TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 2. STATE 13-010 Maine	ħi
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	THE
TO: REGIONAL ADMINISTRATOR Centers for Medicare and Medicaid Services Department of health and Human Services 5. TYPE OF PLAN MATERIAL (Check One):	4. PROPOSED EFFECTIVE DATE April 1, 2013	
□ NEW STATE PLAN □ AMENDMENT TO BE CONSIDERED AS NEW PLAN SAMENDMENT COMPLETE BLOCKS 6 THRI 10 IF THIS IS AN AMENDMENT (Sangrap Transmittal for each amendment)	SIDERED AS NEW PLAN AMENDMENT [DMFNT (Senande Transmittal for each amendmen)	
6. FEDERAL STATUTE/REGULATION CITATION: Section 2301 of the Affordable Care Act	7. FEDERAL BUDGET IMPACT: BUDGET NEUTRAL a. FFY b. FFY \$	AL
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):	N SECTION
Attachment 3.1-A page 11	New page	
10. SUBJECT OF AMENDMENT: Freestanding Birth Centers		
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		Human Services
12. SIGNATURE OF STATE AGENCY FICIAL:	16. RETURN TO:	
13. TYPED NAME: Mary C. Mayhew	Stefanie Nadeau Director, MaineCare Services	
14. TITLE: Commissioner, Department of Health and Human Services 15. DATE SUBMITTED; 5/2/2013	#11 State House Station 242 State Street Augusta, Maine 04333-0011	
FOR REGIONAL OFFICE USE ONLY	TICE USE ONLY	
17. DATE RECEIVED: 57/2/13	18. DATE APPROVED: 5/9/13	
10 HEBECTIVE DATE OF ABBOAVED MAATERIAL.	COPY ATTACHED	
21 TYPED NAME: 1	20. SignAloke Of Kegional Officials:	Ø
ZILITED NAWE: Richard McGreal	22. IILE: Associate Regional	Administrator
23. REMARKS: Although the content of this SPA was a backage conld not be completed until T	approved on 5/9/13, the SPA a	e SPA approval
r. 1739.		