

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 10-06	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 January 1, 2010	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> 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 of the Social Security Act Section 1925 of the Social Security Act		7. FEDERAL BUDGET IMPACT: a. FFY <u>2010</u> \$ <u>8,617,616</u> 0 b. FFY <u>2011</u> \$ <u>8,966,630</u> 0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Page 3, Supplement 12 to Attachment 2.6-A (new page) PAGE 5, SUPPLEMENT 13		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): NEW	
10. SUBJECT OF AMENDMENT: To provide for the extension of the Transitional Medical Assistance (TMA) Program by: 1) Providing up to 12 months of continuous TMA coverage to families and 2) Providing that individuals who no longer qualify due to job-related income, must have been eligible for Medical Assistance for 3 of the 6 preceding six months in order to be eligible for TMA.			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT X OTHER, AS SPECIFIED: The Secretary of the Department of Health and Mental Hygiene <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <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: John M. Colmers			
14. TITLE: Secretary, Department of Health & Mental Hygiene			
15. DATE SUBMITTED: MARCH 30, 2010			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: MARCH 30, 2010		18. DATE APPROVED: MAY 18 2010	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: JANUARY 1, 2010		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: TED GALLAGHER		22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR	
23. REMARKS: CHANGES TO ITEMS 7 AND 8 WERE MADE AT THE REQUEST OF THE MARYLAND STATE MEDICAID AGENCY.			