

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

**FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

**TO: REGIONAL ADMINISTRATOR  
CENTERS FOR MEDICARE & MEDICAID SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES**

1. TRANSMITTAL NUMBER:  
11-01

2. STATE  
Maryland

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE  
1/1/2011

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:

7. FEDERAL BUDGET IMPACT:

a. FFY 2011: \$ 0

b. FFY 2012: \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR  
ATTACHMENT:

4.19 A&B 4A-1

4.19 A&B 4A-2

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

4.19 A&B 4A-1, (09-13)

4.19 A&B 4A-2, (94-10)

10. SUBJECT OF AMENDMENT: This is a SPA to make technical corrections related to SPA 09-13.

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:

Susan J. Tucker, Executive Director  
Office of Health Services

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME: Joshua M. Sharfstein, M.D.

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

15. DATE SUBMITTED:

16. RETURN TO:

Susan J. Tucker, Executive Director  
OHS - DHMH  
201 W. Preston St., 1<sup>st</sup> floor  
Baltimore, MD 21201

17. DATE RECEIVED:

**FOR REGIONAL OFFICE USE ONLY**

18. DATE APPROVED:

04-15-11

19. EFFECTIVE DATE OF APPROVED MATERIAL:

JAN - 1 2011

20. SIGNATURE OF REGIONAL OFFICIAL:

Bill Lasowski R CM

21. TYPED NAME:

William Lasowski

22. TITLE:

Deputy Director, CMCS

23. REMARKS: