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| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL | 1. TRANSMITTAL NUMBER: 11-12 | 2. STATE Maryland |
| | 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) | |
| FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES | | 4. PROPOSED EFFECTIVE DATE July 1, 2011 |
| TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES | | |

5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

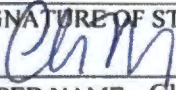
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

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| 6. FEDERAL STATUTE/REGULATION CITATION: | 7. FEDERAL BUDGET IMPACT: a. FFY 2011: \$ 941,750 (savings) b. FFY 2012: \$ 3,767,000 (savings) |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: 4.19A+B, PAGE 57A 4.19B pp. 5, 7, 8, 9, 10, 11, 12, 14, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27 3.1A, pp. 21B, 21B-1, 21B-2, 21B-3 | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): 4.19A+B, PAGE 57A (03-01) 4.19B, pp 18-19 (NEW) 4.19B pp: 5, 7, 8, 9, 10, 11, 14 (09-08) 4.19B pp: 12, 18, 19, 20, 21, 22, 23 (10-04) + 24, 25, 26, 27 3.1A, pp 21B, 21B-1, 21B-2, 21B-3 (10-04) |

10. SUBJECT OF AMENDMENT: To update the physician and private duty nursing fee schedule links and reduce the rates to 75% of Medicare rates.

11. GOVERNOR'S REVIEW (Check One):

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

12. SIGNATURE OF STATE AGENCY OFFICIAL:


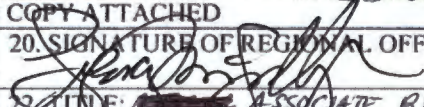
13. TYPED NAME: Charles J. Milligan, Jr.

14. TITLE: Secretary, Department of Health & Mental Hygiene

15. DATE SUBMITTED: 7/1/2011

16. RETURN TO:
Susan J. Tucker, Executive Director
OHS - DHMH
201 W. Preston St., 1st floor
Baltimore, MD 21201

FOR REGIONAL OFFICE USE ONLY

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| 17. DATE RECEIVED: 7/1/2011 | 18. DATE APPROVED: FEB 03 2012 |
| PLAN APPROVED - ONE COPY ATTACHED | |
| 19. EFFECTIVE DATE OF APPROVED MATERIAL: JULY 1, 2011 | 20. SIGNATURE OF REGIONAL OFFICIAL:  |
| 21. TYPED NAME: FRANCIS MCCULLOUGH | 22. TITLE: ASSOCIATE ASSOCIATE REGIONAL ADMINISTRATOR DIV OF MEDICAID & CHILDREN'S HEALTH OPERATIONS |

23. REMARKS:
ITEMS #8 & 9 PEN & INK CHANGES WERE MADE AS REQUESTED BY MD MEDICAID OFFICIALS.