

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

1. TRANSMITTAL NUMBER:
SPA #12-007

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
MAY 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:
**SECTION 1931 OF THE SOCIAL SECURITY ACT
42 CFR §435.222**

7. FEDERAL BUDGET IMPACT:
a. FFY **2012** \$ **-0-**
b. FFY **2013** \$ **-0-**

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

**SUPPLEMENT 8a to ATTACHMENT 2.6-A, Page 1
SUPPLEMENT 12 to ATTACHMENT 2.6-A, Page 2**

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

**SUPPLEMENT 8a to ATTACHMENT 2.6-A, Page 1
SUPPLEMENT 12 to ATTACHMENT 2.6-A, Page 2**

10. SUBJECT OF AMENDMENT: **ELIGIBILITY CONDITIONS AND REQUIREMENTS: ELIGIBILITY UNDER SECTION 1931
OF THE SOCIAL SECURITY ACT – 75% FPL**

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:
May 7, 2012

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
MAY 7, 2012

18. DATE APPROVED:
JUL 31 2012

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

20. SIGNATURE OF REGIONAL OFFICIAL:


21. TYPED NAME:
Francis Mc Cullough

22. TITLE:
Associate Regional Administrator DMCHD

23. REMARKS: