

**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 #12-001

2. STATE
DELAWARE

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

4. PROPOSED EFFECTIVE DATE
NOVEMBER 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:
SECTION 6021 OF THE DEFICIT REDUCTION ACT OF 2005
SOCIAL SECURITY ACT §1902(R)(2)

7. FEDERAL BUDGET IMPACT:
a. FFY 2011 \$ -0- (Unknown)
b. FFY 2012 \$ -0- (Unknown)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

PAGE 53b
SUPPLEMENT 8b TO ATTACHMENT 2.6-A, PAGE 2
SUPPLEMENT 8c TO ATTACHMENT 2.6-A, PAGES 1 & 2

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

PAGE 53b
NEW
NEW

10. SUBJECT OF AMENDMENT: QUALIFIED STATE LONG-TERM CARE INSURANCE PARTNERSHIP PROGRAM

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//

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:

January 1, 2012

16. RETURN TO:

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

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

18. DATE APPROVED:

MAR 27 2012

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

NOV 1, 2011

20. [REDACTED] OFFICIAL:

21. TYPED NAME:

FRANCIS MCCULLOUGH

REGIONAL ADMINISTRATOR
DIVISION OF MEDICAID AND CHILDREN'S HEALTH OPERATIONS

23. REMARKS: