

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER: 10-03	2. STATE District of Columbia
	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 May 1, 2010
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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 1902(a)(10)(A)(i)(VIII) 1902(k)(2)	7. FEDERAL BUDGET IMPACT a. FFY 2010 \$43,159,300 b. FFY 2011 \$110,901,500 c. FFY 2012 \$114,228,800
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1C, pp 8-17 Attachment 2.2-A pp 9b2-9b3	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

10. SUBJECT OF AMENDMENT:
 New Option for Coverage of Individuals under Medicaid

11. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT
 OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 District of Columbia Act No: 18-187
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL 13. TYPED NAME John McCarthy	18. RETURN TO John McCarthy Deputy Director Department of Health Care Finance 825 N. Capitol St., NE Washington, DC 20002
14. TITLE Deputy Director, Department of Health Care Finance	
15. DATE SUBMITTED May 19, 2010 6/10/2010	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED	18. DATE APPROVED JUN 22 2010
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL may 1, 2010	20. SIGNATURE OF REGIONAL OFFICIAL
21. TYPED NAME Ted Gallagher	22. TITLE Associate Regional Administrator
23. REMARKS	