

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER: 11-14 - B	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

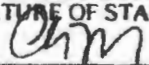
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

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 4.19 (New) 3.1 A	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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): See Attached Worksheet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):

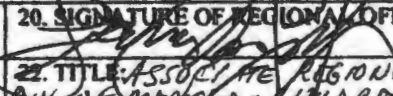
GOVERNOR'S OFFICE REPORTED NO COMMENT
 OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 Susan J. Tucker, Executive Director
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
 Office of Health Services

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: Susan J. Tucker, Executive Director OHS - DHMH 201 W. Preston St., 1 st 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: SEP 21 2012
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 7/1/2011	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: FRANCIS MCCULLOUGH	22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR DIV. OF MEDICARE & MEDICAID HEALTH OPERATIONS

23. REMARKS:

ITEMS 4, 1 AND 8 REV AND INC CHANGES WERE MADE AT THE REQUEST OF STATE MEDICID OFFICIALS.

**Maryland State Plan Changes for SPA 11-14-B
Attachment to CMS 179**

Attachment 3.1-A Changes

TN# Superseded	Pages	Notes
92-11	1,2,8,8a,9-1	Updated & Deleted 9-1
10-04	3	Updated
93-27	9-2	Deleted; Now in 4.19A
00-01	9	Changes Page 9
08-10	9C, 9D, 9E	Delete ALL
96-11	10,10A,12F,13B,13C,13D	Page 10 is now inpt; delete 10A,12F,13B,13C,13D
93-17	11,12,13A	Replace 11 w/outpt; 12 is x-ray; delete 13A
89-14	12A, 12C, 12L	Delete
00-03	12B	Delete
94-05	12D	Delete
92-27	12E	Delete
98-03	12G	Delete
85-11	12H,12K	Delete
87-11	12I,12J,13	Delete 12I&12J; Replace 13 with Lab
95-13	12M	Delete
91-16	13E,13G,14,29D	Delete 13E&G; Replace 14 w/SNF; Delete-TB fac refer
91-15	13E-1,13E-2	Delete
97-04	13-F	Delete
1984	14A,14B	Delete
92-08	9A,9B	Updated both
NEW		11A & 11B see below; 8B page # update

Summary

Replace Page 11 with Outpatient
11A = Rural Health
11B = FQHC
12 = X-Ray; 13 = Lab
14 updated to SNF

Attachment 4.19-B Changes

TN # Superseded	Pages	Notes
NEW	33	Moves outpt hosp from 4.19A&B
NEW	33A	Moves DC outpt hosp from 4.19A&B
NEW	33B	Moves RHCs from 4.19A&B
NEW	33C & 33D	Moves FQHCs from 4.19A&B