TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER: 2. STATE:	
STATE PLAN MATERIAL	_09 011 MAINE	
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE(S)	
CENTERS FOR MEDICARE AND MEDICAID SERVICES		
DEPARTMENT OF HEALTH AND HUMAN SERVICES	8/1/09	
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 AMENDM	ENT (Separate Transmittal for each amendment)	
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	
42 CFR 440.169, AND THE SOCIAL SECURITY ACT- §1915(G)	a. FFY 10savings of \$ 7,615.541 b. FFY11savings of \$ 7,615,541	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION	
SUPPLEMENT 1 TO ATTACHMENT 3.1-A	OR ATTACHMENT (If Applicable): SUPPLEMENT 1 TO	
ATTACHMENT 4.19B PG. 2-5D	ATTACHMENT 3.1-A, PAGES 1A-11	
SUBJECT OF AMENDMENT: TARGETED CASE MANAGEMENT SE	RVICES	
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. SIGNATIONE OF STATE AGENOY OFFICIAL:	16. RETURN TO:	
13. TYPED NAME:	4	
BRENDA HARVEYMARY C. MAYHEW	ANTHONY MARPLESTEFANIE NADEAU	
14. TITLE:	Acting Director, Office of MaineCare Services	
Commissioner, Maine Department of Health and Human	#11 State House Station	
Services		
15. DATE SUBMITTED: SEPTEMBER 29,2009	442 CIVIC CENTER DRIVE	
15. DATE SUBWITTED. SEFTEMBER 29,2003	Augusta, ME 04333-0011	
FOR REGIONAL OFF		
	18. DATE APPROVED: August 17, 2011	
17. DATE RECEIVED: September 29,2009	The protection and the state of	
PLAN APPROVED - ONE		
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGN TYPE OF PEOLONIAL OFFICIAL	
T3. EFFECTIVE DATE OF AFT HOVED MATCHINE.	/s/	
September 1, 2010	22. TITLE Assistant Regional Administrator	

approved effective date for the above-listed sub-SPAs is August 1, 2009. The State agreed to the creation of the sub-SPAs and to the separate effective dates.

TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER: 2. STATE:	
STATE PLAN MATERIAL	_09 011 (a) MAINE	
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CENTERS FOR MEDICARE AND MEDICAID SERVICES		
DEPARTMENT OF HEALTH AND HUMAN SERVICES	8/1/09	
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	CONSIDERED AS NEW PLAN AMENDMENT	
6. FEDERAL STATUTE/REGULATION CITATION:		
42 CFR 440.169, AND THE SOCIAL SECURITY ACT- §1915(G)	 FEDERAL BUDGET IMPACT: a. FFY 10savings of \$ 7,615.541 b. FFY11savings of \$ 7,615,541 	
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SUBJECT OF AMENDMENT: TARGETED CASE MANAGEMENT SEI		
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13. TYPED NAME:		
BRENDA HARVEYMARY C. MAYHEW	ANTHONY MARPLESTEFANIE NADEAU	
14. TITLE: Commissioner, Maine Department of Health and Human Services	Acting Director, Office of MaineCare Services #11 State House Station	
15. DATE SUBMITTED: SEPTEMBER 29,2009	442 CIVIC CENTER DRIVE Augusta, ME 04333-0011	
FOR REGIONAL OFF	ICE USE ONLY	
17. DATE RECEIVED: September 29,2009	18. DATE APPROVED: August 17, 2011	
PLAN APPROVED - ONE	COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL OFFICIAL	
21. TYPED NAME: Richard McGreal	22. TILE Assistant Regional Administrator	
23. REMARKS SPA 09-011 includes several sub-SPA 09-011(f), and 09-011(g). The effective date approved effective date for the above-listed	for 09-011 is September 1, 2010 and the	

to the creation of the sub-SPAs and to the separate effective dates.

TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER: 2.	STATE:
STATE PLAN MATERIAL	_09011 ^(b) MA	INF
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: TITLE SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE(S)	
CENTERS FOR MEDICARE AND MEDICAID SERVICES	,	
DEPARTMENT OF HEALTH AND HUMAN SERVICES	8/1/09	
5. TYPE OF PLAN MATERIAL (CHECK ONE):		т. Т
NEW STATE PLAN AMENDMENT TO BE C	CONSIDERED AS NEW PLAN	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDM		endment)
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	
42 CFR 440.169, AND THE SOCIAL SECURITY ACT- §1915(G)	 a. FFY 10savings of \$ 7,6° b. FFY11savings of \$ 7,6° 	15.541 15.541
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSED	
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ATTACHMENT 4.19B PG. 2-5D	ATTACHMENT 3.1-A, PAGES 1A-11	
SUBJECT OF AMENDMENT: TARGETED CASE MANAGEMENT SER	IVICES	
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 HUMA	N SERVICES
12. SIGNATINE OF STATE AGENOY OFFICIAL:	16. RETURN TO:	
BRENDA-HARVEYMARY C. MAYHEW	ANTHONY MARPLESTEFANIE	
14. TITLE:	Acting Director, Office of Ma	
Commissioner, Maine Department of Health and Human Services	#11 State House Station	
15. DATE SUBMITTED: SEPTEMBER 29,2009	442 CIVIC CENTER DRIVE Augusta, ME 04333-0011	
FOR REGIONAL OFF		
17. DATE RECEIVED: September 29,2009	18. DATE APPROVED: August 17,	2011
PLAN APPROVED - ONE		
19. EFFECTIVE DATE OF APPROVED MATERIAL: August 1, 2009	20. SIGNATURE OF REGIONAL OFFIC	enert
21. TYPED NAME: Richard McGreal	22. TILE Assistant Regional	Administrator
23. REMARKS SPA 09-011 includes several sub-SPA 09-011(f), and 09-011(g). The effective date is approved effective date for the above-listed s to the creation of the sub-SPAs and to the sep	or 09-011 is September 1, 2 sub-SPAs is August 1, 2009.	010 and the

TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE:
STATE PLAN MATERIAL	_09011(c)	MAINE
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	(S)
CENTERS FOR MEDICARE AND MEDICAID SERVICES	0// /00	
5. TYPE OF PLAN MATERIAL (CHECK ONE):	8/1/09	9
3. THE OFFERNMATERIAE (OREOR ONE).		
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COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDM		h amendment)
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	
42 CFR 440.169, AND THE SOCIAL SECURITY ACT- §1915(G)	a. FFY 10savings of b. FFY11savings of	\$ 7,615.541 \$ 7,615,541
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SUBJECT OF AMENDMENT: TARGETED CASE MANAGEMENT SEF	ATTACHMENT 3.1-A, PAGES 1A-11	
11. GOVERNOR'S REVIEW (Check One);	10023	
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. SIGNATINE OF STATE AGENEY OFFICIAL:	16. RETURN TO:	
13. TYPED NAME:		••
BRENDA-HARVEYMARY C. MAYHEW	Anthony MARPLESTER	
14. TITLE: Commissioner, Maine Department of Health and Human	Acting Director, Office of MaineCare Service #11 State House Station	
Services		
15. DATE SUBMITTED: SEPTEMBER 29,2009	442 CIVIC CENTER DRIV Augusta, ME 04333-00	
FOR REGIONAL OFF	and the second	
17. DATE RECEIVED: September 29,2009	18. DATE APPROVED: August	17, 2011
PLAN APPROVED - ONE	COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF BEGIONAL O	
August 1, 2009	Kuland & M	
21. TYPED NAME: Richard McGreal	22. TITLE Assistant Regio	nal Administrator
23. REMARKS SPA 09-011 includes several sub-SPA 09-011(f), and 09-011(g). The effective date approved effective date for the above-listed to the creation of the sub-SPAs and to the sep	for 09-011 is September sub-SPAs is August 1, 20	1, 2010 and the

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DEPARTMENT OF HEALTH AND HUMAN SERVICES	8/1/09	
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DEPARTMENT OF HEALTH AND HUMAN SERVICES	8/1/09	
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SUBJECT OF AMENDMENT: TARGETED CASE MANAGEMENT SE		
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