TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE:	
STATE PLAN MATERIAL	12-004	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	JANUARY 1, 2013		
DEPARTMENT OF HEALTH AND HUMAN SERVICES			
5. TYPE OF PLAN MATERIAL <i>(CHECK ONE):</i> HEALTH HOME			
☐ 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:	7. FEDERAL BUDGET IMPACT:	_	
42 U.S.C. 1396w-4	FFY 13: \$13.6M FFY 14: \$18.2M		
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION		
N/A	OR ATTACHMENT (If Applicable):		
	N/A	/	
SUBJECT OF AMENDMENT: HEALTH HOME			
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		
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:		
Stefanie Radeau			
13. TYPED NAME:	STEFANIE NADEAU		
STEFANIE NADEAU			
14. TITLE:	Director, MaineCare Services		
Director, MaineCare Services	#11 State House Station		
15. DATE SUBMITTED: OCTOBER 25, 2012	221 State Street		
	Augusta, ME 04333		
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:	18. DATE APPROVED:		
OCTOBER 26, 2012	JANUARY 22, 2013		
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: JANUARY 1, 2013	20. SIGNATURE OF REGIONAL OFFICIAL: /S/		
21. TYPED NAME:	22. TITLE		
RICHARD MCGREAL	ASSOCIATE REGIONAL ADMINISTRATOR		
23. REMARKS			
ZO. ILLIII II II			