

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S3-14-26  
Baltimore, Maryland 21244-1850



**Center for Medicaid, CHIP, and Survey & Certification**

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Mr. Wayne Turnage  
Director  
Department of Health Care Finance  
899 N. Capitol St. NE  
Washington, DC 20002

**MAY 22 2011**

RE: State Plan Amendment (SPA) 11-001

Dear Mr. Turnage:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 11-001. This amendment modifies the District's Nursing Facility prospective payments system to eliminate the annual inflation adjustment applied to each facilities specific rate.

We conducted our review of this amendment according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), and 1902(a)(30) of the Social Security Act and the regulations at 42 CFR 447 Subpart C. We are approving DC 11-001 effective January 1, 2011. I have enclosed the approved HCFA-179 and the amended state plan pages.

If you have any questions, please call Gary Knight at (304) 347-5723.

Sincerely,

Cindy Mann  
Director

Center for Medicaid, CHIP, and Survey & Certification

Enclosures