

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER: 12-11	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 October 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 2013 \$ 0 b. FFY 2014 \$ 0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Att 3.1A: page 6 (93-10), 7 (11-10), 8B (12-02), 14 (11-14), 29-F, E-1 (91-16), 29E-2 (90-08), 29E-3(91-16), 29E-4 (90-08), 29-F (91-16), 29G (84-19), 29H (no TN), 29H-1 (91-16), 29D


10. SUBJECT OF AMENDMENT: This amendment is to remove the service category formerly titled Intermediate Care Facilities, as it is no longer considered a separate facility from Nursing Facilities, and related pages to bring the State plan pages current.

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED: The Secretary of the Department of Health and Mental Hygiene

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

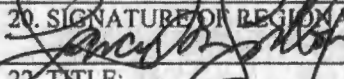
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL.

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: Susan J. 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, Health Care Financing, Department of Health and Mental Hygiene	
15. DATE SUBMITTED: 12/17/12	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: December 17, 2012	18. DATE APPROVED: MAR 14 2013
---	-----------------------------------

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: October 1, 2012	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Francis T. McCullough	22. TITLE: Associate Regional Administrator

23. REMARKS:
Pen and ink changes were made in accordance with instructions from Maryland Medicaid officials.