

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

1. TRANSMITTAL NUMBER:  
SPA #11-001

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  
January 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:

- Qualifying Individual (QI) Program Supplemental Funding Act of 2008, Public Law 110-379 (Pub. L. 110-379)
- Section 19032(r) of the Social Security Act
- 42 CFR §§435.940 through 435.960, *Income and Eligibility Verification Requirements*

7. FEDERAL BUDGET IMPACT:

- a. FFY 2011      \$ -0-
- b. FFY 2012      \$ -0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

General Program Administration, Page 79  
Attachment 4.32-A, Page 1

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):

General Program Administration, Page 79  
Attachment 4.32-A, Page 1

10. SUBJECT OF AMENDMENT: Public Assistance Reporting Information System (PARIS)

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//

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:

01/10/11

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:

1/10/2011

18. DATE APPROVED:

APR 4 2011

**PLAN APPROVED – ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

1/1/2011

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

22. TITLE:

Associate Regional Administrator