

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER <b>09.06</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>April 1, 2009</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 <b>1903(v)</b>	7. FEDERAL BUDGET IMPACT a. FFY <u>2010</u> \$ <u>7,800,000</u> b. FFY <u>2011</u> \$ <u>8,000,000</u>
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 2.6-A, pp. 2, 2a, 2b, 2c	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ): Attachment 2.6-A, pp. 2

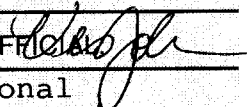
10. SUBJECT OF AMENDMENT **Removal of 5 Year Bar Requirement for Immigrant Children**

11. GOVERNOR'S REVIEW (*Check One*)

GOVERNOR'S OFFICE REPORTED NO COMMENT       OTHER, AS SPECIFIED  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED      Not submitted for review by prior  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL      approval.

12. SIGNATURE OF AGENCY OFFICIAL:	16. RETURN TO  <b>ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES 201 SOUTH GRAND AVENUE, 3<sup>rd</sup> Floor SPRINGFIELD, IL. 62763-0002 ATTENTION: Pat Curtis, Chief Bureau of Medical Eligibility Policy</b>
13. TYPED NAME <b>Barry S. Maram</b>	
14. TITLE <b>DIRECTOR</b>	
15. DATE SUBMITTED  6/30/09	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:      06-30-09	18. DATE APPROVED: <b>NOV 03 2011</b>
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL <b>4-1-09</b>	20. SIGNATURE OF REGIONAL OFFICER 
21. TYPED NAME      Verlon Johnson	22. TITLE:      Associate Regional Administrator

23. REMARKS: