
Table of Contents

State/Territory Name: Delaware

State Plan Amendment (SPA) #: DE-13-0014

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Companion Letter
- 3) SPA Summary Form
- 4) Approved SPA Pages
- 5) Additional Attachments that are Part of the State Plan

The complete title XXI state plan for Delaware consists of the most recent state plan posted on Medicaid.gov under CHIP and State Plan Amendments. The link is provided below. The following approved templates are in addition to, or replace sections of the state's posted current state plan. The attached approval letter(s) explain how these templates fit into that state plan.

Link to state title XXI state plans and amendments: <http://medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Childrens-Health-Insurance-Program-CHIP/CHIP-State-Program-Information.html>

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop: S2-26-12
Baltimore, Maryland 21244-1850



Children and Adults Health Program Group

David Michalik
Division of Medicaid & Medical Assistance
P.O. Box 906
New Castle, DE 19720

DEC 12 2013

Dear Mr. Michalik:

I am pleased to inform you that Delaware's Children's Health Insurance Program (CHIP) State Plan Amendment (SPA), DE-13-0014, submitted on September 10, 2013, has been approved. This SPA incorporates the MAGI-based eligibility process requirements, including the single streamlined application, into Delaware's CHIP State Plan in accordance with the Affordable Care Act. The effective date of this SPA is October 1, 2013.

Until March 1, 2014, the state is using an interim alternative single streamlined paper application for individuals and families and an interim alternative paper application used to apply for multiple human services programs. Until October 1, 2014, the state is using an interim alternative single streamlined online application. The state will implement revised applications that will address CMS concerns outlined in the companion letter issued with this SPA approval.

Enclosed is a copy of the new state plan pages and attachments to be incorporated within a separate section at the end of Delaware's approved CHIP state plan:

- CS24
- Attachment 1- Statement of use with respect to the alternative single streamlined online application
- Attachment 2- Statement of use with respect to the alternative single streamlined paper application

This approval and the attachments supercede the following sections of the current CHIP State Plan:

- Section 4.3: Single, Streamlined Application Screen and Enroll Process
- Section 4.4: Renewals, Screening by Other Insurance Affordability Programs

CMS appreciates the significant amount of work your staff dedicated to preparing this State Plan Amendment. Your Title XXI project officer is Ms. Ticia Jones. She is available to answer questions concerning this amendment and other CHIP-related issues. Ms. Jones' contact information is as follows:

Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
Mail Stop: S2-01-16
7500 Security Blvd.
Baltimore, MD 21244-1850
Telephone: (410) 786-8145
Facsimile: (410) 786-5882
E-mail: Ticia.Jones@cms.hhs.gov

Official communications regarding program matters should be sent simultaneously to Ms. Jones and to Mr. Francis McCullough, Associate Regional Administrator (ARA) in our Philadelphia Regional Office. Mr. McCullough's address is:

Mr. Francis McCullough
Office of the Regional Administrator
Suite 216, The Public Ledger Building
150 S. Independence Mall West
Philadelphia, PA 19106

If you have additional questions, please contact Linda Nablo, Director, Division of State Coverage Programs at (410) 786-5143.

We look forward to continuing to work with you and your staff.

Sincerely,

A solid black rectangular box used to redact the signature of Eliot Fishman.

Eliot Fishman
Director

cc: Mr. Francis McCullough, ARA, CMS Region III, Philadelphia

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop: S2-26-12
Baltimore, Maryland 21244-1850



Children and Adults Health Program Group
Division of State Coverage Programs

DEC 12 2013

David Michalik
Division of Medicaid & Medical Assistance
P.O. Box 906
New Castle, DE 19720

Dear Mr. Michalik:

This letter is being sent as a companion to the Centers for Medicare & Medicaid Services (CMS) approval of Delaware's Children's Health Insurance Program (CHIP) State Plan Amendment (SPA), DE-13-0014, submitted on September 10, 2013. Our review of this submission included a review of the state's renewal process as well as the state's alternative single streamlined online and paper applications and the application used to apply for multiple human service programs.

With respect to the renewal of eligibility for individuals whose financial eligibility is based on the applicable modified adjusted gross income standard, the state indicated that they are in the process of updating their systems to create pre-populated renewal forms, which will be used when an individual's eligibility cannot be determined solely on the basis of information available to the agency. As discussed, Delaware has scheduled this functionality to be put into production in October 2014.

With respect to the state's applications, until March 1, 2014 the state is using interim alternative single streamlined paper applications and an interim alternative paper application used to apply for multiple human service programs. Until October 31, 2014, the state is using an interim alternative single streamlined online application. These interim applications need to be revised to reflect the following changes.

