

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

1. TRANSMITTAL NUMBER:  
SPA #10-002

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  
July 1, 2010

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:  
Deficit Reduction Action (DRA) of 2005, Public Law 109-171,  
enacted on February 8, 2006

7. FEDERAL BUDGET IMPACT:  
a. FFY 2010      \$-0- 240610  
b. FFY 2011      \$-0- 1311498

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A, Page 9 Addendum  
Attachment 3.1-A, Page 9a (NEW)  
Attachment 3.1-D  
Attachment 4.18-A, Pages 1, 2, 3

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

N/A  
N/A  
N/A  
N/A

10. SUBJECT OF AMENDMENT: Non-Emergency Medical Transportation (NEMT) Services – DRA Section 6083

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  
15. DATE SUBMITTED:  
August 11, 2010

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: 8/11/10

18. DATE APPROVED: NOV 04 2010

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 7/1/10

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

22. TITLE:  
Associate Regional Administrator

23. REMARKS: