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State/Territory Name: IL

State Plan Amendment (SPA) #: 19-0018

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
233 N. Michigan Avenue, Suite 600
Chicago, Illinois 60601-5519



Regional Operations Group

January 17, 2020

Theresa Eagleson, Director
Illinois Department of Healthcare and Family Services
201 South Grand Avenue East, 3rd Floor
Springfield, IL 62763-0001

Attn: Douglas Elwell

Dear Ms. Eagleson:

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

Transmittal #19-0018	-Rate Increase for In-Home Shift Nursing
	-Effective Date: November 1, 2019
	-Approval Date: January 16, 2020

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
Deputy Director
Center for Medicaid and CHIP Services
Regional Operations Group

Enclosure

cc: Mary Doran, HFS
Jane Eckert, HFS

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTER FOR MEDICARE AND MEDICAID SERVICES	1. TRANSMITTAL NUMBER 19-0018	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: November 1, 2019	

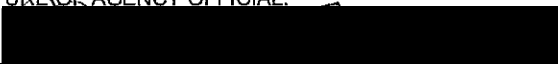
5. TYPE OF PLAN MATERIAL (Check One)

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 2020 \$31,166,666 b. FFY 2021 \$34,000,000
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B, Page 35	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19-B, Page 35
10. SUBJECT OF AMENDMENT: Rate increase for in-home shift nursing	

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: Theresa Eagleson	
14. TITLE: Director of Healthcare and Family Services	
15. DATE SUBMITTED 11-8-19	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: November 8, 2019	18. DATE APPROVED: January 16, 2020
PLAN APPROVED—ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: November 1, 2019	20. SIGNATURE OF REGIONAL OFFICIAL: /s/
21. TYPED NAME Ruth A. Hughes	22. TITLE: Deputy Director
23. REMARKS:	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Illinois

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES—
OTHER TYPE OF CARE—BASIS FOR REIMBURSEMENT

- 07/12/11/19 13. PRIVATE DUTY NURSING SERVICES: Reimbursement is made at the lesser of the usual and customary charge to the general public or statewide maximum established by the Department. In-home shift nursing payments for children who are under 21 years of age shall be at the Department's established hourly rate to an agency licensed to provide these services.
- The agency's fee schedule rate was set as of November 1, 2019, and is effective for services provided on or after that date. All rates are published on the Department's website in Home Health Fee Schedule located at <http://www.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/Pages/>
- 05/15 14. INDEPENDENT SPEECH, OCCUPATIONAL AND PHYSICAL THERAPIST SERVICES: Reimbursement is made at the lesser of the usual and customary charge to the general public or statewide maximum established by the Department.
- 05/15 Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of independent therapy services. The agency's fee schedule rate was set as of January 1, 2014, and is effective for services provided on or after that date. All rates are published on the Department's website in the Therapy Fee Schedule located at <http://www.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/Pages/>
- 05/15 Effective for dates of service May 1, 2015 through June 30, 2015, independent therapy services rates are reduced by 16.75% with the exception of governmental providers.
15. HEALTH MAINTENANCE ORGANIZATION SERVICES: Flat monthly rate per enrolled client as established by the Department.
- 11/19 16. APPLIANCES/PROSTHESES: Beginning November 1, 2019, the Department's maximum allowable rates for custom prosthetic and orthotics will be calculated based on the Medicare rate in effect on July 1, 2019, minus 6 percent, and the Department's maximum allowable rates for new items or services added to the fee schedule after November 1, 2019 will be calculated based on the Medicare rate for the year the procedure code is first established on the Department's fee schedule minus 6 percent.
- Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of appliances/orthotics and prostheses services. The agency's fee schedule rate was set as of November 1, 2019, and is effective for services provided on or after that date. All rates are published on the Department's website in the Durable Medical Equipment fee schedule located at <https://www.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/Pages/default.aspx>