

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER: 11-04	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

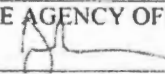
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: Section 1902 of the Social Security Act Section 2101 of the Social Security Act	7. FEDERAL BUDGET IMPACT: a. FFY 2011: \$ 0 b. FFY 2012: \$ 0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Pages 2, 2a, 3, Attachment 2.6A	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Pages 2, 3, Attachment 2.6A (09-07)


10. SUBJECT OF AMENDMENT: To provide for Medicaid/CHIP coverage to 1) qualified alien children below the 5-year bar with incomes up to 300% FPL and 2) qualified alien pregnant women below the 5-year bar with incomes up to 250% FPL, expressly including all categories of aliens lawfully residing in the United States as provide in CMS SHO letter #10-006, CHIPRA #17, dated 1 July 2010.

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 28, 2011	

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17. DATE RECEIVED: MARCH 28, 2011	18. DATE APPROVED: JUN 9 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 DIV. OF MEDICAID & CHILDREN'S HEALTH OPERATIONS
23. REMARKS:	