

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTER FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED  
OMB NO. 0938-0193

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTER FOR MEDICARE AND MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER <b>08-15</b>	2. STATE: <b>ILLINOIS</b>
	3. PROGRAM IDENTIFICATION: <b>Title XIX of the Social Security Act (Medicaid)</b>	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE: <b>August 1, 2008</b>	

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	2008	<del>\$0.8 million</del> <b>\$43,637</b>
b. FFY	2009	<del>\$4.3 million</del> <b>\$320,366</b>

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-D Page 120

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):

Attachment 4.19-D Page 120

10. SUBJECT OF AMENDMENT:

**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - Reimbursement to Long Term Care Facilities**

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:

*Barry S. Maramba*

13. TYPED NAME: Barry S. Maram

14. TITLE: Director of Healthcare and Family Services

15. DATE SUBMITTED: **9-30-08**

16. RETURN TO:

Illinois Department of Healthcare and Family Services  
Bureau of Program and Reimbursement Analysis  
Attn: Frank Kopel, Chief  
201 South Grand Avenue East  
Springfield, IL 62763-0001

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

18. DATE APPROVED:

**OCT 28 2011**

**PLAN APPROVED—ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

**AUG - 1 2008**

20. SIGNATURE OF REGIONAL OFFICIAL:

*Penny Thompson*

21. TYPED NAME: **Penny Thompson**

22. TITLE: **Deputy Director, CMCS**

23. REMARKS: