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State/Territory Name: Illinois

State Plan Amendment (SPA) #: 21-0010

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS Form 179
- 3) Approved SPA Page

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

August 12, 2021

Theresa Eagleson, Director
Illinois Department of Healthcare and Family Services
201 South Grand Avenue East, 3rd Floor
Springfield, IL 62763-0001

RE: Illinois State Plan Amendment (SPA) 21-0010

Dear Ms. Eagleson:

We reviewed your proposed Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 21-0010. This amendment proposes to make changes to post-eligibility treatment of income (PETI) by imposing reasonable limits on deductions for incurred medical or remedial care expenses.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR § 435.733. This letter is to inform you that Illinois' Medicaid SPA TN 21-0010 was approved on August 11, 2021 with an effective date of April 1, 2021.

CMS is aware that the state did not previously permit all required deductions in calculating an individual's patient liability. The state has provided documentation to CMS demonstrating that it has modified its policy and is now in compliance with federal law relating to PETI calculations. As CMS has discussed with the state, if the state determines that any individuals were adversely impacted due the application of the state's prior policy relating to PETI, the state has agreed to reevaluate the individual's situation and apply PETI policies that are compliant with federal law. CMS is available to provide technical assistance on this issue.

If you have any questions, please contact Courtenay Savage at 312-353-3721 or via email at Courtenay.Savage@cms.hhs.gov.

Sincerely,

A black rectangular box redacting the signature of James G. Scott.

Digitally signed by James G.
Scott -S
Date: 2021.08.12 16:40:09
-05'00'

James G. Scott, Director
Division of Program Operations

cc: Mary Doran, HFS
Jane Eckert, HFS

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTER FOR MEDICARE AND MEDICAID SERVICES	1. TRANSMITTAL NUMBER 21-0010	2. STATE: ILLINOIS
	3. PROGRAM IDENTIFICATION: Title XIX of the Social Security Act (Medicaid)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE: APRIL 1, 2021

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 435.733	7. FEDERAL BUDGET IMPACT a. FFY 2021 – \$6.9 million b. FFY 2022 – \$13.8 million
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 3 to Attachment 2.6 A, Page 1	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Supplement 3 to Attachment 2.6 A, Page 1

10. SUBJECT OF AMENDMENT


Provides for three months of enrollee deductions of nursing home and medical expenses prior to Medicaid application as part of the PETI process.

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.

12. SIGNATURE OF AGENCY OFFICIAL: 	16. RETURN TO: Department of Healthcare and Family Services Bureau of Program and Reimbursement Analysis Attn: Mary Doran 201 South Grand Avenue East Springfield, IL 62763-0001
13. TYPED NAME: Theresa Eagleson	
14. TITLE: Director of Healthcare and Family Services	
15. DATE SUBMITTED: 5/14/21	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 5/14/2021	18. DATE APPROVED: 8/11/21
PLAN APPROVED—ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 4/1/2021	OFFICIAL:  <small>Digitally signed by James G. Scott -5 Date: 2021.08.12 16:41:46 -05'00'</small>
21. TYPED NAME: James G. Scott	22. TITLE: Director, Division of Program Operations
23. REMARKS:	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Illinois

**REASONABLE LIMITS ON AMOUNTS FOR NECESSARY MEDICAL OR
REMEDIAL CARE NOT COVERED UNDER MEDICAID**

Expenses must be verified to be medically necessary, i.e., administered, provided, or prescribed by a professional medical provider. Over the counter drugs/items are allowed only when ordered by a physician.

Medical transportation provided by the client is recognized at 19¢ per mile.

Nursing home and medical expenses can be an allowable deduction from post eligibility treatment of income if the below condition is met.

1. The expenses were incurred no earlier than the three months preceding the month of current application.

The deduction for nursing home expenses will not exceed the State Medicaid reimbursement rate for such services