

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>  <b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER: <b>11-08</b>	2. STATE <b>Maryland</b>
	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 <b>04/01/2011</b>	

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:	7. FEDERAL BUDGET IMPACT: a. FFY <u>2011</u> : \$ <u>0</u> b. FFY <u>2012</u> : \$ <u>0</u>
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 1.1A Attachment 1.2A, <i>PAGE 1</i> Attachment 1.2B pp 1-4; <i>PAGE 5 IS DELETED</i> Attachment 1.2C pp 1-6 Attachment 1.2D; <i>PAGE 2 IS DELETED</i>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 1.1A (Original 1974) Attachment 1.2A (91-02), <i>PAGE 1</i> Attachment 1.2B pp 1-4 (91-02), <i>PAGE 1 (1974), PAGE 5 (91-02)</i> Attachment 1.2C pp 1-6 (91-02); <i>PP 5-6 (NEW)</i> Attachment 1.2D (Original 1974); <i>PAGE 2 (1974)</i>

10. SUBJECT OF AMENDMENT: Update State plan Attachments to including Attorney General Certification, current organizational charts, and to bring up to date eligibility determination practices.

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: <i>Chm</i>	16. RETURN TO: Susan J. Tucker, Executive Director OHS - DHMH 201 W. Preston St., 1 <sup>st</sup> floor Baltimore, MD 21201
13. TYPED NAME: Charles J. Milligan, Jr.	
14. TITLE: Deputy Secretary for Health Care Financing	
15. DATE SUBMITTED: <i>JUNE 17, 2011</i>	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: <i>JUNE 17, 2011</i>	18. DATE APPROVED: <b>SEP 9 2011</b>
---	--------------------------------------

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL: <i>APRIL 1, 2011</i>	20. SIGNATURE OF REGIONAL OFFICIAL: <i>[Signature]</i>
21. TYPED NAME: <i>FRANCIS MCCULLOUGH</i>	22. TITLE: <i>ACTING ASSOCIATE REGIONAL ADMINISTRATOR DIV OF MEDICAID + CHILDREN'S HEALTH OPERATIONS</i>

23. REMARKS:  
*ITEMS # 8 & #9 PEN AND INK CHANGES WERE MADE AT THE DIRECTION OF MD DHMH OFFICIALS.*