DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER: 10-15

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 X AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT *(Separate Transmittal for each amendment)*

6. FEDERAL STATUTE/REGULATION CITATION:
42 CFR PART 455

7. FEDERAL BUDGET IMPACT:
a. FFY 2010 $ 0
b. FFY 2012 $ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
~~Page 80, Section 1~~ PAGE 79y
~~Page 81, Section 1~~ PAGE 79y-1

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:
NEW
NEW

10. SUBJECT OF AMENDMENT: Maryland State Attestation for compliance with provisions of the Medicaid Recovery Audit Contractor (RAC) program.

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
X OTHER, AS SPECIFIED: The Secretary of the Department of Health and Mental Hygiene

12. SIGNATURE OF STATE AGENCY OFFICIAL:
John M Colmers

13. TYPED NAME: John M. Colmers

14. TITLE: Secretary, Department of Health & Mental Hygiene

15. DATE SUBMITTED:
12/22/2010

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:
12/27/2010

18. DATE APPROVED: MAR 24 2011

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
OCTOBER 1, 2010

20. SIGNATURE OF REGIONAL OFFICIAL:
Ted Gallagher

21. TYPED NAME:
TED GALLAGHER

22. TITLE:
ASSOCIATE REGIONAL ADMINISTRATOR

23. REMARKS:
BOXES 6, 7, 8 PEN AND INK CHANGES WERE MADE IN ACCORDANCE WITH INSTRUCTIONS FROM THE MARYLAND MEDICAID AGENCY.