

## **Table of Contents**

**State/Territory Name:** **Delaware**

**State Plan Amendment (SPA) #:** **22-0013**

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  
7500 Security Boulevard, Mail Stop S2-26-12  
Baltimore, Maryland 21244-1850



---

January 27, 2023

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

Re: Delaware State Plan Amendment (SPA) DE-22-0013

Dear Mr. Mermigos:

The Centers for Medicare & Medicaid Services (CMS) reviewed the proposed Medicaid State Plan Amendment (SPA) originally submitted under transmittal number (TN) DE-22-0013. SPA 22-0013 proposes to temporarily extend the suspension of member copays and premiums for six months following the end of the PHE, originally approved in Disaster Relief SPA 20-0002.

CMS conducted our review of your submittal according to statutory requirements in Title XIX of the Act and implementing regulations. This letter is to inform you that Delaware's Medicaid SPA Transmittal Number 22-0013 is approved effective the day after the end of the PHE.

If you have any questions, please contact Talbatha Myatt at 215-861-4259 or via email at [Talbatha.Myatt@cms.hhs.gov](mailto:Talbatha.Myatt@cms.hhs.gov).

Sincerely,

Alissa Mooney DeBoy  
On Behalf of Anne Marie Costello, Deputy Director  
Center for Medicaid and CHIP Services

Enclosures

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

1. TRANSMITTAL NUMBER

2 2 — 0 0 1 3

2. STATE

D E

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

~~Six months~~ One day after PHE ends

5. FEDERAL STATUTE/REGULATION CITATION

Section 1135(b) of the Social Security Act  
Title XIX of the Social Security Act

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

Section 7.4-B

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

~~Section 7.4-B~~

9. SUBJECT OF AMENDMENT

Temporary Extension to the COVID-19 Disaster Relief Co-pay & Premium Provisions

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

*Stephen M. Groff*

12. TYPED NAME

Stephen M. Groff

13. TITLE

Director

14. DATE SUBMITTED

12/28/2022 | 3:40 PM EST

15. RETURN TO

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

**FOR CMS USE ONLY**

16. DATE RECEIVED

12/28/2022

17. DATE APPROVED

01/27/2023

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

1 day after PHE ends

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

Alissa Mooney DeBoy On Behalf of Anne Marie Costello

21. TITLE OF APPROVING OFFICIAL

Deputy Director, Center for Medicaid and CHIP Services

22. REMARKS

1-17-23 state requested pen & ink change to update Box 5 to reflect Title XIX of the Social Security Act.  
1-23-23 CMS pen and ink change to Boxes 4 and 8 to correct the proposed SPA effective date and to delete the reference to the superseded page.

State/Territory: Delaware

**Section 7 – General Provisions**  
**7.4-B. Temporary Extension to the Medicaid Disaster Relief**  
**Policies for the COVID-19 National Emergency**

Effective the day after the end of the PHE until 6 months following the end of the month in which the PHE ends the agency temporarily extends the following election(s) in section 7.4 (approved on 05/27/2020 in SPA Number DE-20-0002) of the state plan.

**Section C – Premiums and Cost Sharing**

1.  The agency suspends deductibles, copayments, coinsurance, and other cost sharing charges as follows:

*DHSS suspends all copayments for all beneficiaries effective March 26, 2020.*

2.  The agency suspends enrollment fees, premiums and similar charges for:
- a.  All beneficiaries
  - b.  The following eligibility groups or categorical populations:

*DHSS suspends all premiums for all beneficiaries effective April 1, 2020.*