

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>	1. TRANSMITTAL NUMBER: 11-21	2. STATE Maryland
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	4. PROPOSED EFFECTIVE DATE October 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)

6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT: a. FFY 2011: \$ 0 b. FFY 2012: \$ 0
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Page 66(a) Attachment 2.6-A Page 3	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  Page 66(a) (88-05) (92-11) Attachment 2.6-A Page 3 (11-04)
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10. SUBJECT OF AMENDMENT: Technical SPA to correct omissions.

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: <i>Chm</i>	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: Deputy Secretary, Office of Health Care Financing	
15. DATE SUBMITTED: 11/4/2011	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: 11/4/2011	18. DATE APPROVED: FEB 02 2012
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: OCTOBER 1, 2011	20. SIGNATURE OF REGIONAL OFFICIAL: <i>Francis McCullough</i>
21. TYPED NAME: FRANCIS McCULLOUGH	22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR DIV. OF MEDICAID + CHILDREN'S

23. REMARKS:  
ITEMS # 8 AND 9 : PEN AND INK CHANGES WERE MADE IN  
ACCORDANCE WITH MARYLAND MEDICAID OFFICIALS.