

Table of Contents

State/Territory Name: **Delaware**

State Plan Amendment (SPA) #: **22-0019**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

March 15, 2023

Mr. Theodore G. Mermigos, Jr.
Acting Division Director
Division of Medicaid Medical Assistance
P.O. Box 906
New Castle, DE 19720

Re: Delaware (DE) State Plan Amendment (SPA) 22-0019

Dear Mr. Mermigos:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 22-0019. This amendment updates Delaware State Plan regarding telemedicine, specifically, to sunset telemedicine Attachment 3.1-A introductory pages 1-2 and to modify language in Attachment 4.19-B Page 24.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act. This letter is to inform you that Delaware Medicaid SPA 22-0019 was approved on March 15, 2023, with an effective date of October 1, 2022.

If you have any questions, please contact Talbatha Myatt at 215-861-4259 or via email at Talbatha.Myatt@cms.hhs.gov.

Sincerely,

A solid black rectangular box redacting the signature of James G. Scott.

James G. Scott, Director
Division of Program Operations

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 2 — 0 0 1 9

2. STATE

DE

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT



XIX



XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

10/1/22

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR Part 410.78, 42 CFR Part 440

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2023 \$ 0
b. FFY 2024 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1 A Intro Page 1
Attachment 3.1 A Intro Page 2
Attachment 4.19-B Page 24

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

~~Sunset~~ Attachment 3.1-A Intro Page 1 (Sunset)
~~Sunset~~ Attachment 3.1-A Intro Page 2(Sunset)
Attachment 4.19-B Page 24

9. SUBJECT OF AMENDMENT

State Plan Telemedicine Services

10. GOVERNOR'S REVIEW (Check One)



GOVERNOR'S OFFICE REPORTED NO COMMENT



OTHER, AS SPECIFIED:



COMMENTS OF GOVERNOR'S OFFICE ENCLOSED



NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

11. SIGNATURE OF STATE AGENCY OFFICIAL

[Redacted Signature]

15. RETURN TO

Stephen M. Groff, Director, DMMA, P.O. Box 906 New Castle, DE19720

12. TYPED NAME
Stephen M. Groff

13. TITLE
Director

14. DATE SUBMITTED
12/16/2022 1:11 PM EST

FOR CMS USE ONLY

16. DATE RECEIVED
12/22/2022

17. DATE APPROVED
03/15/2023

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
10/01/2022

19. S

[Redacted Signature]

20. TYPED NAME OF APPROVING OFFICIAL
James G. Scott

21. TITLE OF APPROVING OFFICIAL
Director, Division of Program Operations

22. REMARKS

The state requested the following pen & ink changes:

Box 7-Remove Attachment 3.1-A Intro Page 1 and Attachment 3.1-A Intro Page 2
Box 8- Add Attachment 3.1-A Intro Page 1 (Sunset)
Box 8- Add Attachment 3.1-A Intro Page 2(Sunset)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE/TERRITORY: DELAWARE

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES (Continued)

RESERVED

TN No. SPA # 22-0019

Approval Date: 03/15/2023

Supersedes

TN No. SPA #19-007

Effective Date: October 1, 2022