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State/Territory Name: Illinois

State Plan Amendment (SPA) #: 19-0022

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

March 9, 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) 19-0022

Dear Ms. Eagleson:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State plan submitted under transmittal number 19-0022. This amendment proposes a \$60 increase to the LTAC base per diem rate.

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.

Sincerely,

A solid black rectangular box redacting 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 19-0022	2. STATE: ILLINOIS
	3. PROGRAM IDENTIFICATION: Title XIX of the Social Security Act (Medicaid)	
10. REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE: January 1, 2020	

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 2020 \$675,000 b. FFY 2021 \$900,000
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-A, Page 74D and 74E	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19-A, Page 74D and 74E

10. SUBJECT OF AMENDMENT:

Adds a \$60 increase to the LTAC base per diem rate effective January 1, 2020

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 1/15/2020	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 1/15/2020	18. DATE APPROVED: March 9, 2020
PLAN APPROVED—ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1/1/2020	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 INPATIENT RATES FOR HOSPITAL REIMBURSEMENT;
MEDICAL ASSISTANCE-GRANT (MAG) and MEDICAL ASSISTANCE-NO GRANT (MANO)

- 5 Reimbursement Methodology for Long Term Acute Care Services
- a. Inpatient long term acute care psychiatric services excluded from the DRG PPS shall be reimbursed under the inpatient psychiatric services methodologies specified in subsection A.1. of this Chapter.
 - b. Inpatient long term acute care services excluded from the DRG PPS shall be reimbursed a hospital specific rate paid per day of covered inpatient care, determined pursuant to this Section. The total payment for an inpatient stay will equal the sum of:
 - i. the payment determined in this Section; and
 - ii. any applicable adjustments to payment specified in Chapters VI, VIII, XV and XL.
 - c. Payment for long term acute care services provided by a long term acute care hospital, as defined in Section 35.e. of this subsection:
 - i. For which the Department had no inpatient base period paid claims data, shall be the product of the following:
 - A) \$604.00; and
 - B) The length of stay, as defined in subsection A.1.c.i.B. of this Chapter.
 - ii. For which the Department had inpatient base period paid claims data, shall be the product of the following:
 - A) The hospital-specific rate, as determined in subsection (d).
 - B) The length of stay, as defined in subsection A.1.c.i.B. of this Chapter.
 - d. The hospital-specific rate is calculated as the sum of:
 - i. The per diem rate for long term acute care services in effect on July 1, 2011.
 - ii. The quotient, rounded to the nearest hundredth, of the hospital's allocated static payments divided by the hospital's covered days in the inpatient base period paid claims data.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Illinois

METHODS AND STANDARDS FOR ESTABLISHING INPATIENT RATES FOR HOSPITAL REIMBURSEMENT;
MEDICAL ASSISTANCE-GRANT (MAG) and MEDICAL ASSISTANCE-NO GRANT (MANG)

e. Definitions

“Allocated state payments” means the State plan approved adjustment payments in Chapter XV effective during State fiscal year 2011, excluding those payments that continue after July 1, 2014, allocated to general acute services based on the ratio of general acute claim charges to total inpatient claim charges determined using inpatient base period claims data.

“Long term acute care hospital” is a facility licensed by the state within which it is located as an acute care hospital and certified by Medicare as a long term care hospital.

“Inpatient base period paid claims data” means State fiscal year 2011 inpatient Medicaid fee-for-service paid claims data, excluding Medicare dual eligible claims.

f. Long term acute care supplemental per diem rates.

i. The long term acute care supplemental per diem rates, as authorized under the Long Term Acute Care Hospital Quality Improvement Transfer Program Act [210 ILCS 155], shall be the amount in effect as of October 1, 2010.

ii. No new hospital may qualify under the Long Term Acute Care Hospital Quality Improvement Transfer Program Act after June 14, 2012.

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g. Effective July 1, 2018 through June 30, 2020, rates in this subsection are increased by 10.5 percent.

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h. Effective January 1, 2020, the base per diem rate for Medicaid services shall be \$60 more than the base rate in effect on June 30, 2019.