OMB NO. 0938-0193
1. TRANSMITTAL NUMBER: 2. STATE DELAWARE
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)
4. PROPOSED EFFECTIVE DATE June 1, 2011
ONSIDERED AS NEW PLAN XXX AMENDMENT
NDMENT (Separate Transmittal for each amendment)
7. FEDERAL BUDGET IMPACT:  a. FFY 2010 \$ -0- b. FFY 2011 \$ -0-
9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):
NEW
XXX OTHER, AS SPECIFIED: Governor's comments under separate correspondence
16. RETURN TO:
n
Rosanne Mahaney Director Division of Medicaid and Medical Assistance
P.O. Box 906 New Castle, Delaware 19720-0906
FFICE USE ONLY
18. DATE APPROVED: AUG 9 2011
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