

## **Table of Contents**

**State/Territory Name: IL**

**State Plan Amendment (SPA) #: 14-0003B**

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

June 17, 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 IL-14-0003B

Dear Ms. Hamos:

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

Transmittal #IL-14-0003B -Eligibility of Mandatory Coverage Groups  
-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](mailto:Catherine.Song1@cms.hhs.gov).

Sincerely,

/s/

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

Enclosure

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

Medicaid State Plan Eligibility: Summary Page (CMS 179)

State/Territory name: Illinois

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.

14-0003B

Proposed Effective Date

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

Federal Statute/Regulation Citation

1902(a)(10)(A)(i)(VIII) & (IX); 42 CFR 435.119; 42 CFR 435.150

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2014	\$0.00
Second Year	2015	\$0.00

Subject of Amendment

Eligibility Groups-Mandatory Coverage: Adult Group (S32)& Former Foster Care Children (S33)

(See SPA 14-0003 for federal budget impact)

Governor's Office Review

- Governor's office reported no comment
- Comments of Governor's office received

Describe:

- No reply received within 45 days of submittal
- Other, as specified

Describe:

The Governor has authorized the director of Healthcare and Family Services to act as his designee to review, approve and submit state plan amendments under Title XIX of the Social Security Act. The director has reviewed this submission and has no comments.

Signature of State Agency Official

Submitted By: Jamie Ursch

Last Revision Date: Jun 16, 2014

Submit Date: Jun 16, 2014

DATE RECEIVED  
03/27/2014

DATE APPROVED:  
6/17/14

PLAN APPROVED - ONE COPY ATTACHED

EFFECTIVE DATE OF APPROVED MATERIAL:  
1/1/2014

SIGNATURE OF REGIONAL OFFICIAL:  
/s/

TYPED NAME  
Verlon Johnson

TITLE:  
Associate Regional Administrator





# Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

## Eligibility Groups - Mandatory Coverage

### Adult Group

S32

1902(a)(10)(A)(i)(VIII)  
42 CFR 435.119

The state covers the Adult Group as described at 42 CFR 435.119.

Yes  No

**Adult Group** - Non-pregnant individuals age 19 through 64, not otherwise mandatorily eligible, with income at or below 133% FPL.

The state attests that it operates this eligibility group in accordance with the following provisions:

Individuals qualifying under this eligibility group must meet the following criteria:

Have attained age 19 but not age 65.

Are not pregnant.

Are not entitled to or enrolled for Part A or B Medicare benefits.

Are not otherwise eligible for and enrolled for mandatory coverage under the state plan in accordance with 42 CFR 435, subpart B.

Note: In 209(b) states, individuals receiving SSI or deemed to be receiving SSI who do not qualify for mandatory Medicaid eligibility due to more restrictive requirements may qualify for this eligibility group if otherwise eligible.

Have household income at or below 133% FPL.

MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state.

There is no resource test for this eligibility group.

Parents or other caretaker relatives living with a child under the age specified below are not covered unless the child is

receiving benefits under Medicaid, CHIP or through the Exchange, or otherwise enrolled in minimum essential coverage, as defined in 42 CFR 435.4.

Under age 19, or

A higher age of children, if any, covered under 42 CFR 435.222 on March 23, 2010:

Presumptive Eligibility

The state covers individuals under this group when determined presumptively eligible by a qualified entity. The state assures it also covers individuals under the Pregnant Women (42 CFR 435.116) and/or Infants and Children under Age 19 (42 CFR 435.118) eligibility groups when determined presumptively eligible.

Yes  No

### PRA Disclosure Statement

TN No: 14-0003B  
Illinois

Approval Date: June 17, 2014

Effective Date: January 1, 2014



# Medicaid Eligibility

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 40 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.





# Medicaid Eligibility

OMB Control Number 0938-1148  
OMB Expiration date: 10/31/2014

## Eligibility Groups - Mandatory Coverage Former Foster Care Children

S33

42 CFR 435.150  
1902(a)(10)(A)(i)(IX)

**Former Foster Care Children** - Individuals under the age of 26, not otherwise mandatorily eligible, who were on Medicaid and in foster care when they turned age 18 or aged out of foster care.

The state attests that it operates this eligibility group under the following provisions:

Individuals qualifying under this eligibility group must meet the following criteria:

Are under age 26.

Are not otherwise eligible for and enrolled for mandatory coverage under the state plan, except that eligibility under this group takes precedence over eligibility under the Adult Group.

Were in foster care under the responsibility of the state or Tribe and were enrolled in Medicaid under the state's state plan or 1115 demonstration when they turned 18 or at the time of aging out of that state's or Tribe's foster care program.

The state elects to cover children who were in foster care and on Medicaid in any state at the time they turned 18 or aged out of the foster care system.

Yes  No

The state covers individuals under this group when determined presumptively eligible by a qualified entity. The state assures it also covers individuals under the Pregnant Women (42 CFR 435.116) and/or Infants and Children under Age 19 (42 CFR 435.118) eligibility groups when determined presumptively eligible.

Yes  No

### 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 40 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.