

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER: 09-07	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, 2009	

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: Section 1902 of the Social Security Act Section 2101 of the Social Security Act	7. FEDERAL BUDGET IMPACT: a. FFY 2009 \$ 7.9 ^{5.5} million b. FFY 2010 \$ 2.8 ^{2.8} million
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Pages 2, 3, Attachment 2.6-A	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Pages 2, 3, Attachment 2.6-A

10. SUBJECT OF AMENDMENT: To provide for Medicaid/CHIP coverage to 1) qualified alien children below the 5-year bar with incomes up to 300% FPL and 2) qualified alien pregnant women below the 5-year bar with incomes up to 250% FPL, through a federally-supported program. This coverage is provided currently through a state-funded program referred to as "State-funded Medical Assistance for Ineligible Aliens."

11. GOVERNOR'S REVIEW (Check One):

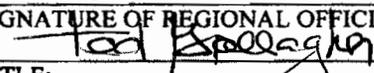
- GOVERNOR'S OFFICE REPORTED NO COMMENT X OTHER, AS SPECIFIED: The Secretary of the Department of Health and Mental Hygiene
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: Susan 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: John M. Colmers	
14. TITLE: Secretary, Department of Health & Mental Hygiene	
15. DATE SUBMITTED: 6/29/09	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 6/29/09	18. DATE APPROVED: MAR 4 2010
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: APRIL 1, 2009	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: TED GALLAGHER	22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR
23. REMARKS:	