HEALTH CARE FINANCING ADMINISTRATION		OMB NO. 0938-0193
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL	SPA #11-005	DELAWARE
STATE I DAIL WATERIAL		DESCRIPTION
	2 DDOCD AND DDDD TOTAL TOTAL	
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TIT	
	SOCIAL SECURITY ACT (MEDICA	AID)
TO, DECIONAL ADMINISTRATION		
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
HEALTH CARE FINANCING ADMINISTRATION	JULY 21, 2011	
DEPARTMENT OF HEALTH AND HUMAN SERVICES		
5. TYPE OF PLAN MATERIAL (Check One):	<u> </u>	
(SNOON ONO).		
☐ NEW STATE PLAN ☐ AMENDMENT TO BE CO	MATERIA DE LA PRIME DE LES	
		XXX AMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)		
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	
Patient Protection and Affordable Care Act §2702	a. FFY 2011 \$ -0-	
3-10-		
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:		
6. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERS:	
	OR ATTACHMENT (If Applicable):	
ATTACHMENT 4.19-A	NEW	
ATTACHMENT 4.19-A ADDENDUM	NEW	
ATTACHMENT 4.19-B INTRODUCTION		
ATTACHMENT 4.19-B INTRODUCTION CONTINUED	NEW	
ATTACHMENT 4.19-D INTRODUCTION CONTINUED	NEW	
10. SUBJECT OF AMENDMENT: MEDICAID NONPAYMENT AN	D REPORTING REQUIREMENTS E	AD DDAVIDED
PREVENTABLE CONDITIONS IN ACCORDANCE WITH SECTI	ON 2702 OF THE AFEODDADIE CA	DE A CE
VIII SECT	ON 2/02 OF THE AFFORDABLE CA	RE ACI
11. GOVERNOR'S REVIEW (Check One):		
GOVERNOR'S OFFICE REPORTED NO COMMENT	VVV OTHER ACCRECATE	
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	XXX OTHER, AS SPECIF	
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	CONCOURANTS ASSESSMENT AND ASSESSMENT	or congrata
	Governor's comments und	ici separate
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