

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

1. TRANSMITTAL NUMBER:
SPA #11-005

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
JULY 21, 2011

5. TYPE OF PLAN MATERIAL (*Check One*):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

XXX AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION:

Patient Protection and Affordable Care Act §2702

7. FEDERAL BUDGET IMPACT:

a. FFY 2011 \$ -0-

b. FFY 2012 \$ -0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

ATTACHMENT 4.19-A

ATTACHMENT 4.19-A ADDENDUM

ATTACHMENT 4.19-B INTRODUCTION

ATTACHMENT 4.19-B INTRODUCTION CONTINUED

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

NEW

NEW

NEW

NEW

10. SUBJECT OF AMENDMENT: **MEDICAID NONPAYMENT AND REPORTING REQUIREMENTS FOR PROVIDER
PREVENTABLE CONDITIONS IN ACCORDANCE WITH SECTION 2702 OF THE AFFORDABLE CARE ACT**

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

XXX OTHER, AS SPECIFIED:

Governor's comments under separate
correspondence

12. SIGNATURE OF STATE AGENCY OFFICIAL:

//Rosanne Mahaney – signature//

16. RETURN TO:

Rosanne Mahaney

Director

Division of Medicaid and Medical Assistance

P.O. Box 906

New Castle, Delaware 19720-0906

13. TYPED NAME:

Rosanne Mahaney, Director, Division of Medicaid and Medical
Assistance

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

15. DATE SUBMITTED:

September 9, 2011

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

18. DATE APPROVED:

DEC - 2 2011

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

JUL 21 2011

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Penny Thompson

22. TITLE:

DEPUTY DIRECTOR, CMCS

23. REMARKS: