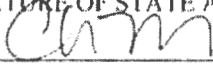
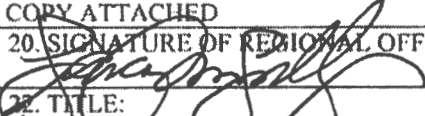


TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 12-06	2. STATE Maryland		
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)			
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE July 1, 2012			
5. TYPE OF PLAN MATERIAL (Check One):					
NEW STATE PLAN		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 1902(a) of the Social Security Act Section 1902 (r)(2) of the Social Security Act Section 1916(g) of the Social Security Act		7. FEDERAL BUDGET IMPACT: a. FFY <u>2012</u> \$ <u>6,889</u> b. FFY <u>2013</u> \$ <u>28,658</u>			
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Page 5, Supplement 8b to Attachment 2.6-A		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Page 5, Supplement 8b to Attachment 2.6-A			
10. SUBJECT OF AMENDMENT: To provide for an increase in the resource limit for married couples to \$15,000 for the Employed Individuals with Disabilities Program.					
11. GOVERNOR'S REVIEW (Check One):					
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Susan J. Tucker			
<input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED		Executive Director, Office of Health Services			
<input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL					
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>June 15, 2012</u>					
FOR REGIONAL OFFICE USE ONLY					
17. DATE RECEIVED: <u>June 15, 2012</u>		18. DATE APPROVED: SEP 12 2012			
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</u>			
23. REMARKS: Per discussion with the State, pen and ink changes made to Supplement 8b to Attachment 2.6A, Page 5 Removal of the word "liquid," as well as updates to boxes 6 and 15 of the CMS 179 form.					