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State/Territory Name: IL

State Plan Amendment (SPA) #: 13-018

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



March 19, 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 13-018

Dear Ms. Hamos:

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

Transmittal #13-018 - Approves Illinois' request to add coverage of tobacco cessation counseling for pregnant women.

--Effective Date: January 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/

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

Enclosure

cc: Mary Doran, HFS
Beth Green, HFS

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTER FOR MEDICARE AND MEDICAID SERVICES	1. TRANSMITTAL NUMBER 13-018	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: January 1, 2014	
5. TYPE OF PLAN MATERIAL (Check One) <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: Section 1905 of the Social Security Act	7. FEDERAL BUDGET IMPACT a. FFY 2014 \$1.1 M b. FFY 2015 \$1.4 M	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, Page 1, 2 Attachment 3.1-B, Page 2, 2* Appendix to Attachment 3.1-A, Page 3	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-A, Page 1, 2 Attachment 3.1-B, Page 2, 2* Appendix to Attachment 3.1-A, Page 3	
10. SUBJECT OF AMENDMENT: Tobacco Cessation Counseling for Pregnant Women		
11. GOVERNOR'S REVIEW (Check One) <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL <input checked="" type="checkbox"/> 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 Bureau of Program & Policy Coordination Attn: Mary Doran, Acting Bureau Chief 201 South Grand Avenue East Springfield, IL 62763-0001	
13. TYPED NAME: Julle Hamos		
14. TITLE: Director of Healthcare and Family Services		
15. DATE SUBMITTED: 12/30/13		
FOR REGIONAL OFFICE USE ONLY		
17. DATE RECEIVED: 12/30/13	18. DATE APPROVED: 3/19/14	
PLAN APPROVED—ONE COPY ATTACHED		
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2014	20. SIGNATURE OF REGIONAL OFFICIAL: /s/	
21. TYPED NAME: Verlon Johnson	22. TITLE: Associate Regional Administrator	
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**

4. a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.
Provided: No limitations. With limitations.*
4. b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age and treatment of conditions found.*
4. c. Family planning services and supplies for individuals of childbearing age.
Provided: No limitations. With limitations.*
- 01/14 4. d. Face-to-Face Tobacco Cessation Counseling Services for Pregnant Women
 Provided: No limitations. With limitations.*
5. a. Physicians' services whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere.
Provided: No limitations. With limitations.*
5. b. Medical and surgical services furnished by a dentist (in accordance with section 1905(a)(5)(B) of the Act.
Provided: No limitations. With limitations.*
6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.
- a. Podiatrists' services.
Provided: No limitations. With limitations.*

* Description provided on attachment

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Illinois

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED MEDICALLY NEEDY GROUP (S):

1. Inpatient hospital services other than those provided in an institution for mental diseases.
 Provided: No limitations with limitations*
2. a. Outpatient hospital services.
 Provided: No limitations with limitations*
- b. Rural health clinic services and other ambulatory services furnished by a rural health clinic.
 Provided: No limitations with limitations*
- *c. Federally qualified health center(FQHC) services and other ambulatory services that are covered under the plan and furnished by an FQHC in accordance with section 4231 of the State Medicaid Manual (HCFA Pub.45-4).
 Provided: No limitations** with limitations
3. Other laboratory and x-ray services.
 Provided: No limitations with limitations*
4. a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.
 Provided: No limitations with limitations*
- b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.
- c. Family planning services and supplies for individuals of childbearing age.
 Provided: No limitations with limitations
- d. [Face-to-Face Tobacco Cessation Counseling Services for Pregnant Women](#)
 Provided: No limitations with limitations*

*Description provided on attachment.

~~*c. Federally qualified health center (FQHC) services and other ambulatory services that are covered under the plan and furnished by an FQHC in accordance with section 4231 of the State Medicaid Manual (HCFA Pub.45-4).~~

~~X_____ Provided _____ X_____ No limitations** _____ with limitations~~

**Limitations for participation in Healthy Moms/Healthy Kids are defined in the Appendix.

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

1. Inpatient hospital services other than those provided by in institution for mental diseases.
Provided: No limitations. With limitations.*
2. a. Outpatient hospital services.
Provided: No limitations. With limitations.*
b. Rural health clinic services and other ambulatory services furnished by a rural health clinic. (Which are otherwise included in the *State Plan*.)
Provided: No limitations. With limitations.*
c. Federally qualified health center (FQHC) services and other ambulatory services that are covered under the plan and furnished by an FQHC in accordance with section 4231 of the *State Medicaid Manual* (HCFA-Pub. 45-4).
Provided: No limitations.** With limitations.*
3. Other laboratory and x-ray services.
Provided: No limitations. With limitations.*

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Illinois

AMOUNT, DURATION, AND SCOPE OF SERVICES

04/09 3. OTHER LABORATORY AND X-RAY SERVICES

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.

4a. SKILLED NURSING FACILITIES (OTHER THAN SERVICES IN AN INSTITUTION FOR MENTAL DISEASES) FOR INDIVIDUALS 21 YEARS OF AGE OR OLDER

A preadmission screening assessment is required.

4b. EARLY AND PERIODIC SCREENING AND DIAGNOSIS TREATMENT SERVICES

Clients shall be referred for dental screenings beginning at age 2 if the client is not in the continuing care of an enrolled dental provider.

All medically necessary diagnosis and treatment services will be furnished to EPSDT (Healthy Kids) clients to treat conditions detected by periodic and inter-periodic screening services even if the services are not included in the State Plan.

In addition to services provided under this State Plan, covered Medicaid (Section 1905(a) of the *Social Security Act*) services for individuals under age 21 include: case management, personal care services, Christian Science nurse and respiratory care services.

Limits on services or treatments are not applicable to EPSDT (Healthy Kids) clients. All services or treatments, including organ transplants 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.

4c. Reserved

01/14 4d. TOBACCO CESSATION COUNSELING SERVICES FOR PREGNANT WOMEN

1) Face-to-Face Tobacco Cessation Counseling Services provided (by):

(i) By or under supervision of a physician;

(ii) By any other health care professional who is legally authorized to furnish such services under State law and who is authorized to provide Medicaid coverable services other than tobacco cessation services; or*

(iii) Any other health care professional legally authorized to provide tobacco cessation services under State law and who is specifically designated by the Secretary in regulations. (None are designated at this time; this item is reserved for future use.)

*describe if there are any limitations on who can provide these counseling services.

2) Provided: X No limitations With Limitations

Tobacco cessation counseling services for pregnant women shall include four (4) individual face-to-face counseling sessions per quit attempt, with a maximum of three (3) quit attempts per calendar year.