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State/Territory Name: IL

State Plan Amendment (SPA) #: 17-0010

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

Department of Health & Human Services
Centers for Medicare & Medicaid Services
233 North Michigan Avenue, Suite 600
Chicago, Illinois 60601-5519



October 23, 2017

Felicia Norwood, Director
Illinois Department of Healthcare and Family Services
Prescott E. Bloom Building
201 South Grand Avenue East
Springfield, Illinois 62763-0001

Attn: Teresa Hursey

Dear Ms. Norwood:

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

Transmittal #17-0010 – Increase in Personal Needs Allowance for Individuals with Intellectual Disabilities Residing in ICF-DDs and Community Integrated Living Arrangements
– Effective Date: July 1, 2017
– Approval Date: October 23, 2017

If you have any questions, please have a member of your staff contact Courtenay Savage at 312-353-3721 or via email at Courtenay.Savage@cms.hhs.gov.

Sincerely,

/s/

Ruth A. Hughes
Associate Regional Administrator
Division of Medicaid and Children's Health Operations

Enclosure

cc: Sara Barger, HFS
Kimberley Cox, HFS
Pat Curtis, HFS
Mary Doran, HFS
Jamie Ursch, HFS

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 17-0010	2. STATE: ILLINOIS
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE July 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)

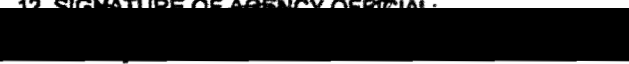
6. FEDERAL STATUTE/REGULATION CITATION 42 CFR 435.733; 42 CFR 435.832	7. FEDERAL BUDGET IMPACT a. FFY <u>17</u> \$ <u>580,000</u> b. FFY <u>18</u> \$ <u>2,200,000</u>
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 2.6-A p. 4a Supplement 12 to Attachment 2.6-A p. 5	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 2.6-A p. 4a Supplement 12 to Attachment 2.6-A p. 5

10. SUBJECT OF AMENDMENT **Increase in Personal Needs Allowance for Institutionalized Individuals with Intellectual Disabilities**

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 ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES 807 E Adams, 6 th Fl SPRINGFIELD, IL 62701-2033 ATTENTION: Pat Curtis, Chief Bureau of Medical Eligibility Policy and Special Programs
13. TYPED NAME Felicia F. Norwood	
14. TITLE DIRECTOR	
15. DATE SUBMITTED 9/29/2017	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: September 29, 2017	18. DATE APPROVED: October 23, 2017
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2017	20. SIGNATURE OF REGIONAL OFFICIAL: /s/
21. TYPED NAME Ruth A. Hughes	22. TITLE: Associate Regional Administrator

23. REMARKS:

Citation	Condition or Requirement
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1924 of the Act
435.725
435.733
435.832

1. The following monthly amounts for personal needs are deducted from total monthly income in the application of an institutionalized individual's or couple's income to the cost of institutionalized care:

Personal Needs Allowance (PNA) of not less than \$30 For Individuals and \$60 for Couples for All Institutionalized Persons.

- a. Aged, blind, disabled:

Individuals	\$ 30.00
Couples	\$ 60.00

For the following persons with greater need:
Individuals who have a diagnosis of MR-not otherwise specified, and who receive habilitation services through an ICF-DD or Community Integrated Living Arrangement (CILA) - \$60.00 per individual (whether single or married). ~~The variance for persons with greater need ends June 30, 2015.~~

Supplement 12 to Attachment 2.6-A, page 5 describes the greater need describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.

- b. AFDC related:

Children	\$ 30.00
Adult	\$ 30.00

For the following persons with greater need:
Individuals who have a diagnosis of MR-not otherwise specified, and who receive habilitation services through an ICF-DD or Community Integrated Living Arrangement (CILA) - \$60.00 per individual (whether single or married). ~~The variance for persons with greater need ends June 30, 2015.~~

Supplement 12 to Attachment 2.6-A page 5 describes the greater need describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.

- c. Individual under age 21 covered in the plan as specified in Item B.7. of Attachment 2.2-A.
\$ N/A

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

ILLINOIS

VARIATIONS FROM THE BASIC PERSONAL NEEDS ALLOWANCE

Illinois law has been amended to increase the personal needs allowance (PNA) for individuals in Intermediate Care Facilities for those with Developmental Disabilities (ICF-DD), and those in smaller group homes referred to as Community Integrated Living Arrangements (CILAs).

This population consists of individuals who have a diagnosis of MR-not otherwise specified, and who receive habilitation services through ICF-DDs or through CILAs under a waiver. These individuals enjoy weekend outings such as movies, bowling, and other entertaining activities that require personal spending money. The PNA is increased from \$30 to \$60 for this group beginning July 1, 2017.

Disclosure Statement for Post-Eligibility Preprint

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is #0938-0673. The time required to complete this information collection is estimated at 3 hours per response, including the time to review instructions, searching existing data resources, gathering the data needed and completing and reviewing the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, N2-14-26, Baltimore, Maryland, 21244-1850 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington D.C., 20503.