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**State/Territory Name:** Delaware

**State Plan Amendment (SPA) #:** DE-22-0014

This file contains the following documents in the order listed:

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-01-16
Baltimore, MD 21244-1850


**Children and Adults Health Programs Group**

February 13, 2023

Theodore Mermigos, Acting Director
Division of Medicaid and Medical Assistance
Molly Magarik, Secretary, DHSS
Delaware Health and Social Services
P.O. Box 906
New Castle, DE 19720-0906

Dear Mr. Mermigos:

Your title XXI Children's Health Insurance Program (CHIP) State Plan Amendment (SPA) number DE-22-0014, submitted on December 22, 2022, has been approved. This SPA has an effective date of July 1, 2023.

Through this SPA, Delaware aligns its services provided to children under Delaware's title XXI CHIP state plan with services provided to children under Delaware's title XIX Medicaid state plan, such that coverage of all benefits provided to children under the CHIP state plan are the same as coverage provided under the Medicaid State plan, including Early Periodic Screening Diagnosis and Treatment (EPSDT) services. Delaware will provide EPSDT services under its CHIP state plan in a manner consistent with the requirements of sections 1905(r) and 1902(a)(43) of the Social Security Act.

Your Project Officer is Ticia Jones. She is available to answer your questions concerning this amendment and other CHIP-related matters. Her contact information is as follows:

Centers for Medicare & Medicaid Services
Center for Medicaid and CHIP Services
7500 Security Boulevard, Mail Stop: S2-01-16
Baltimore, MD 21244-1850
Telephone: (410) 786-8145
E-mail: Ticia.Jones@cms.hhs.gov

If you have additional questions, please contact Meg Barry, Director, Division of State Coverage Programs, at (410) 786-1536. We look forward to continuing to work with you and your staff.

Sincerely,
/Signed by Sarah deLone/

Sarah deLone
Director

State/Territory: DELAWARE

(Name of State/Territory)

As a condition for receipt of Federal funds under Title XXI of the Social Security Act, (42 CFR, 457.40(b))

*Thomas R. Carper, Governor* June 30, 1998

(Signature of Governor, or designee, of State/Territory, Date Signed)

submits the following Child Health Plan for the Children's Health Insurance Program and hereby agrees to administer the program in accordance with the provisions of the approved Child Health Plan, the requirements of Title XXI and XIX of the Act (as appropriate) and all applicable Federal regulations and other official issuances of the Department.

The following State officials are responsible for program administration and financial oversight (42 CFR 457.40(c)):

Name: ~~Stephen Groff~~ Theodore Mermigos Position/Title: Acting Director

Name: Lisa Zimmerman Position/Title: Deputy Director

Name: ~~Alexis Bryan-Dorsey~~ Unkyong Goldie Position/Title: Chief of Administration

*Disclosure. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0707. The time required to complete this information collection is estimated to average 80 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, write to: CMS, 7500 Security Blvd., Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

**1.4.** Provide the effective (date costs begin to be incurred) and implementation (date services begin to be provided) dates for this SPA (42 CFR 457.65). A SPA may only have one effective date, but provisions within the SPA may have different implementation dates that must be after the effective date.

Original Plan

Effective Date: October 1, 1998

Implementation Date: February 1, 1999

Subsequent Plan Amendments

| State Plan Amendment | Effective Date | Implementation Date |
|---|---|---|
| SPA #1 | July 1, 1999 | |
| SPA #2 | October 1, 2001 | August 1, 2001 |
| SPA #3 | June 12, 2003 | Withdrawn – June 12, 2003 |
| SPA #4 | January 1, 2007 | October 1, 2009 |
| SPA #5 | April 1, 2009 | April 1, 2009 |
| SPA #6 | July 1, 2010 | July 1, 2010 |
| SPA #7 | July 1, 2014 | July 1, 2014 |
| SPA # DE-CHIP-16-001 | January 1, 2017 | January 1, 2017 |
| SPA # DE-CHIP-17-003 | October 2, 2017 | October 2, 2017 |
| SPA # DE-CHIP-18-003 | October 12, 2018 | October 12, 2018 |
| SPA # DE-CHIP-19-004 | July 1, 2018 | July 1, 2018 |
| SPA # DE-CHIP-20-0003 | March 1, 2020 | March 1, 2020 |
| SPA # DE-CHIP-20-0007 | October 1, 2020 | October 1, 2020 |
| SPA # DE-CHIP-22-0014 | July 1, 2023 | July 1, 2023 |

