	1. TRANSMITTAL NUMBER	2. STATE:
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTER FOR MEDICARE AND MEDICAID SERVICES	09-01	ILLINOIS
	3. PROGRAM IDENTIFICATION:	
	Title XIX of the Social Security Act (Medicaid)	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE:	
CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	April 1, 2009	
5. TYPE OF PLAN MATERIAL (Check One)		
[] NEW STATE PLAN [] AMENDMENT TO BE CO	NSIDERED AS NEW PLAN	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN A	MENDMENT(Separate Transmittal fo	or each amendment)
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT	
Section 1902 of the Social Security Act	a. FFY 2009 \$	A:6 million
	b. FFY 2010 \$	25.6 Smillion
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):	
Attachment 4.19-B pages 33, 34 , 33A , 33B , 34A	Attachment 4.19B pages	33, 33 A, 33B , 34
	Appendix to Attachment 3.1-A pages 3, 3(A),	
spendix to Attachment 3.1-A pages 3,3(A),5		
10. SUBJECT OF AMENDMENT:		•)
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FORM CMS-179 (07/92)

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