DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FINANCING ADMINISTRATION		FORM APPROVED OMB NO, 0938-0193
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE:
STATE PLAN MATERIAL		MAINE
FOR: HEALTH CARE FINANCING ADMINISTRATION	0 _90 _0 _8_ 3. PROGRAM IDENTIFICATION: 1	
FOR. HEALTH CARE FINANCING ADMINISTRATION	SECURITY ACT (MEDICAID)	THE XIX OF THE SOCIAL
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE(S)	
HEALTH CARE FINANCING ADMINISTRATION	JULY 1, 2009	
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:	7. FEDERAL BUDGET IMPACT:	
Section 214 of the CHIPRA	a. FFY09\$ \$7,006,993	
Section 1903(v)(4) of the Act		\$7.102.343
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPER	RSEDED PLAN SECTION
rttrohment 2/04 page/2 and/2/a/	OR ATTACHMENT (If Applicable):	
Attachment 2.6-A, pages 2-2c	Attachment 2.6-A, Page 2	
10. SUBJECT OF AMENDMENT:	REPLACES PAGES OF SAME NUM	(BER
OPTION TO COVER 5-YEAR BAR PREGNANT WOMEN AND CHILDREN UNDER AG 21		
11. GOVERNOR'S REVIEW (Check One):		
	X OTHER, AS SPECIFIED	
	COMMISSIONER, DEPT. OF H	IUMAN SERVICES
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:	
12. SIGNATURE OF STATE AGENOT OFFICIAE.		
Brenda Hawey		
nenda Hawey		
13. TYPED NAME:	ANTHONY MARPLE	viene
BRENDA M. HARVEY	Office of MaineCare Ser	vices
14. TITLE:	#11 State House Station	n
COMMISSIONER, DEPARTMENT OF HEALTH AND HUMAN	442 Civic Center Drive	
SERVICES	Augusta, ME 04333-00	11
15. DATE SUBMITTED: September 16, 2009 FOR REGIONAL OFFICE USE ONLY		
17. DATE RECEIVED:	18. DATE APPROVED:	
September 16, 2009	December 15, 2009	
PLAN APPROVED - ONE	COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL:	2	/s/
July 1, 2009		
21. TYPED NAME:	22. TITLE Associate Regio	
23. REMARKS	prototon of Medicald an	Operations
We revised boxes 8 and 9 to indicate the appropriate page numbers of the plan attachment		
and page number of the superseded plan attachment, respectively. We also revised box 6		
to addlas Federal statutory citation.		