

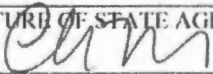
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| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL | | 1. TRANSMITTAL NUMBER: 12-01 | 2. STATE Maryland |
| FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES | | 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) | |
| TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES | | 4. PROPOSED EFFECTIVE DATE July 1, 2012 | |
| 5. TYPE OF PLAN MATERIAL (Check One): | | | |
| <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment) | | | |
| 6. FEDERAL STATUTE/REGULATION CITATION: Section 1940 of the Social Security Act | | 7. FEDERAL BUDGET IMPACT: | |
| | | a. FFY <u>2012</u> \$ <u>149,421.25</u> | |
| | | b. FFY <u>2013</u> \$ <u>97,685.00</u> | |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Page 1, Supplement 16 to Attachment 2.6-A Page 2, Supplement 16 to Attachment 2.6-A Page 3, Supplement 16 to Attachment 2.6-A | | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): New New New | |

10. SUBJECT OF AMENDMENT: To provide for an Asset Verification System

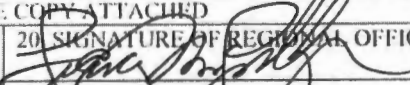
11. GOVERNOR'S REVIEW (Check One):

- GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

X OTHER, AS SPECIFIED: Susan J. Tucker,
Executive Director, Office of Health Services

| | |
|--|---|
| 12. SIGNATURE OF STATE AGENCY OFFICIAL:  | 16. RETURN TO: Susan Tucker Executive Director Office of Health Services Department of Health & Mental Hygiene 201 W Preston St, 1 st floor Baltimore MD 21201 |
| 13. TYPED NAME: Charles J. Milligan, Jr. | |
| 14. TITLE: Deputy Secretary Office of Health Care Financing | |
| 15. DATE SUBMITTED: <u>3/9/2012</u> | |

FOR REGIONAL OFFICE USE ONLY

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|---|---|
| 17. DATE RECEIVED: <u>3/9/2012</u> | 18. DATE APPROVED: <u>APR 26 2012</u> |
| PLAN APPROVED - ONE COPY ATTACHED | |
| 19. EFFECTIVE DATE OF APPROVED MATERIAL: <u>JULY 1, 2012</u> | 20. SIGNATURE OF REGIONAL OFFICIAL:  |
| 21. TYPED NAME: <u>FRANCIS McCULLOUGH</u> | 22. TITLE: <u>ASSOCIATE REGIONAL ADMINISTRATOR, DHCAO</u> |
| 23. REMARKS: | |