

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER: 11-07	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 August 20, 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 447.201 Section 1902 (a)(13), 1923 and 1902(e)(7) of the Act of the Act	7. FEDERAL BUDGET IMPACT a. FFY 11 \$123,742 (Aug20-Sep130 2011) b. FFY 12 \$1,124,000 c. FFY 13 \$1,124,000
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Supplement 1 to Attachment 3.1A, p.12 Supplement 1 to Attachment 3.1B, p.11 Attachment 4.19B, p. 13	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Supplement 1 to Attachment 3.1A, p.12 Supplement 1 to Attachment 3.1B, p.11 Attachment 4.19B, p. 13

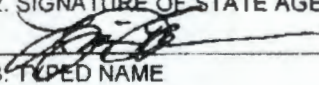
10. SUBJECT OF AMENDMENT:

Medicaid Dental Program

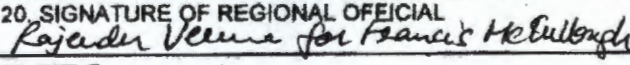
11. GOVERNOR'S REVIEW (Check One)

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:
 Resolution Number: 19-386

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 September 29, 2011	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED 9/29/2011	18. DATE APPROV DEO 21 2011
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL 8/20/2011	20. SIGNATURE OF REGIONAL OFFICIAL 
21. TYPED NAME Francis McCullough	22. TITLE Acting Associate Regional Administrator / DMCHD