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| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTER FOR MEDICARE AND MEDICAID SERVICES | 1. TRANSMITTAL NUMBER 12-012 | 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: April 1, 2012 |

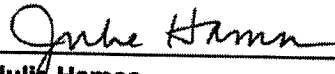
5. TYPE OF PLAN MATERIAL (Check One)
 NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

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| 6. FEDERAL STATUTE/REGULATION CITATION: Section 1902 Social Security Act | 7. FEDERAL BUDGET IMPACT a. FFY 2012—\$0.0 million b. FFY 2013—\$0.0 million |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-A page 132 | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19-A page 132 |

10. SUBJECT OF AMENDMENT:
State-operated psychiatric hospital definition for DSH payment purposes.


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.

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| 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 6/29/12 | |

FOR REGIONAL OFFICE USE ONLY

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| 17. DATE RECEIVED: | 18. DATE APPROVED: SEP 21 2012 |
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PLAN APPROVED—ONE COPY ATTACHED

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| 19. EFFECTIVE DATE OF APPROVED MATERIAL: APR -1 2012 | 20. SIGNATURE OF REGIONAL OFFICIAL:  |
| 21. TYPED NAME Penny Thompson | 22. TITLE Deputy Director, CMCS |
| 23. REMARKS: | |