

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>  <b>FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER:  09 -- 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)  7/1/09	

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	7. FEDERAL BUDGET IMPACT: a. FFY 09 \$ (2.2 million) b. FFY 10 \$ (8.8 million)
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: <del>4.19B PAGE 1F-1H</del> 4.19, pages 1f-1j	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): <del>4.19B PAGE 1F-1H</del> 4.19, pages 1f-1j
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SUBJECT OF AMENDMENT: OUTPATIENT HOSPITAL REIMBURSEMENT

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:  ANTHONY MARPLE Director, Office of MaineCare Services #11 State House Station  442 CIVIC CENTER DRIVE Augusta, ME 04333-0011
13. TYPED NAME: BRENDA HARVEY	
14. TITLE: Commissioner, Maine Department of Health and Human Services	
15. DATE SUBMITTED: SEPTEMBER 30, 2009	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: September 30, 2009	18. DATE APPROVED: December 7, 2009
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2009	20. SIGNATURE OF REGIONAL OFFICIAL:
21. TYPED NAME: Richard R. McGreal	22. TITLE Associate Regional Administrator Division of Medicaid and Children's Health Operations

23. REMARKS

Per agreement with State officials, Boxes 8 and 9 were revised to reflect the correct page number of the attachment and the page number of the superseded attachment, respectively.