
AUG 11 2011

Julie Hamos, Director
Illinois Department of Healthcare and Family Services
Prescott E. Bloom Building
201 South Grand Avenue East
Springfield, Illinois 62763-0001

ATTN: Greg Wilson and Mark McCurdy

Dear Ms. Hamos:

Enclosed for your records is an approved copy of the following State Plan Amendment (SPA).

Transmittal #11-008 – Prohibits Illinois from making payments for items or services provided under the State plan to any financial institution or entity located outside of the United States.

--Effective Date: June 1, 2011

If you have any questions, please have a member of your staff contact Michelle Baldi at (312) 353-0909 or by email at Michelle.Baldi@cms.hhs.gov

Sincerely,



Verlon Johnson
Associate Regional Administrator
Division of Medicaid and Children's Health Operations

Enclosure

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTER FOR MEDICARE AND MEDICAID SERVICES	1. TRANSMITTAL NUMBER 11-08	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: June 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 - <i>Penalty Change</i> Section 6505 of ACA and Section 1902(a)(80) of the Act.	7. FEDERAL BUDGET IMPACT a. FFY 2011—\$ 0.0 million b. FFY 2012—\$ 0.0 million
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Section 4.44 page 79Z	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): New page

10. SUBJECT OF AMENDMENT:
Section 6505 of the Affordable Care Act – Prohibition on payments to institutions or entities located outside of the United States.


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 6-30-11	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 6-30-11	18. DATE APPROVED: AUG 11 2011
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PLAN APPROVED—ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 06-01-11	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME Verlon Johnson	22. TITLE Associate Regional Administrator
23. REMARKS:	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Illinois

MEDICAL ASSISTANCE PROGRAM

Citation	Condition or Requirement
1902(a)(80) of the Act, P.L. 111-148 (Section 6505)	4.44 Medicaid Prohibition on Payments to Institutions or Entities Located Outside of the United States <input checked="" type="checkbox"/> The State shall not provide any payments for items or services provided under the State plan or under a waiver to any financial institution or entity located outside the United States.