

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-25-26
Baltimore, Maryland 21244-1850



State Demonstrations Group

December 21, 2021

Stephen M. Groff
Director
Division of Medicaid and Medical Assistance
Department of Health and Social Services
1901 N. Dupont Highway
New Castle, DE 19720

Dear Mr. Groff:

We are writing to inform you that the Centers for Medicare & Medicaid Services (CMS) is approving Delaware's July 27, 2021, request to extend the approval period of the state's Appendix K authorities, which were approved on September 28, 2020, as a part of the Delaware Diamond State Health Plan 1115 demonstration (Project Number 11-W-00036/4), in response to the COVID-19 public health emergency (PHE). Specifically, the state is requesting an extension of all the previously approved flexibilities, except for the authority to provide retainer payments to habilitation, personal care and adult day providers of 1915(c) like services for up to 30 days. The state has indicated that it no longer needs this authority.

The extension of the previously approved flexibilities will be effective from January 1, 2021, through six months after the PHE ends and will apply in all locations served by the demonstration for anyone impacted by COVID-19 who receives home and community-based services through the demonstration. We have included the approved Appendix K pages with this correspondence.

If you have any questions regarding this correspondence, please contact your CMS project officer, Thomas Long, at Thomas.Long@cms.hhs.gov.

Sincerely,

12/21/2021

X Andrea J. Casart

Signed by: Andrea J. Casart -S

Andrea J. Casart
Director
Division of Eligibility and Coverage
Demonstration

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Enclosure

cc: Talbatha Myatt, State Monitoring Lead, Medicaid and CHIP Operations Group

APPENDIX K: Emergency Preparedness and Response and COVID-19 Addendum

Background:

This standalone appendix may be utilized by the state during emergency situations to request amendments to its approved waiver, to multiple approved waivers in the state, and/or to all approved waivers in the state. It includes actions that states can take under the existing Section 1915(c) home and community-based waiver authority in order to respond to an emergency. Other activities may require the use of various other authorities such as the Section 1115 demonstrations or the Section 1135 authorities.¹ This appendix may be applied retroactively as needed by the state. Public notice requirements normally applicable under 1915(c) do not apply to information contained in this Appendix.

Appendix K-1: General Information

General Information:

A. State: Delaware

B. Waiver Title(s): Delaware Diamond State Health Plan

C. Control Number(s):

11-W-0036/3

D. Type of Emergency (The state may check more than one box):

<input checked="" type="checkbox"/>	Pandemic or Epidemic
<input type="checkbox"/>	Natural Disaster
<input type="checkbox"/>	National Security Emergency
<input type="checkbox"/>	Environmental
<input type="checkbox"/>	Other (specify):

E. **Brief Description of Emergency.** *In no more than one paragraph each*, briefly describe the: 1) nature of emergency; 2) number of individuals affected and the state's mechanism to identify individuals at risk; 3) roles of state, local and other entities involved in approved waiver operations; and 4) expected changes needed to service delivery methods, if applicable. The state should provide this information for each emergency checked if those emergencies affect different geographic areas and require different changes to the waiver.

This Attachment K is additive to the previously approved Attachment K and extends the anticipated end date to six months after the end of the public health emergency.

F. Proposed Effective Date: Start Date: March 1, 2020 Anticipated End Date: Six months after the end of the public health emergency (PHE)

G. **Description of Transition Plan.**

N/A

H. **Geographic Areas Affected:**

Entire State.

I. **Description of State Disaster Plan (if available) *Reference to external documents is acceptable:***

N/A

Contact Person(s)

A. The Medicaid agency representative with whom CMS should communicate regarding the request:

First Name: Kimberly
Last Name: Xavier
Title: Chief of Policy and Planning
Agency: Division of Medicaid and Medical Assistance
Address 1: 1901 N. DuPont Hwy
Address 2: Lewis Bldg.
City: New Castle
State: DE
Zip Code: 19720
Telephone: 302-255-9576
E-mail: Kimberly.xavier@delaware.gov
Fax Number: Click or tap here to enter text.

B. If applicable, the State operating agency representative with whom CMS should communicate regarding the waiver is:

First Name: Click or tap here to enter text.
Last Name Click or tap here to enter text.
Title: Click or tap here to enter text.
Agency: Click or tap here to enter text.
Address 1: Click or tap here to enter text.
Address 2: Click or tap here to enter text.
City Click or tap here to enter text.
State Click or tap here to enter text.
Zip Code Click or tap here to enter text.
Telephone: Click or tap here to enter text.
E-mail Click or tap here to enter text.
Fax Number Click or tap here to enter text.

Authorizing Signature

Signature:

DocuSigned by:
Stephen M. Groff
164BC1A0F95D49B...

Date: 4/6/2021 | 8:44 AM EDT

State Medicaid Director or Designee

First Name: Stephen M
Last Name Groff
Title: Director
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