

## **Table of Contents**

**State/Territory Name: Illinois**

**State Plan Amendment (SPA) #: 23-0046**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS Form 179
- 3) Approved SPA Page

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid  
Services 601 E. 12th St., Room 355  
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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March 26, 2024

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

Re: Illinois State Plan Amendment (SPA) 23-0046

Dear Director Whitehorn:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0046. This SPA proposes to increase the monthly personal needs allowance for Medicaid beneficiaries residing in nursing facilities.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations. This letter is to inform you that Illinois Medicaid SPA 23-0046 was approved on March 26, 2024, with an effective date of January 1, 2024.

If you have any questions, please contact Courtenay Savage at 312-353-3721 or via email at [Courtenay.Savage@cms.hhs.gov](mailto:Courtenay.Savage@cms.hhs.gov).

Sincerely

  
James G Scott, Director  
Division of Program Operations

Enclosures

cc: Kelly Cunningham  
Mary Doran  
Annet Godiksen  
Kati Hinshaw

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

1. TRANSMITTAL NUMBER 2 3 — 0 0 4 6 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  
**January 1, 2024**

5. FEDERAL STATUTE/REGULATION CITATION  
**42 CFR 435.725, 435.733, 435.832**

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  
a. FFY 2024 \$ 6,075,000  
b. FFY 2025 \$ 8,100,000

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
**Attachment 2.6-A, Page 4a**

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  
**Attachment 2.6-A, Page 4a**

9. SUBJECT OF AMENDMENT  
**Personal Needs Allowance Increase**

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  
[Redacted]

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

12. TYPED NAME  
**Theresa Eagleson**

13. TITLE  
**Director of Healthcare and Family Services**

14. DATE SUBMITTED **12/29/23**

**FOR CMS USE ONLY**

16. DATE RECEIVED  
**December 29, 2023**

17. DATE APPROVED  
**March 26, 2024**

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL  
**January 1, 2024**

[Redacted]

20. TYPED NAME OF APPROVING OFFICIAL  
**James G. Scott**

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

22. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Illinois

**ELIGIBILITY CONDITIONS AND REQUIREMENTS**

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Citation	Condition or Requirement
1924 of the Act 435.725 435.733 435.832	<p data-bbox="420 443 1101 573">2. The following monthly amounts for personal needs are deducted from total monthly income in the application of an institutionalized individual's or couple's income to the cost of institutionalized care:</p> <p data-bbox="453 632 1081 726">Personal Needs Allowance (PNA) of not less than \$60 For Individuals and \$120 For Couples For All Institutionalized Persons.</p> <p data-bbox="453 764 732 852">a. Aged, blind, disabled: Individuals \$60.00 Couples \$120.00</p> <p data-bbox="453 919 675 1024">b. AFDC related: Children \$60.00 Adults \$60.00</p> <p data-bbox="453 1094 1260 1148">c. Individual under age 21 covered in the plan as specified in Item B. 7. of <u>Attachment 2.2 -A.</u></p>