

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

1. TRANSMITTAL NUMBER:  
SPA #11-008

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  
SEPTEMBER 2, 2011

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:  
PATIENT PROTECTION AND AFFORDABLE CARE ACT  
§2301 SOCIAL SECURITY ACT §1905(a)(28)

7. FEDERAL BUDGET IMPACT:

a. FFY 2011 \$-0-

b. FFY 2012 \$-0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

ATTACHMENT 3.1-A, PAGE 11  
ATTACHMENT 3.1-A, Page 11 ADDENDUM  
ATTACHMENT 4.19-B, PAGE 22  
ATTACHMENT 3.1-A, PAGE 3 ADDENDUM

NEW  
NEW  
NEW  
ATTACHMENT 3.1-A, PAGE 3 ADDENDUM

10. SUBJECT OF AMENDMENT: FREESTANDING BIRTH CENTER SERVICES IN ACCORDANCE WITH SECTION 2301 OF  
THE PATIENT PROTECTION AND 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

☒ 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:

11/16/11

17. DATE RECEIVED:

11/17/2011

18. DATE APPROVED:

11/14/2011

19. EFFECTIVE DATE OF APPROVED MATERIAL:

9/2/2011

20. TYPED NAME:

FRANCIS McCollough

21. REMARKS:

FOR REGIONAL OFFICE USE ONLY  
PLAN APPROVED - ONE COPY ATTACHED  
[REDACTED]