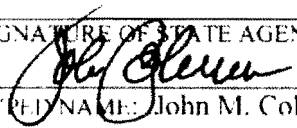



<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: 10-10	2. STATE Maryland
<b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE August 10, 2010	
5. TYPE OF PLAN MATERIAL (Check One):			
NEW STATE PLAN		AMENDMENT TO BE CONSIDERED AS NEW PLAN	
		<input checked="" type="checkbox"/> AMENDMENT	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION:		7. FEDERAL BUDGET IMPACT:	
		a. FFY <u>2010</u> \$ <u>0</u>	
		b. FFY <u>2011</u> \$ <u>0</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.16B, Pages 1-16 Attachment 4.16B, Page 17		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.16B, pages 1-16 (05-04) New	
10. SUBJECT OF AMENDMENT: Memorandum of Understanding between State agencies regarding how each agency provides comprehensive health care services to certain eligible low income residents of the State of Maryland.			
11. GOVERNOR'S REVIEW (Check One):		X OTHER, AS SPECIFIED: The Secretary of the Department of Health and Mental Hygiene	
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT			
<input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED			
<input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Susan Tucker Executive Director Office of Health Services Department of Health & Mental Hygiene 201 W Preston St. 1 <sup>st</sup> floor Baltimore MD 21201	
13. TYPED NAME: John M. Colmers			
14. TITLE: Secretary, Department of Health & Mental Hygiene			
15. DATE SUBMITTED: <u>SEPTEMBER 9, 2010</u>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: <u>SEPTEMBER 9, 2010</u>		18. DATE APPROVED: <u>NOV 16 2010</u>	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <u>AUGUST 10, 2010</u>		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: <u>TED GALLAGHER</u>		22. TITLE: <u>ASSOCIATE REGIONAL ADMINISTRATOR</u>	
23. REMARKS:			