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State/Territory Name: IL

State Plan Amendment (SPA) #: 14-0002

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

Department of Health & Human Services
Centers for Medicare & Medicaid Services
233 North Michigan Avenue, Suite 600
Chicago, Illinois 60601-5519



June 16, 2014

Julie Hamos, Director
Illinois Department of Healthcare and Family Services (HFS)
Prescott E. Bloom Building
201 South Grand Avenue East
Springfield, Illinois 62763-0001

ATTN: Theresa Eagleson

RE: TN 14-0002

Dear Ms. Hamos:

Enclosed for your records is an approved copy of the following State Plan Amendment (SPA).

Transmittal #14-0002 - Approves Illinois' request to end medically needy coverage to parents and other caretakers relatives in light of the state's action toward Medicaid expansion and pursuant to Public Act 098-0104 of the Illinois General Assembly in anticipation of the availability of health coverage through the federally facilitated exchange.

--Effective Date: January 1, 2014

If you have any questions, please have a member of your staff contact Cathy Song at (312) 353-5184 or by email at Catherine.Song1@cms.hhs.gov.

Sincerely,

/s/

Verlon Johnson
Associate Regional Administrator
Division of Medicaid and Children's Health Operations

Enclosure

cc: Jacquetta Ellinger, HFS
Pat Curtis, HFS
Jamie Ursch, HFS

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB NO. 0938-0193

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| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES | 1. TRANSMITTAL NUMBER 14.0002 | 2. STATE: ILLINOIS |
| | 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) | |

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| TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES | 4. PROPOSED EFFECTIVE DATE January 1, 2014 |
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5. TYPE OF PLAN MATERIAL (Check One)

NEW STATE PLAN
 AMENDMENT TO BE CONSIDERED AS NEW PLAN
 AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)

| | |
|--|---|
| 6. FEDERAL STATUTE/REGULATION CITATION 42 CFR 435.310 | 7. FEDERAL BUDGET IMPACT a. FFY <u>2014</u> \$ <u>-3 million</u> b. FFY <u>2015</u> \$ <u>-4 million</u> |
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| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 2.2-A, p. 26 | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 2.2-A, p. 26 |
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10. SUBJECT OF AMENDMENT End Optional Medicaly Needy Program for Parents and Caretaker Relatives

11. 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
Not submitted for review by prior approval.

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| 12. SIGNATURE OF AGENCY OFFICIAL:  | 16. RETURN TO ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES 201 SOUTH GRAND AVENUE, 3rd Floor SPRINGFIELD, IL. 62763-0002 ATTENTION: Pat Curtis, Chief Bureau of Medical Eligibility Policy |
| 13. TYPED NAME Julie Hamos | |
| 14. TITLE DIRECTOR | |
| 15. DATE SUBMITTED 03/20/14 | |

FOR REGIONAL OFFICE USE ONLY

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|------------------------------------|------------------------------------|
| 17. DATE RECEIVED: 03/20/14 | 18. DATE APPROVED: 06/16/14 |
|------------------------------------|------------------------------------|

PLAN APPROVED - ONE COPY ATTACHED

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|--|--|
| 19. EFFECTIVE DATE OF APPROVED MATERIAL: 01/01/14 | 20. SIGNATURE OF REGIONAL OFFICIAL: /s/ |
| 21. TYPED NAME Verlon Johnson | 22. TITLE: Associate Regional Administrator |

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Illinois

GROUPS COVERED

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| Illinois Department of Human Services | C | <u>Optional Coverage of the Medically Needy (continued)</u> |
| 42 CFR 435.310 | X | 6. Caretaker relatives |
| 42 CFR 435.320 and 435.330 | <u>X</u> | 7. Aged individuals |
| 42 CFR 435.322 and 435.330 | <u>X</u> | 8. Blind individuals |
| 42 CFR 435.324 and 435.330 | <u>X</u> | 9. Disabled individuals |
| 42 CFR 435.324 | _____ | 10. Individuals who would be ineligible if they were not enrolled in an HMO. Categorically needy individuals are covered under 42 CFR 435.212 and the same rules apply to medically needy individuals. |
| | | 11. Blind and disabled individuals who: |
| | | a. Meet all current requirements for Medicaid eligibility except the blindness or disability criteria; |
| | | b. were eligible as medically needy in December 1973 as blind or disabled; and |
| | | c. For each consecutive month after December 1973 continue to meet the December 1973 eligibility criteria. |