STATE PLAN MATERIAL	13-009 Maine
FOR: HEALTH CARE FINANCING ADMINISTRATION	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 March 25, 2013
5. I YPE OF PLAN MATEKIAL (Check One): I NEW STATE PLAN	SIDERED AS NEW PLAN
ETE BLOCKS 6	NDMENT (Separate Transmittal for each amendment)
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 447.40	7. FEDERAL BUDGET IMPACT: a. FFY\$\$\$\$ \$328,5508x b. FFY\$
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):
Attachment 4.19-C Page 1	Attachment 4.19-C Page 1
10. SUBJECT OF AMENDMENT: Policy Regarding Reserving Inpatient Facility Beds	
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	
12. SIGNATURE OF YATE AGENCY OFFICIAL:	16. RETURN TO:
13. TYPED NAME: Mary C. Mayhew	Stefanie Nadeau Director, MaineCare Services #11 State House Station
14. 111LE: Commissioner, Department of Health and Human Services 15. DATE SUBMITTED: 3/29/2013	242 State Street - Augusta, Maine 04333-0011
	OVED:
3/29/13 PLAN APPROVED — ONE COPY ATTACHED	5 COPY ATTACHED
OVED MATE	20. SIGNATURE OF REGIONAL OFFICIAL: /s/
21. TYPED NAME: Richard McGreal	22.TTLE: Associate Regional Administrator
23.REMARKS: Maine requested and authorized CMS to provide a to Ttem 7 Federal Budget Impact on this form	CMS to provide a "pen-and-ink" correction
erroneously entered a savings of	ead of \$328
required cms to correct the error. amount for FFY 2014 as \$328, 500.00	. 0