Table of Contents

State/Territory Name: Illinois

State Plan Amendment (SPA) #: 23-0009

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services 601 E. 12th St., Room 355 Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

June 28, 2023

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) 23-0009

Dear Ms. Eagleson:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0009. This amendment proposes to allow annual increases to the maintenance needs standard and resource standard for the community spouse in a post-eligibility determination.

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 23-0009 was approved on June 27, 2023, with an effective date of January 1, 2023.

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

Sincerely,

James G Scott, Director Division of Program Operations

Enclosures

cc: Kelly Cunningham Mary Doran Annet Godiksen Kati Hinshaw

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER 2. STATE 2 3 — 0 0 0 9 IL	
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT XIX XXI	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE January 1, 2023	
5. FEDERAL STATUTE/REGULATION CITATION	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)	
1924 of the Social Security Act	a FFY 2023 \$ 12.019.200 b. FFY 2024 \$ 19,238,400	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION	
Attachment 2.6-A, Pages 4a, 4b, 26a	OR ATTACHMENT (If Applicable) Attachment 2.6-A, Page ¾, 4a, 4b, 40, 50, 50, 50, 26a	
9. SUBJECT OF AMENDMENT		
Update the maintenance needs standard and resource standard for the community spouse in a post eligibility determination.		
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	OTHER, AS SPECIFIED: This is a statutory change and does not require the Governor's approval.	
11. SIGNATURE OF STATE AGENCY OFFICIAL 15	5. RETURN TO	
	epartment of Healthcare and Family Services	
12. TYPED NAME	Bureau of Program and Policy Coordination Attn: Mary Doran	
Theresa Eagleson 20	201 South Grand Avenue East Springfield, IL 62763-0001	
13. TITLE Director of Healthcare and Family Services		
14. DATE SUBMITTED		
3.31.23 FOR CMS USE ONLY		
	7. DATE APPROVED	
March 31, 2023	June 27, 2023	
PLAN APPROVED - ONE		
The content of the second section of the second of the sec	SIGNATURE OF APPROVING OFFICIAL	
January 1, 2023 20. TYPED NAME OF APPROVING OFFICIAL	1. TITLE OF APPROVING OFFICIAL	
James G. Scott 22. REMARKS	Director, Division of Program Operations	
6/27/23: The state authorized pen and ink changes to boxes 7 and 8 in ord	der to correct the page numbers listed in each box.	

Revision: CMS-PM-02-1

March 2023

Attachment 2.6-A Page 4a

OMB No.: 0938-0673

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Illinois

ELIGIBILITY CONDIDTIONS AND REQUIREMENTS

Citation

Condition or Requirement

1924 of the Act 435.725 435.733 435.832 The following monthly amounts for personal needs are deducted from total monthly income in the application of an institutionalized individual's or couple's income to the cost of institutionalized care:

Personal Needs Allowance (PNA) of not less than \$30 For Individuals and \$60 For Couples For All Institutionalized Persons.

a. Aged, blind, disabled: Individuals \$ 30.00 Couples \$ 60.00

For the following persons with greater need:

Individuals who receive habilitation services through an ICF·DD or Community Integrated Living Arrangement (CILA) · \$60.00 per individual (whether single or married).

Supplement 12 to Attachment 2.6-A describes the greater need describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to

be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.

b. AFDC related:

Children \$ 30.00

Adults \$ 60.00

For the following persons with greater need:

Individuals who receive habilitation services through an ICF·DD or Community Integrated Living Arrangement (CILA) · \$60.00 per individual (whether single or married)

Supplement 12 to Attachment 2.6-A describes the greater need describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.

 Individual under age 21 covered in the plan as specified in Item B. 7. of Attachment 2.2 -A.

Approval date: 06/27/2023 Effective date: 01/01/2023

Revision: CMS-PM-02-1

March 2023

Attachment 2.6-A
Page 4b
OMB No.: 0938-0673

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Illinois

ELIGIBILITY CONDIDTIONS AND REQUIREMENTS

Citation

Condition or Requirement

For the following persons with greater need:

Supplement 12 to Attachment 2.6-A describes the greater need describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.

1924 of the Act

- 3. In addition to the amounts under item 2., the following monthly amounts are deducted from the remaining income of an institutionalized individual with a community spouse:
 - a. The monthly income allowance for the community spouse, calculated using the formula in §1924(d)(2), is the amount by which the maintenance needs standard exceeds the community spouse's income. The maintenance needs standard cannot exceed the maximum prescribed in §1924 (d)(3)(C). The maintenance needs standard consists of a poverty level component plus an excess shelter allowance.

The poverty level component is calculated using the applicable percentage (set out §1924(d)(3)(B) of the Act) of the official poverty level.

The poverty level component is calculated using a percentage greater than the applicable percentage, equal to _____%, of the official poverty level (still subject to maximum maintenance needs standard).

X The maintenance needs standard for all community spouses is set at the maximum

Except that, when applicable, the State will set the community spouse's monthly income allowance at the amount by which exceptional maintenance needs, established at a fair hearing, exceed the community spouse's income, or at the amount of any court-ordered support.

TN# <u>23-0009</u> Approval date: <u>06/27/2023</u> Effective date: <u>01/01/2023</u>

permitted by §1924(d)(3)(C).

Supersedes TN# <u>14-0040</u> Revision: CMS-PM-02-1 Attachment 2.6-A March 2023 Page 26a

OMB No.: 0938-0673

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Illinois

ELIGIBILITY CONDIDTIONS AND REQUIREMENTS

Citation	Condition or Requirement	
1924 of the Act	15. The agency complies with the provisions of §1924 with respect to income and resource eligibility and post eligibility determinations for individuals who are expected to be institutionalized for at least 30 consecutive days and who have a spouse living in the community.	
	When applying the formula used to determine the amount of resources in initial eligibility determinations, the State standard for community spouses is:	
	the maximum standard permitted by law;	
	the minimum standard permitted by law; or	
	\underline{X} a standard that is an amount between the minimum and the maximum.	
	The resource allowance shall be established and maintained as follows: a base amount of \$109,560 plus an additional amount of \$2,784 added to the	

base amount each year for a period of 10 years commencing with calendar year 2024 through calendar year 2034. In addition to the base amount and the additional amount shall be any increase each year from the prior year to the maximum resource allowance permitted under Section 1924(f)(2)(A)(ii)(II) of the Social Security Act. Subject to federal approval, beginning January 1, 2034 the community spouse resource allowance shall be established and maintained at the maximum amount permitted under Section 1924(f)(2)(A)(ii)(II) of the Social Security Act.

TN# 23-0009 Approval date: 06/27/2023 Effective date: 01/01/2023