

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER:
10-08

2. STATE
Maryland

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) MEDICAID

4. PROPOSED EFFECTIVE DATE
April 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:
Section 1902(r)(2) of the Social Security Act
Section 1905^(b) of the Social Security Act

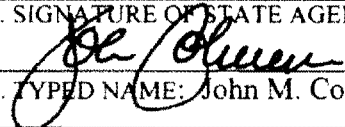
7. FEDERAL BUDGET IMPACT:
a. FFY 2010 \$ 85,000
b. FFY 2011 \$ 100,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Page 23f, ~~Supplement 2.2-A~~ ^{ATTACHMENT} (new page)
Page 5, Supplement 8a to Attachment 2.6-A
~~PAGE 4, SUPPLEMENT 8b TO ATTACHMENT 2.6-A~~

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):
~~PAGE 4, SUPPLEMENT 8b TO ATTACHMENT 2.6-A~~ ^{NEW}
Page 5, Supplement 8a to Attachment 2.6-A (TN 03-09)
~~PAGE 4, SUPPLEMENT 8b TO ATTACHMENT 2.6-A (TN 03-09)~~


SUBJECT OF AMENDMENT: To provide for comprehensive medical assistance benefits to independent foster care adolescents who are not otherwise eligible, in accordance with the passage of state legislation. To provide for individuals who: 1) Were in foster care under the responsibility of the State on their eighteenth birthday; 2) Have not reached the age of 21; ~~and 3) Have household income that does not exceed 300% of the FPL.~~

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: The Secretary of the Department of Health and Mental Hygiene

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME: John M. Colmers
14. TITLE: Secretary, Department of Health & Mental Hygiene
15. DATE SUBMITTED: JUNE 22, 2010

16. RETURN TO:
Susan Tucker
Executive Director
Office of Health Services
Department of Health & Mental Hygiene
201 W Preston St. 1st floor
Baltimore MD 21201

FOR REGIONAL OFFICE USE ONLY
17. DATE RECEIVED: JUNE 22, 2010
18. DATE APPROVED: SEP 14 2010

PLAN APPROVED - ONE COPY ATTACHED
19. EFFECTIVE DATE OF APPROVED MATERIAL: APRIL 1, 2010
20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME: TED GALLAGHER
22. TITLE: DIRECTOR
DIVISION OF MEDICAID + CHILDREN'S HEALTH OPERATIONS

23. REMARKS:
PEN AND INK CHANGES TO ITEMS # 6, 8, 9 AND SUBJECT OF AMENDMENT WERE MADE IN ACCORDANCE WITH STATE INSTRUCTIONS.