

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 13-06	2. STATE Maryland
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		4. PROPOSED EFFECTIVE DATE April 1, 2013
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		

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: None 42 CFR 433.36	7. FEDERAL BUDGET IMPACT: a. FFY 2013: \$ 0 b. FFY 2014: \$ 0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: 4.17A, Pages 1-7	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): 4.17A, Pages 1-7 (36 - 17)

10. SUBJECT OF AMENDMENT:

To update medical review process for determining that a person cannot reasonably be expected to be discharged and return home. To update Form 4246.

11. GOVERNOR'S REVIEW (Check One):

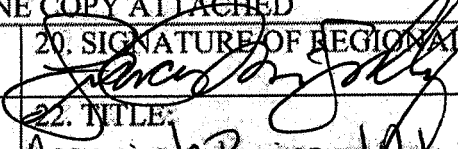
GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Susan J. Tucker, Executive Director
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL Office of Health Services

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: Susan J. Tucker, Executive Director OHS - DHMH 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: May 29, 2013	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: June 3, 2013	18. DATE APPROVED: JUL 02 2013
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: April 1, 2013	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: FRANCIS T. McCULLOUGH	22. TITLE: Associate Regional Administrator, DMCHO

23. REMARKS:
Per Request of Maryland Medicaid Officials, Pen and Ink Changes made to boxes #6, #9, and #15.