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State/Territory Name: IL

State Plan Amendment (SPA) #: 14-0035

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



December 11, 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: James Parker

RE: TN 14-0035

Dear Ms. Hamos:

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

Transmittal #14-0035 - Approves Illinois' request to remove the 20 visit limit on physical, occupational, and speech therapy services.

--Effective Date: October 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,

A solid black rectangular box redacting the signature of Alan Freund.

Alan Freund
Acting Associate Regional Administrator
Division of Medicaid and Children's Health Operations

Enclosure

cc: Mary Doran, HFS
Teresa Hursey, HFS
Sara Barger, HFS

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTER FOR MEDICARE AND MEDICAID SERVICES	1. TRANSMITTAL NUMBER 14-0035	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: October 1, 2014	

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 1902 of the Social Security Act	7. FEDERAL BUDGET IMPACT a. FFY 2014 \$0.0 b. FFY 2015 \$0.0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Appendix to Attachment 3.1-A, Page 9	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Appendix to Attachment 3.1-A, Page 9

10. SUBJECT OF AMENDMENT:

Therapy 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:



13. TYPED NAME: **Julie Hamos**

14. TITLE: **Director of Healthcare and Family Services**

15. DATE SUBMITTED **9/29/14**

16. RETURN TO:

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

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 9/29/14	18. DATE APPROVED: 12/11/14
PLAN APPROVED—ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 10/1/14	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

AMOUNT, DURATION, AND SCOPE OF SERVICES

11a. PHYSICAL THERAPY

~~07/4210/14~~ Services are prescribed by a physician or other licensed practitioner of the healing arts within the scope of his or her practice under State law and provided by a qualified physical therapist as defined in 42 *CFR* 440.110(a). ~~In most cases, p~~Prior approval is required for the provision of services by an independent physical therapist or by a community health agency, 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

~~07/4210/14~~ Services are prescribed by a physician or other licensed practitioner of the healing arts within the scope of his or her practice under State law and provided by a qualified occupational therapist as defined in 42 *CFR* 440.110(b). ~~In most cases, p~~Prior approval is required for the provision of services by an independent occupational therapist or by a community health agency, 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

~~07/4210/14~~ Services are referred by a physician or other licensed practitioner of the healing arts within the scope of his or her practice under State law and provided by a speech pathologist or audiologist as defined 42 *CFR* 440.110(c). ~~In most cases, p~~Prior approval is required for the provision of services by an independent speech pathologist or audiologist or by a community health agency, 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.

TN # 14-0035
Supersedes
TN # 12-019

Approval date: 12/11/14

Effective date: 10/01/2014