Necessary changes:	Date by which changes will be completed:
<p>Paper Application (including the application used to apply for multiple human service programs [mutli-benefit application Form 100] and the health-only individual and family applications):</p>	
<p>In Step 2: Non-applicants should not be asked US citizenship and immigration questions. In the columns that display “US citizen” and “Legal Alien”, Delaware will insert language next to the columns clearly indicating that these questions are for those applicants applying for health coverage only. (This change applies to all paper applications.)</p>	<p>March 1, 2014</p>
<p>In Step 2: Questions about legal status and eligible immigration status will be streamlined so as not to be duplicative, and will be asked only of applicants. (This change applies to all paper applications)</p>	<p>March 1, 2014</p>
<p>In Step 2: Delaware should remove the “No” option for legal alien or eligible immigration questions. Please note that in the Model Single Streamlined Application developed by the Secretary, there is only a “Yes” check box for this question. There should not be a “No” option as people should not be forced to identify themselves as undocumented. (This change applies to all paper applications.)</p>	<p>Recommended</p>
<p>In Step 2: Delaware will remove absent parent questions other than the “Yes/No” question identifying whether an applicant has an</p>	<p>March 1, 2014</p>

<p>absent parent and the subsequent question on the agreement of cooperation. The absent parent questions to be removed include but are not limited to, the questions asking for information on the absent parent’s SSN and employer information. In the interim, Delaware will clearly mark these questions as optional; this change will occur as soon as possible. (This change applies to the health-only individual and family applications.)</p>	
<p>In Step 3: Delaware will rephrase question 9 on foster care. The question needs to be directed to those individuals who formerly participated in the foster care program and who also received Medicaid while in the program. (This change applies to the health-only individual and family applications.)</p>	<p>March 1, 2014</p>
<p>In Step 4: With respect to income, Delaware will insert a space to indicate which applicants receive each income amount listed. (This change applies to the health-only individual and family applications.)</p>	<p>March 1, 2014</p>
<p>In Step 4: Delaware will insert asterisks on SSI, Veterans, and Child Support items as this information is not needed for MAGI-based determinations (This change applies to the health-only individual and family applications.)</p>	<p>March 1, 2014</p>
<p>In Step 4: Delaware will separate the worker’s compensation question from the unemployment question as worker’s compensation is not taxable whereas unemployment is. (This change applies to all paper.)</p>	<p>March 1, 2014</p>

<p>Online Application:</p>	
<p>Delaware will remove the questions listed below for applicants seeking benefits.</p> <ul style="list-style-type: none"> • What is this person’s country of birth? • Has this person been out of the US in the last 30 days? (and follow-up details) • Does [name] buy food and eat meals with [name]? • Questions regarding school enrollment status, other than whether age-appropriate household members are attending school full-time • Questions regarding absent parent details • Questions regarding non-taxable income such as child support, veterans’ payments, workers’ compensation 	<p>October 31, 2014</p>
<p>Delaware will remove the following questions for household members not seeking any benefits.</p> <ul style="list-style-type: none"> • Is this person a resident of Delaware? • Is this person disabled or blind? • Is this person a US citizen? • All questions regarding non-citizenship details 	<p>October 31, 2014</p>
<p>Delaware will remove question regarding disability and intent to stay in Delaware (residency) for non-applicant household members.</p>	<p>June 30, 2014</p>
<p>For applicants only applying for health coverage, Delaware will</p>	

<p>remove the questions about student status, except for 18 year olds; the income questions about the amount of SSI income, child support income, worker’s compensation, VA, and gifts received; and questions about child and adult care costs.</p>	<p>October 31, 2014</p>
<p>Delaware will add an optional request for SSNs of non-applicants to allow for electronic verification of income.</p>	<p>June 30, 2014</p>
<p>Delaware will remove the question regarding health insurance lost in the past 6 months.</p>	<p>June 30, 2014</p>
<p>Applicants will have the opportunity to identify themselves as American Indians and Alaska Natives for purposes of cost-sharing protections, and identify American Indian and Alaska Native income not countable for Medicaid and CHIP income determinations.</p>	<p>October 31, 2014</p>

Please submit the revised alternative single streamlined paper applications and the revised application used to apply for multiple human service programs to CMS for review no later than February 1, 2014 to ensure approval by March 1, 2014. Please submit the revised alternative single streamlined online application to CMS for review no later than October 1, 2014 to ensure approval by October 31, 2014.

