

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

1. TRANSMITTAL NUMBER  
**08-17**

2. STATE:  
**ILLINOIS**

3. PROGRAM IDENTIFICATION:  
**Title XIX of the Social Security Act (Medicaid)**

4. PROPOSED EFFECTIVE DATE:  
**October 1, 2008**

TO: REGIONAL ADMINISTRATOR  
CENTERS FOR MEDICARE AND MEDICAID SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

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 of the Social Security Act**

7. FEDERAL BUDGET IMPACT  
a. FFY **2009** \$ **0.0** million  
b. FFY **2010** \$ **0.0** million

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  
**Appendix to Attachment 3.1-A, pages 10, 11**

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):  
**Appendix to Attachment 3.1-A, page 10, 11**

10. SUBJECT OF AMENDMENT:  
**Supplemental rebate agreement language.**

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 **December 29, 2008**

16. RETURN TO:

**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: **12-29-08**

18. DATE APPROVED: **October 23, 2009**

PLAN APPROVED—ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
**October 1, 2008**

20. SIGNATURE OF REGIONAL OFFICIAL:

*Verlon Johnson acting ARA*

21. TYPED NAME **Verlon Johnson**

22. TITLE **Associated Regional Administrator**

23. REMARKS: