

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: 11-014	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) 10/1/2011	

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 440.50, 440.60, 440.70, 440.80, 440.100, 440.110	7. FEDERAL BUDGET IMPACT: \$2,976,709 FFY
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: PAGE 59	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): 59
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SUBJECT OF AMENDMENT: NURSING FACILITY REIMBURSEMENT

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT
 OTHER, AS SPECIFIED
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 COMMISSIONER, DEPT. OF HUMAN SERVICES
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:
MARY C. MAYHEW

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

15. DATE SUBMITTED:

16. RETURN TO:

STEFANIE NADEAU

Director, MaineCare Services
 #11 State House Station
 442 CIVIC CENTER DRIVE
 Augusta, ME 04333-0011

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:	18. DATE APPROVED: MAR 26 2012
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: OCT - 1 2011	20. SIGNATURE OF REGIONAL OFFICIAL:
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21. TYPED NAME: Penny Thompson	22. TITLE: Deputy Director, CMCS
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23. REMARKS: