

**Center for Medicaid and CHIP Services (CMCS)**

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Ms. Julie Hamos, Director  
Illinois Department of Healthcare and Family Services  
Prescott E Bloom Building  
201 South Grand Avenue East  
Springfield IL 62763-0002

DEC - 2 2011

RE: Illinois 09-08

Dear Ms. Hamos:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 09-08. Effective for services on or after October 1, 2009, this amendment revises methods and standards for establishing payment rates for nursing facility (NF) services. Specifically, this amendment would allow the State to claim for allowable costs, paid by county-owned or operated NFs, in excess of reimbursement received by the NF; and create a separate per diem reimbursement for ventilator dependent residents in all NFs.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903(a) of the Social Security Act (the Act) and the regulations at 42 CFR 447 Subpart C. We hereby inform you that Medicaid State plan amendment TN 09-08 is approved effective October 1, 2009. The HCFA-179 and the amended plan pages are attached.

If you have any questions, please call Todd McMillion at (608) 441-5344.

Sincerely,



Cindy Mann  
Director, CMCS