

## **Table of Contents**

**State/Territory Name: IL**

**State Plan Amendment (SPA) #: 17-009**

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



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**Financial Management Group**

NOV 17 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) 17-009

Dear Ms. Norwood:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 17-009. Effective September 1, 2017, this SPA increases reimbursement rates for facilities licensed by the Department of Public Health under the ID/DD Community Care Act as well as facilities licensed under the MC/DD Act.

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 17-009 is approved effective September 1, 2017. 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](mailto:Fredrick.sebree@cms.hhs.gov).

Sincerely,



Kristin Fan  
Director

Enclosure

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> FOR: CENTER FOR MEDICARE AND MEDICAID SERVICES	1. TRANSMITTAL NUMBER 17-0009	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: September 1, 2017	

5. TYPE OF PLAN MATERIAL (Check One)

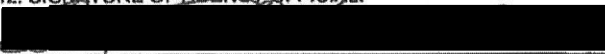
NEW STATE PLAN  AMENDMENT TO BE CONSIDERED AS NEW PLAN  AMENDMENT

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 : \$662,500 b. FFY 2018 : \$7,950,000
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-D, Page 120A	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19-D, Page 120A

10. SUBJECT OF AMENDMENT:  
ICF/DD wage increase


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 Policy Coordination 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 9-8-17	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: \_\_\_\_\_ 18. DATE APPROVED: NOV 17 2017

PLAN APPROVED—ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: SEP 01 2017	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME Kristin TAN	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

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- 05/15 ~~Notwithstanding any provisions set forth in this Section, for services delivered on or after May 1, 2015 through June 30, 2015, skilled nursing facilities licensed under the Nursing Home Care Act shall have their reimbursement rates reduced by 12.6% from the rates in effect on April 30, 2015, except that such adjustment of the reimbursement rate shall not apply to services paid to a provider that is operated by a unit of local government that provides the non-federal share of such services.~~
- 09/17 Notwithstanding the provisions set forth in this Section, effective for services beginning September 1, 2017, facilities licensed by the Department of Public Health under the ID/DD Community Care Act as an ID/DD [210 ILCS 47] facility and medically complex for the developmentally disabled facilities licensed under the MC/DD Act [210 ILCS 46] will receive an increase to their reimbursement rate sufficient to provide a \$0.75 per hour wage increase for non-executive staff.

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TN # 17-0009  
Supersedes  
TN # 15-0005

Approval date: NOV 17 2017 Effective date: 09/01/2017