
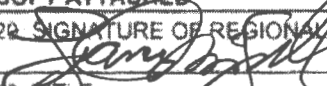


TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1 TRANSMITTAL NUMBER: 11-06	2 STATE District of Columbia
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		3 PROGRAM IDENTIFICATION: Title XIX of the Social Security Act	
TO: Regional Administrator Centers for Medicare & Medicaid Services Department of Health and Human Services		4 PROPOSED EFFECTIVE DATE July 1, 2011	
5 TYPE OF PLAN MATERIAL (Check One)			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6 FEDERAL STATUTE/REGULATION CITATION Section 1902(a)(80) of the Act		7 FEDERAL BUDGET IMPACT a FFY 11 \$0 b FFY 12 \$0	
8 PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4 44, p 1		9 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (if Applicable)	
10 SUBJECT OF AMENDMENT Prohibition on Payments to Institutions or Entities located Outside of the United States			
11 GOVERNOR'S REVIEW (Check One)			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED DC Act No	
12 SIGNATURE OF STATE AGENCY OFFICIAL 		16 RETURN TO Linda Elam, Ph.D. Deputy Director/Medicaid Director Department of Health Care Finance 899 N. Capitol St., NE, 6 th Floor Washington, DC 20002	
13 TYPED NAME Linda Elam, Ph.D.			
14 TITLE Deputy Director, Medicaid Director			
15 DATE SUBMITTED July 19, 2011			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED		18. DATE APPROVED SEP 9 2011	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL 11/1/11		20. SIGNATURE OF REGIONAL OFFICIAL 	
21. TYPED NAME Francis McCullough		22. TITLE Associate Regional Administrator	
23. REMARKS			