TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 11-01	2. STATE District of Columbia
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: Title XIX of the Social Security Act 4. PROPOSED EFFECTIVE DATE November 1, 2010 JAAI, 1, 2011	
TO: Regional Administrator Centers for Medicare & Medicaid Services Department of Health and Human Services		
5. TYPE OF PLAN MATERIAL (Check One):		
☐ NEW STATE PLAN ☐ AMENDMENT TO BE CO	ONSIDERED AS NEW PLAN	⊠ AMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AF	MENDMENT (Separate Transmittal for e	ach amendment)
6. FEDERAL STATUTE/REGULATION CITATION	7. FEDERAL BUDGET IMPACT	
42 CFR 447.252	a. FFY 11 \$230,497,380 (savings of \$4,850,942 not included in FBI) b. FFY 12 \$230,497,380	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)	
Attachment 4.19D, Part 1 pp 8-8(a)	Attachment 4.19D, Part 1 pp. 8-8	(a)
PP8-86.	Allaciment 4.190, Part 1 pp. 0-0(a)	
10. SUBJECT OF AMENDMENT: Elimination of Annual II 11. GOVERNOR'S REVIEW (Check One) GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	ornflation Adjustment for Nursi ☐ OTHER, AS SPECIFIED Resolution Number: PR 194	:
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	1,100 000 000 000 000 000 000 000 000 00	
12. SIGNATURE OF STATE AGENCY OFFICIAL	16. RETURN TO Wayne Turnage Director Department of Health Care Finance 899 N. Capitol St., NE Washington, DC 20002	
13. TYPED NAME		
Wayne Turnage		
14. TITLE		
Director, Department of Health Care Finance		
15. DATE SUBMITTED		
February 18, 2011	OFFICE USE ONLY	
17. DATE RECEIVED	18. DATE APPROVED	
	ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL 1 2011	20. SIGNATURE OF REGIONAL OFFICIAL	
21. TYPED NAME WILLIAM LASOWSKI	DEPUTY DIVECTO	R, CMCS
23. REMARKS Pen & ish Change made	to black # 4 and	8