

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

1. TRANSMITTAL NUMBER:
09-04

2. STATE
District of Columbia

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

3. PROGRAM IDENTIFICATION:
Title XIX of the Social Security Act

TO: Regional Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services

4. PROPOSED EFFECTIVE DATE
July 1, 2009

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
1917(c) of the Social Security Act

7. FEDERAL BUDGET IMPACT
a. FFY 2010 \$0
b. FFY 2011 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Supplement 9(a) to Attachment 2.6-A pp1-5

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)
Supplement 9(a) to Attachment 2.6-A pp1-5

10. SUBJECT OF AMENDMENT:
Medicaid DRA State Plan Amendment to Extend the Look-Back Period

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:
Resolution Number:
PR 18-0392

12. SIGNATURE OF STATE AGENCY OFFICIAL

13. TYPED NAME
John McCarthy

14. TITLE
Deputy Director

15. DATE SUBMITTED
August 13, 2009

16. RETURN TO

John McCarthy
Deputy Director
Department of Health Care Finance
825 N. Capitol St., NE
Washington, DC 20002

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED

18. DATE APPROVED

NOV 02 2009

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

July 1, 2009

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME

CD Gallagher

22. TITLE

Associate Regional Administrator

23. REMARKS