

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: 09-03	2. STATE Maryland
<b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>		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 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 1902(a) of the Social Security Act Section 1902(r)(2) of the Social Security Act Section 1916(g) of the Social Security Act		7. FEDERAL BUDGET IMPACT: a. FFY 2009      \$ Unknown      \$2.65 MILLION RF b. FFY 2010      \$ Unknown      \$3.25 MILLION RF	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 2.2-A, Page 23e. Attachment 2.6-A Pages 12c thru 12o Supplement 8a to Attachment 2.6-A, Page 6 Supplement 8b to Attachment 2.6-A, Page 5		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): New New Supplement 8a to Attachment 2.6-A, Page 6 Supplement 8b to Attachment 2.6-A, Page 5	
10. SUBJECT OF AMENDMENT: To add Employed Individuals with Disabilities into the State plan under the eligibility groups authorized under sections 1902(a)(10)(A)(ii)(XV) of the Social Security Act.			

11. GOVERNOR'S REVIEW (Check One):

- ☐ GOVERNOR'S OFFICE REPORTED NO COMMENT  
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
☐ 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:

13. TYPED NAME: John M. Colmers

14. TITLE: Secretary, Department of Health & Mental  
Hygiene

15. DATE SUBMITTED:

DECEMBER 30, 2008

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

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:

OCTOBER 1, 2008

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

TED GALLAGHER

22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR  
DIVISION OF MEDICAID - CHILDREN'S HEALTH  
OPERATIONS

23. REMARKS: