

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER <b>07.09</b>	2. STATE: <b>ILLINOIS</b>
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE <b>October 1, 2007</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)

6. FEDERAL STATUTE/REGULATION CITATION 1902(a)(10)(A)(ii)(I), 1902(r)(2), 1916A	7. FEDERAL BUDGET IMPACT a. FFY <u>08</u> \$ <u>147,000,000</u> b. FFY <u>09</u> \$ <u>270,000,000</u>
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Attachment 2.6-A pp. 7, 16  Supplement 8a to Attachment 2.6-A p. 3  Supplement 8b to Attachment 2.6-A p. 3 Section 4.18 F pp. 1-7	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  Attachment 2.6-A pp. 7, 16  Supplement 8a to Attachment 2.6-A p. 3


10. SUBJECT OF AMENDMENT

Coverage for Parents and Caretaker Relatives

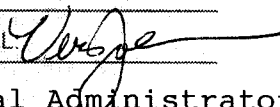
11. GOVERNOR'S REVIEW (Check One)

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  ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES 201 SOUTH GRAND AVENUE, 3 <sup>RD</sup> Floor SPRINGFIELD, IL. 62763-0002 ATTENTION: Debbie Watkins, Chief Bureau of Medical Eligibility Policy
13. TYPED NAME      Barry S. Maramba	
14. TITLE      DIRECTOR	
15. DATE SUBMITTED      12/26/07	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:      12-26-07	18. DATE APPROVED: <b>MAY 11 2010</b>
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL:      10-01-07	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME      Verlon Johnson	22. TITLE: Associate Regional Administrator

23. REMARKS: