DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FINANCING ADMINISTRATION		FORM APPROVED OMB NO: 0938-0193	
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 13-11	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 April 1, 2013		
5. TYPE OF PLAN MATERIAL (Check One): NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT			
6. FEDERAL STATUTE/REGULATION CITATION:	NDMENT (Separate Transmittal for each amendment) 7. FEDERAL BUDGET IMPACT: a. FFY 2013: \$ 0		
None 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Att. 3.1A, pp. 31E, 31E-1, 31F, 31G, 31G-1, 31G-2, 31G-3, 31G-4	b. FFY 2014: \$ 0 9. PAGE NUMBER OF THE SUPER SECTION OR ATTACHMENT (1/.4) Att. 3.1A, pp. 31E, 31F, 31G, 31G-1, (09-08) Att. 3.1A, p. 31E-1 (new)	oplicable):	
10. SUBJECT OF AMENDMENT: To update pages for Nurse Practitioner Services in response to CMS companion letter to MD SPA 13-02, amending language associated with medical necessity criteria. 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			
12. SIGNATORE OF STATE AGENCY OFFICIAL: 13. TYPED NAME: Charles J. Milligan, Jr.	16. RETURN TO: Susan J. Tucker, Executive Director OHS – DHMH		
14. TITLE: Deputy Secretary. Office of Health Care Financing 15. DATE SUBMITTED: June 20, 2013	201 W. Preston St., 1 st floor Baltimore, MD 21201		
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: June 21, 2013	18. DATE APPROVED: AUG 26 2013		
PLAN APPROVED - ON 19. EFFECTIVE DATE OF APPROVED MATERIAL: April 1, 2013 21. TYPED NAME:	20. SIGNATURE OF REGIMINA		
FRANCIS T. MCCULLOUGH 23. REMARKS:	ASSOCIATE KEGTONAL BOMIN	VISTRATOR, DUCHO	