**Section 679.50 Service Cost Maximums (SCMs)**

a) For each individual meeting the minimum required DON scores for eligibility (see 89 Ill. Adm. Code 682), there is a corresponding Service Cost Maximum (SCM) for his/her DON score which is the maximum amount that may be expended for services through HSP for an individual who chooses HSP services over institutionalization. This amount directly corresponds to the amount the State would expect to pay for the nursing care component of institutionalization if the individual chose institutionalization.

b) The monthly SCMs for individuals served under the HSP Disabled Individual Medicaid Waiver are:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **DON Range** | **11/1/03 SCM** | **8/1/04 SCM** | **8/1/05 SCM** | **8/1/06 SCM** | **8/1/07 SCM** |
| 29-32 | $1,154 | $1,194 | $1,249 | $1,329 | $1,488 |
| 33-40 | $1,326 | $1,371 | $1,435 | $1,527 | $1,710 |
| 41-49 | $1,475 | $1,526 | $1,597 | $1,699 | $1,902 |
| 50-59 | $1,766 | $1,827 | $1,912 | $2,034 | $2,277 |
| 60-69 | $2,076 | $2,147 | $2,247 | $2,390 | $2,677 |
| 70-79 | $2,244 | $2,322 | $2,430 | $2,585 | $2,894 |
| 80-100 | $2,412 | $2,495 | $2,612 | $2,778 | $3,111 |

c) The monthly SCMs for individuals served under the HSP AIDS Medicaid Waiver are:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **DON Range** | **11/1/03 SCM** | **8/1/04 SCM** | **8/1/05 SCM** | **8/1/06 SCM** | **8/1/07 SCM** |
| 29-32 | $1,486 | $1,538 | $1,609 | $1,712 | $1,917 |
| 33-40 | $2,228 | $2,305 | $2,412 | $2,566 | $2,873 |
| 41-49 | $2,970 | $3,073 | $3,216 | $3,421 | $3,831 |
| 50-59 | $3,714 | $3,842 | $4,021 | $4,278 | $4,790 |
| 60-69 | $4,458 | $4,611 | $4,827 | $5,134 | $5,749 |
| 70-79 | $5,198 | $5,378 | $5,628 | $5,987 | $6,704 |
| 80-100 | $5,943 | $6,148 | $6,435 | $6,845 | $7,664 |

d) The monthly SCMs for individuals served under the HSP Brain Injury Medicaid Waiver are:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **DON Range** | **11/1/03 SCM** | **8/1/04 SCM** | **8/1/05 SCM** | **8/1/06 SCM** | **8/1/07 SCM** |
| 29-32 | $1,286 | $1,331 | $1,393 | $1,482 | $1,659 |
| 33-40 | $1,427 | $1,476 | $1,545 | $1,644 | $1,841 |
| 41-49 | $1,586 | $1,640 | $1,717 | $1,826 | $2,045 |
| 50-59 | $1,901 | $1,966 | $2,058 | $2,189 | $2,451 |
| 60-69 | $2,234 | $2,311 | $2,419 | $2,573 | $2,881 |
| 70-79 | $2,415 | $2,499 | $2,615 | $2,782 | $3,115 |
| 80-100 | $2,597 | $2,686 | $2,811 | $2,990 | $3,349 |

e) The SCM for an individual may be exceeded on a monthly basis to meet a temporary increase in need for services as long as the average monthly cost for services during the twelve month period does not exceed the SCM. Such an increase in services shall not last more than 3 months.

f) The exceptional care rate (ECR) for individuals who cannot be served under an HSP waiver's SCM is established by the Department of Healthcare and Family Services (HFS) under 89 Ill. Adm. Code 140.569(i). This rate is comparable to the assessed cost for institutionalization and shall not be exceeded. To determine the exceptional care rate for an individual served under an HSP waiver program:

1) the nearest approved exceptional care nursing facility to the individual's

home is identified;

2) the exceptional care rate for that facility is requested from HFS; and

3) the daily exceptional care rate is multiplied by 30.3 to establish a monthly

average.

(Source: Amended at 31 Ill. Reg. 422, effective December 29, 2006)