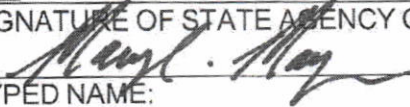
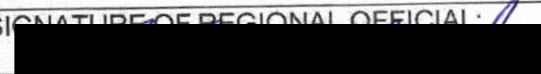


TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: 13-011	2. STATE: Maine
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE(S) JULY 1, 2014 July 1, 2013	
5. TYPE OF PLAN MATERIAL (CHECK ONE): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 C.F.R. 455.508(B) 42 C.F.R. 455.516		7. FEDERAL BUDGET IMPACT: Cost/BUDGET NEUTRAL	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: 4.5 MEDICAID RECOVERY AUDIT CONTRACTOR PROGRAM 36A		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): 4.5 MEDICAID RECOVERY AUDIT CONTRACTOR PROGRAM 36A	
SUBJECT OF AMENDMENT: MEDICAID RECOVERY AUDIT CONTRACTOR PROGRAM - FULL TIME MEDICAL DIRECTOR REQUIREMENT			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED COMMISSIONER, DEPT. OF HUMAN SERVICES <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: STEFANIE NADEAU DIRECTOR, MAINECARE SERVICES #11 STATE HOUSE STATION 242 STATE STREET AUGUSTA, MAINE 04333-0011	
13. TYPED NAME: MARY C. MAYHEW			
14. TITLE: COMMISSIONER, DEPARTMENT OF HEALTH AND HUMAN SERVICES			
15. DATE SUBMITTED: 8/15/2013			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 08/15/2013		18. DATE APPROVED: 09/11/2013	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 07/01/2013		20. SIGNATURE OF REGIONAL OFFICIAL:  /s/	
21. TYPED NAME: Richard R. McGreal		22. TITLE: Associate Regional Administrator	
23. REMARKS: Block 4 has been amended with the State's permission as a pen-and-ink change. This block had a typographical error.			