

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:  
SPA #13-002

2. STATE  
DELAWARE

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
JANUARY 1, 2013

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 §447.405, 42 CFR §447.410, 42 CFR §447.415

7. FEDERAL BUDGET IMPACT:  
a. FFY 2013      \$ 874,521.00  
b. FFY 2014      \$ 877,516.00

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

ATTACHMENT 4.19-B, INTRODUCTION PAGES 1 THROUGH  
PAGE 6

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

NEW PAGES

10. SUBJECT OF AMENDMENT: INCREASED MEDICAID PAYMENT FOR PRIMARY CARE SERVICES, AFFORDABLE CARE ACT, SECTION 1202

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:  
Governor's comments under separate  
correspondence

12. SIGNATURE OF STATE AGENCY OFFICIAL:  
//Stephen M. Groff – signature//

13. TYPED NAME:  
Stephen M. Groff, Director, Division of Medicaid and Medical  
Assistance

14. TITLE: Designee for Rita M. Landgraf, Secretary, Delaware  
Health and Social Services

15. DATE SUBMITTED:  
March 28, 2013

16. RETURN TO:

Stephen M. Groff  
Director  
Division of Medicaid and Medical Assistance  
P.O. Box 906  
New Castle, Delaware 19720-0906

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: 3-28-13

18. DATE APPROVED: JUN 24 2013

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
1-1-13

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME: FRANCIS McCullough

22. TITLE: ASSOCIATE REGIONAL Administrator

23. REMARKS: