago, Illinois 60601



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**Financial Management Group**

November 8, 2023

Theresa Eagleson  
Illinois Department of Healthcare and Family Services  
201 South Grand Avenue East, 3<sup>rd</sup> Floor  
Springfield, IL 62763-0001  
RE: TN IL 23-0030

Dear Director Eagleson:

We have reviewed the proposed Illinois State Plan Amendment (SPA) to Attachment 4.19-B IL-23-0030, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on October 19, 2023. This plan amendment updates the rates for Nursing Services.

Based upon the information provided by the State, we have approved the amendment with an effective date of January 1, 2024. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Debi Benson at (312) 886-0360 or [Deborah.Benson@cms.hhs.gov](mailto:Deborah.Benson@cms.hhs.gov).

Sincerely,

A solid black rectangular box redacting 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 <u>2 3</u> — <u>0 0 3 0</u>	2. STATE <u>I 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  
**January 1, 2024**

5. FEDERAL STATUTE/REGULATION CITATION  
**42 CFR 440.40**

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  
a. FFY 2024 \$ 8,812,500  
b. FFY 2025 \$ 11,750,000

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
**Attachment 4.19-B, page 35B**

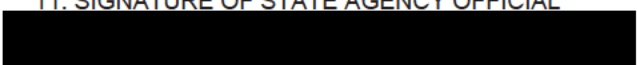
8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  
**Attachment 4.19-B, page 35B**

9. SUBJECT OF AMENDMENT  
**Nursing services rate increase under EPSDT**

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  
**Theresa Eagleson**

13. TITLE  
**Director of Healthcare and Family Services**

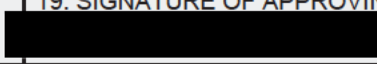
14. DATE SUBMITTED  
**10/19/23**

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

**FOR CMS USE ONLY**

16. DATE RECEIVED October 19, 2023	17. DATE APPROVED November 8, 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 Todd McMillion	21. TITLE OF APPROVING OFFICIAL Director, Division of Reimbursement Review

22. REMARKS

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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19. FAMILY PLANNING:

11/22 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 family planning services. The agency's fee schedule rate was set as of November 30, 2022, and is effective for services provided on or after that date. All rates are published on the Department's website in Practitioner Fee Schedule located at <https://hfs.illinois.gov/medicalproviders/medicaidreimbursement.html>

20. HEALTHY KIDS SERVICES: (Early and Periodic Screening, Diagnosis and Treatment):

Variable maximum depending upon provider type: hospital outpatient clinic facility—Department approved outpatient rate; encounter rate clinic—Department approved visit rate; physician visit—Department approved rate(s).

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of healthy kids services. The agency's fee schedule rate was set as of January 1, 2022, and is effective for services provided on or after that date. All rates are published on the Department's website in Practitioner Fee Schedule located at <https://hfs.illinois.gov/medicalproviders/medicaidreimbursement.html>.

01/24 The agency's fee schedule rate for in-home shift nursing services 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 Home Health Fee Schedule located at <https://hfs.illinois.gov/medicalproviders/medicaidreimbursement.html>