

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 09-05	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 JULY	
5. TYPE OF PLAN MATERIAL (Check One):			
<input type="checkbox"/> NEW STATE PLAN <input checked="" type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: <i>SEE ATTACHED CITATION PAGE</i>		7. FEDERAL BUDGET IMPACT: a. FFY 2009 \$ 121,178 *16,664 b. FFY 2010 \$ 163,995 *66,991	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1A Page 5 Attachment 3.1A Page 29C-A Attachment 3.1B Page 5 Attachment 4.19 A&B Page 65 4 Attachment 4.19 A&B Page 66 4 a		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1A Page 5 (91-19) New Attachment 3.1B Page 5 (93-10) New New	
10. SUBJECT OF AMENDMENT: Adding comprehensive environmental lead investigation as a service under diagnostic services.			
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: The Secretary of the Department of Health and Mental Hygiene	
12. SIGNATURE OF STATE AGENCY OFFICIAL: <i>John M. Colmers</i>		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 31, 2009			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: <i>MARCH 31, 2009</i>		18. DATE APPROVED: <i>JUN 29 2009</i>	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <i>JULY 1, 2009</i>		20. SIGNATURE OF REGIONAL OFFICIAL: <i>Ted Gallagher</i>	
21. TYPED NAME: <i>TED GALLAGHER</i>		22. TITLE: <i>ASSOCIATE REGIONAL ADMINISTRATOR DIVISION OF MEDICAID + CHILDREN'S HEALTH OPERATIONS</i>	
23. REMARKS:			