

**CENTERS FOR MEDICARE & MEDICAID SERVICES
EXPENDITURE AUTHORITY**

NUMBER: 11-W-00036/4

TITLE: Delaware Diamond State Health Plan

AWARDEE: Delaware Department of Health & Social Services

Under the authority of section 1115(a)(2) of the Social Security Act (the Act), expenditures made by Delaware for the items identified below, which are not otherwise included as expenditures under section 1903 of the Act shall, for the period of this Demonstration extension, be regarded as expenditures under the State's title XIX plan. All previously approved expenditure authorities for this Demonstration are superseded by those set forth below for the State's expenditures relating to dates of service during this Demonstration extension.

The following expenditure authorities may only be implemented consistent with the approved Special Terms and Conditions (STCs) and shall enable Delaware to implement the Delaware Diamond State Health Plan (DSHP) Medicaid section 1115 Demonstration.

- I. Demonstration Population Expenditures.** Expenditures to provide coverage to the following Demonstration populations that are not covered under the Medicaid State plan:
1. **Uninsured Adults Group.** Expenditures for medical assistance for uninsured adults with family incomes at or below 100 percent of the Federal poverty level (FPL) who are not otherwise eligible under the Medicaid State plan.
 2. **Family Planning Expansion Group.** Expenditures for family planning and family planning-related services and supplies for women ages 15–50 who lose Medicaid eligibility 60 days postpartum, Medicaid benefits, or comprehensive benefits under DSHP, and who have family incomes at or below 200 percent of the FPL at the time of annual redetermination.
 3. **217-Like Elderly and Disabled Home and Community Based Services (HCBS) Group.** Expenditures for medical assistance for disabled individuals over age 18 who meet the Nursing Facility (NF) level of care (LOC) criteria and who would otherwise be Medicaid-eligible if the State had elected the group described in section 1902(a)(10)(A)(ii)(VI) of the Act and 42 CFR 435.217 in conjunction with section 1902(a)(10)(A)(ii)(V) of the Act, if enrolled and receiving services under a 1915(c) HCBS waiver program.
 4. **217-Like HIV/AIDS HCBS Group.** Expenditures for medical assistance for

individuals over age 1, who have a diagnosis of AIDS or HIV, who meet the hospital LOC criteria, and who would otherwise be Medicaid-eligible if the State had elected the eligibility group described in section 1902(a)(10)(A)(ii)(VI) of the Act and 42 CFR 435.217 in conjunction with section 1902(a)(10)(A)(ii)(V) of the Act, and they were enrolled and receiving services under a 1915(c) HCBS waiver program.

5. **“At-risk” for Nursing Facility Group.** Expenditures for medical assistance for disabled individuals over age 18 with incomes at or below 250 percent of the Supplemental Security Income (SSI) Federal Benefit Rate who do not meet the NF LOC, but are “at-risk” for institutionalization.
6. **TEFRA-Like Group.** Expenditures for medical assistance for disabled children under age 18 with incomes at or below 250 percent of the SSI who do not meet the NF LOC, but are “at-risk” of institutionalization absent the provision of DSHP services. The State will use financial institutional eligibility rules for individuals who would not be eligible in the community because of community deeming rules (in the same manner that would be used if the group were eligible under the State plan.
7. **Continuing Receipt of Nursing Facility Care.** Expenditures for medical assistance for nursing facility residents, who do not currently meet the NF LOC criteria, but continue to meet the NF level of care criteria in place at the time of admission/enrollment.
8. **Continuing Receipt of Home and Community-Based Services.** Expenditures for medical assistance for individuals receiving HCBS for the disabled and elderly, who do not meet the NF LOC criteria, but continue to meet the LOC criteria in place at the time of enrollment, including HCBS furnished under a terminated 1915(c) waiver.
9. **Continuing Receipt of Medicaid State Plan Services.** Expenditures for medical assistance for disabled children with incomes at or below 250 percent of the SSI, who do not meet the NF or hospital LOC criteria, but continue to meet the LOC criteria in place at the time of their enrollment.

All requirements of the Medicaid program expressed in law, regulation, and policy statement, not expressly identified as not applicable in the list below or that are explicitly waived under the Waiver List, shall apply to Demonstration Populations beginning as of the date of the approval letter, through December 31, 2013.

Title XIX Requirements Not Applicable to the Uninsured Adults Group:

1. Eligibility Section

Section 1902(a)(10)(A)

To the extent necessary to allow Delaware to not provide medical assistance prior to the time the individual is enrolled in a managed care plan.

Title XIX Requirements Not Applicable to the Family Planning Expansion Group:

2. Methods of Administration: Transportation

Section 1902(a)(4) insofar as it incorporates 42 CFR 431.53

To the extent necessary to enable the State to not assure transportation to and from providers for Family Planning Expansion Program recipients.

3. Amount, Duration, and Scope

Section 1902(a)(10)(B)

To the extent necessary to enable the State to provide a benefit package consisting only of approved family planning and family-planning related services and supplies to Family Planning Expansion Program recipients.

4. Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)

Section 1902(a)(43)

To the extent necessary to exempt the State from furnishing or arranging for EPSDT services for Family Planning Expansion Program recipients ages 15 through 20.