

## **Table of Contents**

**State/Territory Name: Delaware**

**State Plan Amendment (SPA) #: 23-0004**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)

**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

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September 18, 2023

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) 23-0004

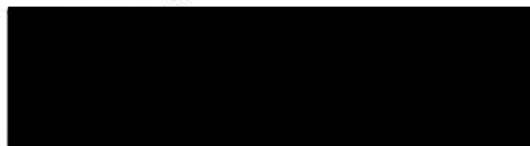
Dear Acting Division Director Mermigos:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0004. This amendment proposes to remove the optional service, case management of high-risk pregnant women, from the Delaware Medicaid State Plan as these services will now be provided via an evidence-based home visiting model under 1115 waiver authority, effective January 1, 2023.

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 23-0004 was approved on September 11, 2023, with an effective date of October 1, 2023.

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,



Ruth A. Hughes, Acting Director  
Division of Program Operations

Enclosures

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

1. TRANSMITTAL NUMBER

2 3 — 0 0 0 4

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

10/01/2023

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 440.169, 1902(a)(23) of the SSA, Section §1115 of the SSA

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

~~Supplement 1 to Attachment 3.1-A Page 1~~  
~~Supplement 1 to Attachment 3.1-A Page 1a~~  
~~Supplement 1 to Attachment 3.1-A Page 1b~~  
~~Supplement 1 to Attachment 3.1-A Page 2~~

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Sunset - Supplement 1 to Attachment 3.1-A Page 1  
Sunset - Supplement 1 to Attachment 3.1-A Page 1a  
Sunset - Supplement 1 to Attachment 3.1-A Page 1b  
Sunset - Supplement 1 to Attachment 3.1-A Page 2

9. SUBJECT OF AMENDMENT

High-Risk Pregnant Women

10. 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:

11. SIGNATURE OF STATE AGENCY OFFICIAL

[Redacted Signature]

15. RETURN TO

Theodore Mermigos, Acting Director, DMMA, P.O. Box 906  
New Castle, DE19720

12. TYPED NAME

Theodore Mermigos

13. TITLE

Acting Director

14. DATE SUBMITTED

8/15/23

**FOR CMS USE ONLY**

16. DATE RECEIVED

08/15/2023

17. DATE APPROVED

09/11/2023

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

10/01/2023

19. SIGNATURE

[Redacted Signature]

20. TYPED NAME OF APPROVING OFFICIAL

Ruth A. Hughes

21. TITLE OF APPROVING OFFICIAL

Acting Director, Division of Program Operations

22. REMARKS

09/11/23: State authorized the following Pen and Ink changes:

1. Box 7: Strike-through pages that are being removed from the State Plan and not being replaced.
2. Box 8: Added missing pages being removed from the State Plan.