

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> <b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	<b>1. TRANSMITTAL NUMBER</b> <b>11.05</b>	<b>2. STATE:</b> <b>ILLINOIS</b>
	<b>3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)</b>	
<b>TO: REGIONAL ADMINISTRATOR</b> <b>CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b> <b>DEPARTMENT OF HEALTH AND HUMAN SERVICES</b>	<b>4. PROPOSED EFFECTIVE DATE</b> <b>January 1, 2012</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)

<b>6. FEDERAL STATUTE/REGULATION CITATION</b> <b>Deficit Reduction Act of 2005, 1902 (r) (2)</b> <b>1917(c) (f)</b>	<b>7. FEDERAL BUDGET IMPACT</b> a. FFY <u>2012</u> \$ <u>0</u> b. FFY <u>2013</u> \$ <u>0</u>
<b>8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:</b> Supplement 9 to Attachment 2.6-A, pgs: 1-4; Supplement 15 to Attachment 2.6-A, pg. 1	<b>9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):</b> Supplement 9 to Attachment 2.6-A, pgs. 1-7.

**10. SUBJECT OF AMENDMENT**

Implement provisions of the Deficit Reduction Act of 2005.

**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.

<b>12. SIGNATURE OF AGENCY OFFICIAL:</b> 	<b>16. RETURN TO</b>  <b>ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES</b> <b>607 EAST ADAMS STREET, 6<sup>th</sup> Floor</b> <b>SPRINGFIELD, IL 62701</b> <b>ATTENTION: Pat Curtis, Chief</b> <b>Bureau of Medical Eligibility Policy</b>
<b>13. TYPED NAME</b> <b>Julie Hamos</b>	
<b>14. TITLE</b> <b>DIRECTOR</b>	
<b>15. DATE SUBMITTED</b> <b>December 30, 2011</b>	

**FOR REGIONAL OFFICE USE ONLY**

<b>17. DATE RECEIVED:</b> December 30, 2011	<b>18. DATE APPROVED:</b> March 29, 2012
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**PLAN APPROVED - ONE COPY ATTACHED**

<b>19. EFFECTIVE DATE OF APPROVED MATERIAL:</b> January 1, 2012	<b>20. SIGNATURE OF REGIONAL OFFICIAL:</b> 
<b>21. TYPED NAME</b> Alan Freund	<b>22. TITLE:</b> Acting Associate Regional Administrator

**23. REMARKS:**