Summary of Approved CHIP MAGI SPAs:

| Transmittal Number | SPA Group | PDF # | Description | Superseded Plan Section(s) |
|---|---|---|---|---|
| **DE-13-0012**<br><br>Effective/ Implementation Date: January 1, 2014 | MAGI Eligibility & Methods | CS7<br><br><br><br><br>CS15 | Eligibility – Targeted Low Income Children<br><br>MAGI-Based Income Methodologies | Supersedes the current sections Geographic Area 4.1.1; Age 4.1.2; and Income 4.1.3<br><br>Incorporate within a separate subsection under section 4.3 |
| **DE-13-0013**<br>Effective/ Implementation Date: January 1, 2014 | XXI Medicaid Expansion | CS3 | Eligibility for Medicaid Expansion Program | Supersedes the current Medicaid expansion section 4.0 |
| **DE-13-0016**<br><br>Effective/ Implementation Date: January 1, 2014 | Establish 2101(f) Group | CS14 | Children Ineligible for Medicaid as a Result of the Elimination of Income Disregards | Incorporate within a separate subsection under section 4.1 |
| **DE-13-0015**<br><br><br>Effective/ Implementation Date: January 1, 2014 | Non-Financial Eligibility | CS17<br><br><br><br>CS18 | Non-Financial Eligibility – Residency<br><br>Non-Financial Eligibility – Citizenship | Supersedes the current section 4.1.5<br><br><br>Supersedes the current sections 4.1.0; 4.1.1-LR; 4.1.1-LR |

| | | | | |
|---|---|---|---|---|
| | | CS19<br><br>CS20<br><br>CS21<br><br>CS27 | Non-Financial Eligibility – Social Security Number<br><br>Non-Financial Eligibility – Substitution of Coverage<br><br>Non-Payment of Premiums<br><br>Continuous Eligibility | Supersedes the current section 4.1.9.1<br><br>Supersedes the current section 4.4.4<br><br>Supersedes the current section 8.7<br><br>Supersedes the current section 4.1.8 |
| **DE-13-0014**<br><br>Effective/Implementation Date: October 1, 2013 | Eligibility Processing | CS24 | Eligibility Process | Supersedes the current sections 4.3 and 4.4 |
| **DE-22-0012**<br><br>Effective/Implementation Date: July 1, 2022 | Non-Financial Eligibility | CS27 | Continuous Eligibility | Supersedes the current CS27 SPA MMDL template under SPA #DE-13-0015 |

SPA #: ~~DE-20-0007-CHIP~~ DE-CHIP-22-0014
Purpose of SPA: ~~Health Services Initiatives - Vision Services - School-Based Initiative - to revise language for Delaware's CHIP State Plan Health Service Initiative to align with the Delaware Department of Education's (DDOE's) definition of low-income in its Vision Services - School-Based Initiative, and to revise the data collection process to aid in identification of uninsured children.~~

Purpose of SPA: The purpose of this proposed SPA DE-CHIP-22-0014 is to align services provided to children under Delaware's Title XXI CHIP State Plan with services provided to children under Delaware's Title XIX Medicaid State Plan.

Proposed effective date: July 1, 2023
Proposed implementation date: July 1, 2023

**1.4- TC** **Tribal Consultation** (Section 2107(e)(1)(C)) Describe the consultation process that occurred specifically for the development and submission of this State Plan Amendment, when it occurred and who was involved.

Delaware does not have any federally recognized Indian tribes. Any Delaware resident, including those who are American Indians or Alaska Natives, may participate in the review of amendments to state law or regulation and may offer comments on all program policies, including those relating to provision of child health assistance to American Indian or Alaskan Native children.

***Guidance:*** *Secretary-approved coverage refers to any other health benefits coverage deemed appropriate and acceptable by the Secretary upon application by a state. (Section 2103(a)(4)) (42 CFR 457.250)*

**6.1.4.** ☒ Secretary-approved Coverage. (Section 2103(a)(4)) (42 CFR 457.450)

***Guidance***: Section 1905(r) of the Act defines EPSDT to require coverage of (1) any medically necessary screening, and diagnostic services, including vision, hearing, and dental screening and diagnostic services, consistent with a periodicity schedule based on current and reasonable medical practice standards or the health needs of an individual child to determine if a suspected condition or illness exists; and (2) all services listed in section 1905(a) of the Act that are necessary to correct or ameliorate any defects and mental and physical illnesses or conditions discovered by the screening services, whether or not those services are covered under the Medicaid state plan. Section 1902(a)(43) of the Act requires that the State (1) provide and arrange for all necessary services, including supportive services, such as transportation, needed to receive medical care included within the scope of the EPSDT benefit and (2) inform eligible beneficiaries about the services available under the EPSDT benefit.

