

## **Table of Contents**

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

**State Plan Amendment (SPA) #:** **22-0017**

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

---

February 16, 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) 22-0017

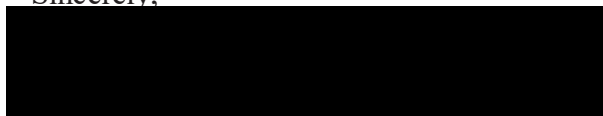
Dear Mr. Mermigos:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 22-0017. This amendment amends Delaware Title XIX State plan specifically to attest that the Delaware Medicaid Transportation program is in compliance with section 1902(a)(87) of the Social Security Act.

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 22-0017 was approved on February 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](mailto:Talbatha.Myatt@cms.hhs.gov)

Sincerely,



James G. Scott, Director  
Division of Program Operations

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

1. TRANSMITTAL NUMBER

2 2 — 0 0 1 7

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

1902 (a)(87) of the SSA; • Consolidated Appropriations Act, 2021, D

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-D Page 1, Page 2, Page 3 (NEW)

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

NEW

9. SUBJECT OF AMENDMENT

Transportation 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]

12. TYPED NAME  
Stephen M. Groff

13. TITLE  
Director

14. DATE SUBMITTED  
12/16/2022 10:36 AM EST

15. RETURN TO

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

FOR CMS USE ONLY

16. DATE RECEIVED  
12/22/2022

17. DATE APPROVED  
02/15/2023

PLAN APPROVED - ONE COPY ATTACHED

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

19. SIG

[Redacted Signature]

20. TYPED NAME OF APPROVING OFFICIAL  
James G. Scott

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

22. REMARKS

2-13-23-State requested pen and ink change to update Box 7 to remove page 1, add page 2 and page 3 (NEW)

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

METHODS OF PROVIDING TRANSPORTATION SERVICES

“This page intentionally left blank”

TN No. SPA# 22-0017  
Supersedes  
TN No. SP# NEW

Approval Date: **02/15/2023**

Effective Date: October 1, 2022

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

METHODS OF PROVIDING TRANSPORTATION SERVICES

The state attests that all the minimum requirements outlined in 1902(a)(87) of the Act are met.

TN No. SPA# 22-0017  
Supersedes  
TN No. SP# NEW

Approval Date: 02/15/2023

Effective Date: October 1, 2022