

**OFFICIAL**

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SUPPLEMENT 3 TO ATTACHMENT 2.6-A  
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OMB NO.: 0938-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: MAINE

REASONABLE LIMITS ON AMOUNTS FOR NECESSARY MEDICAL  
OR REMEDIAL CARE NOT COVERED UNDER MEDICAID

ACTUAL COSTS

1 APR 1985

TN No. 85-12  
Supersedes  
TN No. None

Approval Date 30 AUG 1985

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