If the coverage provided does not meet all of the statutory requirements for EPSDT contained in sections 1902(a)(43) and 1905(r) of the Act, do not check this box.

**6.1.4.1.** ☒ Coverage of all benefits that are provided to children under the the same as Medicaid State plan, including Early Periodic Screening Diagnosis and Treatment (EPSDT)

**6.1.4.2.** ☐ Comprehensive coverage for children under a Medicaid Section 1115 demonstration waiver

**6.1.4.3.** ☐ Coverage that the State has extended to the entire Medicaid population

***Guidance:*** Check below if the coverage offered includes benchmark coverage, as specified in 457.420, plus additional coverage. Under this option, the State must clearly demonstrate that the coverage it provides includes the same coverage as the benchmark package, and also describes the services that are being added to the benchmark package.

~~**6.1.4.4.**~~ ☒ Coverage that includes benchmark coverage plus additional coverage

**6.1.4.5.** ☐ Coverage that is the same as defined by existing comprehensive state-based coverage applicable only New York, Pennsylvania, or Florida (under 457.440)

***Guidance:*** Check below if the State is purchasing coverage through a group health plan, and intends to demonstrate that the group health plan is substantially equivalent to or greater than to coverage under one of the benchmark plans specified in 457.420, through use of a benefit-by-

benefit comparison of the coverage. Provide a sample of the comparison format that will be used. Under this option, if coverage for any benefit does not meet or exceed the coverage for that benefit under the benchmark, the State must provide an actuarial analysis as described in 457.431 to determine actuarial equivalence.

**6.1.4.6** ☐ Coverage under a group health plan that is substantially equivalent to or greater than benchmark coverage through a benefit by benefit comparison (Provide a sample of how the comparison will be done)

***Guidance:*** *Check below if the State elects to provide a source of coverage that is not described above. Describe the coverage that will be offered, including any benefit limitations or exclusions.*

**6.1.4.7.** ☐ Other (Describe)

***Guidance:*** *All forms of coverage that the State elects to provide to children in its plan must be checked. The State should also describe the scope, amount and duration of services covered under its plan, as well as any exclusions or limitations. States that choose to cover unborn children under the State plan should include a separate section 6.2 that specifies benefits for the unborn child population. (Section 2110(a)) (42CFR, 457.490)*

*If the state elects to cover the new option of targeted low income pregnant women, but chooses to provide a different benefit package for these pregnant women under the CHIP plan, the state must include a separate section 6.2 describing the benefit package for pregnant women. (Section 2112)*

~~**6.2.** ☒ The State elects to provide the following forms of coverage to children: (Check all that apply. If an item is checked, describe the coverage with respect to the amount, duration and scope of services covered, as well as any exclusions or limitations) (Section 2110(a)) (42CFR 457.490)~~

~~**6.2.1.** ☒ Inpatient services (Section 2110(a)(1))~~

~~**6.2.2.** ☒ Outpatient services (Section 2110(a)(2))~~

~~**6.2.3.** ☒ Physician services (Section 2110(a)(3))~~

~~**6.2.4.** ☒ Surgical services (Section 2110(a)(4))~~

~~**6.2.5.** ☒ Clinic services (including health center services) and other ambulatory health care services. (Section 2110(a)(5))~~

~~**6.2.6.** ☒ Prescription drugs (Section 2110(a)(6)) - included as a "wrap-around" service with the same limitations as the Title XIX program.~~

~~**6.2.7.** ☒ Over-the-counter medications (Section 2110(a)(7)) - included as a "wrap-around" and limited to drug categories where the over-the-counter product may be less toxic, have fewer side effects, and be less costly than an equivalent legend product.~~

~~**6.2.8.** ☒ Laboratory and radiological services (Section 2110(a)(8))~~

~~**6.2.9.** ☒ Prenatal care and pre-pregnancy family services and supplies (Section 2110(a)(9))~~

~~**6.2.10.** ☒ Inpatient mental health services, other than services described in 6.2.18.,~~

but including services furnished in a state-operated mental hospital and including residential or other 24-hour therapeutically planned structural services (Section 2110(a)(10)) - inpatient mental health and/or substance abuse treatment services will be provided as "wrap-around" services by the DSCYF. Inpatient services will be provided with limits based on medical necessity. Children who need inpatient services beyond this will convert to Medicaid Long-Term Care.

