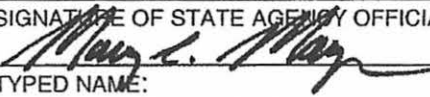



<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>  <b>FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER: <u>09</u> -- 011	2. STATE: MAINE
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE(S)  8/1/09	
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 CFR 440.169, AND THE SOCIAL SECURITY ACT- §1915(g)		7. FEDERAL BUDGET IMPACT: a. FFY <u>10</u> savings of \$ 7,615,541 b. FFY <u>11</u> savings of \$ 7,615,541	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: SUPPLEMENT 1 TO ATTACHMENT 3.1-A ATTACHMENT 4.19B Pg. 2-5D		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): SUPPLEMENT 1 TO ATTACHMENT 3.1-A, PAGES 1A-1I	
SUBJECT OF AMENDMENT: TARGETED CASE MANAGEMENT SERVICES			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED COMMISSIONER, DEPT. OF HUMAN SERVICES	
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO:	
13. TYPED NAME: <del>BRENDA HARVEY</del> MARY C. MAYHEW		ANTHONY MARPLE STEFANIE NADEAU Acting Director, Office of MaineCare Services #11 State House Station	
14. TITLE: Commissioner, Maine Department of Health and Human Services		442 CIVIC CENTER DRIVE Augusta, ME 04333-0011	
15. DATE SUBMITTED: SEPTEMBER 29, 2009			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: September 29, 2009		18. DATE APPROVED: August 17, 2011	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: September 1, 2010		20. SIGNATURE OF REGIONAL OFFICIAL:  /s/	
21. TYPED NAME: Richard McGreal		22. TITLE Assistant Regional Administrator	
23. REMARKS SPA 09-011 includes several sub-SPAs: 09-011(a), 09-011(b), 09-011(c), 09-011(d), 09-011(f), and 09-011(g). The effective date for 09-011 is September 1, 2010 and the 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.			

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>  FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES	1. TRANSMITTAL NUMBER:  _09_ -- 011 (a)	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)  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 AMENDMENT (Separate Transmittal for each amendment)


6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 440.169, AND THE SOCIAL SECURITY ACT- §1915(G)	7. FEDERAL BUDGET IMPACT: a. FFY ___ 10__ savings of \$ 7,615,541 b. FFY ___ 11__ savings of \$ 7,615,541
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: SUPPLEMENT 1 TO ATTACHMENT 3.1-A ATTACHMENT 4.19B PG. 2-5D	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): SUPPLEMENT 1 TO ATTACHMENT 3.1-A, PAGES 1A-1I
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SUBJECT OF AMENDMENT: TARGETED CASE MANAGEMENT SERVICES

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: 	16. RETURN TO:  ANTHONY MARPLE STEFANIE NADEAU Acting Director, Office of MaineCare Services #11 State House Station  442 CIVIC CENTER DRIVE Augusta, ME 04333-0011
13. TYPED NAME: <del>BRENDA HARVEY</del> MARY C. MAYHEW	
14. TITLE: Commissioner, Maine Department of Health and Human Services	
15. DATE SUBMITTED: SEPTEMBER 29, 2009	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: September 29, 2009	18. DATE APPROVED: August 17, 2011
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**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL: August 1, 2009	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Richard McGreal	22. TITLE Assistant Regional Administrator

23. REMARKS SPA 09-011 includes several sub-SPAs: 09-011(a), 09-011(b), 09-011(c), 09-011(d), 09-011(f), and 09-011(g). The effective date for 09-011 is September 1, 2010 and the 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.

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>  <b>FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER:  _09_ -- 011(b)	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)  8/1/09	

5. TYPE OF PLAN MATERIAL (CHECK ONE):

NEW STATE PLAN       AMENDMENT TO BE CONSIDERED AS NEW PLAN       AMENDMENT

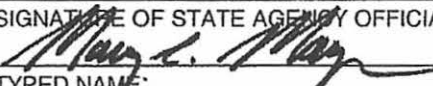
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 440.169, AND THE SOCIAL SECURITY ACT- §1915(g)	7. FEDERAL BUDGET IMPACT: a. FFY ___ 10___ savings of \$ 7,615,541 b. FFY ___ 11___ savings of \$ 7,615,541
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: SUPPLEMENT 1 TO ATTACHMENT 3.1-A ATTACHMENT 4.19B Pg. 2-5D	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): SUPPLEMENT 1 TO ATTACHMENT 3.1-A, PAGES 1A-1I
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SUBJECT OF AMENDMENT: TARGETED CASE MANAGEMENT SERVICES

11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	<input checked="" type="checkbox"/> OTHER, AS SPECIFIED COMMISSIONER, DEPT. OF HUMAN SERVICES
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12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO:  ANTHONY MARPLE STEFANIE NADEAU Acting Director, Office of MaineCare Services #11 State House Station  442 CIVIC CENTER DRIVE Augusta, ME 04333-0011
13. TYPED NAME: <del>BRENDA HARVEY</del> MARY C. MAYHEW	
14. TITLE: Commissioner, Maine Department of Health and Human Services	
15. DATE SUBMITTED: SEPTEMBER 29, 2009	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: September 29, 2009	18. DATE APPROVED: August 17, 2011
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**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL: August 1, 2009	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Richard McGreal	22. TITLE Assistant Regional Administrator

23. REMARKS SPA 09-011 includes several sub-SPAs: 09-011(a), 09-011(b), 09-011(c), 09-011(d), 09-011(f), and 09-011(g). The effective date for 09-011 is September 1, 2010 and the 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.



