

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>  <b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	<b>1. TRANSMITTAL NUMBER:</b> 11-15	<b>2. STATE</b> Maryland
	<b>3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)</b>	
<b>TO: REGIONAL ADMINISTRATOR</b> CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	<b>4. PROPOSED EFFECTIVE DATE</b> 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)

<b>6. FEDERAL STATUTE/REGULATION CITATION:</b>  42 CFR 447.26(b)	<b>7. FEDERAL BUDGET IMPACT:</b> a. FFY 2011: \$ 0 b. FFY 2012: \$ 0
<b>8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:</b>  1-4 Supplement 1 to 4.19A pp 1-2 (NEW) PREFACE TO ATTACHMENT 4.19 B, PP 1-3 (NEW)	<b>9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):</b>

**10. SUBJECT OF AMENDMENT:** Adds language related to ACA Section 2702 prohibiting payments to states for costs associated with Healthcare Acquired and Provider-Preventable Conditions to attest to Maryland's compliance with Health Care Acquired conditions in 42 CFR 447.26(b).

**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

<b>12. SIGNATURE OF STATE AGENCY OFFICIAL:</b> 	<b>16. RETURN TO:</b> Susan J. Tucker, Executive Director OHS - DHMH 201 W. Preston St., 1 <sup>st</sup> floor Baltimore, MD 21201
<b>13. TYPED NAME:</b> Charles J. Milligan, Jr.	
<b>14. TITLE:</b> Deputy Secretary Office of Health Care Financing	
<b>15. DATE SUBMITTED:</b> 9/29/2011	

**FOR REGIONAL OFFICE USE ONLY**

<b>17. DATE RECEIVED:</b> 9/29/2011	<b>18. DATE APPROVED:</b> APR - 3 2012
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**PLAN APPROVED - ONE COPY ATTACHED**

<b>19. EFFECTIVE DATE OF APPROVED MATERIAL:</b> 7/1/2011	<b>20. SIGNATURE OF REGIONAL OFFICIAL:</b> 
<b>21. TYPED NAME:</b> FRANCIS McCULLOUGH	<b>22. TITLE:</b> ASSOCIATE REGIONAL ADMINISTRATOR DIV OF MEDICARE & CHILDREN'S HEALTH OPERATIONS

**23. REMARKS:**  
ITEMS: PEN & INK CHANGES WERE MADE IN ACCORDANCE WITH STATE MEDICAID OFFICIAL REQUEST.