**6.2.11.** ☒ Outpatient mental health services, other than services described in 6.2.19, but including services furnished in a state-operated mental hospital and including community-based services (Section 2110(a)(11) - 30 days of outpatient care included in the basic MCO benefit. Additional days of outpatient mental health and/or substance abuse treatment services, with limitations based on medical necessity, will be provided by the DSCYF. See note in 6.2.10.

**6.2.12.** ☒ Durable medical equipment and other medically-related or remedial devices (such as prosthetic devices, implants, eyeglasses, hearing aids, dental devices, and adaptive devices) (Section 2110(a)(12))

**6.2.13.** ☒ Disposable medical supplies (Section 2110(a)(13))

***Guidance:*** *Home and community based services may include supportive services such as home health nursing services, home health aide services, personal care, assistance with activities of daily living, chore services, day care services, respite care services, training for family members, and minor modifications to the home.*

**6.2.14.** ☒ Home and community-based health care services (Section 2110(a)(14))

Limited to medically necessary home health services provided by the MCOs as part of the basic benefit. Does NOT include personal care, chore services, day care, respite care, or home modifications. Home health aide services are covered as medically necessary according to the State's published definition.

***Guidance:*** *Nursing services may include nurse practitioner services, nurse midwife services, advanced practice nurse services, private duty nursing care, pediatric nurse services, and respiratory care services in a home, school or other setting.*

**6.2.15.** ☒ Nursing care services (Section 2110(a)(15)) - there is a limit of 28 hours of Private Duty Nursing Services per week in the basic benefit; no additional hours available.

**6.2.16.** ☒ Abortion only if necessary to save the life of the mother or if the pregnancy is the result of an act of rape or incest (Section 2110(a)(16)

**6.2.17**. ☒ Dental services (Section 2110(a)(17)) States updating their dental benefits must complete 6.2-DC (CHIPRA # 7, SHO # #09-012 issued October 7, 2009) – included as "wrap-around" services with the same limitations as the EPSDT dental program. The SCHIP dental benefit is comprehensive in nature and consists of the following services: Diagnostic, Preventive, Restorative, Endodontics, Periodontics, Prosthodontics, Oral Surgery, and adjunctive services (such as, anesthesia, behavior management, occlusal guard, and treatment of dental pain). Orthodontic services are covered for diagnosed conditions considered to be handicapping malocclusions.

**6.2.18.** ☒ Vision screenings and services (Section 2110(a)(24))

**6.2.19.** ☒ Hearing screenings and services (Section 2110(a)(24))

**6.2.20.** ☒ Inpatient substance abuse treatment services and residential substance abuse treatment services (Section 2110(a)(18)) – see note in 6.2.10.

**6.2.21.** ☒ Outpatient substance abuse treatment services (Section 2110(a)(19)) – see note in 6.2.11.

**6.2.22.** ☒ Case management services (Section 2110(a)(20))

**6.2.23.** ☒ Care coordination services (Section 2110(a)(21))

**6.2.24.** ☒ Physical therapy, occupational therapy, and services for individuals with speech, hearing, and language disorders (Section 2110(a)(22))

**6.2.25.** ☒ Hospice care (Section 2110(a)(23))

Guidance: See guidance for section 6.1.4.1 for a guidance on the statutory requirements for EPSDT under sections 1905(r) and 1902(a)(43) of the Act. If the benefit being provided does not meet the EPSDT statutory requirements, do not check this box.

**6.2.26.** ☒ EPSDT consistent with requirements of sections 1905(r) and 1902(a)(43) of the Act

Guidance: Any other medical, diagnostic, screening, preventive, restorative, remedial, therapeutic or rehabilitative service may be provided, whether in a facility, home, school, or other setting, if recognized by State law and only if the service is: 1) prescribed by or furnished by a physician or other licensed or registered practitioner within the scope of practice as prescribed by State law; 2) performed under the general supervision or at the direction of a physician; or 3) furnished by a health care facility that is operated by a State or local government or is licensed under State law and operating within the scope of the license.

