

Table of Contents

State/Territory Name: IL

State Plan Amendment (SPA) #: 21-0011

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
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850



Financial Management Group

October 25, 2021

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

RE: State Plan Amendment (SPA) 21-0011

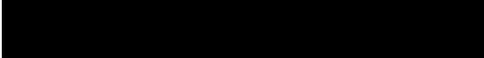
Dear Ms. Eagleson:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number 21-0011. This amendment proposes a series of increases to the reimbursement rate for facilities licensed by the Department of Public Health under the ID/DD Community Care Act as an ID/DD facility and medically complex for the developmentally disabled facilities licensed under the MC/DD Act.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903(a) of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C. We have found that the proposed reimbursement methodology complies with applicable requirements and therefore have approved them with an effective date of July, 1, 2021. We are enclosing the CMS-179 and the amended approved plan pages.

If you have any questions, please contact Fredrick Sebree at Fredrick.sebree@cms.hhs.gov.

Sincerely,


For
Rory Howe
Director

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTER FOR MEDICARE AND MEDICAID SERVICES	1. TRANSMITTAL NUMBER 21-0011	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: July 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: Section 1905 of the Social Security Act	7. FEDERAL BUDGET IMPACT a. FFY 2022 - \$15,700,000 \$8,200,000 b. FFY 2023 - \$19,700,000 \$9,350,000 FFY 2021 \$812,500
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-D, Page 120C	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): New Page
10. SUBJECT OF AMENDMENT: ICF/DD wage increase	

11. GOVERNOR'S REVIEW (Check One)

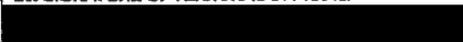
- GOVERNOR'S OFFICE REPORTED NO COMMENT
- COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
- NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
- OTHER, AS SPECIFIED: Not submitted for review by prior approval.

12. SIGNATURE OF AGENCY OFFICIAL: 	18. RETURN TO: Department of Healthcare and Family Services Bureau of Program and Policy Coordination Attn: Mary Doran 201 South Grand Avenue East Springfield, IL 62763-0081
13. TYPED NAME: <u>U</u>	
14. TITLE: Director of Healthcare and Family Services	
15. DATE SUBMITTED: <u>7/29/2021</u>	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: <u>7/29/2021</u>	18. DATE APPROVED: <u>10/25/2021</u>
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PLAN APPROVED—ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: <u>7/1/2021</u>	20. SIGNATURE OF REGIONAL OFFICIAL:  For
21. TYPED NAME: <u>Rory Howe</u>	22. TITLE: <u>Director</u>

23. REMARKS: 10/4/2021 - State updated FFY budget impact in block 7

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Illinois

**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES—
REIMBURSEMENT TO LONG TERM CARE FACILITIES**

07/21 Notwithstanding the provisions set forth in this Section, facilities licensed by the Department of Public Health under the ID/DD Community Care Act [210 ILCS 47] or MC/DD Act [210 ILCS 46] will receive an increase to their facility rate:

1. Effective July 1, 2021, facilities will receive an increase to their reimbursement rates sufficient to provide a \$0.50 per hour wage increase for aides.
2. Effective January 1, 2022, facilities will receive an increase to their reimbursement rates sufficient to provide a \$1.00 per hour wage increase for aides.
3. Effective January 1, 2022, facilities will receive an increase sufficient to provide wages for all residential non-executive direct care staff, excluding aides, at the federal Department of Labor, Bureau of Labor Statistics' average wage.