

## **Table of Contents**

**State/Territory Name: IL**

**State Plan Amendment (SPA) #: 14-0019**

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  
7500 Security Boulevard, Mail Stop S2-14-26  
Baltimore, Maryland 21244-1850



## **Disabled & Elderly Health Programs Group**

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September 10, 2014

Ms. Julie Hamos  
Director of Healthcare and Family Services  
Department of Healthcare and Family Services  
Bureau of Program and Reimbursement Analysis  
201 South Grand Avenue East  
Springfield, IL 62763-0001  
Attn: Mary Doran

Dear Ms. Hamos,

We have reviewed Illinois State Plan Amendment (SPA) 14-0019, Coverage for barbiturates, benzodiazepines and agents used to promote smoking cessation, received in the Chicago Regional Office on March 31, 2014. This amendment proposes to remove barbiturates, benzodiazepines, and agents used to promote smoking cessation from the list of drugs the state Medicaid program may exclude from coverage or otherwise restrict in order to comply with the requirements of Section 2502(a) of the Affordable Care Act.

Based on the information provided, we are pleased to inform you that consistent with the regulations at 42 CFR 430.20, SPA 14-0019 is approved with an effective date of January 1, 2014. A copy of the CMS-179 form, as well as the pages approved for incorporation into the Illinois state plan, will be forwarded by the Chicago Regional Office. If you have any questions regarding this amendment, please contact Terry Simananda at (410) 786-8144.

Sincerely,

/s/

John M. Coster, Ph.D., R.Ph.  
Director  
Division of Pharmacy

cc: Mary Doran, Department of Healthcare and Family Services  
Verlon Johnson, ARA, Chicago Regional Office  
Catherine Song, Chicago Regional Office

<b>TRANSMITTAL AND NOTICE OF APPROVAL                  OF STATE PLAN MATERIAL                  FOR: CENTER FOR MEDICARE AND MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER <b>14-0019</b>	2. STATE: <b>ILLINOIS</b>
	3. PROGRAM IDENTIFICATION: <b>Title XIX of the Social Security Act (Medicaid)</b>	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE: <b>January 1, 2014</b>

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: <b>Section 1927(d)(2) of the Social Security Act as amended by section 2502 of the Affordable Care Act</b>	7. FEDERAL BUDGET IMPACT a. FFY <b>2014</b> \$0 b. FFY <b>2015</b> \$0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: <b>Attachment 3.1-A, Page 13 Attachment 3.1-B, Page 12</b>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): <b>Attachment 3.1-A, Page 13 Attachment 3.1-B, Page 12</b>

10. SUBJECT OF AMENDMENT:  
**Coverage for barbiturates, benzodiazepines and agents used to promote smoking cessation**

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: <b>Department of Healthcare and Family Services Bureau of Program and Reimbursement Analysis Attn: Mary Doran 201 South Grand Avenue East Springfield, IL 62763-0001</b>
13. TYPED NAME: <b>Julie Hamos</b>	
14. TITLE: <b>Director of Healthcare and Family Services</b>	
15. DATE SUBMITTED <b>3/31/14</b>	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: **3/31/14**      18. DATE APPROVED: **9/10/14**

PLAN APPROVED—ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: **1/1/14**      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

**MEDICAID PROGRAM: REQUIREMENTS RELATING TO COVERED  
OUTPATIENT DRUGS FOR THE CATEGORICALLY NEEDY**

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- 1927(d)(2)  
and 1927(d)(7)
- (g) Covered outpatient drugs which the manufacturer seeks to require as a condition of sale that associated tests or monitoring services be purchased exclusively from the manufacturer or its designee (see specific drug categories below).

(The Medicaid agency lists specific category of drugs below)

- No excluded drugs are covered.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Illinois

**MEDICAID PROGRAM: REQUIREMENTS RELATING TO COVERED  
OUTPATIENT DRUGS FOR THE MEDICALLY NEEDY**

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- 1927(d)(2) and 1927(d)(7)  (g) Covered outpatient drugs which the manufacturer seeks to require as a condition of sale that associated tests or monitoring services be purchased exclusively from the manufacturer or its designee (see specific drug categories below).

(The Medicaid agency lists specific category of drugs below)

- No excluded drugs are covered.