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State/Territory Name: Illinois

State Plan Amendment (SPA) #: 21-0016

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

January 24, 2022

Theresa Eagleson
Director
Illinois Department of Healthcare and Family Services
201 South Grand Avenue East
3rd Floor
Springfield, IL 62763-0001

Re: Illinois State Plan Amendment (SPA) 21-0016

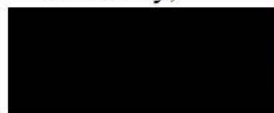
Dear Ms. Eagleson:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 21-0016. This amendment proposes to reinstate adult chiropractic services as a Medicaid benefit.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations. This letter is to inform you that Illinois Medicaid SPA 21-0016 was approved on January 24, 2022, with an effective date of December 1, 2021.

If you have any questions, please contact Courtenay Savage at 708-567-2048 or via email at Courtenay.Savage@cms.hhs.gov.

Sincerely,



Digitally signed by
James G. Scott -S
Date: 2022.01.24
14:32:08 -06'00'

James G Scott, Director
Division of Program Operations

Enclosures

cc: Kelly Cunningham
Mary Doran
Jane Eckert

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTER FOR MEDICARE AND MEDICAID SERVICES	1. TRANSMITTAL NUMBER 21-0016	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: December 1, 2021

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: 42 CFR 440.60	7. FEDERAL BUDGET IMPACT a. FFY 2021 - \$175,000.00 b. FFY 2022 - \$700,000.00
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Appendix to Attachment 3.1-A, Page 4	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (if Applicable): Appendix to Attachment 3.1-A, Page 4

10. SUBJECT OF AMENDMENT:
Adult chiropractic 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: 	16. RETURN TO: Department of Healthcare and Family Services Bureau of Program and Policy Coordination Attn: Mary Doran 201 South Grand Avenue East Springfield, IL 62763-0001
13. TYPED NAME: Theresa Carlson	
14. TITLE: Director of Healthcare and Family Services	
15. DATE SUBMITTED: 10/27/2021	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: **October 27, 2021** 18. DATE APPROVED: **January 24, 2022**

PLAN APPROVED—ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: December 1, 2021	20. SIGNATURE OF REGIONAL OFFICIAL:  Digitally signed by James G. Scott -S Date: 2022.01.24 14:32:48 -06'00'
21. TYPED NAME: James G. Scott	22. TITLE: Director, Division of Program Operations

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Illinois

AMOUNT, DURATION, AND SCOPE OF SERVICES

6a. PODIATRISTS' SERVICES

10/14 Covered services are limited to medically necessary diagnostic, laboratory, radiological and surgical procedures required for treatment of conditions of the feet.

Consultations, routine foot care, preventive or reconstructive procedures and screenings, x-rays, laboratory work or similar services are not covered unless specifically required by the foot condition.

07/12 Covered services are limited to those provided by Podiatrist meeting the requirements of 42 CFR 440.60.

Certain services and unusual procedures require prior approval.

07/99 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.

6b. OPTOMETRISTS' SERVICES

04/11 Optometrist's services are covered for EPSDT recipients only.

07/99 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.

07/12 Covered services are limited to those provided by Optometrist meeting the requirements of 42 CFR 440.60.

6c. CHIROPRACTORS' SERVICES

07/12 Covered services are limited to those provided by Chiropractors meeting the requirements of 42 CFR 440.60.

~~07/12 Chiropractic services are covered for EPSDT recipients only.~~

07/99 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.

01/17 6d. OTHER PRACTITIONER SERVICES

Psychologists – Effective January 1, 2017, licensed psychologists will be enrolled to provide behavioral health services. Covered services are limited to those under the Psychologists' scope of practice as defined by State law.

Social Workers – Effective January 1, 2017, licensed clinical social workers will be enrolled to provide behavioral health services. Covered services are limited to those under the Licensed Clinical Social Workers' scope of practice as defined by State law.