

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 12-14	2. STATE Maryland
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	4. PROPOSED EFFECTIVE DATE October 1, 2012	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		

5. TYPE OF PLAN MATERIAL (Check One):

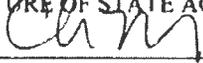
NEW STATE PLAN       AMENDMENT TO BE CONSIDERED AS NEW PLAN       AMENDMENT  
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:  42 CFR Section 454	7. FEDERAL BUDGET IMPACT: a. FFY 2013 \$ 0 b. FFY 2014 \$ 0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Page 79y	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  Page 79y (10-15)

10. SUBJECT OF AMENDMENT: This amendment is to update Maryland's language in the State plan to cover audit requirements for interim periods between RAC contractors.

11. GOVERNOR'S REVIEW (Check One):

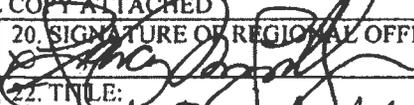
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT	X OTHER, AS SPECIFIED: The Secretary of the Department of Health and Mental Hygiene
<input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	
<input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: Susan J. Tucker Executive Director Office of Health Services Department of Health & Mental Hygiene 201 W Preston St. 1 <sup>st</sup> floor Baltimore MD 21201
13. TYPED NAME: Charles J. Milligan, Jr.	
14. TITLE: Deputy Secretary, Health Care Financing, Department of Health and Mental Hygiene	
15. DATE SUBMITTED: 12/17/12	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 12/17/12	18. DATE APPROVED: MAR 15 2013
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 10/1/12	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Francis T. McCullough	22. TITLE: Associate Regional Administrator
23. REMARKS:	