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State/Territory Name: IL

State Plan Amendment (SPA) #: 14-037

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

JAN 13 2016

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) 14-037

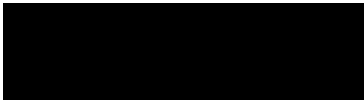
Dear Ms. Norwood:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 14-037. Effective July 1, 2014, this SPA provides for a per diem rate reimbursement for long-term care facilities serving persons less than 22 years of age with clinically complex residents.

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 14-037 is approved effective July 1, 2014. 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 14-0037	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 1, 2014	

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 2014 \$275,000 b. FFY 2015 \$1.1 million
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-D, Page 88, 89 + 89A	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19-D, Page 88 and 89

10. SUBJECT OF AMENDMENT:
Long Term Care Facilities for Persons under 22 years of age

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 Harms	
14. TITLE: Director of Healthcare and Family Services	
15. DATE SUBMITTED	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:	18. DATE APPROVED: JAN 13 2016
PLAN APPROVED—ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: JUL 01 2014	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME Kristin FAN	22. TITLE: Director, FMC
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**

- 04/98 c. The provider must submit a request for exceptional care to DHS/ODD. An authorized DHS/ODD representative will conduct a medical review of the required care and related costs of equipment and supplies. DHS/ODD will compute the exceptional care rate as the licensed staff cost in excess of the licensed staff cost of the standard rate methodology of the medical level 3 add-on plus a related cost factor of 15% for equipment and supplies. The exceptional care rate is the licensed staff time cost in excess of the standard rate methodology at the medical level III amount once a threshold of 150% of the standard rate methodology at the medical level III is met. DHS/ODD clinical staff assesses the medical care plan of each applicant resident to determine the amount of licensed minutes of care needed. The exceptional care staff time, in minutes, which is in excess of the standard rate methodology at the medical level III is then multiplied by the geographic area licensed wage factor to obtain the exceptional care staff time rate amount. To this exceptional care staff time rate amount is added a related cost factor of 15% as specified in subsection III.C.4.b.ii(D)(1). DHS/ODD will notify the provider of the rate to be paid for the exceptional care services provided.
- 04/14 ~~d. Effective January 11, 2014, SNF/Ped facilities that serve exceptional care patients and have 30% or more of their patients receiving ventilator care shall receive an additional payment of \$165.52 per day for ventilator care.~~
- 07/14 12. Long-term care facilities for persons under 22 years of age serving clinically complex residents.
- a. Effective for dates of service on or after July 1, 2014, long-term care facilities for persons under 22 years of age serving clinically complex residents, means facilities licensed by the Department of Public Health as a long-term care facility for persons under 22 years of age that serve severely and chronically ill pediatric patients requiring:
- i. exceptional care; and
- ii. have 30% or more of their patients receiving ventilator care.
- b. Effective for dates of service on or after July 1, 2014, for purposes of this Section, a person under 22 years of age, is considered clinically complex if the person requires at least one of the following medical services:
- i. Tracheostomy care with dependence on mechanical ventilation for a minimum of six hours each day.
- ii. Tracheostomy care requiring suctioning at least every six hours, room air mist or oxygen as needed, and dependence on one of the treatment procedures listed under subsection iv., excluding the procedure listed in subsection iv.(A) of this Section.
- iii. Total parenteral nutrition or other intravenous nutritional support and one of the treatment procedures listed under subsection iv. of this Section.

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**

iv. The following treatment procedures apply to the conditions in subsection ii. and iii. of this Section:

(A) Intermittent suctioning at least every eight hours and room air mist or oxygen as needed.

(B) Continuous intravenous therapy including administration of therapeutic agents necessary for hydration or of intravenous pharmaceuticals; or intravenous pharmaceutical administration of more than one agent via a peripheral or central line, without continuous infusion.

(C) Peritoneal dialysis treatments requiring at least four exchanges every 24 hours.

(D) Tube feeding via nasogastric or gastrostomy tube.

(E) Other medical technologies required continuously, which in the opinion of the attending physician require the services of a professional nurse.

07/14

c. Reimbursement.

i. Effective July 1, 2014, long-term care facilities for persons under 22 years of age serving clinically complex residents, shall receive a per diem rate of \$304 for clinically complex residents.

ii. Effective July 1, 2014, long-term care facilities for persons under 22 years of age serving clinically complex residents, that have a policy documenting their method of routine assessment of a resident's potential for being weaned from a ventilator with interventions implemented noted in the resident's record, shall receive a per diem rate of \$669 for clinically complex residents on a ventilator.

13+2. Monitoring

04/98

a. DHS/ODD shall provide for a program of delegated utilization review and quality assurance.

04/98

b. DHS/ODD shall review exceptional care residents' utilization of services at a minimum of every 90 days. A review may be waived by DHS/ODD staff if one or more previous assessments show that a resident's condition has stabilized. However, two consecutive reviews shall not be waived. DHS/ODD exceptional care staff will maintain contact with the SNF/Ped regarding the resident's condition during the time period any assessment is waived.

04/98

c. In the event that it is determined that the resident is no longer in need of or receiving exceptional care services, DHS/ODD shall discontinue the exceptional care payment rate for the resident and reduce the rate of payment to the provider to the facility's standard Medicaid per diem rate, effective the later of either the date of the review or the determination by DHS/ODD. Notice of this action shall be sent to the provider within 30 days.

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**

04/98

- d. Providers shall be reviewed annually to determine whether they do/do not continue to meet all the criteria to participate in the exceptional care program. If the annual review indicates the facility does not meet the exceptional care criteria or the resident is no longer in need of or receiving exceptional care services, DHS/ODD shall terminate the agreement. Should DHS/ODD terminate the agreement, the exceptional care rate will be reduced to the facility's standard Medicaid per diem rate. Termination of the agreement shall be effective 30 days after the date of the notice. DHS/ODD will review each formerly approved exceptional care client to determine whether he/she may remain in the facility. For the duration of the time that formerly approved exceptional care clients remain in the facility, the provider must meet the needs of the individual. Should a transfer to another facility be necessary, the provider must contact the responsible case-coordinating agency, which will assist in locating another provider.