

## **Table of Contents**

**State/Territory Name: IL**

**State Plan Amendment (SPA) #: 12-019**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Additional Companion letter
- 3) CMS 179 Form/Summary Form (with 179-like data)
- 4) Approved SPA Pages

Department of Health & Human Services  
Centers for Medicare & Medicaid Services  
233 North Michigan Avenue, Suite 600  
Chicago, Illinois 60601-5519



May 30, 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: Theresa Eagleson

RE: TN 12-019

Dear Ms. Hamos:

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

Transmittal #12-019 - Approves Illinois' request to change limitations for inpatient, chiropractic, podiatric, home health, dental, and physical/occupational/speech therapy services.

--Effective Date: July 1, 2012

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](mailto:Catherine.Song1@cms.hhs.gov).

Sincerely,

/s/ Alan Freund, Acting ARA

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

Enclosure

cc: Mary Doran, HFS  
Beth Green, HFS

Department of Health & Human Services  
Centers for Medicare & Medicaid Services  
233 North Michigan Avenue, Suite 600  
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May 30, 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: Theresa Eagleson

RE: TN 12-019 Companion

Dear Ms. Hamos:

This letter is being sent as a companion to our approval of State plan amendment (SPA) 12-019 submitted September 4, 2012 by the Illinois Department of Healthcare and Family Services. This SPA proposes to change limitations for inpatient, chiropractic, podiatric, home health, dental, and physical/occupational/speech therapy services effective July 1, 2012. We are requesting that the state submit a response to this letter to resolve our corresponding inpatient page issues found on page 1 of the Appendix to Attachment 3.1-A.

Since a portion of this SPA proposes to limit coverage for inpatient hospital services for “clients under 21 years of age and older who present at a hospital for alcohol or drug-induced detoxification if that client was discharged from a hospital within 60 days of treatment of such services”, we request that the state provide an assurance that no related changes are needed in the state plan for inpatient hospital reimbursement.

The State has 90 days from the date of this letter, to provide the assurance described above. During the 90 days, CMS will provide any required technical assistance.

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](mailto:Catherine.Song1@cms.hhs.gov).


Sincerely,

/s/ Alan Freund, Acting ARA

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

Enclosure

cc: Mary Doran, HFS  
Beth Green, HFS

|  |  |  |                              |
|--|--|--|------------------------------|
| <b>TRANSMITTAL AND NOTICE OF APPROVAL<br/>                 OF STATE PLAN MATERIAL</b><br>FOR: CENTER FOR MEDICARE AND MEDICAID SERVICES  |  | 1. TRANSMITTAL NUMBER<br><b>12-019</b>   | 2. STATE:<br><b>ILLINOIS</b> |
|  |  | 3. PROGRAM IDENTIFICATION:<br><b>Title XIX of the Social Security Act (Medicaid)</b>   |                              |
| TO: REGIONAL ADMINISTRATOR<br>CENTERS FOR MEDICARE AND MEDICAID SERVICES<br>DEPARTMENT OF HEALTH AND HUMAN SERVICES  |  | 4. PROPOSED EFFECTIVE DATE:<br><b>July 1, 2012</b>   |                              |
| 5. TYPE OF PLAN MATERIAL (Check One)<br><input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT  |  |  |                              |
| COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)  |  |  |                              |
| 6. FEDERAL STATUTE/REGULATION CITATION:<br><b>Section 1902 of the Social Security Act</b>  |  | 7. FEDERAL BUDGET IMPACT<br>a. FFY <b>2012</b> (\$ <b>9.6 million</b> )<br>b. FFY <b>2013</b> (\$ <b>38.4 million</b> )  |                              |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:<br><b>Attachment 3.1-A, Page 4<br/>Appendix to Attachment 3.1-A, Pages 1, 4, 5, 8, 8A, 9<br/>and 12 and 17</b>   |  | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):<br><b>Attachment 3.1-A, Page 4<br/>Appendix to Attachment 3.1-A, Pages 1, 4, 5, 8, 8A- 9<br/>and 12 and 17</b>                      |                              |
| 10. SUBJECT OF AMENDMENT:<br><b>Service Limitations</b>  |  |  |                              |
| 11. GOVERNOR'S REVIEW (Check One)<br><input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT<br><input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED<br><input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL<br><input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Not submitted for review by prior approval. |  |  |                              |
| 12. SIGNATURE OF AGENCY OFFICIAL:<br>   |  | 16. RETURN TO:<br><b>Department of Healthcare and Family Services<br/>Bureau of Program and Reimbursement Analysis<br/>Attn: Theresa Eagleson<br/>201 South Grand Avenue East<br/>Springfield, IL 62763-0001</b> |                              |
| 13. TYPED NAME: <b>Julie Harros</b>  |  |  |                              |
| 14. TITLE: <b>Director of Healthcare and Family Services</b>   |  |  |                              |
| 15. DATE SUBMITTED: <b>8-24-12</b>   |  |  |                              |
| <b>FOR REGIONAL OFFICE USE ONLY</b>  |  |  |                              |
| 17. DATE RECEIVED: <b>8/24/12</b>  |  | 18. DATE APPROVED: <b>5/30/14</b>  |                              |
| PLAN APPROVED—ONE COPY ATTACHED  |  |  |                              |
| 19. EFFECTIVE DATE OF APPROVED MATERIAL:<br><b>7/1/12</b>  |  | 20. SIGNATURE OF REGIONAL OFFICIAL:<br><b>/s/</b>  |                              |
| 21. TYPED NAME: <b>Alan Freund</b>   |  | 22. TITLE: <b>Acting Associate Regional Administrator</b>  |                              |
| 23. REMARKS:   |  |  |                              |

