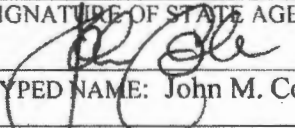
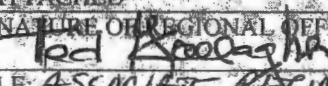


<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: 09-01	2. STATE Maryland
<b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT Medicaid	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE October 1, 2008	
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 1931 of the Social Security Act Section 1902 (r)(2) of the Social Security Act		7. FEDERAL BUDGET IMPACT: a. FFY 2008      \$ 0 b. FFY 2009      \$ 0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Page 2, Supplement 8a to Attachment 2.6A Page 3, Supplement 13 to Attachment 2.6A PAGE 9C, ATTACHMENT 2.2A		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Page 2, Supplement 8a to Attachment 2.6A (00-5) Page 3, Supplement 13 to Attachment 2.6A (00-5) PAGE 9C, ATTACHMENT 2.2A (92-11)	
10. SUBJECT OF AMENDMENT: To provide for all wages paid by the Census Bureau for temporary employment related to Census activities to be disregarded.			
11. GOVERNOR'S REVIEW (Check One):			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Secretary of the Department of Health & Mental Hygiene	
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 <sup>st</sup> floor Baltimore MD 21201	
13. TYPED NAME: John M. Colmers			
14. TITLE: Secretary, Department of Health & Mental Hygiene			
15. DATE SUBMITTED: DECEMBER 9, 2008			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: DECEMBER 12, 2008		18. DATE APPROVED: APR 07 2009	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: OCTOBER 1, 2008		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: TED GALLAGHER		22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR DIVISION OF MEDICARE & CHILDREN'S HEALTH OPERATIONS	
23. REMARKS:			