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State/Territory Name: Illinois

State Plan Amendment (SPA) #: 22-0027

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

Division of Reimbursement Review

August 10, 2022

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

RE: State Plan Amendment 22-0027

Dear Ms. Eagleson:

We have reviewed the proposed amendment to your Medicaid State plan submitted under transmittal number IL - 22-0027. This amendment provides for a rate increase for Early Intervention Services.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), and 1902(a)(30) of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C. We have found that the proposed reimbursement methodology complies with applicable requirements and therefore have approved them with an effective date of July 1, 2022.

If you have any questions, please contact Debi Benson at Deborah.Benson@cms.hhs.gov.

Sincerely,



Todd McMillion
Director
Division of Reimbursement Review

Enclosure

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER <u>2 2 — 0 0 2 7</u>	2. STATE <u>IL</u>
	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE July 1, 2022	
5. FEDERAL STATUTE/REGULATION CITATION 42 CFR 440.130, 42 CFR 440.169	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2022</u> \$ <u>750,000</u> b. FFY <u>2023</u> \$ <u>3,000,000</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B, Page 43(A), 47	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (if Applicable) Attachment 4.19-B, Page 43(A), 47	

9. SUBJECT OF AMENDMENT
Rate increase as per early intervention services

10. 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:

11. SIGNATURE OF STATE AGENCY OFFICIAL 	15. RETURN TO Department of Health and Family Services Bureau of Program and Policy Coordination Attn: Mary Doonan 201 South Grand Avenue East Springfield, IL 62763-0001
12. TYPED NAME Theresa Eagleson	
13. TITLE Director of Health and Family Services	
14. DATE SUBMITTED 7/20/22	

FOR CMS USE ONLY

16. DATE RECEIVED July 20, 2022	17. DATE APPROVED August 10, 2022
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PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL July 1, 2022	19. SIGNATURE OF APPROVING OFFICIAL
20. TYPED NAME OF APPROVING OFFICIAL Todd McMillion	21. TITLE OF APPROVING OFFICIAL Director, Division of Reimbursement Review

22. 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**

07/22 Early Intervention Services

Reimbursement is made at the lesser of the usual and customary charge to the general public or statewide maximum established by the Department. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of early intervention services. The agency's fee schedule rate was set as of July 1, 2022, and is effective for services provided on or after that date. All rates are published on the Department's website at

[http://www.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/Pages/.](http://www.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/Pages/)

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***TARGETED CASE MANAGEMENT—GROUP C*

- (a) Reimbursement is on a monthly basis. Payment will be made on a quarterly basis and shall be the product of:
1. The sum of:
 - A. The lesser of
 - i. The provider's charge or
 - ii. The provider's rate, as determined in subsection (b) below; and
 - B. A performance incentive adjustment, as determined in subsection (c) below.
 2. Multiplied by:
 - A. For services provided before October 1, 2002, the provider's average caseload of children with active, approved service plans during the twelve-month period ending March 30, 2002; or
 - B. For services provided on or after October 1, 2002, the provider's average caseload of children with active, approved service plans during the six-month period ending three months prior to the beginning of the quarter for which payment is made.
- (b) Rate—The methodology to establish the provider's rate for targeted case management for early intervention services is:
1. \$57,000—the amount, based upon surveys and experience with the service delivery system, is the reasonable annual cost of a qualified case manager, *i.e.*, salary with benefits, rent and facility costs, travel, training, supplies and equipment, telephone and administration;
 2. Divided by the lesser of:
 - A. The provider's average caseload of children with active, approved service plans during,
 - i. For services provided before October 1, 2002, the twelve-month period ending March 30, 2002;
 - ii. For services provided on or after October 1, 2002, the six-month period ending three months prior to the beginning of the quarter for which payment is made.
 - B. 43—the caseload of children with active, approved service plans that, based upon surveys and experience with the service delivery system, may be reasonably managed by a qualified case manager;
 3. Divided by 12—the number of months in a year.
 4. The resulting rate may be adjusted annually, either upward or downward, based on the *Consumer Price Index for Urban Consumers, All Items*, as published by Standard & Poor's DRI.
 5. For dates of service on or after July 1, 2022, the provider's rate will be increased by 3%. The methodology used is within the upper limits of payment for comparable Medicare services.
- (c) Performance incentive adjustment—Performance incentive adjustments, calculated as a percentage of the rate determined in subsection (b) above, will be determined as follows:
1. Definitions.

Base period—The six-month period ending three months prior to the beginning of the quarter for which payment is made.

IFSP—Individualized family service plan.