

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> FOR: CENTER FOR MEDICARE AND MEDICAID SERVICES	1. TRANSMITTAL NUMBER 10-04	2. STATE: ILLINOIS
	3. PROGRAM IDENTIFICATION: Title XIX of the <i>Social Security Act</i> (Medicaid)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE: October 1, 2010	

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 1917(b)(1) of the <i>Social Security Act</i>	7. FEDERAL BUDGET IMPACT a. FFY 2011    \$ 0.0 million b. FFY 2012    \$ 0.0 million
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Pages 53A, 53A-1	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Page 53A
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10. SUBJECT OF AMENDMENT:  
 Remove estate recovery for the Medicare Savings Programs. *for cost sharing affecting referencd*

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.

*dual eligibles, age 55 and over, effective 1/1/2010.*

12. SIGNATURE OF AGENCY OFFICIAL: <i>Julie Hamos</i>	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 12/10/2010 <i>(MB)</i>	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 12-10-10	18. DATE APPROVED: FEB 14 2011
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PLAN APPROVED—ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 10-01-10	20. SIGNATURE OF REGIONAL OFFICIAL: <i>Verlon Johnson</i>
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21. TYPED NAME: Verlon Johnson	22. TITLE: Associate Regional Administrator
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23. REMARKS: