

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>  <b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	<b>1. TRANSMITTAL NUMBER:</b> 11-07	<b>2. STATE</b> Maryland
	<b>3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)</b>	
<b>TO: REGIONAL ADMINISTRATOR</b> CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		<b>4. PROPOSED EFFECTIVE DATE</b> 04/01/2011

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)

<b>6. FEDERAL STATUTE/REGULATION CITATION:</b> 4.18-A & 4.18-C	<b>7. FEDERAL BUDGET IMPACT:</b> a. FFY 2011: \$ 0 b. FFY 2012: \$ 0
<b>8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:</b> Page 56f & 56g  Attachment 4.18-A & Attachment 4.18-C (PAGES 1)	<b>9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):</b> Page 56f & 56g (05-02)  Attachment 4.18-A & Att 4.18-C (05-13) (PAGES 1)

10. SUBJECT OF AMENDMENT: Update State plan to reflect current practices, removal of co-pay for emergency visits for categorically and medically needy and language regarding co-payments in hospital settings.

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT     
  OTHER, AS SPECIFIED:  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED      Susan J. Tucker, Executive Director  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL      Office of Health Services

<b>12. SIGNATURE OF STATE AGENCY OFFICIAL:</b> 	<b>16. RETURN TO:</b> Susan J. Tucker, Executive Director OHS - DHMH 201 W. Preston St., 1 <sup>st</sup> floor Baltimore, MD 21201
<b>13. TYPED NAME:</b> Charles J. Milligan, Jr.	
<b>14. TITLE:</b> Deputy Secretary for Health Care Financing	
<b>15. DATE SUBMITTED:</b> 5/12/11	

FOR REGIONAL OFFICE USE ONLY

<b>17. DATE RECEIVED:</b> MAY 13, 2011	<b>18. DATE APPROVED:</b> JUL 29 2011
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PLAN APPROVED - ONE COPY ATTACHED

<b>19. EFFECTIVE DATE OF APPROVED MATERIAL:</b>	<b>20. SIGNATURE OF REGIONAL OFFICIAL:</b> 
<b>21. TYPED NAME:</b> TED GALLAGHER	<b>22. TITLE:</b> ASSOCIATE REGIONAL ADMINISTRATOR DIV OF MEDICARE & CHILDREN'S HEALTH OPERATIONS

23. REMARKS:  
ITEMS # 8 & 9 PEN AND INK CHANGES MADE IN ACCORDANCE WITH STATE OFFICIAL DIRECTION.