

## **Table of Contents**

**State Name:** Delaware

**State Plan Amendment (SPA) #17-008**

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**

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SWIFT #091520174068

**October 18, 2017**

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

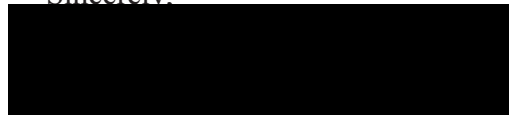
Dear Mr. Groff:

We are pleased to inform you of the approval of Delaware State Plan Amendment (SPA) 17-008. This amendment recognizes incurred medical or remedial care expenses as those that are incurred during the three months preceding the month of application. Expenses incurred prior to this three month period are not allowable deductions.

Enclosed is a copy of the approved SPA pages and the signed CMS-179 form. The effective date of this amendment is July 1, 2017.

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**

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER:  
**SPA #17-008**

2. STATE  
**DELAWARE**

3. PROGRAM IDENTIFICATION: **TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)**

4. PROPOSED EFFECTIVE DATE  
**July 1, 2017**

5. TYPE OF PLAN MATERIAL (*Check One*):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN **XXX** AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION:  
**42 CFR 435.725(b)**

7. FEDERAL BUDGET IMPACT:  
**a. FFY 2017 \$ 6,775**  
**b. FFY 2018 \$ 27,100**

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

**Supplement 3 to Attachment 2.6-A Page 1**

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

**Supplement 3 to Attachment 2.6-A Page 1**

10. SUBJECT OF AMENDMENT: **Reasonable Limits on Care Expenses**

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

**XXX** OTHER, AS SPECIFIED:  
**Governor's comments under separate  
correspondence**

12. SIGNATURE OF STATE AGENCY OFFICIAL:

[Redacted Signature]

16. RETURN TO:

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

13. TYPED NAME:

**Stephen M. Groff, Director, Division of Medicaid and Medical Assistance**

14. TITLE: **Designee for Kara Odom Walker, MD, MPH, MSHS,  
Secretary, Delaware Health and Social Services**

15. DATE SUBMITTED:

**9/15/17**

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED

September 15, 2017

18. DATE APPROVED:

October 11, 2017

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

July 1, 2017

20. SIGNATURE OF REGIONAL OFFICIAL:

[Redacted Signature]

21. TYPED NAME:

Francis McCullough

22. TITLE:

Associate Regional Administrator

23. REMARKS:

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

REASONABLE LIMITS IN AMOUNTS FOR NECESSARY MEDICAL OR  
REMEDIAL CARE NOT COVERED UNDER MEDICAID

Reasonable and necessary medical expense not covered by Medicaid, incurred in the 3 month period prior to the month of application are allowable deductions. Expenses incurred prior to this three month period are not allowable deductions.

The deduction for medical and remedial care expenses that were incurred as the result of imposition of a transfer of asset penalty period is limited to zero.

TN No. SPA# <u>17-008</u>	Approval Date <u>_October 11, 2017_</u>
Supersedes	
TN No. SPA# <u>06-003</u>	Effective Date <u>July 1, 2017</u>