TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL	L	
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	011-018 3. PROGRAM IDENTIFICATION: TI	MA MA
	SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	10/27/11	
5. TYPE OF PLAN MATERIAL (Check One):		
	ONSIDERED AS NEW PLAN	☑ AMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMEN	NDMENT (Separate Transmittal for each	h amendment)
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	
Section 1902(a)(73) and 2107(e)(1)(C) of the Act	a. FFY12 \$ 00.00 b. FFY13 \$ 00.00	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):	
Section One, pages 9, 9.1, 9.2 (new)	Section One, page 9.1	
10. SUBJECT OF AMENDMENT:		
Tribal Cons	ultation	
11. GOVERNOR'S REVIEW (Check One):	☑ OTHER, AS SPECIFIED:	
GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	Not required under	
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	42 CMR 430.12(b)(2)(i)	
^ _		
12. SIGNATURE OF STATE AGENCY OFFICIAL: /s/	16. RETURN TO:	
13. TRYPED NAME:	Michael P. Coleman State Plan Coordinator	
JudyAnn Bigby	Executive Office of Health and Human Services	
14. TITLE:	Office of Medicaid	
Secretary 15. DATE SUBMITTED:	One Ashburton Place, 11th Floor	
12/21/11	Boston, MA 02108	
FOR REGIONAL OF		
17. DATE RECEIVED: December 21, 2011	18. DATE APPROVED: February 8, 2012	
PLAN APPROVED – ON	E COPY ATTACHED	7247/77 A T
19. EFFECTIVE DATE OF APPROVED MATERIAL: October 27, 2011	20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME: Richard R. McGreal	22. TITIAE: Associate Regional Administrator, Boston Division of Medicaid & Children's Health Operations	
23. REMARKS:	Medicaid & Children's H	Calul Operations
25. REWARNS.	1	