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State/Territory Name: IL

State Plan Amendment (SPA) #: 19-0002

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Regional Operations Group

May 31, 2019

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

Attn: Douglas Elwell

Dear Ms. Eagleson:

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

Transmittal #19-0002	-Terminates the October 1, 2018 Effective Date for the Approved Health Homes Program (IL-17-0014)
	-Effective Date: April 1, 2019
	-Approval Date: May 29, 2019

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.

Sincerely,


/s/

Ruth A. Hughes
Deputy Director
Center for Medicaid & CHIP Services
Regional Operations Group

Enclosure

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

Package Information

Package ID IL2019MS0001O
Program Name Integrated Health Homes
SPA ID IL-19-0002
Version Number 1
Submitted By Mary Doran
Package Disposition 
Priority Code P2

Submission Type Official
State IL
Region Chicago, IL
Package Status Approved
Submission Date 4/9/2019
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Health Homes Program Termination - Phase-Out Plan

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Package Header

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Submission Type Official
Approval Date 5/29/2019
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SPA ID IL-19-0002
Initial Submission Date 4/9/2019
Effective Date 4/1/2019

Provide a description of the phase-out or transition plan for the Health Homes Program that is being terminated

Describe the reason for termination

The department has determined that more time is necessary to educate providers and the public about health home services and the vision for this program.

Describe the overall approach the state will use to terminating the program

The Integrated Health Home program has not been implemented and no federal claiming has been done on this program. The department has determined that there is a need to pursue separate health home models for children and adults and needs more time to educate providers and the public about the health home services.

Indicate method of termination

- The state will terminate all participants from the Health Homes Program on the same date
- The state will phase-out the termination of participation in the Health Homes Program

Termination effective date

4/1/2019

Describe the process the state will use to transition all participants and how referrals will be made to other health care providers

The Integrated Health Home program has not been implemented and no federal claiming has been done on this program. Therefore, no participants were informed of the health home program or enrolled in a health home and will not need notified of the termination.

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 0938-1188. 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.

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