

Table of Contents

State/Territory Name: Illinois

State Plan Amendment (SPA) #: 21-0019

This file contains the following documents in the order listed:

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

IL - Submission Package - IL2020MS00010 - (IL-21-0019) - Eligibility

Summary Reviewable Units Versions Correspondence Log Analyst Notes **Approval Letter** RAI Transaction Logs News Related Actions

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Medicaid and CHIP Operations Group
601 E. 12th St., Room 355
Kansas City, MO 64106



Center for Medicaid & CHIP Services

February 26, 2024

Elizabeth Whitehorn
Director
Department of Healthcare and Family Services
201 South Grand Avenue, East
Springfield, IL 62763

Re: Approval of State Plan Amendment IL-21-0019

Dear Director Whitehorn,

The Centers for Medicare & Medicaid Services (CMS) has completed its review of Illinois' State Plan Amendment (SPA) IL-21-0019. This SPA proposes to elect the Individuals Eligible for Family Planning Services ("Family Planning") eligibility group and elect to add Presumptive Eligibility (PE) for the Family Planning eligibility group.

We note that the state has provided assurances that it provides PE coverage consistent with 435.1102(b)(2)(A) and (B), except when an individual submits a full Medicaid application during the PE period, in which case we understand the PE coverage will end five days after a decision has been made on the application (either approval or denial). This is due to the state's eligibility system designed to ensure that all full Medicaid applications submitted during the PE period are registered prior to running a term batch and coverage is not erroneously terminated in such cases.

Please also note that the PE Reviewable Unit (RU) indicates that PE by Hospitals is covered in the state plan. This checkbox selection is automatically made for all states and cannot be de-selected due to system limitations. However, we understand that Illinois has a waiver of PE by Hospitals under the approved Illinois Continuity of Care and Administrative Simplification 1115 demonstration, set to expire on December 31, 2025. Therefore, while the PE RU currently indicates otherwise, PE by Hospitals is not covered in the state plan.

We approve Illinois State Plan Amendment (SPA) IL-21-0019 with an effective date of November 30, 2022.

If you have any questions regarding this amendment, please contact Courtenay Savage at courtenay.savage@cms.hhs.gov.

Sincerely,

Ruth A. Hughes

Acting Director, Division of Program
Operations

Center for Medicaid & CHIP Services

IL - Submission Package - IL2020MS0001O - (IL-21-0019) - Eligibility

[Summary](#) [Reviewable Units](#) [Versions](#) [Correspondence Log](#) [Analyst Notes](#) [Approval Letter](#) [RAI](#) [Transaction Logs](#) [News](#) [Related Actions](#)

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | IL2020MS0001O | IL-21-0019

CMS-10434 OMB 0938-1188

Package Header

Package ID	IL2020MS0001O	SPA ID	IL-21-0019
Submission Type	Official	Initial Submission Date	1/11/2022
Approval Date	02/26/2024	Effective Date	N/A
Superseded SPA ID	N/A		

State Information

State/Territory Name: Illinois

Medicaid Agency Name: Department of Healthcare and Family Services

Submission Component

- State Plan Amendment
- Medicaid
- CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | IL2020MS0001O | IL-21-0019

Package Header

Package ID	IL2020MS0001O	SPA ID	IL-21-0019
Submission Type	Official	Initial Submission Date	1/11/2022
Approval Date	02/26/2024	Effective Date	N/A
Superseded SPA ID	N/A		

SPA ID and Effective Date

SPA ID IL-21-0019

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Optional Eligibility Groups	11/30/2022	IL-21-0006
Individuals Eligible for Family Planning Services	11/30/2022	IL-14-0003-MM1
Presumptive Eligibility	11/30/2022	new
Individuals Eligible for Family Planning Services - Presumptive Eligibility	11/30/2022	new

Page Number of the Superseded Plan Section or Attachment (If Applicable):

N/A

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | IL2020MS0001O | IL-21-0019

Package Header

Package ID	IL2020MS0001O	SPA ID	IL-21-0019
Submission Type	Official	Initial Submission Date	1/11/2022
Approval Date	02/26/2024	Effective Date	N/A
Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives Implementation of a family planning program with presumptive eligibility through a SPA per Public Act 102-0665 (SB0967): <https://ilga.gov/legislation/publicacts/102/PDF/102-0665.pdf>

