

## **Table of Contents**

**State/Territory Name: Illinois**

**State Plan Amendment (SPA) #: 20-0013-A**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS Form 179
- 3) Approved SPA Page

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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December 14, 2020

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

Re: Illinois State Plan Amendment (SPA) 20-0013-A

Dear Director Eagleson:

We have reviewed the proposed amendment to add section 7.4.A, Rescission to the State's Disaster Relief Policies for the COVID-19 National Emergency to Illinois' Medicaid state plan, as submitted under transmittal number (TN) 20-0013-A. This amendment proposes to rescind a temporary rate increase previously approved in section 7.4 of the Medicaid State Plan through the submission of a Medicaid Disaster Relief State Plan Amendment (SPA).

We conducted our review of your submittal according to the statutory requirements at section 1902(a) of the Act and implementing regulations. Section 7.4 of the Medicaid state plan provides temporary authority for these provisions and is intended to be in effect only for the duration of the COVID-19 public health emergency. Due to the temporary nature of this provision and because Illinois no longer chooses to implement the provision, Medicaid SPA Transmittal Number 20-0013-A is approved effective September 1, 2020.

Enclosed is a copy of the CMS-179 summary form and the approved state plan page.

Please contact Courtenay Savage at 312-353-3721 or by email at [courtenay.savage@cms.hhs.gov](mailto:courtenay.savage@cms.hhs.gov) if you have any questions about this approval.

Sincerely,

Alissa M.  
Deboy -S

Digitally signed by Alissa  
M. Deboy -S  
Date: 2020.12.14  
10 04:50 -05'00'

Alissa Mooney DeBoy  
On Behalf of Anne Marie Costello, Acting Director  
Center for Medicaid and CHIP Services

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> FOR: CENTER FOR MEDICARE AND MEDICAID SERVICES	1. TRANSMITTAL NUMBER <b>20-0013 -A</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>September 1, 2020</b>	


b. 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>42 CFR 430.40 TITLE XIX OF THE SOCIAL SECURITY ACT</b>	7. FEDERAL BUDGET IMPACT a. FFY 2020 - \$ (1,720,000.00) per month. <b>(*204,167.00)</b> <b>FFY 2021 (\$ 2,150,000.00)</b>
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: <b>7.4.A Medicaid Disaster Relief for the COVID-19 National Emergency</b>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): <b>7.4.A Medicaid Disaster Relief for the COVID-19 National Emergency</b> g y
10. SUBJECT OF AMENDMENT: <b>Title XIX Disaster Relief SPA – Rescind 20% Testing in non office settings; enhanced rates for COVID 19 designated facilities for ICF/DD and MC/DD facilities.</b>	

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. 	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>9/30/2020</b>	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: <b>9/30/2020</b>	18. DATE APPROVED: <b>12/14/2020</b>
PLAN APPROVED—ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>9/1/2020</b>	20. SIGNATURE OF REGIONAL OFFICIAL: <b>Alissa M. Deboy -S</b> <small>Digitally signed by Alissa M. Deboy -S Date: 2020.12.14 10:05:17 -05'00'</small>
21. TYPED NAME: <b>Alissa Mooney DeBoy on Behalf of Anne Marie Costello</b>	22. TITLE: <b>Acting Director, CMCS</b>

23. REMARKS: 11/17/2020 - State agreed to the following pen-and-ink changes: box 1 to change TN after splitting SPA; box 4 to correct the effective date to March 1, 2020; box 6 to replace original citation with "Title XIX of the Social Security Act"; box 7 to correct the budget impact; and box 10 to modify the SPA subject. 12/11/2020 - State agreed to a pen-and-ink change for boxes 8 and 9 to correct plan section.

State/Territory: Illinois

**7.4.A. Rescission to the State's Disaster Relief Policies for the COVID-19 National Emergency**

Effective September 1, 2020, the agency rescinds the election at E.2.b.ii of Section 7.4 (approved on April 24, 2020 in SPA Number IL 20 0004) of the state plan to provide a 20 percent facility per diem rate increase for ICF/DD and MC/DD 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].

TN: 20-0013-A  
Supersedes TN: 20-0004

Approval Date: 12/14/2020  
Effective Date: 09/01/2020

This SPA supersedes Disaster Relief SPA IL 20-0004, Section E.2.b.ii, approved on April 24, 2020.