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Illinois

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE  
AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

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9. Clinic services.  
 Provided:  No limitations.  With limitations.\*  
 Not provided.
10. Dental services.  
 Provided:  No limitations.  With limitations.\*  
 Not provided.
11. Physical therapy and related services.
- a. Physical therapy.  
 Provided:  No limitations.  With limitations.\*  
 Not provided.
- b. Occupational therapy.  
 Provided:  No limitations.  With limitations.\*  
 Not provided.
- 07/12 c. Services for individuals with speech, hearing, and language disorders (provided by or under the supervision of a speech pathologist or audiologist).  
 Provided:  No limitations.  With limitations.\*  
 Not provided.

\* Description provided on attachment.

TN # 12-019  
Supersedes  
TN # 88-01

Approval date: 5/30/14

Effective date: 07/01/2012

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Illinois

AMOUNT, DURATION, AND SCOPE OF SERVICES

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1. INPATIENT HOSPITAL SERVICES (OTHER THAN THOSE PROVIDED IN AN INSTITUTION FOR MENTAL DISEASES OR TUBERCULOSIS)

- Certain inpatient hospital services are subject to review by the Department's Peer Review Organization and will not be covered unless medical necessity is shown and documented. At least thirty days prior to the effective date, hospitals are notified of changes to review requirements. Statewide hospital review requirements are specified in the Department's provider manuals and/or notices.
- Preoperative days will be limited to only the day immediately preceding surgery unless the attending physician provides documentation demonstrating the medical necessity of an additional day or days.
- Inpatient psychiatric services are subject to a review by the Department's Peer Review Organization. Only medically necessary inpatient psychiatric care will be approved.
- 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 21 years of age.

07/12

- Inpatient detoxification services will not be covered for clients 21 years of age and older who present at a hospital for alcohol or drug-induced detoxification if that client was discharged from a hospital within 60 days for treatment of such services.

2. OUTPATIENT HOSPITAL SERVICES

Most outpatient hospital services provided are covered utilizing specific fee-for-service codes. Utilization control, e.g., prior approval policies which may apply to the service in question and which would be required of non-hospital providers rendering services on a fee-for-service basis, is in effect.

07/02

The Ambulatory Procedure Listing defines those technical procedures that routinely require the use of the hospital outpatient setting, its technical staff and/or equipment. This list is updated annually.

Client coverage policies applicable to those services provided under the policy used by non-hospital providers include any requirements for utilization control or prior approval as specified in the *Illinois Administrative Code* and provider handbooks.

