

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER: 11-04	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 April 1, 2011	

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 42 CFR 433.36 (c) 1902(a) (18) and 1917(b) of the Act	7. FEDERAL BUDGET IMPACT a. FFY 2011 \$0 (District hasn't attempted to collect) b. FFY 2012 \$0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.17 pp 53a and 53a-1	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4.17 p 53a

10. SUBJECT OF AMENDMENT: "MIPPA S-115 (Estate Recovery): Exemption of Medicare cost sharing benefits paid under MSP for estate recovery, for duals age 55 and over, with dates of service on or after January 1, 2010."



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:
District of Columbia Act No: 19-163

12. SIGNATURE OF STATE AGENCY OFFICIAL 	16. RETURN TO Linda Elam, Ph.D. Medicaid Director Department of Health Care Finance 899 N. Capitol St., NE, 6 th Fl Washington, DC 20002
13. TYPED NAME Linda Elam, Ph.D.	
14. TITLE Medicaid Director	
15. DATE SUBMITTED APR 12, 2011	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED	18. DATE APPROVED JUL 15 2011
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL APRIL 1, 2011	20. SIGNATURE OF REGIONAL OFFICIAL 
21. TYPED NAME 	22. TITLE ASSOCIATE REGIONAL ADMINISTRATOR, DMCHD
23. REMARKS	