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2023	\$2500000
Second	2024	\$2500000

Federal Statute / Regulation Citation

Statute: 1902(a)(10)(A)(ii)(XXI); 1902(ii); clause (XVI) in the matter following 1902(a)(10)(G)
Regulation: 42 CFR 435.214; 435.603(k)

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created
No items available	

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | IL2020MS0001O | IL-21-0019

Package Header

Package ID	IL2020MS0001O	SPA ID	IL-21-0019
Submission Type	Official	Initial Submission Date	1/11/2022
Approval Date	02/26/2024	Effective Date	N/A
Superseded SPA ID	N/A		

Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

Describe Implementation of a family planning program with presumptive eligibility through a SPA per Public Act 102-0665 (SB0967):
<https://ilga.gov/legislation/publicacts/102/PDF/102-0665.pdf>

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 range from 1 hour to 80 hours per response (see below), 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.

This view was generated on 2/27/2024 11:39 AM EST

IL - Submission Package - IL2020MS00010 - (IL-21-0019) - Eligibility

Medicaid State Plan Eligibility

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | IL2020MS00010 | IL-21-0019

CMS-10434 OMB 0938-1188

Package Header

Package ID	IL2020MS00010	SPA ID	IL-21-0019
Submission Type	Official	Initial Submission Date	1/11/2022
Approval Date	02/26/2024	Effective Date	11/30/2022
Superseded SPA ID	IL-21-0006		
	User-Entered		

A. Options for Coverage

The state provides Medicaid to specified optional groups of individuals.

















Yes No

The optional eligibility groups covered in the state plan are (elections made in this screen may not be comprehensive during the transition period from the paper-based state plan to MACPro):

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Optional Coverage of Parents and Other Caretaker Relatives		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Reasonable Classifications of Individuals under Age 21		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Children with Non-IV-E Adoption Assistance		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Independent Foster Care Adolescents		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Optional Targeted Low Income Children		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals above 133% FPL under Age 65		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Needing Treatment for Breast or Cervical Cancer		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Family Planning Services		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals with Tuberculosis		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Electing COBRA Continuation Coverage		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Individuals Eligible for but Not Receiving Cash Assistance		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Cash Except for Institutionalization		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Optional State Supplement Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals in Institutions Eligible under a Special Income Level		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
PACE Participants		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Hospice		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children under Age 19 with a Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Age and Disability-Related Poverty Level		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Work Incentives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Ticket to Work Basic		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Ticket to Work Medical Improvements		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Family Opportunity Act Children with a Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services Who Are Otherwise Eligible for HCBS Waivers		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | IL2020MS0001O | IL-21-0019

Package Header

Package ID	IL2020MS0001O	SPA ID	IL-21-0019
Submission Type	Official	Initial Submission Date	1/11/2022
Approval Date	02/26/2024	Effective Date	11/30/2022
Superseded SPA ID	IL-21-0006		
	User-Entered		

B. Medically Needy Options for Coverage

The state provides Medicaid to specified groups of individuals who are medically needy.

Yes No

The medically needy eligibility groups covered in the state plan are:

1. Mandatory Medically Needy:

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Medically Needy Pregnant Women		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Medically Needy Children under Age 18		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Protected Medically Needy Individuals Who Were Eligible in 1973		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

2. Optional Medically Needy:

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Medically Needy Reasonable Classifications of Individuals under Age 21		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Medically Needy Parents and Other Caretaker Relatives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Medically Needy Populations Based on Age, Blindness or Disability		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | IL2020MS0001O | IL-21-0019

Package Header

Package ID	IL2020MS0001O	SPA ID	IL-21-0019
Submission Type	Official	Initial Submission Date	1/11/2022
Approval Date	02/26/2024	Effective Date	11/30/2022
Superseded SPA ID	IL-21-0006		
	User-Entered		

C. Additional Information (optional)

Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 range from 1 hour to 80 hours per response (see below), 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.

