

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTER FOR MEDICARE AND MEDICAID SERVICES	1 TRANSMITTAL NUMBER 11-04	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: May 1, 2011	

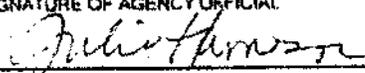
5. TYPE OF PLAN MATERIAL (Check One)
 NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

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— \$50.6 million 43.8 million b FFY 2012— \$115.0 million 108.3 million
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-D, page 21, 120, 77, 78, 79	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (# Applicable): Attachment 4.19-D, page 21, 120, 77, 78, 79

10. SUBJECT OF AMENDMENT:
Methods and standards for establishing payment rates for nursing facility services

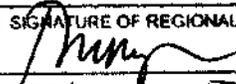
11. GOVERNOR'S REVIEW (Check One)
 GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
 OTHER, AS SPECIFIED. Not submitted for review by prior approval

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: 4-18-2011	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED	18. DATE APPROVED JAN 17 2012
-------------------	---

PLAN APPROVED—ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL MAY - 1 2011	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Penny Thompson	22. TITLE: Deputy Director, CMCS
23. REMARKS	