

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

FOR: HEALTH CARE FINANCING ADMINISTRATION

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

1. TRANSMITTAL NUMBER:
SPA #11-006

2. STATE
DELAWARE

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

4. PROPOSED EFFECTIVE DATE
JULY 1, 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 §4107

7. FEDERAL BUDGET IMPACT:

a. FFY 2011 \$ -0-
b. FFY 2012 \$ -0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

ATTACHMENT 3.1-A, PAGE 2.1
ATTACHMENT 4.19-B, PAGE 3 ADDENDUM

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

NEW
NEW

10. SUBJECT OF AMENDMENT: Medicaid Coverage of Comprehensive Tobacco Cessation Services for Pregnant Women through the Sixty Days Postpartum Period

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:

13. TYPED NAME:
Rosanne Mahaney, Director, Division of Medicaid and Medical Assistance

Rosanne Mahaney
Director
Division of Medicaid and Medical Assistance
P.O. Box 906
New Castle, Delaware 19720-0906

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:
~~10/12/2011~~ 9/9/2011

18. DATE APPROVED: DEC - 7 2011

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
7/1/2011

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

~~22. TITLE:~~
Acting Associate Regional Administrator / DMCHO

23. REMARKS: