
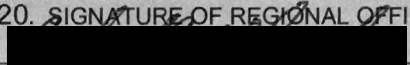


TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES		1. TRANSMITTAL NUMBER: <u>10 -- 003</u>	2. STATE: <u>MAINE</u>
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE(S) APRIL 1, 2010	
5. TYPE OF PLAN MATERIAL (CHECK ONE):			
<input checked="" type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate Transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 433.36 <u>Section 1917(b)(1) of the Social Security Act</u>		7. FEDERAL BUDGET IMPACT: a. FFY <u>10</u> Cost Neutral b. FFY <u>11</u> Cost Neutral	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: PAGE 53A-1		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): NOT APPLICABLE	
SUBJECT OF AMENDMENT: LIMITATIONS ON ESTATE RECOVERY			
11. GOVERNOR'S REVIEW (<i>Check One</i>):			
<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: BRENDA HARVEY		ANTHONY MARPLE	
14. TITLE: Commissioner, Maine Department of Health and Human Services		Director, Office of MaineCare Services #11 State House Station	
15. DATE SUBMITTED: <u>APRIL 1, 2010</u> March 29, 2010		442 CIVIC CENTER DRIVE Augusta, ME 04333-0011	
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: March 29, 2010		18. DATE APPROVED:	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2010		20. SIGNATURE OF REGIONAL OFFICIAL:  /s/	
21. TYPED NAME Richard R. McGreal		22. TITLE Associate Regional Administrator, Division of Medicaid and Children's Health	
23. REMARKS		Operations	
As agreed to by State staff, we added a statutory citation in box 6. We also revised box 15 to indicate the actual date the SPA was submitted. The proposed effective date in box 4 should be revised to January 1, 2010.			