

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER: 11-15	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 July 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:

42 CFR 447.26(b)

7. FEDERAL BUDGET IMPACT:

a. FFY 2011: \$ 0

b. FFY 2012: \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR
ATTACHMENT:

1-4

Supplement 1 to 4.19A pp 1-2 (NEW)

PREFACE TO ATTACHMENT 4.19 B, PP 1-3 (NEW)

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

10. SUBJECT OF AMENDMENT: Adds language related to ACA Section 2702 prohibiting payments to states for costs associated with Healthcare Acquired and Provider-Preventable Conditions to attest to Maryland's compliance with Health Care Acquired conditions in 42 CFR 447.26(b).

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: Charles J. Milligan, Jr.

14. TITLE: Deputy Secretary
Office of Health Care Financing

15. DATE SUBMITTED: 9/29/2011

16. RETURN TO:

Susan J. Tucker, Executive Director

OHS - DHMH

201 W. Preston St., 1st floor

Baltimore, MD 21201

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 9/29/2011

18. DATE APPROVED: APR - 3 2012

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

7/1/2011

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME: FRANCIS McCULLOUGH

22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR
DIV OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

23. REMARKS:

ITEM # 8: PEN & INK CHANGES WERE MADE IN ACCORDANCE WITH
STATE MEDICAID OFFICIAL REQUEST.