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State/Territory Name: IL

State Plan Amendment (SPA) #:14-0023-MM6

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Superseding Pages Notice (delete if not applicable)
- 4) Approved SPA Pages

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



March 11, 2015

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

ATTN: James Parker

RE: TN IL-14-0023-MM6

Dear Ms. Norwood:

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

Transmittal #IL-14-0023-MM6 - Citizenship and Non-citizen Eligibility -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/

Alan Freund Acting Associate Regional Administrator Division of Medicaid and Children's Health Operations

Enclosure

cc: Jamie Ursch, HFS

Kim Pearce, 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		at 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.		
14-0023		
Proposed Effective Da	ate	
01/01/2014	(mm/dd/yyyy)	
,		
Federal Statute/Regul	lation Citation	
		41; 1903(v)(2),(3) and (4); 42 CFR 435.4
,		
Federal Budget Impa	ct	
	Federal Fiscal Year	Amount
First Year	2014	0.00
'	2	1.00
Second Year	2015	0.00
	Ψ.	
Comment Describe:	view 's office reported no commer s of Governor's office receiv	ed
Other, as		
Describe: The Gover review, ap	rnor has authorized the directo	r of Healthcare and Family Services to act as his designee to nendments under Title XIX of the Social Security Act. The d has no comments.
Signature of State Ag	ency Official	
Submitted By:	Jam	e Ursch
Last Revision Da	ate: Feb	17, 2015
Submit Date:	Mar	31, 2014
ATE RECEIVED 3/31/2014	PI AN APPROVEN	DATE APPROVED: 03/11/15 ONE COPY ATTACHED
FFECTIVE DATE OF APPR		
		SIGNATURE OF REGIONAL OFFICIAL:

TYPED NAME Alan Freund

01/01/2014

TITLE:

Acting Associate Regional Administrator

SUPERSEDING PAGES OF STATE PLAN MATERIAL				
TRANSMITTAL NUMBER:	STATE:			
TN IL-14-0023-MM6	Illinois			
PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):			
S89 Non-Financial Eligibility- Citizenship and Non-Citizen Eligibility	None (New Page)			
Attachment 2.6-A: Page 2	Attachment 2.6-A: Page 2, TN 09-06			
Attachment 2.6-A: Page 2a, (Deleted)	Attachment 2.6-A: Page 2a, TN 09-06			
Attachment 2.6-A, Page 2b, (Deleted)	Attachment 2.6-A, Page 2b, TN 09-06			
Attachment 2.6-A, Page 2c, (Deleted)	Attachment 2.6-A, Page 2c, TN 09-06			
Attachment 2.6-A, Page 3 (Deleted)	Attachment 2.6-A, Page 3, TN 14-0004 MM5			



Medicaid Eligibility

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

Non-Financial Eligibility Citizenship and Non-Citizen Eligibility				
902(a)(46)(B) 3 U.S.C. 1611, 1612, 1613, and 1641 903(v)(2),(3) and (4) 2 CFR 435.4 2 CFR 435.406 2 CFR 435.956				
Citizenship and Non-Citizen Eligibility				
The state provides Medicaid to citizens and nationals of the United States and certain non-citizens consistent with requirements of 42 CFR 435.406, including during a reasonable opportunity period pending verification of their citizenship, national status or satisfactory immigration status.				
■ The state provides Medicaid eligibility to otherwise eligible individuals:				
■ Who are citizens or nationals of the United States; and				
Who are qualified non-citizens as defined in section 431 of the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) (8 U.S.C. §1641), or whose eligibility is required by section 402(b) of PRWORA (8 U.S. §1612(b)) and is not prohibited by section 403 of PRWORA (8 U.S.C. §1613); and	S.C.			
Who have declared themselves to be citizens or nationals of the United States, or an individual having satisfactory immigration status, during a reasonable opportunity period pending verification of their citizenship, nationality or satisfactory immigration status consistent with requirements of 1903(x), 1137(d), 1902(ee) of the SSA and 42 CFR 435.406, and 956.				
The reasonable opportunity period begins on and extends 90 days from the date the notice of reasonable opportunity is received by the individual.				
The agency provides for an extension of the reasonable opportunity period if the individual is making a good faith effor resolve any inconsistencies or obtain any necessary documentation, or the agency needs more time to complete the verification process.	t to			
• Yes No				
The agency begins to furnish benefits to otherwise eligible individuals during the reasonable opportunity period on a da earlier than the date the notice is received by the individual.	ite			
• Yes No				
The date benefits are furnished is:				
The date of application containing the declaration of citizenship or immigration status.				
The date the reasonable opportunity notice is sent.				
Other date, as described: The State will begin furnishing benefits on the first day of the month of application containing the declaration of citizenship or immigration status.				

TN No: IL-14-0023-MM6 Approval Date: March 11, 2015 Effective Date: January 1, 2014

Illinois



Illinois

Medicaid Eligibility

The state provides Medicaid coverage to all Qualified Non-Citizens whose eligibility is not prohibited by section 403 of PRWORA (8 U.S.C. §1613).			
(es O No		
	tate elects the option to provide Medicaid coverage to otherwise eligible individuals under 21 and pregnant women, law ng in the United States, as provided in section 1903(v)(4) of the Act.	fully	
(• Yes O No		
	Pregnant women		
	☐ Individuals under age 21:		
	○ Individuals under age 21		
	○ Individuals under age 20		
	● Individuals under age 19		
An individual is considered to be lawfully residing in the United States if he or she is lawfully present and otherwise meets the eligibility requirements in the state plan.			
[An individual is considered to be lawfully present in the United States if he or she:		
	. Is a qualified non-citizen as defined in 8 U.S.C. 1641(b) and (c);		
	2. Is a non-citizen in a valid nonimmigrant status, as defined in 8 U.S.C. 1101(a)(15) or otherwise under the immigration laws (as defined in 8 U.S.C. 1101(a)(17));		
	3. Is a non-citizen who has been paroled into the United States in accordance with 8 U.S.C. 1182(d)(5) for less than 1 year, except for an individual paroled for prosecution, for deferred inspection or pending removal proceedings;		
4. Is a non-citizen who belongs to one of the following classes:			
	■ Granted temporary resident status in accordance with 8 U.S.C. 1160 or 1255a, respectively;		
	Granted Temporary Protected Status (TPS) in accordance with 8 U.S.C. §1254a, and individuals with pending applications for TPS who have been granted employment authorization;		
	■ Granted employment authorization under 8 CFR 274a.12(c);		
	Family Unity beneficiaries in accordance with section 301 of Pub. L. 101-649, as amended;		
	■ Under Deferred Enforced Departure (DED) in accordance with a decision made by the President;		
	■ Granted Deferred Action status;		
	■ Granted an administrative stay of removal under 8 CFR 241;		
	■ Beneficiary of approved visa petition who has a pending application for adjustment of status;		
5. Is an individual with a pending application for asylum under 8 U.S.C. 1158, or for withholding of removal under 8 U.S.C.1231, or under the Convention Against Torture who -			
	■ Has been granted employment authorization; or		
	Is under the age of 14 and has had an application pending for at least 180 days; N No: IL-14-0023-MM6 Approval Date: March 11, 2015 Effective Date: January 1, 2014		



Medicaid Eligibility

6. Has been granted withholding of removal under the Convention Against Tort	ure;
7. Is a child who has a pending application for Special Immigrant Juvenile statu	s as described in 8 U.S.C. 1101(a)(27)(J);
8. Is lawfully present in American Samoa under the immigration laws of Samoa under the Immigr	can Samoa; or
9. Is a victim of severe trafficking in persons, in accordance with the Victims of 2000, Pub. L. 106-386, as amended (22 U.S.C. 7105(b));	Trafficking and Violence Protection Act of
10. Exception: An individual with deferred action under the Department of Horchildhood arrivals process, as described in the Secretary of Homeland Secur considered to be lawfully present with respect to any of the above categories	ity's June 15, 2012 memorandum, shall not be
Other	
The state assures that it provides limited Medicaid services for treatment of an error organ transplant procedure, as defined in 1903(v)(3) of the SSA and implemented individuals who meet all Medicaid eligibility requirements, except documentation status and/or present an SSN:	ed at 42 CFR 440.255, to the following
Qualified non-citizens subject to the 5 year waiting period described in 8 U	.S.C. 1613;
Non-qualified non-citizens, unless covered as a lawfully residing child or paccordance with 1903(v)(4) and implemented at 435.406(b).	regnant woman by the state under the option in

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.

TN No: IL-14-0023-MM6 Approval Date: March 11, 2015 Effective Date: January 1, 2014

Illinois

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Illinois

Eligibility Conditions and Requirements

Citation	Condition or Requirement	
	b. For the medically needy, meets the non-financial eligibility conditions of 42 CFR Part 435.	
1905(p) of the Act	c. For financially eligible qualified Medicare Act beneficiaries covered under section 1902(a)(10)(E)(ii) of the Act, meet the non-financial criteria of section 1905(p) of the Act.	
1905(s) of the Act	d. For financially eligible qualified disabled and working individuals covered under section 1902(a)(10)(E)(ii) of the Act, meets the non-financial criteria of section 1905(s).	

Approval Date: March 11, 2015 Effective Date: 01-01-2014