**6.2.27.** ☒ Any other medical, diagnostic, screening, preventive, restorative, remedial, therapeutic, or rehabilitative services. (Section 2110(a)(24))

**6.2.28.** ☐ Premiums for private health care insurance coverage (Section 2110(a)(25))

**6.2.29.** ☒ Medical transportation (Section 2110(a)(26)) - Emergency transportation only as provided in the basic benefit package.

***Guidance:*** *Enabling services, such as transportation, translation, and outreach services, may be offered only if designed to increase the accessibility of primary and preventive health care services for eligible low-income individuals.*

**6.2.30.** ☒ Enabling services (such as transportation, translation, and outreach services) (Section 2110(a)(27))

**CHIP Disaster Relief:**

At the State's discretion, it may temporarily provide nonemergency transportation to CHIP enrollees who reside and/or work in a State or Federally declared disaster area.

**6.2.31** ☐ Any other health care services or items specified by the Secretary and not included under this Section (Section 2110(a)(28))

**6.2.** The State elects to provide the following forms of coverage to children: (Check all that apply. If an item is checked, describe the coverage with respect to the amount, duration

and scope of services covered, as well as any exclusions or limitations) (Section 2110(a)) (42CFR 457.490)

Coverage with respect to the amount, duration and scope of services covered, as well as any exclusions or limitations, is applied in the same manner as coverage under Delaware's Title XIX Medicaid State Plan.

**6.2.1.** ☒ Inpatient services (Section 2110(a)(1))

**6.2.2.** ☒ Outpatient services (Section 2110(a)(2))

**6.2.3.** ☒ Physician services (Section 2110(a)(3))

**6.2.4.** ☒ Surgical services (Section 2110(a)(4))

**6.2.5.** ☒ Clinic services (including health center services) and other ambulatory health care services. (Section 2110(a)(5))

**6.2.6.** ☒ Prescription drugs (Section 2110(a)(6))

**6.2.7.** ☒ Over-the-counter medications (Section 2110(a)(7))

**6.2.8.** ☒ Laboratory and radiological services (Section 2110(a)(8))

**6.2.9.** ☒ Prenatal care and pre-pregnancy family services and supplies (Section 2110(a)(9))

**6.2.10.** ☒ Durable medical equipment and other medically-related or remedial devices (such as prosthetic devices, implants, eyeglasses, hearing aids, dental devices, and adaptive devices) (Section 2110(a)(12))

**6.2.11.** ☒ Disposable medical supplies (Section 2110(a)(13))

Guidance: Home and community based services may include supportive services such as home health nursing services, home health aide services, personal care, assistance with activities of daily living, chore services, day care services, respite care services, training for family members, and minor modifications to the home.

**6.2.12.** ☒ Home and community-based health care services (Section 2110(a)(14))

Guidance: Nursing services may include nurse practitioner services, nurse midwife services, advanced practice nurse services, private duty nursing care, pediatric nurse services, and respiratory care services in a home, school or other setting.

**6.2.13.** ☒ Nursing care services (Section 2110(a)(15))

**6.2.14.** ☒ Abortion only if necessary to save the life of the mother or if the pregnancy is the result of an act of rape or incest (Section 2110(a)(16)

**6.2.15**. ☒ Dental services (Section 2110(a)(17)) States updating their dental benefits must complete 6.2-DC (CHIPRA # 7, SHO # #09-012 issued October 7, 2009)

**6.2.16.** ☒ Vision screenings and services (Section 2110(a)(24))

**6.2.17.** ☒ Hearing screenings and services (Section 2110(a)(24))

**6.2.18.** ☒ Case management services (Section 2110(a)(20))

**6.2.19.** ☒ Care coordination services (Section 2110(a)(21))

**6.2.20.** ☒ Physical therapy, occupational therapy, and services for individuals with speech, hearing, and language disorders (Section 2110(a)(22))

**6.2.21.** ☒ Hospice care (Section 2110(a)(23))

Guidance: See guidance for section 6.1.4.1 for a guidance on the statutory requirements for EPSDT under sections 1905(r) and 1902(a)(43) of the Act. If the benefit being provided does not meet the EPSDT statutory requirements, do not check this box.

**6.2.22**. ☒ EPSDT consistent with requirements of sections 1905(r) and 1902(a)(43) of the Act

**6.2.22.1** ☒ The state assures that any limitations applied to the amount, duration, and scope of benefits described in Sections 6.2 and 6.3- BH of the CHIP state plan can be exceeded as medically necessary.

