

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER: 10-14	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 1902(a)(10)(E) of the Social Security Act Section 1917(b)(1) of the Social Security Act	7. FEDERAL BUDGET IMPACT: a. FFY <u>2011</u> \$ 0 b. FFY <u>2012</u> \$ 0
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Page 53a-1 <i>SEE ATTACHED CONTINUATION</i>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): New <i>SEE ATTACHED CONTINUATION</i>
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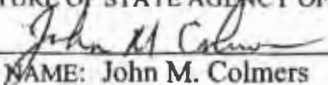
10. SUBJECT OF AMENDMENT: To provide that Medicare cost-sharing benefits paid by the Medicaid program under the Medicare Savings Program (MSP) are exempt from the Medicaid estate recovery process. This federal requirement that includes categories of dual eligibles is mandated under Section 115 of the Medicare Improvements for Patients and Providers Act (MPPA) of 2008, effective January 1, 2010.

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 14 2011
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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:
ITEM #8 AND #9: PEN AND INK CHANGES WERE MADE IN ACCORDANCE WITH MARYLAND MEDICAID OFFICIALS.

MD SPA 10-14 Attachment to Form CMS-179

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT (Continued)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (Cont.)
Page 53	Page 53 (86-17)
Page 53a	Page 53a (86-17)
Page 53b	Page 53b (09-02)
Page 53c	New
Page 53d	New
Page 53e	New