

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER: 10-16	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)(13) OF THE SSA SECTION 2107(2)(1) OF THE SSA	7. FEDERAL BUDGET IMPACT: a. FFY 2010 \$ 0 b. FFY 2011 \$ 0
--	---

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: 1.4 page 9A (SECTION 1.4) 1.4 page 4B (SECTION 1.4)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): New New
---	--

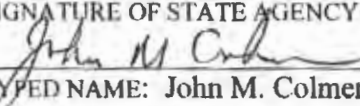
10. SUBJECT OF AMENDMENT: Establishes a process for the State Medicaid Agency to seek advice on a regular ongoing basis from designees of Urban Indian Organizations.

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 21 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:

BLOCK #6 PEN AND INK ADDITION IS MADE IN ACCORDANCE WITH MARYLAND MEDICAID OFFICIALS.

BLOCK #8 AND #9 PEN AND INK ADDITIONS WERE INSERTED BY MARYLAND MEDICAID OFFICIALS.