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State/Territory Name: Illinois

State Plan Amendment (SPA) #: CP-24-0006

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Original Approval Letter
- 3) CMS Form 179
- 4) Approved SPA Page

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

November 14, 2024

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

Re: Illinois State Plan Amendment 24-0006

Dear Director Whitehorn:

Enclosed please find a corrected approval package for the Illinois State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0006. This SPA, which adds human papillomavirus vaccine coverage for persons 46 years of age or older who meet certain medical criteria, was originally approved on October 23, 2024. The approval package sent to Illinois included the following error:

- The original cover letter for the approved SPA referenced *ID-24-0006* in the second paragraph of the body of the letter but should have indicated *IL-24-0006*.

The enclosed corrected package contains the corrected approval letter, the original signed CMS-179, and the original approved SPA page.

If you have any questions, please contact Courtenay Savage at 312-353-3721 or via email at Courtenay.Savage@cms.hhs.gov.

Sincerely,

Ruth A. Hughes, Acting Director
Division of Program Operations

Enclosures

cc: Kelly Cunningham
Annet Godiksen
Kati Hinshaw

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

October 23, 2024

Elizabeth Whitehorn
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) 24-0006

Dear Director Whitehorn:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) IL-24-0006. This amendment proposes to add coverage for the human papillomavirus (HPV) vaccine for persons 46 years of age or older who meet certain medical criteria.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR 440.130. This letter informs you that Illinois' Medicaid SPA ID-24-0006 was approved on October 23, 2024, with an effective date of January 1, 2025.

If you have any questions, please contact Courtenay Savage at 312-353-3721 or via email at Courtenay.Savage@cms.hhs.gov.

Sincerely,

James G. Scott, Director
Division of Program Operations

Enclosures

cc: Kelly Cunningham
Annet Godiksen
Kati Hinshaw
Mary Doran

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER <u>2 4 — 0 0 0 6</u>	2. STATE <u>IL</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
January 1, 2025

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR 440.130

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2025 \$ 0
b. FFY 2026 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Appendix to Attachment 3.1-A, Page 13(A)

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Appendix to Attachment 3.1-A, Page 13(A)

9. SUBJECT OF AMENDMENT
HPV vaccination coverage over age 45.

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:

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME
Kelly Cunningham

13. TITLE
Administrator Division of Medical Programs

14. DATE SUBMITTED
10/3/2024

15. RETURN TO
Department of Healthcare and Family Services
Bureau of Program and Policy Coordination
Attn: Kati Hinshaw
201 South Grand Avenue East
Springfield, IL 62763-0001

FOR CMS USE ONLY

16. DATE RECEIVED October 3, 2024	17. DATE APPROVED October 23, 2024
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PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
January 1, 2025

20. TYPED NAME OF APPROVING OFFICIAL
James G. Scott

Director, Division of Program Operations

22. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: **Illinois**

AMOUNT, DURATION, AND SCOPE OF SERVICES

13c. PREVENTIVE SERVICES– Vaccine Coverage

- 10/23 The Illinois Medicaid program covers all approved adult vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) and their administration without cost-sharing, in compliance with section 1905(a)(13)(B) of the Social Security Act. Coverage and billing codes of approved vaccines and their administration will be updated as necessary to reflect changes to ACIP recommendations.
- 01/25 The Illinois Medicaid program covers the human papillomavirus (HPV) vaccine for persons 46 years of age or older who have been diagnosed with cervical dysplasia with a high risk of recurrence or progression.

TN # IL-24-0006

Approval date: 11/12/2024

Effective date: 01/01/2025

Supersedes

TN # IL-23-0049