

## **Table of Contents**

**State/Territory Name: Illinois (IL)**

**State Plan Amendment (SPA) #: IL 23-0044**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S2-26-12  
Baltimore, Maryland 21244-1850



**Managed Care Group**

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March 4, 2024

Elizabeth Whitehorn  
Director  
Illinois Department of Healthcare and Family Services  
201 South Grand Avenue East, 3rd Floor

Re: Illinois State Plan Amendment (SPA) 23-0044

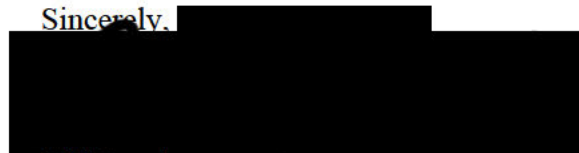
Dear Director Whitehorn:

The Centers for Medicare & Medicaid Services (CMS) completed review of Illinois' State Plan Amendment (SPA) Transmittal Number 23-0044 submitted on December 28, 2023. The purpose of this SPA is to remove 1932(a) pages originally used for the State's Medicare-Medicaid Alignment Initiative from the State Plan. These pages are no longer needed because CMS' review and approval of the State's managed care contract under 1915(a) authority will be used for this voluntary Medicaid managed care program.

We conducted our review of this amendment according to statutory requirements of Title XIX of the Social Security Act and implementing Federal regulations. This letter is to inform you that Illinois's Medicaid SPA Transmittal Number 23-0044 is approved effective October 1, 2023.

If you have any questions regarding this amendment, please contact Elizabeth Lazzaro at (410) 786-8759 or [Elizabeth.Lazzaro@cms.hhs.gov](mailto:Elizabeth.Lazzaro@cms.hhs.gov).

Sincerely,



Bill Brooks  
Director  
Division of Managed Care Operations

cc: Annet Godisen, Illinois Department of Healthcare and Family Services  
Kati Hinshaw, Illinois Department of Healthcare and Family Services  
Kimberly Cox, Illinois Department of Healthcare and Family Services  
Courtenay Savage, CMS

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER 2 3 — 0 0 4 4 2. STATE IL

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT  XIX  XXI

TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
**October 1, 2023**

5. FEDERAL STATUTE/REGULATION CITATION  
**Section 1932 of the Social Security Act**

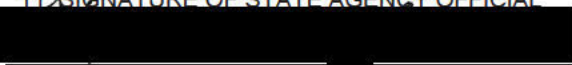
6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  
a. FFY 2024 \$ 525,000,000  
b. FFY 2025 \$ 525,000,000

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
**No new pages.**

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  
**Attachment 3.1-F, Pages 45 - 58**

9. SUBJECT OF AMENDMENT  
**Withdrawing MMAI 1932(a) state plan authority and blank pages.**

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  
  
12. TYPED NAME  
**Theresa Eagleson**  
13. TITLE  
**Director of Healthcare and Family Services**  
14. DATE SUBMITTED  
**December 28, 2023**

15. RETURN TO  
Department of Healthcare and Family Services  
Bureau of Program and Policy Coordination  
Attn: Mary Doran  
201 South Grand Avenue East  
Springfield, IL 62763-0001

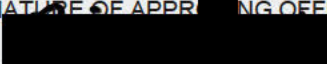
**FOR CMS USE ONLY**

16. DATE RECEIVED  
**12/28/2023**

17. DATE APPROVED  
**3/4/2024**

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL  
**10/1/2023**

19. SIGNATURE OF APPROVING OFFICIAL  


20. TYPED NAME OF APPROVING OFFICIAL  
**Bill Brooks**

21. TITLE OF APPROVING OFFICIAL  
**Director, Division of Managed Care Operations**

22. REMARKS  
  
CMS advised the State that the MMAI program originally approved under 1932a State Plan authority as a voluntary managed care program is approvable under 1915a authority with review and approval of the contract submissions. The State is removing these pages from the State Plan as they are not needed for 1915a authority.