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State/Territory Name: Illinois

State Plan Amendment (SPA) #: 21-0024

This file contains the following documents in the order listed:

1) Approval Letter
2) CMS 179 Form/Summary Form (with 179-like data)
3) Approved SPA Pages
July 7, 2022

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) 21-0024

Dear Ms. Eagleson:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 21-0024. This amendment complies with the requirements for assurance of Medicaid coverage for non-emergency medically-related transportation in accordance with Section 209 of the Consolidated Appropriations Act of 2021.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations. This letter is to inform you that Illinois Medicaid SPA 21-0024 was approved on July 7, 2022, with an effective date of December 27, 2021.

If you have any questions, please contact Courtenay Savage at 708-567-2048 or via email at Courtenay.Savage@cms.hhs.gov.

Sincerely,

Ruth A. Hughes, Acting Director
Division of Program Operations

Enclosure

cc:  Kelly Cunningham
     Mary Doran
     Jane Eckert
# TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

**FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

<table>
<thead>
<tr>
<th>1. TRANSMITTAL NUMBER</th>
<th>210024</th>
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<tbody>
<tr>
<td>2. STATE</td>
<td>IL</td>
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<tr>
<td>3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT</td>
<td>○ XIX ○ XXI</td>
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<tr>
<td>4. PROPOSED EFFECTIVE DATE</td>
<td>December 27, 2021</td>
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<tr>
<td>5. FEDERAL STATUTE/REGULATION CITATION</td>
<td>42 CFR 440.170</td>
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<td>6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)</td>
<td></td>
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<td></td>
<td>a. FFY 2022</td>
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<td>b. FFY 2023</td>
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<td>7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT</td>
<td>Attachment 3.1-D, Page 2</td>
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<tr>
<td>8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)</td>
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**9. SUBJECT OF AMENDMENT**

Transportation services assurances.

**10. 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

**11. SIGNATURE OF STATE AGENCY OFFICIAL**

[Signature]

**12. TYPED NAME**

Theresa Eagleson

**13. TITLE**

Director of Healthcare and Family Services

**14. DATE SUBMITTED**

December 30, 2021

**15. RETURN TO**

Department of Healthcare and Family Services
Bureau of Program and Policy Coordination
Attn: Mary Doran
201 South Grand Avenue East
Springfield, IL 62763-0001

**16. DATE RECEIVED**

December 30, 2021

**17. DATE APPROVED**

July 7, 2022

**18. EFFECTIVE DATE OF APPROVED MATERIAL**

December 27, 2021

**19. SIGNATURE OF APPROVING OFFICIAL**

[Signature]

**20. TYPED NAME OF APPROVING OFFICIAL**

Ruth A. Hughes

**21. TITLE OF APPROVING OFFICIAL**

Acting Director, Division of Program Operations

**22. REMARKS**

**Instructions on Back**
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Illinois

METHODS OF PROVIDING TRANSPORTATION

The state Medicaid agency attests that all the minimum requirements outlined in 1902(a)(87) of the Act are met.

In addition to the requirements outlined in 1902(a)(87), enrolled transportation providers must agree to transport a beneficiary to and/or from any neighborhood or residential setting.