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 21 years of age.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Illinois

AMOUNT, DURATION, AND SCOPE OF SERVICES

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6a. PODIATRISTS' SERVICES

07/12 For clients 21 years of age and older, podiatric services are limited to those diagnosed with diabetes. ~~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.~~

07/12 Covered services are limited to those provided by Podiatrist meeting the requirements of 42 CFR 440.60.

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

04/11 Optometrist's services are covered for EPSDT recipients only.

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.

07/12 Covered services are limited to those provided by Optometrists meeting the requirements of 42 CFR 440.60.

6c. CHIROPRACTORS' SERVICES

07/12 ~~Covered services are limited to those provided by eChiropractors meeting the requirements of 42 CFR 440.60, 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.~~

07/12 Chiropractic services are covered for EPSDT recipients only.

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

AMOUNT, DURATION, AND SCOPE OF SERVICES

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7. HOME HEALTH SERVICES

a. b and c.

04/09 Home health services include the following required services provided in compliance with the federal regulations at 42 CFR 440.70:

- 1) Nursing services provided on a part-time or intermittent basis by a home health agency; or, in the absence of such an agency, a registered nurse.
- 2) Home health aide services provided by a home health agency.
- 3) Medical supplies, equipment, and appliances suitable for use in the home.

Services are provided on a short-term, intermittent basis. Services must be provided only on direct order of a physician, and require prior approval unless the client is eligible for these benefits under Medicare.

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.

~~d.~~

07/12 d. Physical therapy, occupational therapy, and speech pathology are provided as optional home health services. Therapists providing these services must meet the provider qualifications at 42 CFR 440.110.

Services available only when provided by a Home Health Agency, [a local health department certified by the Illinois Department of Public Health](#), or by a registered nurse when no home health agency exists in the area. Services require a direct order of a physician, and prior approval unless the client is eligible for these benefits under Medicare.

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

AMOUNT, DURATION, AND SCOPE OF SERVICES

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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 Handbooks for Dentists and/or Provider Bulletins.
- 07/12 Dental Services for individuals younger than age 21-Recipients Under the EPSDT Program:
- Clinical oral examinations
  - Radiographs
  - Preventive
  - Restorative
  - Endodontics
  - Prosthodontics
  - Oral surgery
  - Orthodontics
  - Adjunctive general services
  - Periodontics
- 07/12 All services or treatment that which are medically necessary to correct or lessen health problems detected or suspected by the Early and Periodic Screening, Diagnosis and Treatment program screening process will be provided to individuals younger than under age 21.
- 07/12 Limitations on dental service for individuals younger than age 21:
- Coverage of orthodontia is limited to case 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 Adults Residing in ICF/~~ID~~ Facilities:
- Initial oral exams
  - Radiographs
  - Prophylaxis
  - Restorative
  - Periodontics
  - Oral Surgery
  - Anterior Endodontics
  - Complete Dentures
  - Denture relining or repair
  - Adjunctive general services
- 07/12 All Other Adults – Services are limited as follows Individuals to:
- Extractions Initial oral exams, radiographs, sedation and surgery as 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. that can be treated by extraction; and
  - Dental services that are medically necessary as a prerequisite for necessary medical care.
  - Initial oral exams
  - Radiographs
  - Restorative
  - Oral Surgery
  - Complete Dentures
  - Denture relining or repair
  - Adjunctive general services
  - Anterior Endodontics

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Illinois

AMOUNT, DURATION, AND SCOPE OF SERVICES

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07/12 ~~Limitations on dental certain services for individuals younger than age 21; and procedures apply in all cases for all individuals (except for individuals under the EPSDT program).~~

- ~~● Full mouth series of x rays are covered only once every three years.~~
- ~~● Polycarbonate crowns are covered; acrylic is not.~~
- ~~● Complete or partial set of 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 except for individuals under the EPSDT program is covered for anterior teeth, bicuspid and first molars only.~~
- ~~● 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.~~

[Material removed]

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

7/12 Services are prescribed by a physician and provided by a qualified physical therapist as defined in 42 *CFR* 440.110(a). In most cases, prior approval is required, unless client is under the age of 21 or eligible for these benefits under Medicare. Physical therapy visits are limited to 20 per state fiscal year.

