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**State/Territory Name: IL**

**State Plan Amendment (SPA) #: 17-0002**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 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 12, 2017

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

Attn: Teresa Hursey

Dear Ms. Norwood:

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

Transmittal #17-0002 – Counties Moved from Mandatory to Voluntary Managed Care Enrollment  
– Effective Date: January 1, 2017  
– Approval Date:

If you have any questions, please have a member of your staff contact Courtenay Savage at 312-353-3721 or via email at [Courtenay.Savage@cms.hhs.gov](mailto:Courtenay.Savage@cms.hhs.gov).

Sincerely,

/s/

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

Enclosure

cc: Sara Barger, HFS  
Kimberley Cox, HFS  
Mary Doran, HFS

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> <b>FOR: CENTER FOR MEDICARE AND MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER <b>17-0002</b>	2. STATE: <b>ILLINOIS</b>
	3. PROGRAM IDENTIFICATION: <b>Title XIX of the Social Security Act (Medicaid)</b>	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE: <b>January 1, 2017</b>

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: <b>Section 1902 of the Social Security Act</b>	7. FEDERAL BUDGET IMPACT a. FFY 2017 1/1/17 to 4/30/17 - \$13 million 5/1/17 to 9/30/17 - \$21.25 million b. FFY 2018 10/1/2017 to 12/31/2017 - \$12.75 million
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: <b>Attachment 3.1-F, Page 19 and 62</b>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): <b>Attachment 3.1-F, Page 19 and 62</b>

10. SUBJECT OF AMENDMENT:

**Counties moved from mandatory to voluntary managed care enrollment**

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: 	18. RETURN TO: <b>Department of Healthcare and Family Services Bureau of Program and Reimbursement Analysis Attn: Mary Doran 201 South Grand Avenue East Springfield, IL 62763-0001</b>
13. TYPED NAME: <b>Felicia F. Norwood</b>	
14. TITLE: <b>Director of Healthcare and Family Services</b>	
15. DATE SUBMITTED <b>3-31-17</b>	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: <b>March 31, 2017</b>	18. DATE APPROVED: <b>June 12, 2017</b>
PLAN APPROVED—ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>January 1, 2017</b>	20. SIGNATURE OF REGIONAL OFFICIAL: <b>/s/</b>
21. TYPED NAME <b>Alan Freund</b>	22. TITLE: <b>Acting Associate Regional Administrator</b>
23. REMARKS:	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Illinois

MANDATORY ENROLLMENT IN MANAGED CARE ENTITIES

Citation	Condition or Requirement
07/13	<ul style="list-style-type: none"> <li>The State's tribal consultation process included contacting the American Indian Health Services of Chicago (AIHSC) on April 6, 2011, to notify them of the State's intention to submit this SPA. A copy of the State's administrative rule was provided, and a meeting was set up on April 7, 2011, to discuss the consultation process, including this proposed amendment. On May 13, 2011, a draft copy of this SPA was provided to the AIHSC for review and comment. The AIHSC was notified on July 2013 of the State's intent to submit a SPA expanding the Integrated Care Program.</li> </ul>
1932(a)(1)(A)	<p>5. The state plan program will ___/will not <u>X</u> implement mandatory enrollment into managed care on a statewide basis. If not statewide, mandatory <u>X</u> / voluntary ___ enrollment will be implemented in the following county/area(s):</p>
01/17	<p>i. county/counties (mandatory) Du Page, Kane, Kankakee, Lake, Will and Suburban Cook (with the exception of the city of Chicago as defined as areas with zip codes that begin with "606") effective May 1, 2011.</p>
07/13	<p>During the State fiscal year that begins July 1, mandatory enrollment will begin on or after July 2012 for the following regions:</p> <p>Rockford Region (Boone, McHenry, and Winnebago counties);</p> <p>Central Illinois Region (Champaign, Christian, DeWitt, Ford, Knox, Logan, Macon, McLean, Menard, Peoria, Piatt, Sangamon, Stark, Tazewell, and Vermilion counties);</p> <p>Metro-East Region (Clinton, Madison, and St. Clair counties);</p> <p>Quad Cities Region (Henry, Mercer and Rock Island counties); and</p> <p>City of Chicago as defined as areas with zip codes that begin with "606";</p>
01/17	<p>ii. county/counties (voluntary)</p> <p><u>Effective January 1, 2017 – April 30, 2017: Champaign, DeWitt, Ford, McLean, Vermilion, Christian, Logan, Macon, Menard, Piatt and Sangamon</u></p> <p><u>Effective May 1, 2017: Champaign, Dewitt, Ford and Vermillion</u></p>
	<p>iii. area/areas (mandatory) _____</p> <p>iv. area/areas (voluntary) _____</p>
	<p>C. <u>State Assurances and Compliance with the Statute and Regulations.</u></p> <p>If applicable to the state plan, place a check mark to affirm that compliance with the following statutes and regulations will be met.</p>
1932(a)(1)(A)(i)(I) 1903(m) 42 CFR 438.50(c)(1)	<p>1. <u>X</u> The state assures that all of the applicable requirements of section 1903(m) of the Act, for MCOs and MCO contracts will be met.</p>
1932(a)(1)(A)(i)(I) 1905(i) 42 CFR 438.50(c)(2) 1902(a)(23)(A)	<p>2. <u>N/A</u> The state assures that all the applicable requirements of section 1905(i) of the Act for PCCMs and PCCM contracts will be met.</p>
1932(a)(1)(A)	<p>3. <u>X</u> The state assures that all the applicable requirements of section</p>

