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State/Territory Name: IL

State Plan Amendment (SPA) #: 23-0027

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

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S3-14-28
Baltimore, Maryland 21244-1850



Financial Management Group

June 13, 2024

Elizabeth M. Whitehorn, Director
Illinois Department of Healthcare and Family Services
201 South Grand Avenue East, 3rd Floor
Springfield, IL 62763-0001

RE: TN 23-0027

Dear Ms. Whitehorn:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Illinois state plan amendment (SPA) to Attachment 4.19-D IL-23-0027, which proposes increases to the reimbursement rate for facilities licensed by the Department of Public Health under the ID/DD Community Care Act as an ID/DD facility and medically complex for the developmentally disabled facilities licensed under the MC/DD Act.

We reviewed your SPA submission for compliance with statutory requirements, including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2) of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of January 1, 2024. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Fred Sebree at via email at fredrick.sebree@cms.hhs.gov.

Sincerely,



Rory Howe
Director
Financial Management Group

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 3 — 0 0 2 7

2. STATE

IL

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL

SECURITY ACT



XIX



XXI

TO: CENTER DIRECTOR

CENTERS FOR MEDICAID & CHIP SERVICES

DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

January 1, 2024

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 440.150

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2024 \$ 24,480,000b. FFY 2025 \$ 32,640,000

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-D, Pages 89A, 120D

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Attachment 4.19-D, Pages 89A, 120D

9. SUBJECT OF AMENDMENT

ICF/DD MC/DD wage increases

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



OTHER, AS SPECIFIED:

12. TYPED NAME
Theresa Eagleson13. TITLE
Director of Healthcare and Family Services14. DATE SUBMITTED
September 28, 2023

15. RETURN TO

Department of Healthcare and Family Services
Bureau of Program and Policy Coordination
Attn: Mary Doran
201 South Grand Avenue East
Springfield, IL 62763-0001**FOR CMS USE ONLY**16. DATE RECEIVED
9/28/202317. DATE APPROVED
June 13, 2024**PLAN APPROVED - ONE COPY ATTACHED**18. EFFECTIVE DATE OF APPROVED MATERIAL
1/1/2024

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL
Rory Howe21. TITLE OF APPROVING OFFICIAL
Director, FMG

22. 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 ventilator.
 - iii. Tier 3 is for residents who are receiving tracheostomy care and ventilator care.
- ~~01/24~~
01/2408/19 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. Effective January 1, 2024, the exceptional care per diem rates shall be increased 6%.
- 01/24 Effective January 1, 2024 and after, any reimbursement increases applied to the base rate to providers licensed under the ID/DD Community Care Act must also be applied in an equivalent manner to each tier of exceptional care per diem rates for medically complex for the developmentally disabled facilities as described in subsection b.
- 01/24 After accounting for the increases noted above, the rate for Tier 3 as described in subsection b.iii. will be further increased to \$1,000.00 as of January 1, 2024.
- 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**

01/24

Notwithstanding the provisions set forth in this Section, 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 their facility rate effective for dates of service on or after January 1, 2024.

1. Facilities will receive a \$2.50 per hour wage increase for all direct support personnel and all other frontline personnel who are not subject to the Bureau of Labor Statistics' average wage increases, who work in residential and community day services settings, with at least \$1.25 of those funds to be provided as a direct increase to all aide base wages, with the remaining \$1.25 to be used flexibly for base wage increases to the rate methodology for aides
2. Facilities will receive an increase sufficient to provide wages for all residential non-executive direct care staff, excluding aides, at the federal Department of Labor, Bureau of Labor Statistics' average wage.