

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

1. TRANSMITTAL NUMBER:
SPA #10-003

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; and, Children's Health Insurance
Program Reauthorization Act of 2009 (CHIPRA), Public Law 111-
3, enacted on February 3, 2009

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

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 2.6-A, Page 2a, Page 2b, Page 2c, Page 2d, ~~Page 2e~~ ^H

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Attachment 2.6-A, Page 2a, Page 2b, Page 2c, Page 2d, ~~Page 2e~~

10. SUBJECT OF AMENDMENT: REVISED State Plan Amendment (SPA) PrePrint Template per State Health Official (SHO)
Letter #SHO 10-006, DATED July 1, 2010: Medicaid Coverage of "Lawfully Residing" Children and Pregnant Women: ~~DRA Section
6036 and CHIPRA Section 214~~ CHIPRA SECTION 214 ^H

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

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:
October 1, 2010

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 10/1/10

18. DATE APPROVED: DEC 27 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