

Table of Contents

State/Territory Name: IL

State Plan Amendment (SPA) #: 14-0033

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
233 North Michigan Avenue, Suite 600
Chicago, Illinois 60601-5519



December 11, 2014

Julie Hamos, Director
Illinois Department of Healthcare and Family Services (HFS)
Prescott E. Bloom Building
201 South Grand Avenue East
Springfield, Illinois 62763-0001

ATTN: James Parker

RE: TN 14-0033

Dear Ms. Hamos:

Enclosed for your records is an approved copy of the following State Plan Amendment (SPA).

Transmittal #14-0033 - Approves Illinois' request to restore dental benefits for adults (21 and over) and to revise the effective date of the dental fee schedule.

--Effective Date: July 1, 2014

If you have any questions, please have a member of your staff contact Cathy Song at (312) 353-5184 or by email at Catherine.Song1@cms.hhs.gov.

Sincerely,

/s/

Alan Freund
Acting Associate Regional Administrator
Division of Medicaid and Children's Health Operations

Enclosure

cc: Mary Doran, HFS
Teresa Hursey, HFS
Sara Barger, HFS

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTER FOR MEDICARE AND MEDICAID SERVICES	1. TRANSMITTAL NUMBER 14-0033	2. STATE: ILLINOIS
	3. PROGRAM IDENTIFICATION: Title XIX of the Social Security Act (Medicaid)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE: July 1, 2014

5. TYPE OF PLAN MATERIAL (Check One)


NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: Section 1902 of the Social Security Act	7. FEDERAL BUDGET IMPACT a. FFY 2014 \$4,400,000 b. FFY 2015 \$17,500,000
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B, Page 34 Appendix to Attachment 3.1-A, Page 8A and Page 8 pen and ink change authorized 12/8/14 cs	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (if Applicable): Attachment 4.19-B, Page 34 Appendix to Attachment 3.1-A, Page 8 and Page 8A pen and ink change authorized 12/8/14 cs
10. SUBJECT OF AMENDMENT: Dental Services Restored for Adults	

11. 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: Not submitted for review by prior approval.

12. SIGNATURE OF AGENCY OFFICIAL: 	16. RETURN TO: Department of Healthcare and Family Services Bureau of Program and Reimbursement Analysis Attn: Mary Doran 201 South Grand Avenue East Springfield, IL 62763-0001
13. TYPED NAME: ✓ Julie Hamos	
14. TITLE: Director of Healthcare and Family Services	
15. DATE SUBMITTED 9/5/14	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 9/5/14	18. DATE APPROVED: 12/11/14
PLAN APPROVED—ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 7/1/14	20. SIGNATURE OF REGIONAL OFFICIAL: /s/
21. TYPED NAME Alan Freund	22. TITLE: Acting Associate Regional Administrator
23. 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**