<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>  <b>FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER:  _09_ -- 011(c)	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)  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 AMENDMENT (Separate Transmittal for each amendment)

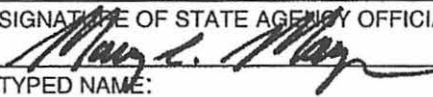
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 440.169, AND THE SOCIAL SECURITY ACT- §1915(g)	7. FEDERAL BUDGET IMPACT: a. FFY ___ 10__ savings of \$ 7,615,541 b. FFY ___ 11__ savings of \$ 7,615,541
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: SUPPLEMENT 1 TO ATTACHMENT 3.1-A ATTACHMENT 4.19B Pg. 2-5D	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): SUPPLEMENT 1 TO ATTACHMENT 3.1-A, PAGES 1A-1I
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SUBJECT OF AMENDMENT: TARGETED CASE MANAGEMENT SERVICES

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: 	16. RETURN TO:  ANTHONY MARPLE STEFANIE NADEAU Acting Director, Office of MaineCare Services #11 State House Station  442 CIVIC CENTER DRIVE Augusta, ME 04333-0011
13. TYPED NAME: <del>BRENDA HARVEY</del> MARY C. MAYHEW	
14. TITLE: Commissioner, Maine Department of Health and Human Services	
15. DATE SUBMITTED: SEPTEMBER 29, 2009	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: September 29, 2009	18. DATE APPROVED: August 17, 2011
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**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL: August 1, 2009	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Richard McGreal	22. TITLE Assistant Regional Administrator

23. REMARKS SPA 09-011 includes several sub-SPAs: 09-011(a), 09-011(b), 09-011(c), 09-011(d), 09-011(f), and 09-011(g). The effective date for 09-011 is September 1, 2010 and the 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.

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>  <b>FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER:  _09_ -- 011 (d)	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)  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 AMENDMENT (Separate Transmittal for each amendment)

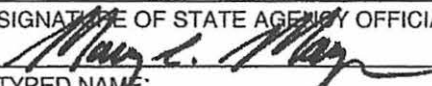
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 440.169, AND THE SOCIAL SECURITY ACT- §1915(g)	7. FEDERAL BUDGET IMPACT: a. FFY ___ 10__ savings of \$ 7,615,541 b. FFY ___ 11__ savings of \$ 7,615,541
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: SUPPLEMENT 1 TO ATTACHMENT 3.1-A ATTACHMENT 4.19B Pg. 2-5D	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): SUPPLEMENT 1 TO ATTACHMENT 3.1-A, PAGES 1A-1I
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SUBJECT OF AMENDMENT: TARGETED CASE MANAGEMENT SERVICES

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: 	16. RETURN TO:  ANTHONY MARPLE STEFANIE NADEAU Acting Director, Office of MaineCare Services #11 State House Station  442 CIVIC CENTER DRIVE Augusta, ME 04333-0011
13. TYPED NAME: <del>BRENDA HARVEY</del> MARY C. MAYHEW	
14. TITLE: Commissioner, Maine Department of Health and Human Services	
15. DATE SUBMITTED: SEPTEMBER 29, 2009	

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17. DATE RECEIVED: September 29, 2009	18. DATE APPROVED: August 17, 2011
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21. TYPED NAME: Richard McGreal	22. TITLE Assistant Regional Administrator

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<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>  <b>FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER:  _09_ -- 011(f)	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)  8/1/09	

5. TYPE OF PLAN MATERIAL (CHECK ONE):

NEW STATE PLAN     
 AMENDMENT TO BE CONSIDERED AS NEW PLAN     
 AMENDMENT

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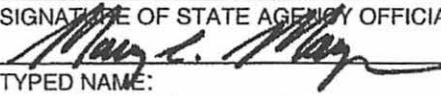
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 440.169, AND THE SOCIAL SECURITY ACT- §1915(g)	7. FEDERAL BUDGET IMPACT: a. FFY __ 10__ savings of \$ 7,615.541 b. FFY __ 11__ savings of \$ 7,615,541
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: SUPPLEMENT 1 TO ATTACHMENT 3.1-A ATTACHMENT 4.19B Pg. 2-5D	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): SUPPLEMENT 1 TO ATTACHMENT 3.1-A, PAGES 1A-1I
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SUBJECT OF AMENDMENT: TARGETED CASE MANAGEMENT SERVICES

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  
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12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO:  ANTHONY MARPLE STEFANIE NADEAU Acting Director, Office of MaineCare Services #11 State House Station  442 CIVIC CENTER DRIVE Augusta, ME 04333-0011
13. TYPED NAME: <del>BRENDA HARVEY</del> MARY C. MAYHEW	
14. TITLE: Commissioner, Maine Department of Health and Human Services	
15. DATE SUBMITTED: SEPTEMBER 29, 2009	

FOR REGIONAL OFFICE 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: August 1, 2009	20. SIGNATURE OF REGIONAL OFFICIAL: 
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