

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER: 10-13	2. STATE Maryland
	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 October 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 1903(r) of the Social Security Act QI SUPPLEMENTAL FUNDING ACT OF 2008	7. FEDERAL BUDGET IMPACT: a. FFY 2011 \$ 0 b. FFY 2012 \$ 0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Page 1, Attachment 4.32 Page 1, Attachment 4.32-A	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): New Page 1, Attachment 4.32-A (88-9)

10. SUBJECT OF AMENDMENT:


Provides for the documentation of participation in the Public Assistance Reporting Information System (PARIS) project or any successor system, as required by the provisions of the Qualifying Individual Program Supplemental Funding Act of 2008 (the QI Funding Act). This amendment ensures that individuals enrolled in Medicaid or other public assistance benefits in one State are not receiving duplicate benefits based on simultaneous enrollment in the Medicaid program or other public benefit programs in another State.

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED: The Secretary of the Department of Health and Mental Hygiene
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 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 st floor Baltimore MD 21201
13. TYPED NAME: John M. Colmers	
14. TITLE: Secretary, Department of Health & Mental Hygiene	
15. DATE SUBMITTED: 12/27/2010	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 12/27/2010	18. DATE APPROVED: MAR 02 2011
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: OCTOBER 1, 2010	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Ted Gallagher	22. TITLE: Associate Regional Administrator

23. REMARKS:

Box 6 PEN AND INK ADDITION WAS REQUESTED BY STATE OFFICIALS.