

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: <b>09-05</b>	2. STATE District of Columbia
<b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>		3. PROGRAM IDENTIFICATION: Title XIX of the Social Security Act	
Regional Administrator Centers for Medicare & Medicaid Services Department of Health and Human Services		4. PROPOSED EFFECTIVE DATE July 1, 2009	
5. TYPE OF PLAN MATERIAL (Check One): <input checked="" type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION 1902(a)(89) P.L. 109-171 (Section 6034)		7. FEDERAL BUDGET IMPACT a. FFY 2009 \$0 b. FFY 2010 \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.32 p 1		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (if Applicable) N/A	
10. SUBJECT OF AMENDMENT: Cooperation with Medicaid Integrity Program Efforts			
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: Resolution Number: PR 18-0255	
12. SIGNATURE OF STATE AGENCY OFFICIAL		16. RETURN TO	
13. TYPED NAME John McCarthy		John McCarthy Deputy Director Department of Health Care Finance 825 N Capitol St., NE Washington, DC 20002	
14. TITLE Deputy Director, Department of Health Care Finance			
15. DATE SUBMITTED June 1, 2009			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED		18. DATE APPROVED: <b>AUG 27 2009</b>	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL <b>1 July 2009</b>		20. SIGNATURE OF REGIONAL OFFICIAL	
21. TYPED NAME <b>Leo Gallagher</b>		22. TITLE <b>Associate Regional Administrator</b>	
23. REMARKS			