

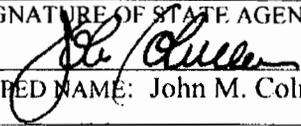
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER: 10-01	2. STATE Maryland
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE September 1, 2009 JANUARY 1, 2010	
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: SEE ATTACHED	7. FEDERAL BUDGET IMPACT: a. FFY 2010 \$ 1,023,000 b. FFY 2011 \$ 1,166,000
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, Page 29C-21 Attachment 3.1-A, Page 29C-22 Attachment 3.1-A, Page 29C-23 Attachment 3.1-A, Page 29C-24+ Attachment 3.1-A, Page 29C-25 Attachment 4.19-B, Page 16 17 CONTINUED NEXT PAGE	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): } NEW

10. SUBJECT OF AMENDMENT: To add Comprehensive Substance Abuse Assessments, Level I Group and Individual Substance Abuse Counseling Services, and Level II Intensive Outpatient Services. Adding these services will increase payments to community-based substance abuse treatment programs.

11. GOVERNOR'S REVIEW (Check One):
 GOVERNOR'S OFFICE REPORTED NO COMMENT X OTHER, AS SPECIFIED: The Secretary of the
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Department of Health and Mental Hygiene
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

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:	18. DATE APPROVED: MAR 10 2010
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: TED GALLAGHER	22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR
23. REMARKS:	

* CHANGES TO ITEMS # 4, 6, 8 AND 9 PER MD MEDICAID AGENCY PERMISSION.