

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: 10-006	2. STATE: MAINE
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE(S) 7/1/2010	

5. TYPE OF PLAN MATERIAL (CHECK ONE):

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

6. FEDERAL STATUTE/REGULATION CITATION: Section 1927 of the Social Security Act	7. FEDERAL BUDGET IMPACT: REQUIRED BY FEDERAL STATUTE, BUDGET IMPACT : NEUTRAL
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: 3.1-A PAGE 5, 3.1-A PAGE 5A, STATE SUPPLEMENTAL REBATE AGREEMENT	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): 3.1-A PAGE 5, 3.1-A PAGE 5A, STATE SUPPLEMENTAL REBATE AGREEMENT
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10. SUBJECT OF AMENDMENT: STATE SUPPLEMENTAL REBATE AGREEMENT

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED COMMISSIONER, DEPT. OF HEALTH AND HUMAN SERVICES
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

Brenda Harvey

13. TYPED NAME:
BRENDA HARVEY

14. TITLE:
Commissioner, Maine Department of Health and Human Services

15. DATE SUBMITTED: May 14, 2010

16. RETURN TO:

TONY MARPLE, DIRECTOR OMS
Office of MaineCare Services
#11 State House Station
442 Civic Center Drive
Augusta, Maine 04333

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED: May 14, 2010	18. DATE APPROVED: December 3, 2010

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
July 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
Per agreement with State officials, box 15 was revised to add the date submitted.