

SEP 22 2011

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

ATTN: Greg Wilson and Mark McCurdy

Dear Ms. Hamos:

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

Transmittal #11-010 – Authorizes Illinois to Include Optometrist Services Under Physician Services.

--Effective Date: April 1, 2011

If you have any questions, please have a member of your staff contact Michelle Baldi at (312) 353-0909 or by email at Michelle.Baldi@cms.hhs.gov

Sincerely,



Verlon Johnson
Associate Regional Administrator
Division of Medicaid and Children's Health Operations

Enclosure

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTER FOR MEDICARE AND MEDICAID SERVICES	1. TRANSMITTAL NUMBER 11-10	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: April 1, 2011	

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 1905(e) Social Security Act	7. FEDERAL BUDGET IMPACT a. FFY 2011—\$ 0.0 million b. FFY 2012—\$ 0.0 million
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Appendix to Attachment 3.1-A page 3(C) <i>Section 3.1(F), pg 27</i> Attachment 3.1-A, Appendix, pg 4	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Appendix to Attachment 3.1-A page 3(C) <i>Section 3.1(F) pg 27</i> Attachment 3.1-A, Appendix, pg. 4
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10. SUBJECT OF AMENDMENT:
Definition of physician services to include optometrist services.


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: Greg Wilson, Chief 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 6-30-11	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 06-30-11	18. DATE APPROVED: SEP 22 2011
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PLAN APPROVED—ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 04-01-11	20. SIGNATURE OF REGIONAL OFFICIAL: 
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21. TYPED NAME Verlon Johnson	22. TITLE: Associate Regional Administrator
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23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Illinois

AMOUNT, DURATION, AND SCOPE OF SERVICES

- 07/95 The Department will consider requests on a case-by-case basis from physicians who are unable to meet the hospital delivery or admitting privileges criteria for enrollment in the MCH Program. In order to be considered under the exception process, the physician must have executed a formal agreement with another physician to accept referrals for hospital admission, submit certain documents and have such requests reviewed and approved by members of the State Medical Advisory Committee (SMAC).
- 04/11 Physician services include services of the type which an optometrist is also legally authorized to perform and such services are reimbursed whether furnished by a physician or an optometrist.
- 07/88 b. MEDICAL AND SURGICAL SERVICES FURNISHED BY A DENTIST (IN ACCORDANCE WITH SECTION 1905(a)(5)(B) OF THE ACT)
Physician services provided by dentists are limited to those services furnished by licensed dental practitioners within the scope of their practice as defined by State law.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Illinois

AMOUNT, DURATION, AND SCOPE OF SERVICES

6a. PODIATRISTS' SERVICES

07/99 Covered services are limited to medically necessary diagnostic, laboratory, radiological and surgical procedures required for treatment of conditions of the feet.

Consultations, routine foot care, preventive or reconstructive procedures and screenings, x-rays, laboratory work or similar services are not covered unless specifically required by the foot condition.

Certain services and unusual procedures require prior approval.

07/99 Limits on services or treatments are not applicable to EPSDT (Healthy 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.

6b. OPTOMETRISTS' SERVICES

~~07/0904/11~~ Optometrist's services are covered for EPSDT recipients only. ~~limited to eye examinations and the provision of necessary material as specified in 12d. Authorization for more than one examination in a twelve (12) month period can be given if medical need for a second examination is documented.~~

07/99 Limits on services or treatments are not applicable to EPSDT (Healthy 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.

6c. CHIROPRACTORS' SERVICES

07/99 Covered services are limited to those provided by chiropractors who meet standards promulgated by the Secretary of the Department of Health and Human Services and consisting of treatment by means of manual manipulation of the spine.

07/99 Limits on services or treatments are not applicable to EPSDT (Healthy 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

MEDICAL ASSISTANCE PROGRAM

Citation	Condition or Requirement
42 CFR 441.30 AT-78-90	<p data-bbox="414 380 806 411">3.1 (f) (1) Optometric Services</p> <p data-bbox="563 436 1442 604">Optometric services (other than those provided under 435.531 and 436.531) are not now but were previously provided under the plan. Services of the type an optometrist is legally authorized to perform are specifically included in the term 'physicians services' under this plan and are reimbursed whether furnished by a physician or an optometrist.</p> <p data-bbox="563 625 1442 821"> <input checked="" type="checkbox"/> Yes. <input type="checkbox"/> No. The conditions described in the first sentence apply but the term "physicians services" does not specifically include services of the type an optometrist is legally authorized to perform. <input checked="" type="checkbox"/> Not applicable. The conditions in the first sentence do not apply. </p>
1903(i)(1) of the Act, Pub.L. 99-272 (Sections 9507)	<p data-bbox="414 842 915 873">(2) Organ Transplant Procedures</p> <p data-bbox="563 873 1067 905">Organ transplant procedures are provided.</p> <p data-bbox="563 947 1442 1194"> <input type="checkbox"/> No. <input checked="" type="checkbox"/> Yes. Similarly situated individuals are treated alike and any restriction on the facilities that may, or practitioners who may, provide those procedures is consistent with the accessibility of high quality care to individuals eligible for the procedures under this plan. Standards for the coverage of organ transplant procedures are described at Attachment 3.1-E. </p>