

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

1. TRANSMITTAL NUMBER:
SPA #11-011

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
OCTOBER 1, 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:
SOCIAL SECURITY ACT §1940

7. FEDERAL BUDGET IMPACT:

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

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

SUPPLEMENT 16 TO ATTACHMENT 2.6-A, PAGES 1, 2, 3

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

NEW STATE PLAN PAGES

10. SUBJECT OF AMENDMENT: ASSET VERIFICATION SYSTEM (AVS) UNDER THE REQUIREMENTS OF SECTION 1940
OF THE SOCIAL SECURITY 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:

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:
December 9, 2011

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
12/9/2011

18. DATE APPROVED: FEB 08 2012

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
10/1/2011

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

22. TITLE:

23. REMARKS: