CENTERS FOR MEDICARE & MEDICAID SERVICES		OMB NO. 0938-0193
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 10-09	2. STATE Maryland
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	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 April 1, 2010	
5. TYPE OF PLAN MATERIAL (Check One):		
□ NEW STATE PLAN □ AMENDMENT TO BE CONSIDE	RED AS NEW PLAN X AME	NDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMI		
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT	`,
§203 of the Children's Health Insurance Program	a. FFY 2011 \$ 0	
Reauthorization Act of 2009 (CHIPRA), Public Law 111-	b. FFY <u>2012</u> <u>\$</u> 0	
8. PAGE NUMBER OF THE PLAN SECTION OR	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):	
ATTACHMENT:	OR ATTACHMENT (If Applicable): NEW	
2.1 Page 11b 2.1 Page 11c	NEW	
2.1 Page 11d	New	
2.1 Fage 11u	New	
10. SUBJECT OF AMENDMENT: Express Lane Eligibilit	y for Children	According to the second
11. GOVERNOR'S REVIEW (Check (Me): GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	X OTHER, AS SPECIFIED: The Sec Department of Health and Mo	
12. SIGNATURE OF TATE AGENCY OFFICIAL:	16. RETURN TO: Susan Tucker	
ou our	Executive Director	
13. TYPED NAME: John M. Colmers	Office of Health Services	
14. TITLE: Secretary, Department of Health & Mental	Department of Health & Mental Hygiene	
Hygiene	201 W Preston St, 1 st floor	
15. DATE SUBMITTED: June 30, 2010	Baltimore MD 21201	
FOR RECIONAL O	FEICE USE ONLY	
17 DATERBOONVED! JUNE 30 Julo	IN DATE APPROVED SEP 2	8-2010
PLAN APPROVED - OF	NE COPY A TUACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL. APRIC 1, 2010	20. SIGNATURE OF REGIONAL OF	
21 TYPEDHAME TED GALLAGHER	22. TITLE ASSOCIATE DEC DIVILION OF MEDICAL	
29- REMARKS	CPOPAT	۶۵س۶ م