This view was generated on 2/27/2024 11:46 AM EST

IL - Submission Package - IL2020MS0001O - (IL-21-0019) - Eligibility

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Individuals Eligible for Family Planning Services

MEDICAID | Medicaid State Plan | Eligibility | IL2020MS0001O | IL-21-0019

Individuals, regardless of gender, who are not pregnant, and have household income at or below a standard established by the state, whose coverage is limited to family planning and related services.

CMS-10434 OMB 0938-1188

Package Header

Package ID	IL2020MS0001O	SPA ID	IL-21-0019
Submission Type	Official	Initial Submission Date	1/11/2022
Approval Date	02/26/2024	Effective Date	<u>11/30/2022</u>
Superseded SPA ID	IL-14-0003-MM1		
	User-Entered		

The state covers the family planning eligibility group in accordance with the following provisions:

A. Characteristics

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

1. Are not pregnant
2. Are not otherwise eligible for and enrolled in mandatory coverage under the state plan
3. Are not otherwise eligible for and enrolled in optional full Medicaid coverage under the state plan
4. Have household income that does not exceed the income standard established by the state for this group

Individuals Eligible for Family Planning Services

MEDICAID | Medicaid State Plan | Eligibility | IL2020MS0001O | IL-21-0019

Package Header

Package ID	IL2020MS0001O	SPA ID	IL-21-0019
Submission Type	Official	Initial Submission Date	1/11/2022
Approval Date	02/26/2024	Effective Date	11/30/2022
Superseded SPA ID	IL-14-0003-MM1		
	User-Entered		

B. Individuals Covered

1. The state covers all individuals who meet the characteristics described in section A.

- Yes
- No

Individuals Eligible for Family Planning Services

MEDICAID | Medicaid State Plan | Eligibility | IL2020MS0001O | IL-21-0019

Package Header

Package ID	IL2020MS0001O	SPA ID	IL-21-0019
Submission Type	Official	Initial Submission Date	1/11/2022
Approval Date	02/26/2024	Effective Date	11/30/2022
Superseded SPA ID	IL-14-0003-MM1		
	User-Entered		

C. Income Standard Used

1. The state uses the same income standard for all individuals covered.

- Yes
- No

2. The income standard for this eligibility group is:

208.00% FPL

Individuals Eligible for Family Planning Services

MEDICAID | Medicaid State Plan | Eligibility | IL2020MS0001O | IL-21-0019

Package Header

Package ID	IL2020MS0001O	SPA ID	IL-21-0019
Submission Type	Official	Initial Submission Date	1/11/2022
Approval Date	02/26/2024	Effective Date	11/30/2022
Superseded SPA ID	IL-14-0003-MM1		
	User-Entered		

D. Financial Methodologies

1. MAGI-based methodologies are used in calculating household income. Except as described in this section, for information on the methodology used for this group, please refer as necessary to MAGI-Based Methodologies, completed by the state.

2. The state uses the same financial methodology for all individuals covered.

- Yes
- No

3. In determining eligibility for this group, the state includes the following household members:

- a. All household members
- b. Only the individual

4. In determining eligibility for this group, the state increases the family size by one, counting the individual as two

- Yes
- No

5. In determining eligibility for this group, the state counts the income of:

- a. All household members
- b. Only the individual

Individuals Eligible for Family Planning Services

MEDICAID | Medicaid State Plan | Eligibility | IL2020MS0001O | IL-21-0019

Package Header

Package ID	IL2020MS0001O	SPA ID	IL-21-0019
Submission Type	Official	Initial Submission Date	1/11/2022
Approval Date	02/26/2024	Effective Date	11/30/2022
Superseded SPA ID	IL-14-0003-MM1		
	User-Entered		

E. Basis for Income Standard - Maximum Income Standard

1. The state certifies that it has submitted and received approval for its converted income standard(s) for pregnant women to MAGI-equivalent standards and the determination of the maximum income standard to be used for this eligibility group.
2. The state's maximum income standard for this eligibility group is the highest of the following:
- a. The state's current effective income level for the Pregnant Women eligibility group (42 CFR 435.116) under the Medicaid state plan.
 - b. The state's current effective income level for pregnant women under a Medicaid 1115 Demonstration.
 - c. The state's current effective income level for Targeted Low-Income Pregnant Women under the CHIP state plan.
 - d. The state's current effective income level for pregnant women under a CHIP 1115 Demonstration.
3. The amount of the maximum income standard is:
- 208.00% FPL

F. Family Planning Benefits

Benefits for this eligibility group are limited to family planning and related services described in the Benefit and Payments section of the state plan.

G. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 range from 1 hour to 80 hours per response (see below), 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.

This view was generated on 2/27/2024 11:41 AM EST

IL - Submission Package - IL2020MS00010 - (IL-21-0019) - Eligibility

[Summary](#)
[Reviewable Units](#)
[Versions](#)
[Correspondence Log](#)
[Analyst Notes](#)
[Approval Letter](#)
[RAI](#)
[Transaction Logs](#)
[News](#)
[Related Actions](#)

Medicaid State Plan Eligibility

Eligibility and Enrollment Processes

Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | IL2020MS00010 | IL-21-0019

CMS-10434 OMB 0938-1188

Package Header

Package ID	IL2020MS00010	SPA ID	IL-21-0019
Submission Type	Official	Initial Submission Date	1/11/2022
Approval Date	02/26/2024	Effective Date	<u>11/30/2022</u>
Superseded SPA ID	new		
	User-Entered		

The state provides Medicaid services to individuals during a presumptive eligibility period following a determination by a qualified entity.

Presumptive eligibility covered in the state plan includes:

Eligibility Groups

Eligibility Group Name	Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Presumptive Eligibility for Children under Age 19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Parents and Other Caretaker Relatives - Presumptive Eligibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Presumptive Eligibility for Pregnant Women	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Adult Group - Presumptive Eligibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals above 133% FPL under Age 65 - Presumptive Eligibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Family Planning Services - Presumptive Eligibility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Former Foster Care Children - Presumptive Eligibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Needing Treatment for Breast or Cervical Cancer - Presumptive Eligibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Hospitals

Eligibility Group Name	Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Presumptive Eligibility by Hospitals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | IL2020MS0001O | IL-21-0019

Package Header

Package ID	IL2020MS0001O	SPA ID	IL-21-0019
Submission Type	Official	Initial Submission Date	1/11/2022
Approval Date	02/26/2024	Effective Date	11/30/2022
Superseded SPA ID	new		
	User-Entered		

Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 range from 1 hour to 80 hours per response (see below), 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.

This view was generated on 2/27/2024 11:42 AM EST

IL - Submission Package - IL2020MS00010 - (IL-21-0019) - Eligibility

Medicaid State Plan Eligibility

Presumptive Eligibility

Individuals Eligible for Family Planning Services - Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | IL2020MS00010 | IL-21-0019

CMS-10434 OMB 0938-1188

Package Header

Package ID	IL2020MS00010	SPA ID	IL-21-0019
Submission Type	Official	Initial Submission Date	1/11/2022
Approval Date	02/26/2024	Effective Date	<u>11/30/2022</u>
Superseded SPA ID	new		
	User-Entered		

The state covers family planning services for individuals qualifying for the family planning group under 42 CFR 435.214 when determined presumptively eligible by a qualified entity.

The state also covers medical diagnosis and treatment services that are provided in conjunction with a family planning service in a family planning setting during the presumptive eligibility period.

- Yes
- No

A. Presumptive Eligibility Period

1. The presumptive period begins on the date the determination is made.
2. The end date of the presumptive period is the earlier of:
 - a. The date the eligibility determination for regular Medicaid is made, if an application for Medicaid is filed by the last day of the month following the month in which the determination of presumptive eligibility is made; or
 - b. The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for Medicaid is filed by that date.
3. Periods of presumptive eligibility are limited as follows:
 - a. No more than one period within a calendar year.
 - b. No more than one period within two calendar years.
 - c. No more than one period within a six-month period, starting with the effective date of the initial presumptive eligibility period.
 - d. No more than one period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period.
 - e. Other reasonable limitation:

Name of limitation	Description
No more than twice within a calendar year	Periods of presumptive eligibility are limited to no more than twice within a calendar year.

