

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

1. TRANSMITTAL NUMBER:
SPA #12-006

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
APRIL 1, 2012

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:
AFFORDABLE CARE ACT, SECTION 6401
42 CFR PART 455 SUBPART E

7. FEDERAL BUDGET IMPACT:

a. FFY 2012 \$ -0-
b. FFY 2013 \$ -0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

GENERAL PROGRAM ADMINISTRATION, 4.46, PAGES 79aa,
79ab and 79ac

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

NEW

10. SUBJECT OF AMENDMENT: MEDICAID PROVIDER SCREENING AND ENROLLMENT

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:
March 9, 2012

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

18. DATE APPROVED: JUN 07 2012

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

APRIL 1, 2012

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

FRANCIS MCCULLOUGH

22. TITLE:

ASSOCIATE REGIONAL ADMINISTRATOR

23. REMARKS: