

## **Table of Contents**

**State/Territory Name: Illinois**

**State Plan Amendment (SPA) #: 23-0007**

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

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April 17, 2023

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) 23-0007

Dear Ms. Eagleson:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0007. This amendment proposes to increase reimbursement rates for prosthetic devices.

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 23-0007 was approved on April 17, 2023, with an effective date of January 1, 2023.

If you have any questions, please contact Courtenay Savage at 708-567-2048 or via email at [Courtenay.Savage@cms.hhs.gov](mailto:Courtenay.Savage@cms.hhs.gov).

Sincerely,



James G Scott, Director  
Division of Program Operations

Enclosures

cc: Kelly Cunningham  
Mary Doran  
Annet Godiksen  
Kati Hinshaw

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER <u>2 3 — 0 0 0 7</u>	2. STATE <u>IL</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	

TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
**January 1, 2023**

5. FEDERAL STATUTE/REGULATION CITATION  
**42 CFR 440.120**

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  
a. FFY 2023 \$ 2,062,500  
b. FFY 2024 \$ 2,750,000

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
~~Appendix to Attachment 3.1-A, Page 11~~  
**Attachment 4.19-B, Page 35**

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  
~~Appendix to Attachment 3.1-A, Page 11~~  
**Attachment 4.19-B, Page 35**

9. SUBJECT OF AMENDMENT

**Prosthetic devices.**

10. 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:

11. SIGNATURE OF STATE AGENCY OFFICIAL  
[Redacted]

12. TYPED NAME  
**Theresa Eagleson**

13. TITLE  
**Director of Healthcare and Family Services**

14. DATE SUBMITTED  
**2/14/23**

15. 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

**FOR CMS USE ONLY**

16. DATE RECEIVED <b>February 14, 2023</b>	17. DATE APPROVED <b>April 17, 2023</b>
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**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL <b>January 1, 2023</b>	19. SIGNATURE OF APPROVING OFFICIAL [Redacted]
20. TYPED NAME OF APPROVING OFFICIAL <b>James G. Scott</b>	21. TITLE OF APPROVING OFFICIAL <b>Director, Division of Program Operations</b>

22. REMARKS  
**4/3/23: State approved pen and ink change to remove page 11 of the Appendix to Attachment 3.1-A.**

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**

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- 05/15 14. INDEPENDENT SPEECH, OCCUPATIONAL AND PHYSICAL THERAPIST SERVICES: Reimbursement is made at the lesser of the usual and customary charge to the general public or statewide maximum established by the Department.
- 03/22 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 March 1, 2022, 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 <http://www.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/Pages/>
15. HEALTH MAINTENANCE ORGANIZATION SERVICES: Flat monthly rate per enrolled client as established by the Department.
- 01/23 16. APPLIANCES/PROSTHESES: Beginning November 1, 2019, the Department's maximum allowable rates for custom prosthetic and orthotics will be calculated based on the Medicare rate in effect on July 1, 2019, minus 6 percent, and the Department's maximum allowable rates for new items or services added to the fee schedule after November 1, 2019 will be calculated based on the Medicare rate for the year the procedure code is first established on the Department's fee schedule minus 6 percent.
- Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of appliances/orthotics and prostheses services. The agency's fee schedule rate was set as of January 1, 2023, and is effective for services provided on or after that date. All rates are published on the Department's website in the Durable Medical Equipment fee schedule located at <https://www.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/Pages/default.aspx>