

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
13-007

2. STATE
Maine

FOR: HEALTH CARE FINANCING ADMINISTRATION

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR

4. PROPOSED EFFECTIVE DATE
January 1, 2013

Centers for Medicare and Medicaid Services
Department of health and Human Services

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 CR 431.55(c)

7. FEDERAL BUDGET IMPACT:

a. FFY 2013 \$ ~~200,000.00~~ xxxxxxxx

b. FFY _____ \$ ~~2,000,000.00~~ (-2,000,000.00)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-F Pages 1,2, and 14

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (*If Applicable*):

Attachment 3.1-F Pages 1,2, and 14

10. SUBJECT OF AMENDMENT:

Removal of PCMH language from PCCM

11. GOVERNOR'S REVIEW (*Check One*):

- GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

Commissioner, Dept. of Health and Human Services

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:
Mary C. Mayhew

14. TITLE:

Commissioner, Department of Health and Human Services

15. DATE SUBMITTED:

3/29/2013

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: 03/29/2013

18. DATE APPROVED: 06/12/2013

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 01/01/2013

20. SIGNATURE OF REGIONAL OFFICIAL: /s/

21. TYPED NAME: Richard McGreal

22. TITLE: Associate Regional Administrator

23. REMARKS:

The State requested a pen-and-ink change to Box 7 to reflect a savings amount of \$2,000,000.00 for FFY 2013.