

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER: 09-06	2. STATE Maryland
	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 September 1, 2009	

5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: <i>SEE ATTACHED FEDERAL REG CITATIONS</i>	7. FEDERAL BUDGET IMPACT: a. FFY <u>2010</u> \$296,941 b. FFY <u>2011</u> \$3,607,827
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 3 to Attachment 3.1-A, Page 8-Page 10-1 Attachment 4.19 A&B Page 55 Attachment 4.19 A Page 55 <i>55A 15+16 RF</i>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Supplement 3 to Attachment 3.1-A, Page 8-Page 10-1 (06-12) Attachment 4.19 A&B Page 55 (92-19) NEW

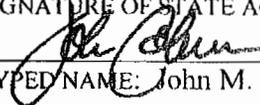
10. SUBJECT OF AMENDMENT:

Adding Case Management Services for individuals with serious mental illness and minors with serious emotional disorders.

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

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:	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: <i>JULY 15, 2009</i>	18. DATE APPROVED: <i>JAN 19 2010</i>
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: <i>SEPTEMBER 1, 2009</i>	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: <i>TED GALLAGHER</i>	22. TITLE: <i>ASSOCIATE REGIONAL ADMINISTRATOR DIVISION OF MEDICAID & CHILDRENS HEALTH OPERATIONS</i>

23. REMARKS:
PEN AND INK CHANGES TO ITEM 8: DHHH EMAIL OF 12/15/2009.