

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-01-16
Baltimore, Maryland 21244-1850



Center for Medicaid, CHIP and Survey & Certification

September 27, 2010

Ms. Brenda M. Harvey
Commissioner
Maine Department of Health and Human Services
442 Civic Center Drive
11 State House Station
Augusta, ME 04333-0011

Dear Ms. Harvey:

We are pleased to inform you that the extension request of the MaineCare Childless Adults section 1115 demonstration has been approved in accordance with section 1115(a) of the Social Security Act. Under this Demonstration, the State will continue to provide health care coverage to childless adults and non-custodial parents with incomes at or below 100 percent of the Federal poverty level (FPL). Your section 1115(a) demonstration is authorized through December 31, 2013, upon which date, unless reauthorized, all waiver and expenditure authorities granted to operate this demonstration will expire.

Our approval of this demonstration project is subject to the limitations specified in the enclosed waiver and expenditure authorities. The State may deviate from Medicaid State plan requirements to the extent those requirements have been specifically waived or, with respect to expenditure authorities, listed as inapplicable to expenditures for demonstration expansion populations and other services not covered under the State plan. As part of this renewal, the waiver and expenditure authorities were revised to more accurately reflect the renewed demonstration program.

The approval is also conditioned upon compliance with the enclosed Special Terms and Conditions (STCs), defining the nature, character, and extent of anticipated Federal involvement in the project. All previously granted waiver and expenditure authorities are superseded by this approval, the enclosed STCs, and waiver and expenditure authority lists.

The award is subject to our receiving your written acknowledgement of the award and acceptance of the STCs, waiver and expenditure authorities within 30 days of the date of this letter.

Your project officer is Mr. Thomas Hennessy. Mr. Hennessy is available to answer any questions concerning implementation of your section 1115 demonstration. His contact information is as follows:

Centers for Medicare & Medicaid Services
Center for Medicaid and State Operations
Mail Stop S2-02-26
7500 Security Boulevard
Baltimore, MD 21244-1850
Telephone: (410) 786-8143
Facsimile: (410) 786-5882
E-mail: Thomas.Hennessy@cms.hhs.gov

Official communications regarding program matters should be sent simultaneously to Mr. Hennessy and to Mr. Richard McGreal, Associate Regional Administrator in our Boston Regional Office. Mr. McGreal's address is:

Centers for Medicare & Medicaid Services
JFK Federal Building
Rm 2275
Boston, MA 02203-0003

If you have additional questions, please contact Ms. Vikki Wachino, Director, Family and Children's Health Programs Group, Center for Medicaid, CHIP and Survey & Certification at (410) 786-5647. We look forward to continuing to work with you and your staff.

Sincerely,

/s/

Cindy Mann
Director

Enclosures