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State/Territory Name: Illinois

State Plan Amendment (SPA) #: 22-0027

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
August 10, 2022

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 22-0027

Dear Ms. Eagleson:

We have reviewed the proposed amendment to your Medicaid State plan submitted under transmittal number IL-22-0027. This amendment provides for a rate increase for Early Intervention Services.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), and 1902(a)(30) 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, 2022.

If you have any questions, please contact Debi Benson at Deborah.Benson@cms.hhs.gov.

Sincerely,

[Blacked Out]

Todd McMillion
Director
Division of Reimbursement Review

Enclosure
**TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL**

**FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. **TRANSMITTAL NUMBER**
   
   
   22 — 0027

2. **STATE**

   IL

3. **PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT**

   XIX

4. **PROPOSED EFFECTIVE DATE**

   July 1, 2022

5. **FEDERAL STATUTE/REGULATION CITATION**

   42 CFR 440.130, 42 CFR 440.169

6. **FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)**

   a. FFY 2022 $750,000
      b. FFY 2023 $3,000,000

7. **PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT**

   Attachment 4.19-B, Pages 43(A), 47

8. **PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (if Applicable)**

   Attachment 4.19-B, Pages 43(A), 47

9. **SUBJECT OF AMENDMENT**

   Rate increase for early intervention services

10. **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

11. **SIGNATURE OF STATE AGENCY OFFICIAL**

    [Redacted]

12. **TYPED NAME**

    Theresa Eagles

13. **TITLE**

    Director of Health and Family Services

14. **DATE SUBMITTED**

    7/20/22

**FOR CMS USE ONLY**

15. **RETURN TO**

    Department of Healthcare and Family Services

16. **DATE RECEIVED**

    July 20, 2022

17. **DATE APPROVED**

    August 10, 2022

**PLAN APPROVED - ONE COPY ATTACHED**

18. **EFFECTIVE DATE OF APPROVED MATERIAL**

    July 1, 2022

19. **SIGNATURE OF APPROVING OFFICIAL**

    [Redacted]

20. **TYPED NAME OF APPROVING OFFICIAL**

    Todd McMillion

21. **TITLE OF APPROVING OFFICIAL**

    Director, Division of Reimbursement Review

22. **REMARKS**

    [Blank]
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Illinois

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES—OTHER TYPE OF CARE—BASIS FOR REIMBURSEMENT

07/22 Early Intervention Services

Reimbursement is made at the lesser of the usual and customary charge to the general public or statewide maximum established by the Department. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of early intervention services. The agency’s fee schedule rate was set as of July 1, 2022, and is effective for services provided on or after that date. All rates are published on the Department’s website at http://www.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/Pages/.

Approval date: August 10, 2022
Effective date: 07/01/2022
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Illinois

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES—
OTHER TYPE OF CARE—BASIS FOR REIMBURSEMENT

TARGETED CASE MANAGEMENT—GROUP C

(a) Reimbursement is on a monthly basis. Payment will be the made on a quarterly basis and shall be the product of:

1. The sum of:
   A. The lesser of
      i. The provider’s charge or
      ii. The provider’s rate, as determined in subsection (b) below; and
   B. A performance incentive adjustment, as determined in subsection (c) below.

2. Multiplied by:
   A. For services provided before October 1, 2002, the provider’s average caseload of children with active, approved service plans during the twelve-month period ending March 30, 2002; or
   B. For services provided on or after October 1, 2002, the provider’s average caseload of children with active, approved service plans during the six-month period ending three months prior to the beginning of the quarter for which payment is made.

(b) Rate—The methodology to establish the provider’s rate for targeted case management for early intervention services is:

1. $57,000—the amount, based upon surveys and experience with the service delivery system, is the reasonable annual cost of a qualified case manager, i.e., salary with benefits, rent and facility costs, travel, training, supplies and equipment, telephone and administration;

2. Divided by the lesser of:
   A. The provider’s average caseload of children with active, approved service plans during,
      i. For services provided before October 1, 2002, the twelve-month period ending March 30, 2002; or
      ii. For services provided on or after October 1, 2002, the six-month period ending three months prior to the beginning of the quarter for which payment is made.
   B. 43—the caseload of children with active, approved service plans that, based upon surveys and experience with the service delivery system, may be reasonably managed by a qualified case manager;

3. Divided by 12—the number of months in a year.

4. The resulting rate may be adjusted annually, either upward or downward, based on the Consumer Price Index for Urban Consumers, All Items, as published by Standard & Poor’s DRI.

5. For dates of service on or after July 1, 2022, the provider’s rate will be increased by 3%. The methodology used is within the upper limits of payment for comparable Medicare services.

(c) Performance incentive adjustment—Performance incentive adjustments, calculated as a percentage of the rate determined in subsection (b) above, will be determined as follows:

1. Definitions.
   Base period—The six-month period ending three months prior to the beginning of the quarter for which payment is made.
   IFSP—Individualized family service plan.