

## **Table of Contents**

**State/Territory Name: IL**

**State Plan Amendment (SPA) #: 15-0008**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

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



---

October 17, 2016

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

Attn: Teresa Hursey

Dear Ms. Norwood:

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

Transmittal #15-0008 – Rate Reductions for Private Duty Nursing, Independent Therapies,  
Appliances/Prostheses, DME/Supplies, and Transportation  
– Effective Date: May 1, 2015

If you have any questions, please have a member of your staff contact Courtenay Savage at 312-353-3721 or via email at [Courtenay.Savage@cms.hhs.gov](mailto:Courtenay.Savage@cms.hhs.gov).

Sincerely,

/s/

Ruth A. Hughes  
Associate Regional Administrator  
Division of Medicaid and Children's Health Operations

Enclosure

cc: Sara Barger, HFS  
Kimberley Cox, HFS  
Mary Doran, HFS

<b>TRANSMITTAL AND NOTICE OF APPROVAL                  OF STATE PLAN MATERIAL                  FOR: CENTER FOR MEDICARE AND MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER <b>15-0008</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>May 1, 2015</b>

5. TYPE OF PLAN MATERIAL (Check One)

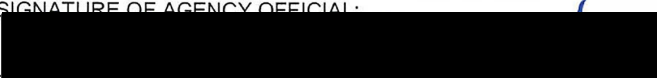
NEW STATE PLAN  AMENDMENT TO BE CONSIDERED AS NEW PLAN  AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: <b>Section 1902 of the Social Security Act</b>	7. FEDERAL BUDGET IMPACT a. FFY <b>2015</b> <b>(\$1,985,644.00)</b> b. FFY <b>N/A</b>
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: <b>Attachment 4.19-B, Page 35 and 35A</b>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): <b>Attachment 4.19-B, Page 35</b>

10. SUBJECT OF AMENDMENT:  
**Private duty nursing, Independent therapy, DME and Transportation - Rate Modifications**

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>Felicia F. Norwood</b>	
14. TITLE: <b>Director of Healthcare and Family Services</b>	
15. DATE SUBMITTED <b>5/22/15</b>	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: **May 22, 2015** | 18. DATE APPROVED: **October 17, 2016**

PLAN APPROVED-ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>May 1, 2015</b>	20. SIGNATURE OF REGIONAL OFFICIAL: <b>/s/</b>
21. TYPED NAME <b>Ruth A. Hughes</b>	22. TITLE: <b>Associate Regional Administrator</b>

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Illinois

**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES—  
OTHER TYPE OF CARE—BASIS FOR REIMBURSEMENT**

---

- 07/12 13. PRIVATE DUTY NURSING SERVICES: Reimbursement is made at the lesser of the usual and customary charge to the general public or statewide maximum established by the Department. In-home shift nursing payments for children who are under 21 years of age shall be at the Department's established hourly rate to an agency licensed to provide these services.
- 05/15 Effective for dates of service May 1, 2015 through June 30, 2015, private duty nursing services rates are reduced by 16.75% with the exception of governmental providers. All rates are published on the Department's website in Home Health Fee Schedule located at [www.hfs.illinois.gov/reimbursement](http://www.hfs.illinois.gov/reimbursement)/<http://www.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/Pages/>
- 07/12 14. INDEPENDENT SPEECH, OCCUPATIONAL AND PHYSICAL THERAPIST SERVICES: ~~Same as 6~~ Reimbursement is made at the lesser of the usual and customary charge to the general public or statewide maximum established by the Department.
- 05/15 Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of independent therapy services. The agency's fee schedule rate was set as of January 1, 2014, and is effective for services provided on or after that date. All rates are published on the Department's website in the Therapy Fee Schedule located at [www.hfs.illinois.gov/reimbursement/](http://www.hfs.illinois.gov/reimbursement/) <http://www.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/Pages/>.
- 05/15 Effective for dates of service May 1, 2015 through June 30, 2015, independent therapy services rates are reduced by 16.75% with the exception of governmental providers.
15. HEALTH MAINTENANCE ORGANIZATION SERVICES: Flat monthly rate per enrolled client as established by the Department.
16. APPLIANCES/PROSTHESES: ~~Most reasonable cost for the item which will adequately meet the client's needs. Most reasonable cost is based on the lowest of two or three estimates given prior to purchase.~~ The agencies rate for appliances and prosthesis is the lessor of charge or the most reasonable cost for the item which will adequately meet the client's needs and is based on the lowest of two or three estimates given prior to purchase.
- 05/15 Effective for dates of service May 1, 2015 through June 30, 2015, medical equipment and supply rates are reduced by 16.75% with the exception of governmental providers.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Illinois

**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES—  
OTHER TYPE OF CARE—BASIS FOR REIMBURSEMENT**

---

07/12 05/15 17. MEDICAL SUPPLIES AND EQUIPMENT:

Medical Supplies: Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Medical Supply services. The agency's fee schedule rate was set as of July 1, 2012, and is effective for services provided on or after that date. All rates are published on the Department's website in the ~~Medical Supplies~~ Durable Medical Equipment fee schedule located at [www.hfs.illinois.gov/reimbursement/http://www.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/Pages/](http://www.hfs.illinois.gov/reimbursement/http://www.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/Pages/)

Medical Equipment: The rate for medical equipment services provided on or after July 1, 2012, shall be the lower of:

- The cost plus 50 percent
- The Medicare allowable rate less 8.7 percent.
- The manufacturer's suggested retail price less 8.7 percent.

05/15 Effective for dates of service May 1, 2015 through June 30, 2015, medical equipment and supply rates are reduced by 16.75% with the exception of governmental providers.

07/12 18. TRANSPORTATION: ~~Lesser of charges or Department maximum.~~ Reimbursement is made at the lesser of the usual and customary charge to the general public or statewide maximum established by the Department. Ambulance, medicar and service car and taxi providers: base rate plus mileage rate; oxygen add-ons may be reimbursed when provided in ambulances; attendants may be reimbursed when provided by medicars, service cars or taxis; stretchers may be reimbursed when provided by medicars; mileage may be reimbursed when provided by private automobile. Commercial carrier transportation is approved on case-by-case basis and reimbursed at the prevailing or a negotiated rate.

05/15 Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of transportation services. The agency's fee schedule rate was set as of July 1, 2012, and is effective for services provided on or after that date. All rates are published on the Department's website in the Transportation Services fee schedule located at [www.hfs.illinois.gov/reimbursement/http://www.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/Pages/](http://www.hfs.illinois.gov/reimbursement/http://www.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/Pages/).

05/15 Effective for dates of service May 1, 2015 through June 30, 2015, emergency and non-emergency ambulance rates are reduced by 16.75% with the exception of governmental providers.

19. FAMILY PLANNING: Variable maximum per visit category: initial visit, annual visit, routine visit, problem visit and supply visit.

20. HEALTHY KIDS SERVICES: (Early and Periodic Screening, Diagnosis and Treatment): Variable maximum depending upon provider type: hospital outpatient clinic facility—Department approved outpatient rate; encounter rate clinic—Department approved visit rate; physician visit—Department approved rate(s).