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State/Territory Name: Illinois

State Plan Amendment (SPA) #: 24-0001

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

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

July 9, 2024

Elizabeth Whitehorn
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) 24-0001

Dear Director Whitehorn:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0001. This SPA proposes to add genetic counseling services provided by licensed genetic counselors.

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 24-0001 was approved on June 28, 2024 with an effective date of April 1, 2024.

If you have any questions, please contact Courtenay Savage at 312-353-3721 or via email at Courtenay.Savage@cms.hhs.gov.

Sincerely,

Falecia M.
Smith -S

Falecia M. Smith, Acting Director
Division of Program Operations

Digitally signed by Falecia M.
Smith -S
Date: 2024.07.09 14:56:27
-04'00'

Enclosures

cc: Kelly Cunningham
Annet Godiksen
Kati Hinshaw

<p>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</p> <p>FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES</p>		<p>1. TRANSMITTAL NUMBER</p> <p style="text-align: center;">2 4 — 0 0 0 1</p>	<p>2. STATE</p> <p style="text-align: center;">I L</p>
<p>TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES</p>		<p>3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT</p> <p style="text-align: center;"><input checked="" type="radio"/> XIX <input type="radio"/> XXI</p>	
<p>5. FEDERAL STATUTE/REGULATION CITATION</p> <p>42 CFR 440.60</p>		<p>4. PROPOSED EFFECTIVE DATE</p> <p style="text-align: center;">April 1, 2024</p>	
<p>7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT</p> <p>Appendix to Attachment 3.1-A, Page 4B Attachment 4.19-B, Introduction Page 1 & 47E</p>		<p>6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)</p> <p>a. FFY 2024 \$ 0</p> <p>b. FFY 2025 \$ 0</p>	
<p>9. SUBJECT OF AMENDMENT</p> <p>Licensed Genetic Counselors</p>		<p>8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)</p> <p>Appendix to Attachment 3.1-A, Page 4B Attachment 4.19-B, Introduction Page 1 & 47E</p>	
<p>10. GOVERNOR'S REVIEW (Check One)</p> <p><input type="radio"/> GOVERNOR'S OFFICE REPORTED NO COMMENT</p> <p><input type="radio"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED</p> <p><input type="radio"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL</p> <p style="text-align: right;"><input checked="" type="radio"/> OTHER, AS SPECIFIED:</p>			
<p>11. SIGNATURE OF STATE AGENCY OFFICIAL</p> <p style="text-align: center;">[Redacted Signature]</p>	<p>15. RETURN TO</p> <p>Department of Healthcare and Family Services Bureau of Program and Policy Coordination Attn: Kati Hinshaw 201 South Grand Avenue East Springfield, IL 62763-0001</p>		
<p>12. TYPED NAME</p> <p>Kelly Cunningham</p>	<p>13. TITLE</p> <p>Administrator Division of Medical Programs</p>		
<p>14. DATE SUBMITTED</p> <p style="text-align: center;">April 1, 2024</p>	<p>FOR CMS USE ONLY</p>		
<p>16. DATE RECEIVED</p> <p style="text-align: center;">April 2, 2024</p>	<p>17. DATE APPROVED</p> <p style="text-align: center;">June 28, 2024</p>		
<p>PLAN APPROVED - ONE COPY ATTACHED</p>			
<p>18. EFFECTIVE DATE OF APPROVED MATERIAL</p> <p style="text-align: center;">April 1, 2024</p>	<p>19. SIGNATURE OF APPROVING OFFICIAL</p> <p style="text-align: center;">Falecia M. Smith -S</p> <p style="font-size: small; text-align: right;">Digitally signed by Falecia M. Smith -S Date: 2024.07.09 14:57:11 -04'00'</p>		
<p>20. TYPED NAME OF APPROVING OFFICIAL</p> <p style="text-align: center;">Falecia M. Smith</p>	<p>21. TITLE OF APPROVING OFFICIAL</p> <p style="text-align: center;">Acting Director, Division of Program Operations</p>		
<p>22. REMARKS</p>			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: **Illinois**

AMOUNT, DURATION, AND SCOPE OF SERVICES

01/23 6d. OTHER PRACTITIONER SERVICES (continued)

Pharmacist services. Medical services must be performed in accordance with the pharmacist's scope of practice as defined in applicable statutes and regulations. Pharmacist services are limited to the following stated services.

- Licensed pharmacists may provide counseling services for the dispensing of hormonal contraceptives pursuant to State law.
- Licensed pharmacists may initiate, dispense, and administer drugs, laboratory tests, assessments, referrals, and consultation for HIV pre-exposure and post-exposure prophylaxis.

Services of licensed/registered pharmacy interns are reimbursable as covered services when performed under the direct supervision of a licensed pharmacist in accordance with State law. The supervising pharmacist assumes professional responsibility for such services.

04/23 Acupuncturist services. Medical services must be performed in accordance with the licensed acupuncturist's scope of practice as defined in applicable statutes and regulations. Acupuncturist services are limited to procedures related to lower back pain and breech baby treatment.