Guidance: Any other medical, diagnostic, screening, preventive, restorative, remedial, therapeutic or rehabilitative service may be provided, whether in a facility, home, school, or other setting, if recognized by State law and only if the service is: 1) prescribed by or furnished by a physician or other licensed or registered practitioner within the scope of practice as prescribed by State law; 2) performed under the general supervision or at the direction of a physician; or 3) furnished by a health care facility that is operated by a State or local government or is licensed under State law and operating within the scope of the license.

**6.2.23.** ☒ Any other medical, diagnostic, screening, preventive, restorative, remedial, therapeutic, or rehabilitative services. (Section 2110(a)(24))

**6.2.24.** ☐ Premiums for private health care insurance coverage (Section 2110(a)(25))

**6.2.25.** ☒ Medical transportation (Section 2110(a)(26))

Guidance: Enabling services, such as transportation, translation, and outreach services, may be offered only if designed to increase the accessibility of primary and preventive health care services for eligible low-income individuals.

**6.2.26.** ☒ Enabling services (such as transportation, translation, and outreach services) (Section 2110(a)(27))

**6.2.27.** ☒ Any other health care services or items specified by the Secretary and not included under this Section (Section 2110(a)(28))

**9.10.** Provide a 1-year projected budget. A suggested financial form for the budget is

below. The budget must describe: (Section 2107(d)) (42CFR 457.140)

- Planned use of funds, including:
    - Projected amount to be spent on health services;
    - Projected amount to be spent on administrative costs, such as outreach, child health initiatives, and evaluation; and
    - Assumptions on which the budget is based, including cost per child and expected enrollment.
    - Projected expenditures for the separate child health plan, including but not limited to expenditures for targeted low income children, the optional coverage of the unborn, lawfully residing eligibles, dental services, etc.
    - All cost sharing, benefit, payment, eligibility need to be reflected in the budget.
- Projected sources of non-Federal plan expenditures, including any requirements for cost-sharing by enrollees.
- Include a separate budget line to indicate the cost of providing coverage to pregnant women.
- States must include a separate budget line item to indicate the cost of providing coverage to premium assistance children.
- Include a separate budget line to indicate the cost of providing dental-only supplemental coverage.
- Include a separate budget line to indicate the cost of implementing Express Lane Eligibility.
- Provide a 1-year projected budget for all targeted low-income children covered under the state plan using the attached form. Additionally, provide the following:
    - Total 1-year cost of adding prenatal coverage
    - Estimate of unborn children covered in year 1

## CHIP Budget

| STATE: Delaware | CHIP Health Service Initiative | Cost Projection of Approved CHIP Plan | Total |
|---|---|---|---|
| Federal Fiscal Year | FFY 2021 | FFY 2021 | FFY 2021 |
| State's enhanced FMAP rate | 70.42% | 70.42% | 70.42% |
| Benefit Cost | | | |
| - Insurance Payments | | | |
| - Managed care | | $33,859,014 | $33,859,014 |
| - per member/per month rate | | 11,088 / $276.12 | |
| - Fee for Service | | $6,215,288 | $ $6,215,288 |
| Total Benefit Costs | | $40,074,302 | $36,545,169 |
| - (Offsetting beneficiary cost sharing payments) | | ($37,500) | ($900,000) |
| Net Benefit Costs | | $40,036,802 | $35,645,169 |
| - Cost of Proposed SPA Changes - Benefit | $0 | $0 | $0 |
| - - | | | |
| Administrative Costs | | | |
| - Personnel | | $94,521 | $100,000 |
| - General Administration | | $266,386 | $369,298 |
| - Contractors/Brokers | | $190,627 | $267,115 |
| - Claims Processing | | $553,467 | $756,508 |
| - Outreach/marketing costs | | | |
| - Health Services Initiatives | | $98,880 | $98,880 |
| - Other | | | |
| Total Administrative Costs | | $1,203,801 | $1,591,801 |
| - 10% Administrative Cap | | $4,033,680 | $3,723,697 |
| - Cost of Proposed SPA Changes | $0 | $0 | $49,500 |
| - Federal Share | $0 | $28,193,916 | $28,193,916 |
| - State Share | $0 | $11,842,886 | $11,842,886 |
| Total Program Costs | $0 | $41,240,603 | $41,240,603 |

