

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER: 11-13	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 -October 1, 2011 FEBRUARY 1, 2012	

5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

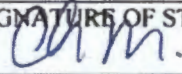
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

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: Supplement 3 to Attachment 3.1A pp: 1-7 Supplement 3 to Attachment 3.1A p. 8 4.19 A&B pp. 23-24 4.19 B p. 16A (NEW) SUPPLEMENT 1A TO ATTACHMENT 3.1A, pp1-8 (NEW)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Supp 3 to Att 3.1A pp: 1-2 (89-10) 3-7 (92-02) Supplement 3 to Att 3.1A p. 8 (New) 4.19 A&B pp. 23-24 (92-02)

10. SUBJECT OF AMENDMENT: To update the State plan to reflect Maryland's practice of and reimbursement for HIV targeted case management.

11. GOVERNOR'S REVIEW (Check One):

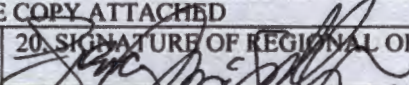
GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Susan J. Tucker, Executive Director
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL Office of Health Services

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: Susan J. Tucker, Executive Director OHS - DHMH 201 W. Preston St., 1 st floor Baltimore, MD 21201
13. TYPED NAME: Charles J. Milligan, Jr.	
14. TITLE: Secretary, Department of Health & Mental Hygiene	
15. DATE SUBMITTED: 7/13/11	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 7/13/2011	18. DATE APPROVED: JAN 9 2012
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 2/1/2012	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: FRANCIS McCULLOUGH	22. TITLE: ACTING ASSOCIATE REGIONAL ADMINISTRATOR DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

23. REMARKS:
ITEMS 4 & 8: PEN AND INK CHANGES WERE MADE IN ACCORDANCE WITH INSTRUCTIONS FROM MD MEDICAID OFFICIALS.