

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: 09-13	2. STATE Maryland
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE Medicaid	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE October 1, 2009	

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: 1902(a)(69)of the Act, P.L. 109-171 (section 6034)	7. FEDERAL BUDGET IMPACT: a. FFY 2009: \$ (219,000) b. FFY 2010: \$ (691,000)
---	---


8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: 4.19 A&B Page 4A-1	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): 4.19 A&B Page 4A-1 (04-29)
---	--

10. SUBJECT OF AMENDMENT: This amendment would reduce the payments to hospitals in the District of Columbia by 2% of the current rate. The amendment would also modify rate setting assumptions for one categories of Residential Treatment Centers

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Susan J. Tucker, Executive Director
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL Office of Health Services

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: Susan J. Tucker, Executive Director OHS - DHMH 201 W. Preston St., 1 st floor Baltimore, MD 21201
13. TYPED NAME: John M. Colmers	
14. TITLE: Secretary, Department of Health & Mental Hygiene	
15. DATE SUBMITTED:	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED:	18. DATE APPROVED: 5-11-10
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: OCT - 1 2009	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: William Lasowski	22. TITLE: Deputy Director, CMCS
23. REMARKS:	