

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 10.01	2. STATE: ILLINOIS
	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 January 1, 2010

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 1860D-14(a)(3)(D), 1902(a)(10)(E)(i)-(iii), 1905(p)(1)(C)	7. FEDERAL BUDGET IMPACT a. FFY <u>10</u> \$ <u>737,000</u> b. FFY <u>11</u> \$ <u>1,925,000</u>
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 2.2-A, pp. 9b, 9b1 Attachment 2.6-A, p. 22	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Attachment 2.2-A, pp. 9b, 9b1 Attachment 2.6-A, p. 22

10. SUBJECT OF AMENDMENT


Increase Resource Standard for the Medicare Savings Programs

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

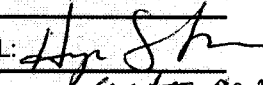
- GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

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 rd Floor SPRINGFIELD, IL. 62763-0002 ATTENTION: Pat Curtis, Chief Bureau of Medical Eligibility Policy
13. TYPED NAME Barry S. Maram	
14. TITLE DIRECTOR	
15. DATE SUBMITTED March 31, 2010	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: <u>March 31, 2010</u>	18. DATE APPROVED: <u>JUN 16 2010</u>
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: <u>01-01-10</u>	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME Verlon Johnson	22. TITLE: <u>Associate Regional Administrator</u>

23. REMARKS: