FORM ONE 470 (AT AN)

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER: 11-02	2. STATE District of Columbia
	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 January 1, 2011	
5. TYPE OF PLAN MATERIAL (Check One):		
☐ NEW STATE PLAN ☐ AMENDMENT TO BE COI	NSIDERED AS NEW PLAN	⊠ AMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMI	ENDMENT (Separate Transmittal for ea	ach amendment)
6. FEDERAL STATUTE/REGULATION CITATION	7. FEDERAL BUDGET IMPACT	
42 CFR 447.201 42 CFR 447.302	a. FFY 11 (\$8,177,000) b. FFY 12 (\$8,823,000)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19B, Part 1 p.6(b) Attachment 4.19B, p.4 Supplement 1 to Attachment 3.1-A, pp 7, 28 Supplement 1 to Attachment 3.1-B, pp 6, 27	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4.19B, Part 1 p.6(b) Attachment 4.19B, p.4 Supplement 1 to Attachment 3.1-A, pp 7, 28 Supplement 1 to Attachment 3.1-B, pp 6, 27	
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Physician and Specialty 11. GOVERNOR'S REVIEW (Check One) GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	☑ OTHER, AS SPECIFIED: Resolution Number: 19-055	
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