Individuals Eligible for Family Planning Services - Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | IL2020MS0001O | IL-21-0019

Package Header


Package ID	IL2020MS0001O	SPA ID	IL-21-0019
Submission Type	Official	Initial Submission Date	1/11/2022
Approval Date	02/26/2024	Effective Date	11/30/2022
Superseded SPA ID	new		
	User-Entered		

B. Application for Presumptive Eligibility

- 1. The state uses a standardized screening process for determining presumptive eligibility.
- 2. The state uses the single streamlined paper and/or online application for Medicaid and Presumptive Eligibility, approved by CMS. A copy of the single streamlined paper and/or online application with questions necessary for a PE determination highlighted or denoted is attached.
- 3. The state uses a separate paper application form for presumptive eligibility, approved by CMS. A copy of the application form is included.

Name	Date Created	
No items available		

- 4. The state uses an online portal or electronic screening tool for presumptive eligibility approved by CMS. Screenshots of the tool included.

Name	Date Created	
1-26-24_ABE Guide for MPE FP Providers_Final	2/5/2024 4:26 PM EST	

5. Describe the presumptive eligibility screening process:

The presumptive eligibility screening process for the family planning program will mirror MPE for pregnant women. It is built into the same provider portal that providers use for MPE for pregnant women (screenshots in Guide for reference).

C. Presumptive Eligibility Determination

The presumptive eligibility determination is based on the following factors:

- 1. The individual must meet the categorical requirements of 42 CFR 435.214.
- 2. Household income must not exceed the applicable income standard described at 42 CFR 435.214.
 - a. A reasonable estimate of MAGI-based income is used to determine household income.
 - b. Gross income is used to determine household size.
- 3. State residency
- 4. Citizenship, status as a national, or satisfactory immigration status

Individuals Eligible for Family Planning Services - Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | IL2020MS0001O | IL-21-0019

Package Header

Package ID	IL2020MS0001O	SPA ID	IL-21-0019
Submission Type	Official	Initial Submission Date	1/11/2022
Approval Date	02/26/2024	Effective Date	11/30/2022
Superseded SPA ID	new User-Entered		

D. Qualified Entities

1. The state uses entities, as defined in section 1920C, to determine eligibility presumptively for this eligibility group. These entities must be eligible to receive payment for services under the state's approved Medicaid state plan and determined by the state to be capable of determining presumptive eligibility for this group.


2. The following qualified entities are used to determine presumptive eligibility for this eligibility group.

- Furnishes health care items or services covered under the state's approved Medicaid state plan and is eligible to receive payments under the plan
- Is authorized to determine a child's eligibility to receive assistance under the Special Supplemental Food Program for Women, Infants, and Children (WIC) under section 17 of the Child Nutrition Act of 1966
- Is a health facility operated by the Indian Health Service, a Tribe, or Tribal organization, or an Urban Indian Organization
- Is a recipient of a Title V Maternal and Child Health Block Grant
- Other entity the agency determines is capable of making presumptive eligibility determinations

Name of entity	Description
Federally Qualified Health Centers as described	Is a facility that receives funding under the federal community or migrant health programs under sections 330 and 330A of the Public Health Service Act as described in 89 IL Admin Code 120.66(e)
Local Public Health Departments as described	Is a facility that participates in the State's perinatal program as described in 89 IL Admin Code 120.66(e)
Community Service Organizations as described	Is an organization that receives a grant under the commodity Supplemental Food Program under the Agriculture and Consumer Protection Act as described in 89 IL Admin Code 120.66(e)

- 3. The state assures that it has communicated the requirements for qualified entities, at 1920A(b)(3) of the Act, and has provided adequate training to the entities and organizations involved.

4. A copy of the training materials has been uploaded for review during the submission process.

Name	Date Created	
2-7-24-MPE_FP_Providers Policy Guide_Final	2/8/2024 2:45 PM EST	

Individuals Eligible for Family Planning Services - Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | IL2020MS0001O | IL-21-0019

Package Header

Package ID	IL2020MS0001O	SPA ID	IL-21-0019
Submission Type	Official	Initial Submission Date	1/11/2022
Approval Date	02/26/2024	Effective Date	11/30/2022
Superseded SPA ID	new		
	User-Entered		

E. Additional Information (optional)

For C.2.b., Illinois uses attested gross income to determine household income (not household size).

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 range from 1 hour to 80 hours per response (see below), 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.

This view was generated on 2/27/2024 11:43 AM EST