

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: 12-005	2. STATE: ME
	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) OCTOBER 1, 2013
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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: SECTIONS 1902(A)(77), 1902(A)(39), 1902(KK) OF THE SOCIAL SECURITY ACT P.L. 111-148 AND P.L. 111-152	7. FEDERAL BUDGET IMPACT: None
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
N/A - Attachment 4, Section 4.46

SUBJECT OF AMENDMENT: 4.46 PROVIDER SCREENING AND ENROLLMENT

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:
Mary C. May

13. TYPED NAME:

MARY C. MAYHEW

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

16. RETURN TO:

STEFANIE NADEAU
Director, MaineCare Services
#11 State House Station
242 State Street
AUGUSTA, MAINE 04333-0011

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: July 26, 2012	18. DATE APPROVED: April 8, 2013
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: October 1, 2013	20. SIGNATURE OF REGIONAL OFFICIAL: /s/
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21. TYPED NAME: Richard R. McGreal	22. TITLE: Associate Regional Administrator
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23. REMARKS