

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>	1. TRANSMITTAL NUMBER: <b>11-05</b>	2. STATE District of Columbia
	3. PROGRAM IDENTIFICATION: Title XIX of the Social Security Act	
<b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	4. PROPOSED EFFECTIVE DATE October 1, 2011	
TO: Regional Administrator Centers for Medicare & Medicaid Services Department of Health and Human Services		

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)

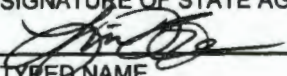
6. FEDERAL STATUTE/REGULATION CITATION 42 CFR 440 42 CFR 447 Section 1927 of Title XIX, Social Security Act	7. FEDERAL BUDGET IMPACT a. FFY 12      \$(2,955,216) b. FFY 13      \$(2,955,216)
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19 B pp 3a and 3b	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4.19 B pp 3a and 3b
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10. SUBJECT OF AMENDMENT:  
**Wholesale Acquisition Cost State Plan Amendment**

11. GOVERNOR'S REVIEW (Check One)

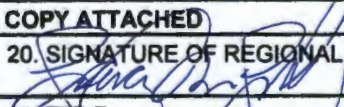
GOVERNOR'S OFFICE REPORTED NO COMMENT       OTHER, AS SPECIFIED:  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED      PR #19-116  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL 	16. RETURN TO Linda Elam Deputy Director/Medicaid Director Department of Health Care Finance 899 N. Capitol St., NE, 6 <sup>th</sup> Floor Washington, DC 20002
13. TYPED NAME Linda Elam, Ph.D.	
14. TITLE Deputy Director/Medicaid Director	
15. DATE SUBMITTED June 23, 2011	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED 6/23/11	18. DATE APPROVED 12/22/2011
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**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL October 1, 2011	20. SIGNATURE OF REGIONAL OFFICIAL 
21. TYPED NAME Francis M <sup>c</sup> Collough	22. TITLE Associate Regional Administrator/DMctto

23. REMARKS