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State/Territory Name: Illinois

State Plan Amendment (SPA) #: 25-0025

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

May 26, 2026

Laura Phelan

Department of Healthcare and Family Services

Bureau of Program and Policy Coordination

Attn: Kati Hinshaw

201 South Grand Avenue East

Springfield, IL 62763-0001

RE: TN 25-0025

Dear Director Phelan,

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Illinois state plan amendment (SPA) to Attachment 4.19-D IL 25-0025, which was submitted to CMS on November 3rd, 2025. This plan amendment proposes implementing a rate increase for facilities licensed by the Department of Public Health under the ID/DD Community Care 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, 2026. 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 Sudev Varma at via email at sudev.varma@cms.hhs.gov

Sincerely,



Rory Howe
Director
Financial Management Group

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER <u>2 5 — 0 0 2 5</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, 2026</p>	
5. FEDERAL STATUTE/REGULATION CITATION 42 CFR 440.150	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2026</u> \$ <u>1,359,000</u> b. FFY <u>2027</u> \$ <u>1,812,000</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-D, Page 120E	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4.19-D, Page 120E (supersedes 24-0027)	

9. SUBJECT OF AMENDMENT

ID/DD and MC/DD facility rate 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:

11. SIGNATURE OF STATE AGENCY OFFICIAL 	15. RETURN TO Department of Healthcare and Family Services Bureau of Program and Policy Coordination Attn: Kati Hinshaw 201 South Grand Avenue East Springfield, IL 62763-0001
12. TYPED NAME Laura Phelan	
13. TITLE Administrator Division of Medical Programs	
14. DATE SUBMITTED 11/03/2025	

FOR CMS USE ONLY	
16. DATE RECEIVED 11/03/2025	17. DATE APPROVED

PLAN APPROVED - ONE COPY ATTACHED	
18. EFFECTIVE DATE OF APPROVED MATERIAL January 1, 2026	19. SIGNATURE OF APPROVING OFFICIAL
20. TYPED NAME OF APPROVING OFFICIAL Rory Howe	21. TITLE OF APPROVING OFFICIAL Director of the Financial Management Group

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**

Rate Region	Wage Factor
HSA1	1.0357162
HSA2	1.0000000
HSA3	1.0000000
HSA4	1.0000000
HSA5	1.0000000
HSA6	1.2014172
HSA7	1.2014172
HSA8	1.2014172
HSA9	1.1500000
HSA9 - Kankakee	1.1169271
HSA10	1.0357162
HSA11	1.0000000

01/26

Notwithstanding the provisions set forth in this Section, facilities licensed by the Department of Public Health under the ID/DD Community Care Act or MC/DD Act will receive an increase to their facility rate effective for dates of service on or after January 1, 2026.

1. Facilities will receive a \$0.80 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 \$0.60 of those funds to be provided as a direct increase to all aide base wages, with the remaining \$0.20 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.