STATE OF ILLINOIS, DEPARTMENT OF HEALTH CARE AND FAMILY SERVICES (HFS)
MEDICAID HCBS ACCESS TO CARE RULE PAYMENT WORKSTREAM
SERVICES REQUIRED FOR PUBLICATION REGARDING HCBS PAYMENT RATE DISCLOSURE REQUIREMENTS

Notes:
1. This publication meets the requirements under: 42 CFR 441.311. (d).
States are required to report annually on access to four services: homemaker, home health aide, personal care, and habilitation services.
2. HFS's Supportive Living Program waiver has no relevant services for the payment rate disclosure requirements of the Access Rule provision.
3. The published unit rate and the average hourly unit rate may not align with the current fee schedule depending on the reporting period of this bi-annual report and the cadence of payment rate changes.

					Rate In Effect on 7/1/2025					Values from 1/1/2025 to 12/31/2025		
Service / Service Description	Procedure Code	Modifier	Geographic Area for Applicable Rate	Service Unit Type	Payment Rate (per Unit)	Average Hourly Payment Rate	Fee Schedule Effective Date	Service Category (Per Access Rule)	Facility-related costs in the payment rate?	Number of Medicaid Paid Claims	Number of Medicaid Beneficiaries	Notes
Division of Specialized Care for Children (DSCC)												
Medically Fragile Technology Dependent (MFTD) Waiver and Early Periodic Screening Diagnostic Treatment (EPSDT) Program												
Certified Nursing Assistant	T1004	None	Statewide	Hour	$ 32.10	$ 32.10	1/1/2025	Home Health Aide	No	3,803	34	MFTD - if over 21 years of age
Illinois Department of Aging (IDOA)												
Persons who are Elderly Waiver												
In-Home Service	S5130	None	Statewide	Hour	$ 29.63	$ 29.63	1/1/2025	Homemaker	No	10,988,213	94,202	
In-Home Service with Insurance	S5130	None	Statewide	Hour	$ 31.40	$ 31.40	1/1/2025	Homemaker	No	562,810	11,801	
Department of Developmental Disability (DDD) - *Including statewide and Chicago Metro Region payment rates with the Chicago Metro Region defined by the six counties of: DuPage, Kane, Lake, McHenry, Will and Cook Counties*												
Adults with Developmental Disabilities Waiver												
Community Day Services (ON Site) - 31U	T2021	None	Statewide	Client Hour	$ 17.75	$ 17.75	1/1/2025	Habilitation	No	1,131,459	6,183	
Community Day Services (ON Site) - 31U	T2021	None	Chicago Metro Region	Client Hour	$ 20.16	$ 20.16	1/1/2025	Habilitation	No	1,160,331	6,842	
Community Day Services (OFF Site) - 31C	T2025	None	Statewide	Client Hour	$ 20.17	$ 20.17	1/1/2025	Habilitation	No	5,253	4,860	
Community Day Services (OFF Site) - 31C	T2025	None	Chicago Metro Region	Client Hour	$ 23.14	$ 23.14	1/1/2025	Habilitation	No	146,614	5,253	
Community Integrated Living Arrangement (CILA) - Individual Rate Model - 60D	T2016	None	Statewide	Client Day	$324.90	$13.54	1/1/2025	Habilitation	No- Room and board included in rate but offset by consumer payments and excluded from match	1,605,026	5,682	Average of all individual 60D (24 hour and host family) rates. Average hourly rate is simply the payment rate divided by 24 hours.
Community Integrated Living Arrangement (CILA) - Individual Rate Model - 60D	T2016	None	Chicago Metro Region	Client Day	$387.97	$16.17	1/1/2025	Habilitation	No- Room and board included in rate but offset by consumer payments and excluded from match	1,490,103	5,425	Average of all individual 60D (24 hour and host family) rates. Average hourly rate is simply the payment rate divided by 24 hours.
Community Integrated Living Arrangement (CILA) - Intermittent Hourly Supports 1:1 - 61H	T2017	TG	Statewide	Client Hour	$ 59.15	$ 59.15	1/1/2025	Habilitation	No- Room and board included in rate but offset by consumer payments and excluded from match	39,705	587	
Community Integrated Living Arrangement (CILA) - Intermittent Hourly Supports 1:1 - 61H	T2017	TG	Chicago Metro Region	Client Hour	$ 67.44	$ 67.44	1/1/2025	Habilitation	No- Room and board included in rate but offset by consumer payments and excluded from match	63,288	857	
Community Integrated Living Arrangement (CILA) - Intermittent Hourly Supports 1:2 - 62H	T2017	TF	Statewide	Client Hour	$ 29.57	$ 29.57	1/1/2025	Habilitation	No- Room and board included in rate but offset by consumer payments and excluded from match	1,134	155	
Community Integrated Living Arrangement (CILA) - Intermittent Hourly Supports 1:2 - 62H	T2017	TF	Chicago Metro Region	Client Hour	$ 33.72	$ 33.72	1/1/2025	Habilitation	No- Room and board included in rate but offset by consumer payments and excluded from match	1,169	118	
Community Integrated Living Arrangement (CILA) - Intermittent Hourly Supports 1:3 - 63H	T2017	TT	Statewide	Client Hour	$ 19.72	$ 19.72	1/1/2025	Habilitation	No- Room and board included in rate but offset by consumer payments and excluded from match	1,216	128	
Community Integrated Living Arrangement (CILA) - Intermittent Hourly Supports 1:3 - 63H	T2017	TT	Chicago Metro Region	Client Hour	$ 22.48	$ 22.48	1/1/2025	Habilitation	No- Room and board included in rate but offset by consumer payments and excluded from match	943	72	
Community Living Facility (CLF) 16 or fewer - 67D	T2033	None	Statewide	Client Day	$96.33	$4.01	1/1/2025	Habilitation	No	18,754	55	Average hourly rate is simply the payment rate divided by 24 hours
Community Living Facility (CLF) 16 or fewer - 67D	T2033	None	Chicago Metro Region	Client Day	$96.33	$4.01	1/1/2025	Habilitation	No	50,487	163	Average hourly rate is simply the payment rate divided by 24 hours
Temporary Intensive Staffing - Day (31C & 31U CDS only) - 53D	T2021	TF	Statewide	Client Hour	$ 26.63	$ 26.63	1/1/2025	Habilitation	No	40,932	336	
Temporary Intensive Staffing - Day (31C & 31U CDS only) - 53D	T2021	TF	Chicago Metro Region	Client Hour	$ 30.62	$ 30.62	1/1/2025	Habilitation	No	39,752	359	
Temporary Intensive Staffing - Residential (60D and 61H only) - 53R	T2017	None	Statewide	Client Hour	$ 26.63	$ 26.63	1/1/2025	Habilitation	No	51,589	629	
Temporary Intensive Staffing - Residential (60D and 61H only) - 53R	T2017	None	Chicago Metro Region	Client Hour	$ 30.62	$ 30.62	1/1/2025	Habilitation	No	73,503	883	
Temporary Assistance Services - 53C	T2034	None	Statewide	Client Hour	$ 20.78	$ 20.78	1/1/2025	Habilitation	No	1,818	67	
Residential Waiver for Children and Young Adults with Developmental Disabilities												
Children's Group Homes (CGH) - 17D	T2016	None	Statewide	24-Hr Day	$619.59	$25.82	1/1/2025	Habilitation	Yes- preliminary response and identifying more detailed components	27,008	96	Average hourly rate is simply the payment rate divided by 24 hours
Division of Rehabilitation Services (DRS)												
Persons with Brain Injury												

