TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTER FOR MEDICARE AND MEDICAID SERVICES	1. TRANSMITTAL NUMBER 10-03	2. STATE: ILLINOIS

TRANSMITTAL AND NOTICE OF APPROVAL
OF STATE PLAN MATERIAL
FOR: CENTER FOR MEDICARE AND MEDICAID SERVICES

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:
July 1, 2010

5. TYPE OF PLAN MATERIAL *(Check One)*

[ ] NEW STATE PLAN   [ ] AMENDMENT TO BE CONSIDERED AS NEW PLAN   [X] AMENDMENT

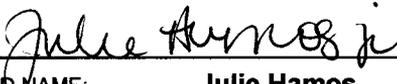COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT *(Separate Transmittal for each amendment)*

6. FEDERAL STATUTE/REGULATION CITATION:

Section 1902 of the *Social Security Act*

7. FEDERAL BUDGET IMPACT

a. FFY   **2009** $ **0.0 million**
b. FFY   **2010** $ **0.0 million**

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-F pages 7, 10

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT *(If Applicable)*:

Attachment 3.1-F page 7, 10

10. SUBJECT OF AMENDMENT:

Voluntary enrollment of Native Americans in managed care plans.

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
[X] OTHER, AS SPECIFIED: Not submitted for review by prior approval.

12. SIGNATURE OF AGENCY OFFICIAL:

13. TYPED NAME: **Julie Hamos**

14. TITLE: **Director of Healthcare and Family Services**

15. DATE SUBMITTED

9-15-10

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

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: SEP 1 5 2010

18. DATE APPROVED: OCT 2 8 2010

PLAN APPROVED—ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
JUL - 1 2010

20. SIGNATURE OF REGIONAL OFFICIAL:
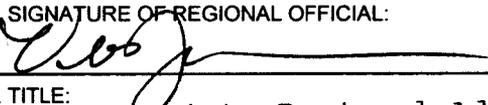
21. TYPED NAME
Verlon Johnson

22. TITLE:
Associate Regional Administrator

23. REMARKS:

     Instructions on Back