TN# 17-0002

Approval date: 6/12/17

Effective date: 01/01/2017

Supersedes  
TN# 13-010

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Illinois

MANDATORY ENROLLMENT IN HEALTH PLANS

Citation

Condition or Requirement

01/17

i. County/counties (mandatory).

Cook, Lake, Kane, DuPage, Will, Kankakee, Winnebago, Boone, McHenry, Rock Island, Henry, Mercer, Knox, Stark, Peoria, Tazewell, McLean, Ford, Champaign, Vermillion, Piatt, DeWitt, Macon, Logan, Menard, Sangamon, Christian, Madison, St. Clair, and Clinton counties.

01/17

ii. County/counties (voluntary).

DeKalb, Lee, Livingston, Woodford Warren, Henderson, Brown, Adams, Pike, Scott, Washington, Randolph, Perry, Jackson, and Williamson counties; and any other county where an MCO may choose to operate.

Effective January 1, 2017 - April 30, 2017: Champaign, DeWitt, Ford, McLean, Vermillion, Christian, Logan, Macon, Menard, Piatt and Sangamon

Effective May 1, 2017: Champaign, DeWitt, Ford, McLean and Vermillion

C. State assurances and compliance with the statute and regulations.

If applicable to the State plan, place a check mark to affirm that compliance with the following statutes and regulations will be met.

1932(a)(1)(A)(i)(I)  
1903(m)

42 CFR 438.50(c)(1)

- ☒ 1. The State assures that all of the applicable requirements of section 1903(m) of the Act, for MCOs and MCO contracts will be met.

1932(a)(1)(A)(i)(I)  
1905(t)

42 CFR 438.50(c)(2)

1902(a)(23)(A)

- ☐ 2. The State assures that all the applicable requirements of section 1905(t) of the Act for PCCM (Coordinating Entities) and PCCM (Coordinating Entities) contracts will be met.

1932(a)(1)(A)

42 CFR 438.50(c)(3)

- ☒ 3. The State assures that all the applicable requirements of section 1932 (including subpart (a)(1)(A)) of the Act, for the State's option to limit freedom of choice by requiring recipients to receive their benefits through health plans will be met.

1932(a)(1)(A)

42 CFR 431.51

1905(a)(4)(C)

- ☒ 4. The State assures that all the applicable requirements of 42 CFR 431.51 regarding freedom of choice for family planning services and supplies as defined in section 1905(a)(4)(C) will be met.

1932(a)(1)(A)

42 CFR 438

42 CFR 438.50(c)(4)

1903(m)

- ☒ 5. The State assures that all applicable managed care requirements of 42 CFR 438 for MCOs will be met.

TN# 17-0002

Supersedes

TN# 14-0038

Approval date: 6/12/17

Effective date: 01/01/2017