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**State/Territory Name:** Illinois

**State Plan Amendment (SPA) #:** IL-21-0007-CHIP

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) State Plan Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S2-01-16  
Baltimore, MD 21244-1850



**Children and Adults Health Programs Group**

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June 30, 2022

Kelly Cunningham, Medicaid Director  
State of Illinois, Division of Medical Programs  
Department of Healthcare and Family Services  
201 South Grand Ave. East, 3<sup>rd</sup> Floor  
Springfield, IL 62763-0001

Dear Ms. Cunningham:

Your title XXI Children's Health Insurance Program (CHIP) state plan amendments (SPAs), IL-21-0006-CHIP, submitted on September 10, 2021, and IL-21-0007-CHIP, submitted on September 27, 2021, with additional information submitted on June 13, 2022, have been approved. Through these SPAs, the state transitions all children, with the exception of the conception to birth population, from the state's separate CHIP to a Medicaid expansion CHIP effective July 1, 2022. This letter is being sent as a companion to the Centers for Medicare & Medicaid Services approval of Medicaid SPA IL-21-0006.

Your title XXI project officer is Ms. Kathleen Connors de Laguna. She is available to answer questions concerning this amendment and other CHIP-related issues. Ms. Connors de Laguna's contact information is as follows:

Centers for Medicare & Medicaid Services  
Center for Medicaid and CHIP Services  
Mail Stop: S2-01-16  
7500 Security Boulevard  
Baltimore, MD 21244-1850  
Telephone: (410) 786-2256  
E-mail: [Kathleen.Connorsdelaguna@cms.hhs.gov](mailto:Kathleen.Connorsdelaguna@cms.hhs.gov)

If you have additional questions, please contact Meg Barry, Director, Division of State Coverage Programs at (410) 786-1536. We look forward to continuing to work with you and your staff.

Sincerely,

/Signed by Amy  
Lutzky/

Amy Lutzky  
Deputy Director



# CHIP Eligibility

State Name:

OMB Control Number: 09381148

Transmittal Number: IL - 21 - 0007

**Eligibility for Medicaid Expansion Program** **CS3**

42 CFR 457.320(a)(2) and (3)

Income eligibility for children under the Medicaid Expansion is determined in accordance with the following income standards:

There should be no overlaps or gaps for the ages entered.

Age and Household Income Ranges

Add	From Age	To Age	Above (% FPL)	Up to & including (% FPL)	Remove
<b>Add</b>	<input type="text" value="0"/>	<input type="text" value="6"/>	108	313	<b>Remove</b>
<b>Add</b>	<input type="text" value="6"/>	<input type="text" value="19"/>	142	313	<b>Remove</b>

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 50 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

V.20181119



# CHIP Eligibility

State Name:

OMB Control Number: 09381148

Transmittal Number: IL - 21 - 0007

**Separate Child Health Insurance Program** **CS20**  
**Non-Financial Eligibility - Substitution of Coverage**

Section 2102(b)(3)(C) of the SSA and 42 CFR 457.340(d)(3), 457.350(i), and 457.805

### Substitution of Coverage

The CHIP Agency provides assurance that it has methods and policies in place to prevent the substitution of group health coverage or other commercial health insurance with public funded coverage. These policies include:

Substitution of coverage prevention strategy:

Add	Name	Description	Remove
<b>Add</b>		HFS plans conduct a focused survey of applicants every 5 years to determine the percentage of new enrollees who have dropped employer-based health insurance for enrollment in CHIP. The responsible adult completing the application will be asked about the source and nature of any health insurance coverage the mother of the unborn child has received in the past three months if the volume of sampled enrollees noting such coverage without meeting an established "good cause" reaches 10%, a review of policies and procedures will be conducted to determine if a change is needed to prevent substitution.	<b>Remove</b>

A waiting period during which an individual is ineligible due to having dropped group health coverage.

If the state elects to offer dental only supplemental coverage, the following assurances apply:

- The other coverage exclusion does not apply to children who are otherwise eligible for dental only supplemental coverage as provided in section 2110(b)(5) of the SSA.
- The waiting period does not apply to children eligible for dental only supplemental coverage.

### PRA Disclosure Statement

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V.20181119



# CHIP Eligibility

State Name:

OMB Control Number: 09381148

Transmittal Number: IL - 21 - 0007

<b>Separate Child Health Insurance Program Non-Financial Eligibility - Non-Payment of Premiums</b>	<b>CS21</b>
42 CFR 457.570	
<b>Non-Payment of Premiums</b>	
Does the state impose premiums or enrollment fees?	<input type="text" value="No"/>

### PRA Disclosure Statement

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# CHIP Eligibility

State Name:

OMB Control Number: 09381148

Transmittal Number: IL - 21 - 0007

## Separate Child Health Insurance Program General Eligibility - Continuous Eligibility

CS27

2105(a)(4)(A) of the SSA and 42 CFR 457.342 and 435.926

The CHIP Agency may provide that children who have been determined eligible under the state plan shall remain eligible, regardless of any changes in the family's circumstances, during a continuous eligibility period up to 12 months, or until the time the child reaches an age specified by the state (not to exceed age 19), whichever is earlier.

The CHIP Agency elects to provide continuous eligibility to children under this provision.

For children up to age 19

For children up to age

The continuous eligibility period begins on the effective date of the child's most recent determination or redetermination of eligibility, and ends:

At the end of the  months continuous eligibility period.

Exceptions to the continuous eligibility period:

The child attains the age specified by the state Agency or age 19.

The child or child's representative requests voluntary disenrollment.

The child is no longer a resident of the state.

The Agency determines that eligibility was erroneously granted at the most recent determination or renewal of eligibility because of Agency error or fraud, abuse, or perjury attributed to child or child's representative.

The child dies.

There is a failure to pay required premiums or enrollment fees on behalf of a child, as provided for in the state plan.

Other

Add	Describe	Remove
Add	Because Illinois' separate CHIP is the conception to birth population only, continuous eligibility ends at birth.	Remove



# CHIP Eligibility

## PRA Disclosure Statement

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