

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER: 11-09	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 04/01/2011	

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:	7. FEDERAL BUDGET IMPACT: a. FFY 2011: \$ 0 b. FFY 2012: \$ 0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Page 70 Page 87 Attachment 7.2A 1-3 ATTACHMENT 7.2A Attachment 7.2A page 4 (NEW) Attachment 3.1C 2-5 ATTACHMENT 3.1D (DELETED PAGES) Attachment 4.19 A&B Page 12 ATTACHMENT 3.1C Attachment 4.19 B Page 33 (NEW) Attachment 4.19-E	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): p. 70 (94-12) Page 87 (92-11) Attachment 7.2A 1-3 (Original 1974) ATTACHMENT 7.2A (NEW) Attachment 3.1C 1 (93-15) ATTACHMENT 3.1C PAGE 4 (NEW) Remove 3.1C pp 2-5 (Original 1974) Attachment 3.1D (00-01) ATTACHMENT 3.1C (1974) Attachment 4.19 A&B Page 12 (00-01) Attachment 4.19-E (81-03)

10. SUBJECT OF AMENDMENT: Update State plan Attachments to including Attorney General Certification, current organizational charts, bring up to date eligibility determination practices; update sections on transportation and definition of a claim, CHAERENT PRACTICES OF NON-DISCRIMINATION, METHODS OF ASSURING QUALITY CARE AND REMOVAL OF THE LANGUAGE FOR EMPLOYER-BASED HEALTH PLANS.

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: Charles J. Milligan, Jr.	
14. TITLE: Deputy Secretary for Health Care Financing	
15. DATE SUBMITTED: JUNE 17, 2011	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: JUNE 17, 2011	18. DATE APPROVED: SEP 9 2011
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: APRIL 1, 2011	20. SIGNATURE OF REGIONAL OFFICIAL:
21. TYPED NAME: FRANCIS MCCULLOUGH	22. TITLE: ACTING ASSOCIATE REGIONAL ADMINISTRATOR DIV OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

23. REMARKS:
CHANGES TO ITEMS #8, 9, AND 10 WERE MADE IN ACCORDANCE WITH THE REQUEST OF MARYLAND STATE HEALTH OFFICIALS.