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TBI DAY HABILITATION - 4107 - 87	T2020	None	Statewide	DAY	$ 76.74	$12.79	1/1/2025	Habilitation	No	245	20	Average hourly rate is the payment rate divided by 6 hours.
HOMEMAKER SERVICE - 4100 - 63	S5130	None	Statewide	HOUR	$ 29.63	$ 29.63	1/1/2025	Homemaker	No	50,975	593	
PERSONAL ASSISTANT - 4150 - 65	S5125	None	Statewide	HOUR	$ 18.75	$ 18.75	7/1/2025	Personal Care	No	23,756	1,122	
HH AGENCY AIDE (CNA) - 4177 - 83	T1004	None	Statewide	HOUR	$ 25.00	$ 25.00	1/1/2025	Home Health Aide	No	367	11	
NON-AGENCY CNA - 4198 - 65	G0156	None	Statewide	HOUR	$ 21.75	$ 21.75	7/1/2025	Home Health Aide	No	87	12	
Persons with Disabilities Waiver												
HOMEMAKER SERVICE - 4100 - 63	S5130	None	Statewide	HOUR	$ 29.63	$ 29.63	1/1/2025	Homemaker	No	631,423	6,509	
PERSONAL ASSISTANT - 4150 - 65	S5125	None	Statewide	HOUR	$ 18.75	$ 18.75	7/1/2025	Personal Care	No	197,813	10,340	
HH AGENCY AIDE (CNA) - 4177 - 83	T1004	None	Statewide	HOUR	$ 25.00	$ 25.00	1/1/2025	Home Health Aide	No	2,078	36	
NON-AGENCY CNA - 4198 - 65	G0156	None	Statewide	HOUR	$ 21.75	$ 21.75	7/1/2025	Home Health Aide	No	1,018	79	
Persons with HIV or AIDS												
HOMEMAKER SERVICE - 4100 - 63	S5130	None	Statewide	HOUR	$ 29.63	$ 29.63	1/1/2025	Homemaker	No	17,666	229	
PERSONAL ASSISTANT - 4150 - 65	S5125	None	Statewide	HOUR	$ 18.75	$ 18.75	7/1/2025	Personal Care	No	4,973	303	
HH AGENCY AIDE (CNA) - 4177 - 83	T1004	None	Statewide	HOUR	$ 25.00	$ 25.00	1/1/2025	Home Health Aide	No	2	1	
NON-AGENCY CNA - 4198 - 65	G0156	None	Statewide	HOUR	$ 21.75	$ 21.75	7/1/2025	Home Health Aide	No	52	4	