

## **Table of Contents**

**State/Territory Name: IL**

**State Plan Amendment (SPA) #: 23-0033**

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



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**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 23-0033

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-23-0033, which proposes to increase by 12% the support component of the nursing facility rate for facilities licensed under the Nursing Home Care Act as skilled or intermediate care facilities.

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](mailto:fredrick.sebree@cms.hhs.gov).

Sincerely,



Rory Howe  
Director  
Financial Management Group

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> <b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER <u>2 3 - 0 0 3 3</u>	2. STATE <u>IL</u>
	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE <p style="text-align: center;">January 1, 2024</p>	
5. FEDERAL STATUTE/REGULATION CITATION 42 CFR 440.155	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2024</u> \$ <del>84,350,000</del> \$55,800,000 b. FFY <u>2025</u> \$ <del>85,600,000</del> \$74,400,000	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-D, Pages 77 & 120D	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4.19-D, Pages 77 & 120D	

9. SUBJECT OF AMENDMENT  
Reimbursement rates for nursing facilities.

10. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT                       OTHER, ASSPECIFIED:  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

11. SIGNATURE OF STATE AGENCY OFFICIAL 	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
12. TYPED NAME Theresa Eagleson	
13. TITLE Director of Healthcare and Family Services	
14. DATE SUBMITTED September 28, 2023	

**FOR CMS USE ONLY**

16. DATE RECEIVED 9/28/2023	17. DATE APPROVED June 13, 2024
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**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 Roy Howe	21. TITLE OF APPROVING OFFICIAL Director, FMG

22. REMARKS  
  
State updated block 6 with correct budget impact 5/16/2024

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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- E. Reimbursement for Residents with Exceptional Needs in Nursing Facilities
- 01/14 1. An additional enhanced rate is applied for certain categories of residents that are in need of more resources.
- 01/14 2. Ventilator Care
- a. Ventilators are defined as any type of electrical or pneumatically powered closed mechanical system for residents who are, or who may become, unable to support their own respiration. It does not include Continuous Positive Airway Pressure (CPAP) or Bi-level Positive Airway Pressure (BIPAP) devices. When ventilators are used to deliver CPAP or BiPAP they shall not be counted as ventilator services for enhanced rates. Ventilator(s) set to PEEP or CPAP to aid in the weaning a resident from the ventilator are included. The weaning process shall be documented in the clinical record.
- 01/2401/14 b. An enhanced payment shall be added to the rate determined by the methodology currently in place. Payment shall be made for each individual resident receiving ventilator services.
- i. For supplies and services provided on or after January 1, 2014, the rate add-on for ventilator supplies and services is \$208 per day.
- ii. For supplies and services provided on or after January 1, 2024, the rate add-on for ventilator supplies and services is \$481 per day.
- 01/14 c. For a nursing facility to be eligible to receive ventilator service payments, the following staffing requirements must be maintained:
- i. A minimum of one RN on duty for 8 consecutive hours, seven days per week. Additional RN staff may be determined necessary by the Department, based on the Department's review of the ventilator services.
- ii. A minimum of the required number of licensed nursing staff on duty, with an RN on call, if not on duty on the evening and night shifts, seven days per week.

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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- 01/24 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.
- 01/24 Notwithstanding any other provisions of this Section, for services provided on or after January 1, 2024, the support component of a nursing facility's rate for facilities licensed under the Nursing Home Care Act as skilled or intermediate care facilities (SNF/ICF) shall be the rate in effect on June 30, 2023, increased by 12%.