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State/Territory Name: IL

State Plan Amendment (SPA) #: 17-0011

This file contains the following documents in the order listed:

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

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



December 18, 2017

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 #17-0011 – Clarify the settings in which home health services may be provided
in compliance with the home health final rule
– Effective Date: July 1, 2017
– Approval Date: December 18, 2017

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.

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

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTER FOR MEDICARE AND MEDICAID SERVICES	1. TRANSMITTAL NUMBER 17-0011	2. STATE: ILLINOIS
	3. PROGRAM IDENTIFICATION: Title XIX of the <i>Social Security Act</i> (Medicaid)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE: July 1, 2017	

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 <i>Social Security Act</i>	7. FEDERAL BUDGET IMPACT a. FFY 2017 - \$ 0 b. FFY 2018 - \$ 0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, page 3 Attachment 3.1-B, page 3	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Attachment 3.1-A, page 3 Attachment 3.1-B, page 3

10. SUBJECT OF AMENDMENT:

Adds language to comply with the Home Health Final Rule (CMS-2348-F)

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: Department of Healthcare and Family Services Bureau of Program and Reimbursement Analysis Attn: Mary Doran 201 South Grand Avenue East Springfield, IL 62763-0001
13. TYPED NAME: Felicia F. Norwood	
14. TITLE: Director of Healthcare and Family Services	
15. DATE SUBMITTED 9/27/17	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: September 27, 2017	18. DATE APPROVED: December 18, 2017
PLAN APPROVED—ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2017	20. SIGNATURE OF REGIONAL OFFICIAL: /s/
21. TYPED NAME Ruth A. Hughes	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**

- 6 b. Optometrists' services.
 Provided: No limitations. With limitations.*
 Not provided.
- c. Chiropractors' services.
 Provided: No limitations. With limitations.*
 Not provided.
- d. Other practitioners' services.
 Provided: Identified on attached sheet with descriptions of limitations, if any.
 Not provided.
7. Home health services.
- a. Intermittent or part-time nursing services provided by a home health agency or by a registered nurse when no home health agency exists in the area.
Provided: No limitations. With limitations.*
- b. Home health aide services provided by a home health agency.
Provided: No limitations. With limitations.*
- c. Medical supplies, equipment, and appliances suitable for use in the home any setting in which normal life activities take place and does not include a hospital, nursing facility, an intermediate care facility or any setting in which payment is or could be made under Medical Assistance programs for inpatient services that include room and board.
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): ALL
SPECIFIED IN ITEM C OF ATTACHMENT 2.2-A

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*
 - b. Optometrists' Services
 Provided: No limitations with limitations*
 - c. Chiropractors' Services
 Provided: No limitations with limitations*
 - d. Other Practitioners' Services
 Provided: No limitations with limitations
7. Home Health Services
- a. Intermittent or part-time nursing service provided by a home health agency or by a registered nurse when no home health agency exists in the area.
 Provided: No limitations with limitations*
 - b. Home health aide services provided by a home health agency.
 Provided: No limitations with limitations*
 - c. Medical supplies, equipment, and appliances suitable for use in ~~the home~~ any setting in which normal life activities take place and does not include a hospital, nursing facility, an intermediate care facility or any setting in which payment is or could be made under Medical Assistance programs for inpatient services that include room and board.
 Provided: No limitations with limitations*
 - d. Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility.
 Provided: No limitations with limitations*

*Description provided on attachment.