

## **Table of Contents**

**State/Territory Name: IL**

**State Plan Amendment (SPA) #: 19-0019**

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



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**Financial Management Group**

February 3, 2020

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) 19-0019

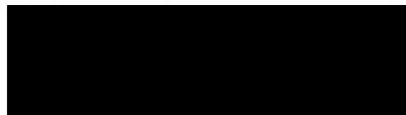
Dear Ms. Eagleson:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number 19-0019. This amendment proposes a change to the long-term care regional wage adjustor.

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 January, 1, 2020. 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](mailto:Fredrick.sebree@cms.hhs.gov).

Sincerely,



Kristin Fan  
Director

cc:  
Fredrick Sebree  
Tom Caughey

<b>TRANSMITTAL AND NOTICE OF APPROVAL                  OF STATE PLAN MATERIAL</b> <b>FOR: CENTER FOR MEDICARE AND MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER <b>19-0019</b>	2. STATE: <b>ILLINOIS</b>
	3. PROGRAM IDENTIFICATION: <b>Title XIX of the Social Security Act (Medicaid)</b>	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE: <b>January 1, 2020</b>	

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: <b>Section 1902 of the Social Security Act</b>	7. FEDERAL BUDGET IMPACT a. FFY 2020 - \$13,122,000 b. FFY 2021 - \$17,500,000
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: <b>Attachment 4.19-D, page 18</b>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ): <b>Attachment 4.19-D, page 18</b>
10. SUBJECT OF AMENDMENT: <b>Long Term Care Facilities regional wage adjustor</b>	
11. GOVERNOR'S REVIEW ( <i>Check One</i> ) <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Not submitted for review by prior approval.	
12. SIGNATURE OF AGENCY OFFICIAL: 	16. RETURN TO: <b>Department of Healthcare and Family Services                  Bureau of Program and Reimbursement Analysis                  Attn: Mary Doran                  201 South Grand Avenue East                  Springfield, IL 62763-0001</b>
13. TYPED NAME: <b>Theresa Eagleson</b>	
14. TITLE: <b>Director of Healthcare and Family Services</b>	
15. DATE SUBMITTED <b>11/22/19</b>	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:	18. DATE APPROVED: <b>February 3, 2020</b>
PLAN APPROVED—ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>January 1, 2020</b>	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME <b>Kristin Fan</b>	22. TITLE: <b>Director, FMG</b>
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

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01/14

- 2) The transition RUG-IV per diem nursing rate for nursing facilities whose rate calculated in this subsection is less than the nursing component rate in effect July 1, 2012, shall be paid the sum of:
    - a) The nursing component rate in effect July 1, 2012; plus
    - b) The difference of the RUG-IV nursing component per diem calculated for the current quarter minus the nursing component rate in effect July 1, 2012, multiplied by 0.13.
  - B) Effective for dates of service on or after July 1, 2014, a per diem add-on to the RUGS methodology will be included as follows:
    - 1) \$0.63 for each resident that scores I4200 Alzheimer's Disease or I4800 non-Alzheimer's Dementia.
    - 2) \$2.67 for each resident that scores "1" or "2" in any items S1200A through S1200I and also scores in the RUG groups PA1, PA2, BA1, and BA2.
  - C) The Department shall determine the group to which resident is assigned using the 48-group RUG-IV classification scheme with an index maximization approach. A resident for whom RUGs resident identification information is missing, or inaccurate, or for whom there is no current MDS record for that quarter, shall be assigned to default group AA1. A resident for whom a MDS assessment does not meet the CMS edit requirements as described in the Long Term Care Resident Assessment Instrument (RAI) Users Manual or for whom a MDS assessment has not been submitted timely shall be assigned to default group AA1.
  - D) The assessment used for the purpose of rate calculation shall be identified as an Omnibus Budget Reconciliation Act (OBRA) assessment on the MDS following the guidance in the RAI Manual.
  - E) The MDS used for the purpose of rate calculation shall be determined by the Assessment Reference Date (ARD) identified on the MDS assessment.
  - F) Effective January 1, 2020, the regional wage adjustor referenced in paragraph (A) cannot be lower than 0.95.
- vi. The Department shall provide each nursing facility with information that identifies the group to which each resident has been assigned.