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State/Territory Name: IL

State Plan Amendment (SPA) #: 16-009

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 S2-26-12
Baltimore, Maryland 21244-1850



Financial Management Group

MAR 21 2017

Felicia Norwood, Director
Illinois Department of Healthcare and Family Services
Prescott E Bloom Building
201 South Grand Avenue East
Springfield IL 62763-0002

RE: Illinois State Plan Amendment (SPA) 16-009

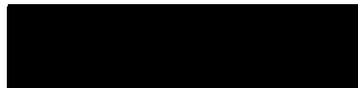
Dear Ms. Norwood:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 16-009. Effective October 7, 2016 this SPA provides qualifying criteria and methodology for rates for developmentally disabled clients that have high medical/high personal care needs.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903(a), and 1923 of the Social Security Act and the regulations at 42 CFR 447 Subpart C. We hereby inform you that Medicaid State plan amendment 16-009 is approved effective October 7, 2016. We are enclosing the CMS-179 and the amended plan pages.

If you have any questions, please contact Fredrick Sebree, of my staff, at (217) 492-4122 or by e-mail at Fredrick.sebree@cms.hhs.gov.

Sincerely,



Kristin Fan,
Director

Enclosure

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTER FOR MEDICARE AND MEDICAID SERVICES	1. TRANSMITTAL NUMBER 16-0009	2. STATE: ILLINOIS
	3. PROGRAM IDENTIFICATION: Title XIX of the <i>Social Security Act</i> (Medicaid)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE: October 7, 2016	

5. 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)

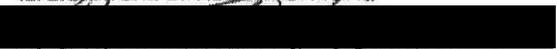
6. FEDERAL STATUTE/REGULATION CITATION: Section 1902 of the <i>Social Security Act</i>	7. FEDERAL BUDGET IMPACT a. FFY 2017 \$5.6 million b. FFY 2018 \$5.6 million
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-D, Page 54A	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19-D, Page 54A

10. SUBJECT OF AMENDMENT:

Revision to the rate computation methodology of the Adjustment Factor to provide increased rates to facilities who are serving high populations of clients with high medical/high personal care needs

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. SIGNATURE OF AGENCY OFFICIAL: 	16. RETURN TO: Department of Healthcare and Family Services Bureau of Program and Reimbursement Analysis Attn: Mary Doran 201 South Grand Avenue East Springfield, IL 62763-0001
13. TYPED NAME: Felicia F. Norwood	
14. TITLE: Director of Healthcare and Family Services	
15. DATE SUBMITTED	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:	18. DATE APPROVED: MAR 21 2017
PLAN APPROVED—ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: OCT 07 2016	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Kristin FAN	22. TITLE: Director, FMCo
23. 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

- 10/17 iii. Based on the most recently conducted annual inspection of care survey, at least ~~60~~ 50 percent of the residents of the facility must qualify as Medical Level III.
- b. Adjustment Methodology - The program and support components of the per diem rate for qualifying facilities shall be replaced with the adjusted program and support components, determined as follows:
- 10/17 i. Adjustment Factor - The adjustment factor for a facility shall be the product of the difference between the Medical Level III percentage and ~~60~~ 50 percent and:
- A) For facilities with a Medical Level III percentage less than 80 percent - ~~0.600~~ 3.9; or
- B) For all other facilities ~~-1.700~~ 5.0.
- ii. Adjusted Program Component - The adjusted program component shall equal the product of the following:
- A) The program component of the per diem rate, and
- B) The sum of 1,000 plus the adjustment factor for the facility, as determined above.
- iii. Adjusted Support Component - The adjusted support component shall equal the SNF/PED ceiling for the geographic area in which the facility is located.
- iv. Subsequent Adjustments - Adjusted program and support components shall be redetermined when:
- A) Changes to the program or support rate components are required; and
- B) The percentage of the residents who are classified as Medical Level III changes as a result of the facility's annual inspection of care survey. The adjusted program component shall be recalculated and effective the first day of the month following the Medical Level III determinations.
- 06/16 C) The percentage of residents who are classified as Medical Level III changes as a result of the facility's annual inspection of care survey. The adjusted program component shall be recalculated and effective the first day of the month following the Medical Level III determinations.
- 06/16 D) All high medical/high personal care rates for residents classified as Medical Level III will be reviewed and updated for changes in the facility population at least once annually upon issuance of respective facility Inspection of Care surveys.

TN # 16-0009
Supersedes
TN # 16-0002

Approval date: **MAR 21 2017**

Effective date: 10/07/16