### Budget Assumptions

- Rate of Client growth will increase an average of 1.0 % in FY 2021;
- Capitation rates paid to commercial managed care organizations will increase an average of 1.5% based on new contracts;
- Enhanced Federal FMAP will be 74.76% effective October 1, 2020 and 70.42% effective April 1, 2021

## CHIP Budget

| STATE: Delaware | CHIP Health Service Initiative | Cost Projection of Approved CHIP Plan | Total |
|---|---|---|---|
| Federal Fiscal Year | FFY 2023 | FFY 2023 | FFY 2023 |
| State's enhanced FMAP rate | 75.28% | 75.28% | 75.28% |
| Benefit Cost | | | |
| Insurance Payments | | | |
| Managed care | | $25,323,201 | $25,323,201 |
| per member/per month rate | | $299 | |
| # of enrollees | | 5,200 | 5,200 |
| Fee for Service | | $5,307,360 | $5,307,360 |
| Total Benefit Costs | | $30,630,561 | $30,630,561 |
| (Offsetting beneficiary cost sharing payments) | | | |
| Net Benefit Costs | | $30,630,561 | $30,630,561 |
| Cost of Proposed SPA Changes - Benefit | | $177,355 | $177,355 |
| | | | |
| Administrative Costs | | | |
| Personnel | | $115,719 | $115,719 |
| General Administration | | $1,040,000 | $1,040,000 |
| Contractors/Brokers | | $272,658 | $272,658 |
| Claims Processing | | $117,996 | $117,996 |
| Outreach/marketing costs | | | |
| Health Services Initiatives | $48,000 | | $48,000 |
| Other | | | |
| Total Administrative Costs | | $1,546,373 | $1,594,373 |
| 10% Administrative Cap | | $3,403,396 | $3,403,396 |
| Cost of Proposed SPA Changes | | | |
| Federal Share | | $24,356,309 | $24,356,309 |
| State Share | | $7,997,980 | $7,997,980 |
| Total Program Costs | | $32,354,289 | $32,354,289 |

### Budget Assumptions

- Client growth will decrease throughout FFY 2023 until redeterminations start
- Capitation rates paid to commercial managed care organizations will increase an average of 2.5% based on new contracts;
- Enhanced Federal FMAP will start at 75.28% and “step down” during the PHE unwinding.
- The primary cost driver of adding coverage of EPSDT benefits is our NEMT benefit.

## CHIP Budget

| STATE: Delaware | CHIP Health Service Initiative | Cost Projection of Approved CHIP Plan | Total |
|---|---|---|---|
| Federal Fiscal Year | FFY 2024 | FFY 2024 | FFY 2024 |
| State's enhanced FMAP rate | 71.80% | 71.80% | 71.80% |
| Benefit Cost | | | |
| Insurance Payments | | | |
| Managed care | | $30,709,270 | $30,709,270 |
| per member/per month rate | | $325 | |
| # of enrollees | | 7,450 | 7,450 |
| Fee for Service | | $5,418,943 | $5,418,943 |
| Total Benefit Costs | | $36,128,213 | $36,128,213 |
| (Offsetting beneficiary cost sharing payments) | | ($75,000) | ($75,000) |
| Net Benefit Costs | | $36,053,213 | $36,053,213 |
| Cost of Proposed SPA Changes - Benefit | | $945,977 | $945,977 |
| | | | |
| Administrative Costs | | | |
| Personnel | | $116,877 | $116,877 |
| General Administration | | $1,060,000 | $1,060,000 |
| Contractors/Brokers | | $275,385 | $275,385 |
| Claims Processing | | $119,176 | $119,176 |
| Outreach/marketing costs | | | |
| Health Services Initiatives | $48,000 | | $48,000 |
| Other | | | |
| Total Administrative Costs | | $1,571,438 | $1,619,438 |
| 10% Administrative Cap | | $4,005,913 | $4,005,913 |
| Cost of Proposed SPA Changes | | | |
| Federal Share | | $27,693,711 | $27,693,711 |
| State Share | | $10,876,917 | $10,876,917 |
| Total Program Costs | | $38,570,628 | $38,570,628 |

### Budget Assumptions

- Client growth will increase 10% during FFFY 24 due to Medicaid changes
- Capitation rates paid to commercial managed care organizations will increase an average of 2.5% based on new contracts;
- Enhanced Federal FMAP will start “step down” during the PHE unwinding and remain at 71.80%.
- The primary cost driver of adding coverage of EPSDT benefits is our NEMT benefit.