

Table of Contents

State Name: Delaware

State Plan Amendment (SPA) #15-0003

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS-179
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
150 S. Independence Mall West
Suite 216, The Public Ledger Building
Philadelphia, Pennsylvania 19106-3499



Region III/Division of Medicaid and Children's Health Operations

SWIFT# 071020154019

AUG 12 2015


Mr. Stephen M. Groff, Director
Division of Medicaid and Medical Assistance
P.O. Box 906
New Castle, DE 19720-0906

Dear Mr. Groff:

We are pleased to inform you of the approval of Delaware State Plan Amendment (SPA) 15-003 to amend the State Plan to cease reimbursement and coverage of Community Support Services.

Enclosed is a copy of the approved SPA pages and the signed CMS-179 form. The effective date of this amendment is January 1, 2015. If you have any questions, you may contact Michael Cleary at (215) 861-4282.

Sincerely,


Francis McCullough
Associate Regional Administrator

Enclosures

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

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER.
SPA #15-003

2. STATE
DELAWARE

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, 2015

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:
\$1905 of the Social Security Act (a)(13), 42 CFR \$440.130(d), 42 CFR
\$440.60, 42 CFR \$440.225

7. FEDERAL BUDGET IMPACT:

a. FFY 2015 \$ -0-

b. FFY 2016 \$ -0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

ATTACHMENT 4.19-B PAGE 4

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

ATTACHMENT 4.19-B PAGE 4

10. SUBJECT OF AMENDMENT: STATE PLAN REHABILITATIVE SERVICES – COMMUNITY SUPPORT SERVICES – REIMBURSEMENT
METHODOLOGY

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:
//Stephen M. Groff – signature//

13. TYPED NAME:
Stephen M. Groff, Director, Division of Medicaid and Medical
Assistance

14. TITLE: Designee for Rita M. Landgraf, Secretary, Delaware
Health and Social Services

15. DATE SUBMITTED:
July 10, 2015

16. RETURN TO:

Stephen M. Groff
Director
Division of Medicaid and Medical Assistance
P.O. Box 906
New Castle, Delaware 19720-0906

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
July 10, 2015

18. DATE APPROVED: AUG 12 2015

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
January 1, 2015

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:
Francis McCullough

22. TITLE:
Associate Regional Administrator

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: DELAWARE

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES –
OTHER TYPES OF CARE

(RESERVED FOR FUTURE USE)

TN No. SPA #15-003

Supersedes

TN No. SP-399

Approval Date AUG 12 2015

Effective Date January 1, 2015