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State/Territory Name: IL

State Plan Amendment (SPA) #: 19-0012

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

November 25, 2019

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) 19-0012

Dear Ms. Eagleson:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number 19-0012. This amendment proposes to increase its rates for facilities licensed by the Department of Public Health under the ID/DD Community Care Act, as well as, facilities licensed under the MC/DD Act and developmental training rates for intermediate care facilities for persons with intellectual disabilities (ICF/ID).

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903(a), and 1923 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 August, 1, 2019. 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,

A large black rectangular redaction box covers the signature of Kristin Fan.

Kristin Fan
Director

cc:
Fredrick Sebree
Tom Caughey

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTER FOR MEDICARE AND MEDICAID SERVICES	1. TRANSMITTAL NUMBER 19-0012	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: August 1, 2019	

5. TYPE OF PLAN MATERIAL (Check One)

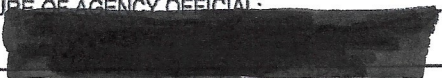
NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

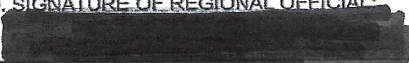
6. FEDERAL STATUTE/REGULATION CITATION: Section 1902 of the Social Security Act	7. FEDERAL BUDGET IMPACT a. FFY 2019 - \$1,084,000 b. FFY 2020 - \$6,500,000
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-D, page 89A Attachment 4.19-D, page 120A	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19-D, page 89A Attachment 4.19-D, page 120A

10. SUBJECT OF AMENDMENT:
ID/DD and MC/DD rate 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: 	16. RETURN TO: Department of Healthcare and Family Services Bureau of Program and Reimbursement Analysis Attn: Mary Doran 201 South Grand Avenue East Springfield, IL 62763-0001
13. TYPED NAME: Theresa Eagleson	
14. TITLE: Director of Healthcare and Family Services	
15. DATE SUBMITTED 9-23-19	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:	18. DATE APPROVED: NOV 25 2019
PLAN APPROVED—ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: AUG 01 2019	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME Kristin Fan	22. TITLE: Director, FMG
23. REMARKS:	

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**

- 04/19 11. Exceptional Care Rate methodology for persons with complex or extensive medical needs in MC/DD Facilities
- a. Effective for dates of service on or after April 1, 2019, the conditions and services used for the purposes of this Section have the same meanings as ascribed to those conditions and services under the Federal Resident Assessment Instrument (RAI) and specified in the most recent Federal manual.
 - b. Effective for dates of service on or after April 1, 2019, for purposes of this Section, a person is considered complex or with extensive medical needs for exceptional care if the person is receiving one of the following medical services:
 - i. Tier 1 is for residents who are receiving at least 51% of their caloric intake via a feeding tube.
 - ii. Tier 2 is for residents who are receiving tracheostomy care without a
- 08/19 c. Effective April 1, 2019 through July 31, 2019, medically complex for the developmentally disabled facilities must be reimbursed an exceptional care per diem rate, instead of the base rate, for services to residents with complex or extensive medical needs. Exceptional care per diem rates must be paid for the conditions or services specified under subsection (b) at the following per diem rates: Tier 1 \$326, Tier 2 \$546, and Tier 3 \$735. Effective August 1, 2019, the exceptional care per diem rates for the conditions or services specified under subsection (b) must be reimbursed at the following per diem rates: Tier 1 \$337.41, Tier 2 \$565.11, and Tier 3 \$760.73
- d. Payments are subject to an adjustment if the medical documentation required in subsection 12.c. does not support the resident is receiving the medical services as specified under subsection (b). The reimbursement rate will be adjusted to the appropriate tier for services that are documented pursuant to section 12. If exceptional care services cannot be documented, the facility shall receive their base per diem rate.

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**

- 09/17 Notwithstanding the provisions set forth in this Section, effective for services beginning September 1, 2017, facilities licensed by the Department of Public Health under the ID/DD Community Care Act as an ID/DD [210 ILCS 47] facility and medically complex for the developmentally disabled facilities licensed under the MC/DD Act [210 ILCS 46] will receive an increase to their reimbursement rate sufficient to provide a \$0.75 per hour wage increase for non-executive staff.
- 07/18 Notwithstanding the provisions set forth in this Section, effective for services beginning July 1, 2018, 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 the facility per diem rates and developmental training rates as follows:
1. Facilities outside the geographic boundaries of the City of Chicago, will receive an increase to their reimbursement rates sufficient to provide a \$0.50 per hour wage increase for non-executive staff.
 2. Facilities inside the geographic boundaries of the City of Chicago, will receive an increase to their reimbursement rates sufficient to provide a \$0.54 per hour wage increase for non-executive staff.
- 08/19 Notwithstanding the provisions set forth in this Section, effective for services beginning August 1, 2019, facilities licensed by the Department of Public Health under the ID/DD Community Care Act as an ID/DD [210 ILCS 47] facility and medically complex for the developmentally disabled facilities licensed under the MC/DD Act [210 ILCS 46] will receive a 3.5% increase to the facility per diem rates and developmental training rates

TN # 19-0012
Supersedes
TN # 18-0010

Approval date: **NOV 25 2019**

Effective date: 08/01/2019