

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER: 11-16	2. STATE Maryland
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
10. 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: <i>SECTION 1927 OF THE SOCIAL SECURITY ACT</i>	7. FEDERAL BUDGET IMPACT: a. FFY 2011: (\$ 68,750) b. FFY 2012: (\$ 275,000)
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: 3.1A pp. 25, 25-1, 25-2, 26, 26-1, 27, 27A 4.19A&B pp. 5 through 7B (deleted page) 4.19B pp. 35, 35A, 35B (NEW) 3.1A pp. 25-3 (NEW)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): 3.1A pp 25, 25-1, 26, 26-1, 27 (03-07) 3.1A pp 25-2 (93-04) 3.1A pp 27A (05-03) (05-13) 3.1A pp 27A-1 - 27A-6 (Delete) 4.19A&B pp. 5 (96-2), 6 (05-03), 7 (91-21) (delete page) 4.19A&B pp. 5a., 6a, 7A (Delete) <i>FB</i>

10. SUBJECT OF AMENDMENT: To update the new professional fees to the pharmacy providers to reflect current rates.
DISPENSING

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: <i>Chm</i>	16. RETURN TO: Susan J. Tucker, Executive Director OHS - DHMII 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: 9/29/2011	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 9/30/2011	18. DATE APPROVED: DEC 22 2011
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 7/1/2011	20. SIGNATURE OF REGIONAL OFFICIAL: <i>[Signature]</i>
21. TYPED NAME: FRANCIS McCULLOUGH	22. TITLE: ASST. REGIONAL ADMINISTRATOR DIV OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

23. REMARKS:
ITEMS 7, 8 AND 9: PEN AND INK CHANGES WERE MADE PURSUANT TO MD MEDICAID OFFICIALS
ITEM 10: PEN AND INK CHANGE MADE PURSUANT TO MD MEDICAID OFFICIALS.