

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>  <b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER: 12-04	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 April 1, 2012	

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 2012 \$ 0 b. FFY 2013 \$ 0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Remove all of the following plan pages: Att 3.1A 23-C to 23G (09-08) Supplement 5 to Att 3.1A 17-24 (08-10) Supplement 4 to Att 3.1A 11-24 (08-10) Att 4.19A&B 25 (91-16) and 26 (90-05) Att 4.19A&B 47 (03-05) 48 (98-01) 50 and 50-1 (92-23) Att 4.19D 22-27 (07-01)

10. SUBJECT OF AMENDMENT: To clean up obsolete plan pages and those that are no longer needed for space in the plan.

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: The designee of the Secretary of the Department of Health and Mental Hygiene

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 <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: 4-26-2012	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: 4-26-2012	18. DATE APPROVED: JUL 18 2012
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: April 1, 2012	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: FRANCIS McCULLOUGH	22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR DMCHO

Item #9: Pen and ink changes in accordance with State Medicaid official Request.