8. **DENTAL SERVICES:** Reimbursement will be made for eligible recipients at the lesser of the usual and customary charge to the general public or statewide maximums established by the Department. The usual and customary charges are verified through post-payment audits. During these audits, private pay records are reviewed to determine the amount billed for similar procedures. If it is discovered that private pay individuals are charged less than the Medicaid population, recoupment action is taken.
- 07/12 07/14 Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Dental services. The agency's fee schedule rate was set as of July 1, ~~2012~~2014, and is effective for services provided on or after that date. All rates are published on the Department's website within the Dental Office Reference Manual located at www.hfs.illinois.gov/reimbursement/dental.html.
- 07/12 9. **EYEGLASSES:** Same as 6. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Eyeglasses. The agency's fee schedule rate was set as of July 1, 2012, and is effective for services provided on or after that date. All rates are published on the Department's website in the Optometric Fee Schedule located at www.hfs.illinois.gov/reimbursement/.
- 07/12 10. **PODIATRIC SERVICES:** Same as 6. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Podiatric services. The agency's fee schedule rate was set as of July 1, 2012, and is effective for services provided on or after that date. All rates are published on the Department's website in the Podiatrist Procedure Code located at www.hfs.illinois.gov/reimbursement/.
- For Illinois public universities, supplemental payments are available for services provided by podiatrists employed by the Medical Practice Plan – Physicians at the University of Illinois College of Medicine at Chicago. The payments will be determined using the methodology detailed in section 7. of this attachment, as it applies to podiatric services.
- 07/12 11. **CHIROPRACTIC SERVICES:** Same as 6. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Chiropractic services. The agency's fee schedule rate was set as of July 1, 2012, and is effective for services provided on or after that date. All rates are published on the Department's website in the Chiropractor fee schedule located at www.hfs.illinois.gov/reimbursement/.
- For Illinois public universities, supplemental payments are available for services provided by chiropractors employed by the Medical Practice Plan – Physicians at the University of Illinois College of Medicine at Chicago. The payments will be determined using the methodology detailed in section 7. of this attachment, as it applies to chiropractic services.
12. **HOME HEALTH CARE SERVICES:** Home Health Care Services rates are based on the following:
- a) Effective for services on or after July 1, 2002, home health providers shall be paid an all inclusive, per visit rate which shall be the lowest of:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Illinois

AMOUNT, DURATION, AND SCOPE OF SERVICES

10. DENTAL SERVICES

07/12 Dental services are categorized below and comport with 42 CFR 440.100.

07/12 Procedures covered under each category and prior approval or emergency post approval provisions are specified in the Department’s Dental Office Reference Manual or Provider Notices.

~~07/12~~07/14 Dental Services for individuals younger than age 21:

- Clinical oral examinations
- Radiographs
- Preventive
- Restorative
- Endodontics
- Prosthodontics (Dentures)
- Oral surgery
- Orthodontics
- Adjunctive general services
- Periodontics

07/12 All services or treatment that are medically necessary to correct or lessen health problems detected or suspected by the Early and Periodic Screening, Diagnosis and Treatment program will be provided to individuals younger than age 21.

07/12 Limitations on dental services for individuals younger than 21:

- Coverage of orthodontia is limited to cases which present a severe handicapping malocclusion or a handicapping dentofacial deformity. All orthodontia requires prior approval.
- Experimental dental services are not covered.
- Dental services performed only for cosmetic reasons are not covered.

~~07/12~~07/14 ~~Individuals who meet ICF/IDD Level of Care Requirements~~ Adults Residing in ICF/IDD Facilities:

- ~~● Initial oral examinations~~
- ~~● Radiographs~~
- ~~● Prophylaxis~~
- ~~● Restorative~~
- ~~● Periodontics~~
- ~~● Oral Surgery~~
- ~~● Anterior Endodontics~~
- ~~● Prosthodontics (Complete Dentures)~~
- ~~● Denture relining or repair~~
- ~~● Adjunctive general services~~

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: **Illinois**

AMOUNT, DURATION, AND SCOPE OF SERVICES

~~07/12~~07/14 All Other Adults Services are limited to:

- Extractions medically necessary to treat emergency dental conditions of pain, infection, swelling, uncontrolled bleeding, or traumatic injury. Covered services related to the extraction include: initial oral exams, radiographs, sedation and, if necessary oral surgery; ~~and~~
- Dental services that are medically necessary as a prerequisite for necessary medical care.
- Initial oral examinations
- Radiographs
- Oral Surgery
- Restorative
- Anterior Endodontics
- Prosthodontics (Dentures)
- Denture relining or repair
- Adjunctive general services

07/14 Limitations on dental services for individuals 21 and older:

- Full mouth series of x-rays are covered only once every three years.
- Polycarbonate crowns are covered; acrylic are not.
- Complete dentures (if necessary) are allowable only once every five years.
- Bridgework is allowable only once in five years.
- Coverage of root canals and apicoectomy procedures is covered for anterior teeth, bicuspids and first molars only.
- Experimental dental services are not covered.
- Dental services performed only for cosmetic reasons are not covered.