04/24 [Licensed Genetic Counselors. Effective April 1, 2024, licensed genetic counselors will be enrolled to provide genetic counseling services. Covered services are limited to those under the Licensed Genetic Counselor's scope of practice as defined by State law.](#)

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**

Effective dates for Reimbursement Rates for Specified Services:

Reimbursement rates for the services listed in this introductory section are effective for services provided on or after that date. Reimbursement is made at the lesser of the usual and customary charge to the general public or the statewide maximum established by the Department. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers.

*All rates are published on the Department’s reimbursement webpage located at:
<https://hfs.illinois.gov/medicalproviders/medicaidreimbursement.html>.*

<i>Service</i>	<i>Attachment 4.19-B Reference</i>	<i>Applicable Fee Schedule</i>	<i>Effective Date of Fee Schedule</i>
<i>Other Laboratory & X-Ray Services</i>	<i>p. 33</i>	<i>Practitioner</i>	<i>April 1, 2024</i>
<i>Physician’s Services</i>	<i>p. 33-33C</i>	<i>Practitioner</i>	<i>April 1, 2024</i>
<i>Physician’s Services - Optometrists</i>	<i>p. 33-33C</i>	<i>Optometric</i>	<i>April 1, 2024</i>
<i>Dental Services</i>	<i>p. 34</i>	<i>Dental</i>	<i>January 1, 2023</i>
<i>Eyeglasses</i>	<i>p. 34</i>	<i>Optometric</i>	<i>April 1, 2024</i>
<i>Podiatric Services</i>	<i>p. 34</i>	<i>Podiatric</i>	<i>April 1, 2024</i>
<i>Speech, Occupational, & Physical Therapy Services</i>	<i>p. 35</i>	<i>Therapy Providers</i>	<i>January 1, 2024</i>
<i>Audiology Services</i>	<i>p. 35</i>	<i>Audiologist</i>	<i>April 1, 2024</i>
<i>Prosthetic Devices</i>	<i>p. 35</i>	<i>Durable Medical Equipment</i>	<i>January 1, 2024</i>
<i>Medical Supplies & Equipment</i>	<i>p. 35A</i>	<i>Durable Medical Equipment</i>	<i>January 1, 2024</i>
<i>Transportation Services</i>	<i>p. 35A</i>	<i>Transportation</i>	<i>January 1, 2024</i>
<i>Family Planning Services</i>	<i>p. 35B</i>	<i>Family Planning</i>	<i>January 1, 2024</i>
<i>EPSDT, Healthy Kids Services</i>	<i>p. 35B</i>	<i>Practitioner</i>	<i>January 1, 2024</i>
<i>EPSDT, In-Home Shift Nursing Services</i>	<i>p. 35B</i>	<i>Home Health</i>	<i>January 1, 2024</i>
<i>Licensed Clinical Psychologist, Licensed Clinical Social Worker, Licensed Clinical Professional Counselor, and Licensed Marriage and Family Therapist Services</i>	<i>p. 47D</i>	<i>Licensed Practitioner of the Healing Arts</i>	<i>April 1, 2024</i>
<i>Pharmacist Services</i>	<i>p. 47E</i>	<i>Pharmacist</i>	<i>January 1, 2023</i>
<i>Acupuncturist Services</i>	<i>p. 47E</i>	<i>Acupuncture</i>	<i>April 1, 2023</i>
<u>Licensed Genetic Counselors</u>	<u>p. 47E</u>	<u>Practitioner</u>	<u>April 1, 2024</u>
<i>Screening Services</i>	<i>p. 48</i>	<i>Practitioner</i>	<i>January 1, 2024</i>
<i>Preventive Services – Adaptive Behavior Support</i>	<i>p. 48</i>	<i>Adaptive Behavior Support</i>	<i>October 1, 2021</i>
<i>Preventive Services, Doula Services</i>	<i>p. 48(1)</i>	<i>Doula</i>	<i>February 1, 2024</i>

Payment methodologies are listed in the Attachment 4.19-B, Methods and Standards for Establishing Payment Rates, pages that follow.

TN # 24-0001

Approval Date: **06/28/2024**

Effective Date: **04/01/2024**

Supersedes

TN # 24-0007

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

26. Other Practitioner Services, continued:

- 04/24 E. Pharmacist Services. Reimbursement is made at the lesser of the *provider's* usual and customary charges to the general public or *the* statewide maximum established by the Department. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of pharmacist services. Pharmacists will be reimbursed at 85% of the physician reimbursement rate. The agency's fee schedule rates *were* set as of *the date on the Attachment 4.19-B Introduction Page and are published at:*
<https://hfs.illinois.gov/medicalproviders/medicaidreimbursement.html>.
- 04/24 F. Acupuncturist Services. Reimbursement is made at the lesser of the *provider's* usual and customary charges to the general public or *the* statewide maximum established by the Department. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of acupuncturist services. Acupuncturists will be reimbursed at 60% of the Medicare reimbursement rate. The agency's fee schedule rates *were* set as of *the date on the Attachment 4.19-B Introduction Page and are published at:*
<https://hfs.illinois.gov/medicalproviders/medicaidreimbursement.html>.
- 04/24 G. Genetic Counselor Services. Reimbursement is made at the lesser of the provider's usual and customary charges to the general public or the statewide maximum established by the Department. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of genetic counseling services. The agency's fee schedule rates were set as of the date on the Attachment 4.19-B Introduction Page and are published at:
<https://hfs.illinois.gov/medicalproviders/medicaidreimbursement.html>.