
Table of Contents

State/Territory Name: Illinois

State Plan Amendments (SPA) #: IL-14-0007

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) SPA Summary Form
- 3) Approved SPA Pages

The complete title XXI state plan for Illinois consists of the most recent state plan posted on Medicaid.gov under CHIP and State Plan Amendments. The link is provided below. The following approved templates are in addition to, or replace sections of the state's posted current state plan. The attached approval letter(s) explain how these templates fit into that state plan.

Link to state title XXI state plans and amendments: <http://medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Childrens-Health-Insurance-Program-CHIP/CHIP-State-Program-Information.html>

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

JUN 06 2016

Ms. Teresa T. Hursey
Acting Medicaid Administrator
Illinois Department of Healthcare and Family Services
201 South Grand Avenue East
Springfield, IL 62763

Dear Ms. Hursey:

I am writing to inform you that the Centers for Medicare & Medicaid Services (CMS) has approved your Modified Adjusted Gross Income (MAGI) title XXI Children's Health Insurance Program (CHIP) state plan amendment (SPA) number IL-14-0007, submitted on March 27, 2014. CMS issued a Request for Additional Information (RAI) on May 09, 2014. CMS received Illinois' official response to our RAI on May 03, 2016. This SPA relates to Modified Adjusted Gross Income (MAGI) Eligibility, and it has an effective date of January 1, 2014.

SPA number IL-14-0007 converts the state's existing income eligibility standards to MAGI-equivalent standards, by age group, for children covered in its title XXI-funded Medicaid program. A copy of the approved state plan page (CS3) is enclosed, and this should be incorporated into the state's approved CHIP state plan. This page supersedes the current Medicaid expansion section (4.0) of the current CHIP state plan.

Your title XXI project officer is Mr. Patrick Edwards. He is available to answer questions concerning this amendment and other CHIP-related issues. Mr. Edwards' contact information is as follows:

Centers for Medicare & Medicaid Services
Center for Medicaid and CHIP Services
Mail Stop: S2-01-15
7500 Security Boulevard
Baltimore, MD 21244-1850
Telephone: (410) 786-6643
Facsimile: (410) 786-5882
E-mail: Patrick.Edwards@cms.hhs.gov

Page 2 – Ms. Teresa T. Hursey

Official communications regarding program matters should be sent simultaneously to Mr. Edwards and to Ms. Ruth Hughes, Associate Regional Administrator (ARA) in our Chicago Regional Office. Ms. Hughes' address is:

Centers for Medicare & Medicaid Services
Division of Medicaid and Children's Health Operations
233 North Michigan Avenue, Suite 600
Chicago, IL 60601

If you have additional questions or concerns, please contact Mr. Manning Pellanda, Director, Division of State Coverage Programs, at (410) 786-5143.

We look forward to continuing to work with you and your staff.

Sincerely,

A black rectangular redaction box covers the signature of Anne Marie Costello.

Anne Marie Costello
Director

Enclosures

cc:

Ms. Ruth Hughes, ARA, CMS Region V, Chicago

Ms. Pat Curtis, Chief, Bureau of Medical Eligibility and Special Programs, Illinois HFS

Control Panel

General Information

File Management

Tribal Input

Summary

Children's Health Insurance Program Eligibility: Summary Page

State/Territory Illinois
name:

Transmittal Number:

Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.

IL-14-0007

Type of SPA:

- MAGI Eligibility & Methods
- XXI Medicaid Expansion
- Establish 2101(f) Group
- Eligibility Processing
- Non-Financial Eligibility

Proposed Effective Date

01/01/2014 (mm/dd/yyyy)

Federal Statute/Regulation Citation

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

Federal Budget Impact

- This SPA has a budget impact.
Total budget impact:

State Funds: \$

Federal Funds: \$

Subject of Amendment

Please provide a brief summary of SPA changes.

Character Count: 119 out of 2000

This state plan amendment identifies the children covered under the Medicaid Expansion program by age and income range.

Signature of State Agency Official

Submitted By: Jamie Ursch

Last Revision Date: Jun 7, 2016

Date:

Submit Date: Mar 27, 2014

BACK

CONTINUE



CHIP Eligibility

OMB Control Number: 0938-1148

Expiration date: 10/31/2014

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					
	From Age	To Age	Above (% FPL)	Up to & including (% FPL)	
+	6	19	108	142	X

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.