

## **Table of Contents**

**State Territory Name: ILLINOIS**

**State Plan Amendment (SPA) #: 24-0014**

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  
Center for Medicaid & CHIP Services  
230 South Dearborn  
Chicago, Illinois 60604



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**Financial Management Group**

September 13, 2024

Elizabeth Whitehorn, Director  
Illinois Department of Healthcare and Family Services  
201 South Grand Avenue East, 3<sup>rd</sup> Floor  
Springfield, IL 62763-0001

RE: TN 24-0014

Dear Director Whitehorn:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Illinois state plan amendment (SPA) to Attachment 4.19-B 24-0014, which was submitted to CMS on July 9, 2024. This plan amendment updates rates for dental anesthesia and Substance Use Disorder (SUD) services.

We reviewed your SPA submission for compliance with statutory requirements including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2), of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of July 1, 2024. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Debi Benson at 312-886-0360 or via email at [Deborah.Benson@cms.hhs.gov](mailto:Deborah.Benson@cms.hhs.gov).

Sincerely,



Todd McMillion  
Director  
Division of Reimbursement Review

Enclosures

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

1. TRANSMITTAL NUMBER  
2 4 — 0 0 1 4

2. STATE  
IL

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT  
 XIX  XXI

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

4. PROPOSED EFFECTIVE DATE  
July 1, 2024

5. FEDERAL STATUTE/REGULATION CITATION  
42 CFR 440.50 and 42 CFR 440.130


6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  
a. FFY 2024 \$ 510,000  
b. FFY 2025 \$ 2,040,000

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
Attachment 4.19-B, Introduction Pages 1 and 2, and Page 38

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  
Attachment 4.19-B, Introduction Page 1 and Pages 38, 39, 39A, and 39B

9. SUBJECT OF AMENDMENT  
Rate updates to dental anesthesia and substance use disorder services.

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  


12. TYPED NAME  
Kelly Cunningham

13. TITLE  
Administrator Division of Medical Programs

14. DATE SUBMITTED  
July 9, 2024

15. RETURN TO  
Department of Healthcare and Family Services  
Bureau of Program and Policy Coordination  
Attn: Kati Hinshaw  
201 South Grand Avenue East  
Springfield, IL 62763-0001


**FOR CMS USE ONLY**

16. DATE RECEIVED  
July 9, 2024

17. DATE APPROVED  
September 13, 2024

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL  
July 1, 2024

19. SIGNATURE OF APPROVING OFFICIAL  


20. TYPED NAME OF APPROVING OFFICIAL  
Todd McMillion

21. TITLE OF APPROVING OFFICIAL  
Director, Division of Reimbursement Review

22. 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**

**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>.

Service	Attachment 4.19-B Reference	Applicable Fee Schedule	Effective Date of Fee Schedule
Other Laboratory & X-Ray Services	p. 33	Practitioner	July 1, 2024
Physician’s Services	p. 33-33C	Practitioner	July 1, 2024
Physician’s Services - Optometrists	p. 33-33C	Optometric	April 1, 2024
Dental Services	p. 34	Dental	January 1, 2023
Eyeglasses	p. 34	Optometric	April 1, 2024
Podiatric Services	p. 34	Podiatric	April 1, 2024
Speech, Occupational, & Physical Therapy Services	p. 35	Therapy Providers	January 1, 2024
Audiology Services	p. 35	Audiologist	April 1, 2024
Prosthetic Devices	p. 35	Durable Medical Equipment	January 1, 2024
Medical Supplies & Equipment	p. 35A	Durable Medical Equipment	January 1, 2024
Transportation Services	p. 35A	Transportation	January 1, 2024
Family Planning Services	p. 35B	Family Planning	January 1, 2024
EPSDT, Healthy Kids Services	p. 35B	Practitioner	July 1, 2024
EPSDT, In-Home Shift Nursing Services	p. 35B	Home Health	January 1, 2024
Rehabilitative Services, Substance Use Disorder Treatment	p. 38-39	Substance Use Prevention & Recovery	July 1, 2024
Licensed Clinical Psychologist, Licensed Clinical Social Worker, Licensed Clinical Professional Counselor, and Licensed Marriage and Family Therapist Services	p. 47D	Licensed Practitioner of the Healing Arts	April 1, 2024
Pharmacist Services	p. 47E	Pharmacist	January 1, 2023
Acupuncturist Services	p. 47E	Acupuncture	April 1, 2023
Licensed Genetic Counselors	p. 47E	Practitioner	July 1, 2024
Screening Services	p. 48	Practitioner	July 1, 2024
Preventive Services – Adaptive Behavior Support	p. 48	Adaptive Behavior Support	October 1, 2021
Preventive Services - Lactation Support Services	p. 48	Lactation Consultant	January 1, 2024

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Service	Attachment 4.19-B Reference	Applicable Fee Schedule	Effective Date of Fee Schedule
Preventive Services - Doula Services	p. 48(1)	Doula	February 1, 2024

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

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07/24 21. REHABILITATIVE SERVICES

Substance Use Disorder Treatment Services

- a. Reimbursement for substance use disorder (SUD) treatment services 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 SUD treatment services. Reimbursement for SUD residential treatment services does not include room and board costs. 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>.

Effective September 1, 2020, statewide standard rates were established for each residential level of care. For providers, where the updated standard rates result in projected lower overall reimbursement for the services providers are currently licensed to provide, any existing rate in place on August 31, 2020 will remain in place and not subject to any future increase until the standard rate for that service reaches the same level for all other organizations.

- b. 1905(a)(29) Medication-Assisted Treatment (MAT)

Payment methods and rates for MAT services provided in opiate treatment programs, licensed substance use disorder treatment programs, or by licensed professionals in private practice are authorized under the Rehabilitative Services (§ 13d.) benefit in Attachment 4.19-B pages 38 of the state plan. Payments shall be made at the lessor of the charge or the Department-established rates for the screening, tests or procedure. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of screening and diagnostic tests and procedures. All rates are published on the Department's website located at  
<https://hfs.illinois.gov/medicalproviders/medicaidreimbursement.html>

Medication Assisted Treatment (MAT) pursuant to section 1905(a)(29) of the Social Security Act. The reimbursement for unbundled MAT prescribed drugs and biologicals used to treat opioid use disorder (OUD) will be reimbursed using the same methodology as described for prescribed drugs located in Attachment 4.19-B, pages 32, 32A, and 32B for prescribed drugs that are dispensed or administered.

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