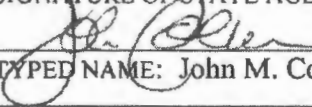
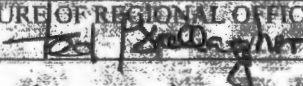


TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 09-02	2. STATE Maryland
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE January 1, 2009	
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 6021 of the Deficit Reduction Act of 2005 Section 1902 (r)(2) of the Social Security Act		7. FEDERAL BUDGET IMPACT: a. FFY 2009 \$ Unknown b. FFY 2010 \$ Unknown	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 8b to Attachment 2.6A, Page 1 Supplement 8c to Attachment 2.6A, Pages 1-2 Page 53b		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Supplement 8b to Attachment 2.6A, Page 1 New New	
10. SUBJECT OF AMENDMENT: Provide for the disregard of resources in an amount equal to the insurance benefit payments made to or on behalf of an individual who is a beneficiary under a long-term care insurance policy, in accordance with the provisions of Section 6021 of the Deficit Reduction Act of 2005.			
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		X OTHER, AS SPECIFIED: The Secretary of the Department of Health and 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 st floor Baltimore MD 21201	
13. TYPED NAME: John M. Colmers			
14. TITLE: Secretary, Department of Health & Mental Hygiene			
15. DATE SUBMITTED: DECEMBER 30, 2008 RF			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: December 31, 2008		18. DATE APPROVED: MAR 31 2009	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2009		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Ted Gallagher		22. TITLE: Associate Regional Administrator, DMCHD	
23. REMARKS:			