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State/Territory Name: IL

State Plan Amendment (SPA) #: 13-012

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
233 North Michigan Avenue, Suite 600
Chicago, Illinois 60601-5519



June 2, 2014

Julie Hamos, Director
Illinois Department of Healthcare and Family Services (HFS)
Prescott E. Bloom Building
201 South Grand Avenue East
Springfield, Illinois 62763-0001

ATTN: Theresa Eagleson

RE: TN 13-012

Dear Ms. Hamos:

Enclosed for your records is an approved copy of the following State Plan Amendment (SPA).

Transmittal #13-012 - Approves Illinois' request to extend bed reserve payments to ICF/DDs for adults participating in therapeutic home visits.

--Effective Date: July 22, 2013

If you have any questions, please have a member of your staff contact Cathy Song at (312) 353-5184 or by email at Catherine.Song1@cms.hhs.gov.

Sincerely,

/s/ Alan Freund, Acting ARA

Verlon Johnson
Associate Regional Administrator
Division of Medicaid and Children's Health Operations

Enclosure

cc: Mary Doran, HFS
Beth Green, HFS

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTER FOR MEDICARE AND MEDICAID SERVICES	1. TRANSMITTAL NUMBER 13-012	2. STATE: ILLINOIS
	3. PROGRAM IDENTIFICATION: Title XIX of the Social Security Act (Medicaid)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE: July 22, 2013	

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 Social Security Act	7. FEDERAL BUDGET IMPACT a. FFY 2013 \$575,000 b. FFY 2014 \$3.0 Million
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-C, Page 2	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19-C, Page 2

10. SUBJECT OF AMENDMENT:
ICF/DD Bed Reserves

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: Julie Hamos	
14. TITLE: Director of Healthcare and Family Services	
15. DATE SUBMITTED 09-27-2013	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 9/27/13	18. DATE APPROVED: 6/2/14
PLAN APPROVED—ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 7/22/13	20. SIGNATURE OF REGIONAL OFFICIAL: /s/
21. TYPED NAME Alan Freund	22. TITLE: Acting Associate Regional Administrator
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**

- 08/93 PAYMENT POLICY FOR RESERVING BEDS IN INPATIENT FACILITIES
- Payment for bed reserve in ICF/DD facilities is allowed for hospitalization and therapeutic visits. All bed reserve requests must:
- Be authorized by the interdisciplinary team (IDT); and
 - Be limited to residents who desire to return to the SAME facility; ~~and~~
- 07/12 • ~~For dates of service on or after July 1, 2012, be for persons who are under 21 years of age.~~
- 07/13 For persons who are under 21 years of age, Payment for bed reserve is allowed for resident hospitalization not exceeding forty-five consecutive days per hospital stay. The day the resident is transferred to the hospital is the first day of the reserve period. Payment for approved bed reserves during resident hospitalization is a daily rate at:
- 100% of a facility's Medicaid per diem for the first ten days of an admission;
 - 75% of a facility's Medicaid per diem for days 11 through 30;
 - 50% of a facility's Medicaid per diem for days 31 to 45.
- 07/13 For all individuals, Payment for bed reserve is allowed for a therapeutic visit when the IDT indicates the visit is therapeutically beneficial for the resident. There is no limit on reserve days for such approved visits.
- Bed reserve days for therapeutic visits are computed on a midnight basis. If a resident is in the facility any part of the day, it is not counted as a bed reserve day and the facility will receive the resident's current Medicaid per diem.
- Payment for approved therapeutic visit bed reserve is a daily rate of:
- 100% of the facility's Medicaid per diem for a period not to exceed 10 days per State fiscal year; and
 - 75% of the facility's Medicaid per diem for a period which exceeds 10 days per State fiscal year.
- In no facility is the number of vacant beds to be less than the number of beds identified for residents allowed bed reserve. The number of vacant beds in the facility must be equal to or greater than the number of residents allowed bed reserve.
- 07/12 Postpayment approval for bed reserves is not required for ICF/DD facilities.