

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>  <b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER: 11-14 - A	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 July 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:	7. FEDERAL BUDGET IMPACT: a. FFY 2011: \$ 0 b. FFY 2012: \$ 0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  See Attached worksheet 4.19A (New)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  See Attached Worksheet

10. SUBJECT OF AMENDMENT: To update the State plan to be consistent with CMS required format of separating inpatient / institutional reimbursement sections from outpatient / professional services. This update requires additional updating of all related service sections and are updated to reflect current practices and methods of reimbursement.

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 <sup>st</sup> floor Baltimore, MD 21201
13. TYPED NAME: Charles J. Milligan, Jr.	
14. TITLE: Secretary, Department of Health & Mental Hygiene	
15. DATE SUBMITTED: 9/28/2011	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 9/28/2011	18. DATE APPROVED: MAY 31 2012
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: JULY 1, 2011	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Penny Thompson	22. TITLE: Deputy Director, CMCS

23. REMARKS:  
# 1 PEN AND INK CHANGE WAS MADE AT THE REQUEST OF MD MEDICAID OFFICIALS.