

## **Table of Contents**

**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

**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

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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](mailto:Courtenay.Savage@cms.hhs.gov).

Sincerely,

ly signed by  
Hughes -S  
2022.07.07  
10:11:48 -05'00'

Ruth A. Hughes, Acting Director  
Division of Program Operations

Enclosure


cc: Kelly Cunningham  
Mary Doran  
Jane Eckert

<p><b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> <b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b></p>	1. TRANSMITTAL NUMBER <u>21-0024</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 December 27, 2021	
5. FEDERAL STATUTE/REGULATION CITATION 42 CFR 440.170	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2022</u> \$ <u>0</u> b. FFY <u>2023</u> \$ <u>0</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1-D, Page 2	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)	

9. SUBJECT OF AMENDMENT  
Transportation services assurances.

10. GOVERNOR'S REVIEW (Check One)

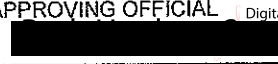
GOVERNOR'S OFFICE REPORTED NO COMMENT  OTHER, AS SPECIFIED:  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

11. SIGNATURE OF STATE AGENCY OFFICIAL 	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
12. TYPED NAME Theresa Eagleson	
13. TITLE Director of Healthcare and Family Services	
14. DATE SUBMITTED	

**FOR CMS USE ONLY**

16. DATE RECEIVED December 30, 2021	17. DATE APPROVED July 7, 2022
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**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL December 27, 2021	19. SIGNATURE OF APPROVING OFFICIAL  Digitally signed by Ruth Hughes - 2022.07.07 10:12:18 -05'00'
20. TYPED NAME OF APPROVING OFFICIAL Ruth A. Hughes	21. TITLE OF APPROVING OFFICIAL Acting Director, Division of Program Operations

22. REMARKS

STATE PLAN UNDER TITLE XIX OF THE *SOCIAL SECURITY ACT*

State: **Illinois**

**METHODS OF PROVIDING TRANSPORTATION**

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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.