

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER:
12-05

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:

4.19B p 41 A and p 41 B (NEW)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Replace: Attachment 3.1A Page 29K (09-08)

Remove all of the following plan pages:

Att 3.1A 29 K-1 (90-06); Att 3.1A 29 K-2 and K-3 (91-16)
Att 4.19 A&B p35-36(90-06); p62-63 (94-11)
Att 3.1A Supplement 9 P.1-2 (95-19); p3-4, 6-8 (94-11); 5 (93-18)

10. SUBJECT OF AMENDMENT: To update requirements for Hospice services provided in Maryland; to update reimbursement for Hospice and move to correct State plan section; and to remove the operationally obsolete services for children diverted / returned from out of state facilities supplement.

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:

13. TYPED NAME: Charles J. Milligan, Jr.

14. TITLE: Deputy Secretary
Office of Health Care Financing

15. DATE SUBMITTED: 6/15/12

16. RETURN TO:

Susan Tucker
Executive Director
Office of Health Services
Department of Health & Mental Hygiene
201 W Preston St, 1st floor
Baltimore MD 21201

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 6/15/12

18. DATE APPROVED: SEP 12 2012

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

April 1, 2012

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME: Francis T. McCullough

22. TITLE: Associate Regional Administrator

23. REMARKS: