**Section 120.80 Program assurances**

In addition to program requirements specified in other Sections of this Part, assurances for the Medicaid HCBS Waiver Program will include:

a) Level of care determination

An evaluation and periodic (at least annual) reevaluations of the Individual's need for the level of care provided in an ICF/DD, as defined by 42 CFR 483.400 through 483.480, shall be conducted for an Individual when there are indications (see 42 CFR 483.440 (a)) that the Individual might need such services in the near future.

b) Informing Individuals of choice

All Individuals participating in HCBS Waivers must have a Personal Plan (see Section 120.160) which facilitates Individual choice regarding services and supports, and who provides them, per 42 CFR 441.301(c)(4)(v).

c) Average per capita expenditures

The average per capita Medicaid expenditures, including HCBS Waiver services, will not exceed 100 percent of the average per capita expenditures that would have been made under the Medicaid State Plan for the levels of care specified for this waiver had the waiver not been granted. The State must therefore limit participating Individuals and expenditures under this program to meet the per capita cost requirements.

d) Rate methodology

Rates for reimbursement of program services shall be established by the Department and approved by HFS. Rate levels shall be determined for each type of Medicaid HCBS Waiver service by unit of service provided, e.g., per hour, per day. Providers shall receive written notification of rates and rate changes at least annually.

(Source: Amended at 48 Ill. Reg. 5279, effective March 21, 2024)