

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER: 11-03	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 January 1, 2011	

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: Attachment 3.1A Attachment 4.19B	7. FEDERAL BUDGET IMPACT: a. FFY 2011: \$ 0 b. FFY 2012: \$ 0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: 3.1-A p.17; 3.1-A p.17-C; 3.1A p.17D 3.1A p. 17 E; 4.19B page 6A	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): 3.1-A p.17 (10-04) 3.1-A p.17C (10-04) 3.1-A p.17D (09-08) 3.1-A p.17E (NEW) 4.19B page 6A (NEW)

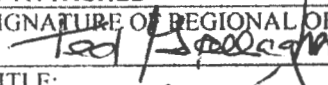
10. SUBJECT OF AMENDMENT: To improve access to outpatient psychiatric care for eligible individuals via video telemental health technologies to designated rural geographic areas. Adding these services will reduce emergency room, inpatient, and detention center admissions; and improve capacity and choice for ongoing psychiatric treatment.

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Susan J. Tucker, Executive Director
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL Office of Health Services

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: Susan J. Tucker, Executive Director OHS - DHMH 201 W. Preston St., 1 st floor Baltimore, MD 21201
13. TYPED NAME: Joshua M. Sharfstein, M.D.	
14. TITLE: Secretary, Department of Health & Mental Hygiene	
15. DATE SUBMITTED: MARCH 17, 2011	

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17. DATE RECEIVED: MARCH 17, 2011	18. DATE APPROVED: JUN 13 2011
PLAN APPROVED -- ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: JANUARY 1, 2011	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: TED GALLAGHER	22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS
23. REMARKS:	