

## **Table of Contents**

**State Name: Delaware**

**State Plan Amendment (SPA) #12-010**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS-179
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
150 S. Independence Mall West  
Suite 216, The Public Ledger Building  
Philadelphia, Pennsylvania 19106-3499



**Region III/Division of Medicaid and Children's Health Operations**

SWIFT# 090720124027

**NOV 30 2012**

Rosanne Mahaney, Director  
Division of Medicaid & Medical Assistance  
Delaware Health and Social Services  
1901 N. DuPont Highway  
New Castle, DE 19720-0906

Dear Ms. Mahaney:

The Centers for Medicare & Medicaid Services has reviewed Delaware State Plan Amendment (SPA) 12-010 to change the administrative authority over the Long-Term Care Ombudsman Program from the Delaware Division of Services for Aging and Adults with Physical Disabilities (DSAAPD) to the Office of the Secretary, Delaware Health and Social Services (DHSS). The effective date of this SPA is July 1, 2012. Enclosed are the approved SPA pages and signed CMS-179 form.

If you have further questions about this SPA, please contact Michael Cleary at 215-861-4282.

*Sincerely,*

*Francis McCullough*  
Associate Regional Administrator

Enclosures

**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 #12-010

2. STATE  
DELAWARE

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

4. PROPOSED EFFECTIVE DATE  
JULY 1, 2012

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 §1919(G)(1)(C), SURVEY AND  
CERTIFICATION PROCESS

7. FEDERAL BUDGET IMPACT:

a. FFY 2012 \$ -0-

b. FFY 2013 \$ -0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

GENERAL PROGRAM ADMINISTRATION, 4.40, PAGE 79u

GENERAL PROGRAM ADMINISTRATION, 4.40, PAGE 79u.1

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

GENERAL PROGRAM ADMINISTRATION, 4.40, PAGE  
79u

NEW

10. SUBJECT OF AMENDMENT: SURVEY AND CERTIFICATION – CHANGE IN ADMINISTRATIVE AUTHORITY OF THE  
STATE LONG-TERM CARE OMBUDSMAN 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

☒ OTHER, AS SPECIFIED:

Governor's comments under separate  
correspondence

12. SIGNATURE OF STATE AGENCY OFFICIAL:

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:

September 7, 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:

September 7, 2012

18. DATE APPROVED:

NOV 30 2012

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

July 1, 2012

SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Francis McCullough

Associate Regional Director / DMCHO

23. REMARKS:

Revision: HCFA-PM-92-3  
APRIL 1992

(HSQB)

OMB No.:

# STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: DELAWARE

## Citation

Sections 1919(g)(1)  
thru (2) and 1919(g)(4)  
thru (5) of the Act;  
P.L. 100-203  
(Sec. 4212(a))

## 4.40 Survey & Certification Process

- |                                 |  |
|---------------------------------|--|
| 1919(g)(1)<br>(B) of the<br>Act | (a) The State assures that the requirements of 1919(g)(1)(A) through (C) and section 1919(g)(2)(A) through (E)(iii) of the Act which relate to the survey and certification of non-State owned facilities based on the requirements of section 1919(b), (c) and (d) of the Act are met.  |
| 1919(g)(1)<br>(C) of the<br>Act | (b) The State conducts periodic education programs for staff and residents (and their representatives). <u>Attachment 4.40-A</u> describes the survey and certification educational program.   |
| 1919(g)(1)<br>(C) of the<br>Act | (c) The State provides for a process for the receipt and timely review and investigation of allegations of neglect and abuse and misappropriation of resident property by a nurse aide of a resident in a nursing facility or by another individual used by the facility. <u>Attachment 4.40-B</u> describes the State's process.  |
| 1919(g)(1)<br>(C) of the<br>Act | (d) The State agency responsible for surveys and certification of nursing facilities or an agency delegated by the State survey agency conducts the process for the receipt and timely review and investigation, of allegations of neglect and abuse and misappropriation of resident property. If not the State survey agency, what agency?<br><b><u>State Long-Term Care Ombudsman - Delaware Health and Social Services</u></b> |
| 1919(g)(1)<br>(C) of the        | (e) The State assures that a nurse aide, found to have neglected or abused a resident or Act misappropriated resident property in a facility, is notified of the finding. The name and finding is placed on the nurse aide registry. **  |

TN No. SPA #12-010  
Supersedes  
TN No. NEW

Approval Date NOV 30 2012

Effective Date July 1, 2012

Revision: HCFA-PM-92-3  
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(HSQB)

OMB No.:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: DELAWARE

Citation

1919(g)(1)  
(C) of the  
Act

4.40 Survey & Certification Process

- (f) The State notifies the appropriate licensure authority of any licensed individual found to have neglected or abused a resident or misappropriated resident property in a facility. Allegations are investigated by the Delaware Attorney General's Office. Results are reported to the Delaware Board of Licensure and Discipline.

\*\*The Delaware Attorney General's Office sends reports of all adjudicated Nurses Aides to the Delaware Office of Health Facilities Licensing and Certification (OHFLC) who notifies the Delaware Nurse Aide Registry.

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