

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

1. TRANSMITTAL NUMBER:
SPA #11-007

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
SEPTEMBER 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:
PATIENT PROTECTION AND AFFORDABLE CARE ACT
§2302

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

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

ATTACHMENT 3.1-A, PAGE 7
Attachment 4.19B, Page 23

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

ATTACHMENT 3.1-A, PAGE 7

10. SUBJECT OF AMENDMENT: CONCURRENT HOSPICE FOR CHILDREN IN ACCORDANCE WITH SECTION 2302 OF
THE PATIENT PROTECTION AND AFFORDABLE CARE 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
14. TITLE: Designee for Rita M. Landgraf, Secretary, Delaware
Health and Social Services

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

15. DATE SUBMITTED:
11/16/11

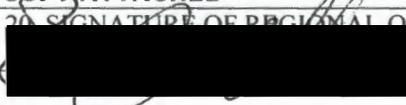
FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
11/17/2011

18. DATE APPROVED: FEB 10 2012

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
9/1/2011

20. SIGNATURE OF REGIONAL OFFICIAL:


21. TYPED NAME:

23. REMARKS: