TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES

1. TRANSMITTAL NUMBER: _09_ -- 018

2. STATE: MAINE

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE AND MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE(S) 11/1/09

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:
~~CFR 440.80~~ Section 1932 of the Act
42 CFR 438

7. FEDERAL BUDGET IMPACT:
a. FFY ___ 10__ $1,364,790.94
b. FFY ____11__ $1,323,866.66

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
ATTACHMENT 3.1-F

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*: ATTACHMENT 3.1-F

SUBJECT OF AMENDMENT: PRIMARY CARE CASE MANAGEMENT

11. GOVERNOR'S REVIEW *(Check One)*:
☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
☒ OTHER, AS SPECIFIED
COMMISSIONER, DEPT. OF HUMAN SERVICES

12. SIGNATURE OF STATE AGENCY OFFICIAL:
Brenda Harvey

13. TYPED NAME:
BRENDA HARVEY

14. TITLE:
Commissioner, Maine Department of Health and Human Services

15. DATE SUBMITTED: DECEMBER 22, 2009

16. RETURN TO:
ANTHONY MARPLE
Director, Office of MaineCare Services
#11 State House Station

442 CIVIC CENTER DRIVE
Augusta, ME 04333-0011

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
December 15, 2009

18. DATE APPROVED:
March 8, 2010

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
November 1, 2009

20. SIGNATURE OF REGIONAL OFFICIAL:
[redacted] /S/

21. TYPED NAME:
Richard R. McGreal

22. TITLE Associate Regional Administrator
Division of Medicaid and Children's Health Operations

23. REMARKS

Block 6 was revised to indicate the correct statutory and regulatory citations.