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State/Territory Name: Illinois

State Plan Amendment (SPA) #: 22-0020

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IL - Submission Package - IL2022MS0001O - (IL-22-0020) - Eligibility

Summary Reviewable Units Versions Correspondence Log Analyst Notes **Approval Letter** 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

October 20, 2022

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

Re: Approval of State Plan Amendment IL-22-0020

Dear Director Eagleson,

On July 27, 2022, the Centers for Medicare and Medicaid Services (CMS) received Illinois State Plan Amendment (SPA) IL-22-0020, in which the state proposed to elect its option to provide 12 months of postpartum Medicaid coverage to individuals who were pregnant when enrolled in Medicaid. We conducted our review of SPA IL-22-0020 according to statutory requirements in Title XIX of the Social Security Act and implementing regulations.

We approve Illinois State Plan Amendment (SPA) IL-22-0020 with an effective date of July 01, 2022.

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

Sincerely,
James G. Scott
Director, Division of Program Operations
Center for Medicaid & CHIP Services

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Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | IL2022MS0001O | IL-22-0020

CMS-10434 OMB 0938-1188

Package Header

Package ID	IL2022MS0001O	SPA ID	IL-22-0020
Submission Type	Official	Initial Submission Date	7/27/2022
Approval Date	10/20/2022	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Superseded SPA ID	N/A		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 | IL2022MS0001O | IL-22-0020

Package Header

Package ID IL2022MS0001O
Submission Type Official
Approval Date 10/20/2022
Superseded SPA ID N/A

SPA ID IL-22-0020
Initial Submission Date 7/27/2022
Effective Date N/A

SPA ID and Effective Date

SPA ID IL-22-0020

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Continuous Eligibility for Pregnant Women and Extended Postpartum Coverage	7/1/2022	New

Page Number of the Superseded Plan Section or Attachment (If Applicable):

N/A

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | IL2022MS0001O | IL-22-0020

Package Header

Package ID	IL2022MS0001O	SPA ID	IL-22-0020
Submission Type	Official	Initial Submission Date	7/27/2022
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Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives To transition Illinois' 1115 waiver authority to provide full benefit Medicaid coverage for 12 months postpartum with continuous eligibility to SPA authority.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2022	\$2149800
Second	2023	\$8913500

Federal Statute / Regulation Citation

PL117-2, Sec. 9812; 42 USC 1396a(e)

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | IL2022MS0001O | IL-22-0020

Package Header

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Approval Date	10/20/2022	Effective Date	N/A
Superseded SPA ID	N/A		

Governor's Office Review

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

Describe Implements Illinois Public Act 101-0010

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 10/21/2022 12:30 PM EDT

IL - Submission Package - IL2022MS0001O - (IL-22-0020) - Eligibility

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

Medicaid State Plan Eligibility

Eligibility and Enrollment Processes

Continuous Eligibility for Pregnant Women and Extended Postpartum Coverage

MEDICAID | Medicaid State Plan | Eligibility | IL2022MS0001O | IL-22-0020

CMS-10434 OMB 0938-1188

Package Header

Package ID	IL2022MS0001O	SPA ID	IL-22-0020
Submission Type	Official	Initial Submission Date	7/27/2022
Approval Date	10/20/2022	Effective Date	<u>7/1/2022</u>
Superseded SPA ID	New		
	User-Entered		

The state provides continuous eligibility for pregnant individuals and extended postpartum coverage in accordance with the following provisions:

A. Mandatory Continuous Eligibility for Pregnant Women

The state provides continuous eligibility to pregnant individuals who were eligible and enrolled under the state plan, without regard to any changes in income that otherwise would result in ineligibility, through the last day of the month in which a 60-day postpartum period (beginning on the last day of the pregnancy) ends. This extension does not apply to pregnant individuals eligible only during a period of presumptive eligibility.

B. Optional 12-Month Postpartum Continuous Eligibility for Pregnant Women

The state provides continuous eligibility to pregnant individuals who were eligible and enrolled under the state plan while pregnant (including during a period of retroactive eligibility) through the last day of the month in which a 12-month postpartum period (beginning on the last day of the pregnancy) ends. The 12-month postpartum continuous eligibility option applies for the period beginning on the effective date of this reviewable unit and is available through March 31, 2027 (or other date as specified by law).

- Yes
 No

- This extension does not apply to pregnant individuals eligible only during a period of presumptive eligibility.
- Full benefits are provided for a pregnant or postpartum individual under this option. This includes all items and services covered under the state plan (or waiver) that are not less in amount, duration, or scope than, or are determined by the Secretary to be substantially equivalent to, the medical assistance available for an individual described in subsection 1902 (a)(10)(A)(i) of the Act.
- Continuous eligibility is provided to pregnant individuals eligible and enrolled under the state plan through the end of the 12-month postpartum period who would otherwise lose eligibility because of a change in circumstances, unless:
 - The individual requests voluntary termination of eligibility;
 - The individual ceases to be a resident of the state;
 - The Medicaid agency determines that eligibility was determined incorrectly at the most recent determination or redetermination of eligibility because of agency error or fraud, abuse or perjury attributed to the individual; or
 - The individual dies.

C. Additional Information (optional)

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