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

7/12 Services are prescribed by a physician and provided by a qualified occupational therapist as defined in 42 *CFR* 440.110(b). In most cases, prior approval is required, unless client is under the age of 21 or eligible for these benefits under Medicare. Occupational therapy visits are limited to 20 per state fiscal year.

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

7/12 Services are referred by a physician and provided by a speech pathologist or audiologist as defined 42 *CFR* 440.110(c). In most cases, prior approval is required, unless client is under the age of 21 or eligible for these benefits under Medicare. Speech, hearing and language therapy visits are limited to 20 per state fiscal year.

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

AMOUNT, DURATION, AND SCOPE OF SERVICES

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- Bifocal lenses only when the following conditions are met:
  - For the first bifocals, the power of the bifocal addition is at least 1.00 diopter; or
  - For a change in bifocal lenses, the power of the bifocal addition is changed by at least 0.50 diopters or the distance power represents a change of at least 0.75 diopters.
- More than one examination per year only when the vendor documents in the participant's patient record, the need for the additional examination.
- 07/12 ● Payment shall be made for one pair of eyeglasses or set of lenses for adults in a 24 month period. More than one pair of eyeglasses per year for children through age 20 only when the ~~vendor documents that the~~ additional pair is medically necessary and one of the following circumstances apply:
  - The eyeglasses being replaced were lost or stolen.
  - The eyeglasses being replaced were broken beyond repair.
  - For single vision lenses the difference between the old and new prescription is at least 0.75 diopters in either the sphere or cylinder component.
  - For bifocal lenses the power of the bifocal addition is changed by at least 0.50 diopters or the distance power represents a change of at least 0.75 diopters.
- 07/95 Eyeglasses and optical services will be provided to EPSDT recipients beyond and above limitations based on the determinations of medical necessity.  
  
Eye care materials dispensed by a supplier other than a physician or optometrist except for replacement and repair items are covered only when prescribed by a licensed physician or optometrist.  
  
The following items require prior approval. Approval shall be given when, in the judgment of a Department consultant, the requested item or service is appropriate:
- 11/00 ● Contact lenses and related contact lens services.  
● A third or subsequent pair of eyeglasses in one year for an adult 21 years of age or older  
● Custom made artificial eye  
● Low- vision devices  
● Any item or service not specifically included in the schedule of procedures for optical services and supplies.  
● Eye care services and materials, which are not covered:  
● Services, which are not provided to address a recipient's particular visual problems or complaints.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Illinois

AMOUNT, DURATION, AND SCOPE OF SERVICES

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14c. INTERMEDIATE CARE FACILITY SERVICES FOR INDIVIDUALS AGE 65 OR OLDER IN INSTITUTIONS FOR MENTAL DISEASES

Preadmission screening is required.

15a. INTERMEDIATE CARE FACILITY SERVICES (OTHER THAN IN AN INSTITUTION FOR MENTAL DISEASE)

A screening assessment is required prior to admission.

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.

07/12 Dental coverage for adults residing in ICF/ID facilities includes: initial oral exams, oral surgery, radiographs, anterior endodontics, prophylaxis, complete dentures, restorative, denture relining or repair, periodontics and adjunctive general services.

15b. INCLUDING SUCH SERVICES IN A PUBLIC INSTITUTION (OR DISTINCT PART THEREOF)

A screening assessment is required prior to admission.

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.

16. INPATIENT PSYCHIATRIC FACILITY SERVICES FOR INDIVIDUALS UNDER 21 YEARS OF AGE

03/02 All hospital inpatient psychiatric services are subject to a prepayment review. Only medically necessary inpatient psychiatric care will be covered. Service provided in treatment facilities outside of a hospital will have a cap of 120 days per child per provider each year. If a child requires more than 120 days of care, it must be provided by another facility.

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.

Psychiatric Services for individuals under the age of 21 means inpatient psychiatric services provided in accordance with 42 *CFR* 440.160 under the direction of a physician by one of the following:

- A. A psychiatric hospital.
- B. An inpatient psychiatric program in a hospital accredited by the Joint Commission on Accreditation of Healthcare Organizations.
- C. A psychiatric facility which is accredited by the Joint Commission on Accreditation of Healthcare Organizations, the Council on Accreditation of Services for Families and Children, or the Commission on Accreditation of Rehabilitation Facilities.