

SEP 22 2011

Julie Hamos, Director
Illinois Department of Healthcare and Family Services
Prescott E. Bloom Building
201 South Grand Avenue East
Springfield, Illinois 62763-0001

ATTN: Greg Wilson and Mark McCurdy

Dear Ms. Hamos:

Enclosed for your records is an approved copy of the following State Plan Amendment (SPA).

Transmittal #11-006 – Specifies the Tribal Consultation Process for Illinois Medicaid and CHIP Program Changes.

--Effective Date: April 1, 2011

If you have any questions, please have a member of your staff contact Michelle Baldi at (312) 353-0909 or by email at Michelle.Baldi@cms.hhs.gov

Sincerely,



Verlon Johnson
Associate Regional Administrator
Division of Medicaid and Children's Health Operations

Enclosure

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTER FOR MEDICARE AND MEDICAID SERVICES	1. TRANSMITTAL NUMBER 11-06	2. STATE: ILLINOIS
	3. PROGRAM IDENTIFICATION: Title XIX of the Social Security Act (Medicaid)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE: 08/01/2011	



5. TYPE OF PLAN MATERIAL (Check One)
 NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: Section 1902(a) Social Security Act	7. FEDERAL BUDGET IMPACT a. FFY 2011—\$ 0.0 million b. FFY 2012—\$ 0.0 million
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Section 1.4 page 9	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Section 1.4 page 9

10. SUBJECT OF AMENDMENT:
Consultation with Urban Indian Organization.


11. 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: Not submitted for review by prior approval.

12. SIGNATURE OF AGENCY OFFICIAL: 	16. RETURN TO: Department of Healthcare and Family Services Bureau of Program and Reimbursement Analysis Attn: Greg Wilson, Chief 201 South Grand Avenue East Springfield, IL 62763-0001
13. TYPED NAME: Julie Hamos	
14. TITLE: Director of Healthcare and Family Services	
15. DATE SUBMITTED: 	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 06-30-11	18. DATE APPROVED: SEP 22 2011
------------------------------------	---------------------------------------

PLAN APPROVED—ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 04-01-11	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Verlon Johnson	22. TITLE: Associate Regional Administrator

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Illinois

MEDICAL ASSISTANCE PROGRAM

Citation	Condition or Requirement
42 CFR 431.12(b) AT-78-90	1.4 State Medical Care Advisory Committee There is an advisory committee to the Medicaid agency director on health and medical care services established in accordance with and meeting all the requirements of 42 CFR 431.12.
42 CFR 438.104	<input checked="" type="checkbox"/> The State enrolls recipients in MCO, PIHP, PAHP, or PCCM programs. The State assures that it complies with 42 CFR 438.104(c) to consult with the Medical Care Advisory Committee in the review of marketing materials.
1902(a)(73)	<p data-bbox="487 619 859 648">Tribal Consultation Requirements</p> <p data-bbox="437 657 1392 814"><input checked="" type="checkbox"/> The State seeks advice on a regular, ongoing basis from designees of Indian health programs, whether operated by the Indian Health Service (IHS), Tribes or Tribal organizations under the <i>Indian Self-Determination and Education Assistance Act</i>, or Urban Indian Organizations under the <i>Indian Health Care Improvement Act</i>.</p> <p data-bbox="487 823 1392 1018">There is a single qualifying entity in Illinois, the American Indian Health Services of Chicago (AIHSC). The State met with a representative of the AIHSC to establish a process for notification of all proposed changes to the Illinois Medicaid program, including the process for seeking their comment and input. Prior to submittal of this amendment, the State provided a summary of the agreed processes to the AIHSC for their approval.</p> <p data-bbox="487 1026 1392 1312">For changes that may directly impact their organization or the provision of services to Native Americans, the State will provide email notification of the proposed changes. The notifications will describe the purpose of the program changes, the anticipated impact on the AIHSC or Native American enrollees, and provide information regarding the process for submitting official written comments and questions. The notification will also include advanced drafts of the changes. The email notifications will provide at least a two week time period for review and comment. This time frame will periodically be reviewed with the AIHSC to determine if it is sufficient.</p> <p data-bbox="487 1320 1392 1449">For changes that the State determines do not directly impact the AIHSC, the State will still provide an email notification. The email will notify the AIHSC that a direct impact is not anticipated, but a review of the proposals and comments would still be welcomed.</p>

TN # 11-06

Supersedes
TN # 03-10Approval date: **SEP 22 2011**

Effective date: 04/01/2011