

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTER FOR MEDICARE AND MEDICAID SERVICES	1. TRANSMITTAL NUMBER 12-014	2. STATE: ILLINOIS
	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: December 3, 2012 October 1, 2012	

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*)

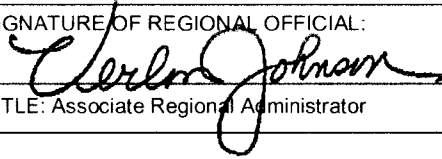
6. FEDERAL STATUTE/REGULATION CITATION: Section 1902 of the Social Security Act	7. FEDERAL BUDGET IMPACT a. FFY 2013 \$ 0.25 million b. FFY 2014 \$ 0.25 million
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 1 to Attachment 3.1-A pages 7, 8, 9, 10, 11, 12, 13 Attachment 4.19-B page 47C	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>):

10. SUBJECT OF AMENDMENT:
 Targeted Case Management – establishment of new target group.

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: Department of Healthcare and Family Services Bureau of Program and Reimbursement Analysis Attn: Theresa Eagleson 201 South Grand Avenue East Springfield, IL 62763-0001
13. TYPED NAME: Julie Hamos	
14. TITLE: Director of Healthcare and Family Services	
15. DATE SUBMITTED 9/11/12	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 9/11/12	18. DATE APPROVED: 12/10/12
PLAN APPROVED—ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: December 3, 2012	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME Verlon Johnson	22. TITLE: Associate Regional Administrator
23. REMARKS:	