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State/Territory Name: Illinois

State Plan Amendment (SPA) #: 23-0011

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS Form 179
- 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

April 16, 2024

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) 23-0011

Dear Director Whitehorn:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0011. This SPA proposes to include transportation network companies as a type of non-emergency transportation provider that may be used to provide covered transportation services.

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 23-0011 was approved on April 16, 2024, with an effective date of November 1, 2023.

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

Sincerely,

A solid black rectangular box redacting the signature of James G Scott.

James G Scott, Director
Division of Program Operations

Enclosures

cc: Kelly Cunningham
Mary Doran
Annet Godiksen
Kati Hinshaw


TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER <u>2 3 — 0 0 1 1</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	
	4. PROPOSED EFFECTIVE DATE November 1, 2023	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		
5. FEDERAL STATUTE/REGULATION CITATION 42 CFR 440.170	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2024</u> \$ <u>0</u> b. FFY <u>2025</u> \$ <u>0</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Appendix to Attachment 3.1-A, page 18 Attachment 4.19-B, page 35A	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Appendix to Attachment 3.1-A, page 18 Attachment 4.19-B, page 35A	

9. SUBJECT OF AMENDMENT
Transportation Network Companies

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 	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 <u>Theresa Gagnon, Director</u>	
13. TITLE Director of Healthcare and Family Services	
14. DATE SUBMITTED September 28, 2023	

FOR CMS USE ONLY

16. DATE RECEIVED September 28, 2023	17. DATE APPROVED April 16, 2024
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PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL November 1, 2023	
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

24. RESPIRATORY CARE SERVICES

01/01 Respiratory services or treatment which are required to correct or lessen health problems detected by a screening process as medically necessary must be provided to individuals under age 21.

11/23 24a. TRANSPORTATION

- Ambulance Service: Requires prior approval except in case of emergency or transfer from one hospital to a second hospital for services not available at the sending hospital.
- Medigar, service car, taxi, private auto: Requires prior approval.
- Transportation Network Company services: Requires prior approval.
- Other (bus, train, airplane, *etc.*): Requires prior approval.

05/13 24b. (Reserved.)

24c. (Reserved.)

24d. SKILLED NURSING FACILITY SERVICES FOR PATIENTS UNDER 21 YEARS OF AGE

Preadmission screening is required.

Limits on services or treatments are not applicable to EPSDT (Health Kids) clients. 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**

05/15 17. MEDICAL SUPPLIES AND EQUIPMENT:

Medical Supplies: Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Medical Supply 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 Durable Medical Equipment fee schedule located at <http://www.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/Pages/>

Medical Equipment: The rate for medical equipment services provided on or after July 1, 2012, shall be the lower of:

- The cost plus 50 percent
- The Medicare allowable rate less 8.7 percent.
- The manufacturer's suggested retail price less 8.7 percent.

11/23 18. TRANSPORTATION: Reimbursement is made at the lesser of the usual and customary charge to the general public or statewide maximum established by the Department. Ambulance, medicar, transportation network companies, and service car and taxi providers: base rate plus mileage rate; oxygen add-ons may be reimbursed when provided in ambulances; attendants will be reimbursed when provided by medicars, service cars or taxis; stretchers will be reimbursed when provided by medicars; mileage will be reimbursed when provided by private automobile. Commercial carrier transportation is approved on case-by-case basis and reimbursed at the prevailing or a negotiated rate.

11/23 Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of transportation services. The agency's fee schedule rate was set as of November 1, 2023, and is effective for services provided on or after that date. All rates are published on the Department's website in the Transportation Services fee schedule located at <http://www.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/Pages/>.