We continue to be available to provide technical assistance. If you have any questions about your applications, please contact Victoria Collins at Victoria.Collins@cms.hhs.gov or (410) 786-2176.

Sincerely,



Linda Nablo, Director
Division of State Coverage Programs

USE OF THE ALTERNATIVE SINGLE STREAMLINED APPLICATION

Paper Application

Online Application

TRANSMITTAL NUMBER:

DE-13-0014-MC

STATE:

Delaware

Through March 31, 2014, the state is using an interim paper alternative single streamlined application. After March 31, 2014, the state will use a revised paper alternative single streamlined application, which will address the issues outlined in the CMS letter, which was issued with the approval of this state plan amendment, concerning the state's applications. The revised applications will be incorporated by reference into the state plan.

USE OF THE ALTERNATIVE SINGLE STREAMLINED APPLICATION

Paper Application

Online Application

TRANSMITTAL NUMBER:

DE-13-0014-MC

STATE:

Delaware

Through October 31, 2014, the state is using an interim online alternative single streamlined application. After October 1, 2014, the state will use a revised online alternative single streamlined application, which will address the issues outlined in the CMS letter, which was issued with the approval of this state plan amendment concerning the state's application. The revised application will be incorporated by reference into the state plan.

logged in as TONIABROWN(CMS CO Staff)

read only mode

application rev p01

**Children's Health Insurance
Program Eligibility**

DE.0300.R00.00 - Jan 01, 2014

Home | Logout | Finder | Save | Validate | Print | Help

- Control Panel**
- General Information**
- File Management**
- Tribal Input**
- Summary**

Children's Health Insurance Program Eligibility: Summary Page

State/Territory name: Delaware

Transmittal Number:

Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.

DE-13-0014

Type of SPA:

- MAGI Eligibility & Methods
- XXI Medicaid Expansion
- Establish 2101(f) Group
- Eligibility Processing
- Non-Financial Eligibility

Proposed Effective Date

01/01/2014 (mm/dd/yyyy)

Federal Statute/Regulation Citation

Patient Protection and Affordable Care Act (Public Law 111-148); 42 CFR §§ 431, 435, 457; a

Federal Budget Impact

This SPA has a budget impact.
Total budget impact:

State Funds: \$

Federal Funds: \$

Subject of Amendment

Please provide a brief summary of SPA changes.

Character Count:712 out of 2000

CHIP MAGI Eligibility Process:
To implement several provisions of the Affordable Care Act, Delaware intends to make changes to its CHIP, Delaware Healthy Children Program, State Plan concerning the methodology used to

Signature of State Agency Official

Submitted By: Sharon Summers

Last Revision Date: Jun 5, 2014

Submit Date: Sep 10, 2013

[FAQs](#) | [Site Map](#) | [Contact](#) | [Medicaid.gov](#) | [CMS.gov](#)



CHIP Eligibility

OMB Control Number: 0938-1148

Expiration date: 10/31/2014

Separate Child Health Insurance Program General Eligibility - Eligibility Processing

CS24

2102(b)(3) & 2107(e)(1)(O) of the SSA and 42 CFR 457, subpart C

- The CHIP Agency meets all of the requirements of 42 CFR 457, subpart C for application processing, eligibility screening and enrollment.

Application Processing

Indicate which application the agency uses for individuals applying for coverage who may be eligible based on the applicable modified adjusted gross income standard:

- The single, streamlined application developed by the Secretary in accordance with section 1413(b)(1)(A) of the Affordable Care Act.
- An alternative single, stream lined application developed by the state and approved by the Secretary in accordance with section 1413(b)(1)(B) of the Affordable Care Act.

An attachment is submitted.

- An alternative application used to apply for multiple human service programs approved by the Secretary, provided that the agency makes readily available the single or alternative application used only for insurance affordability programs to individuals seeking assistance only through such programs.

An attachment is submitted.

- The agency's procedures permit an individual, or authorized person acting on behalf of the individual, to submit an application via the internet website described in CFR 457.340(a), by telephone, via mail, in person and other commonly available electronic means.

The agency accepts applications in the following other electronic means.

- Other electronic means:

	Name of method	Description	
+	Fax Machine	application accepted by facsimile transmission	X
+	Email	application accepted by email attachment	X

Screen and Enroll Process

- The CHIP Agency has coordinated eligibility and enrollment screening procedures in place that are applied at time of initial application, periodic redeterminations, and follow-up eligibility determinations. The procedures ensure that only targeted low-income children are provided CHIP coverage and that enrollment is facilitated for applicants found to be potentially eligible for other insurance affordability programs.



CHIP Eligibility

Procedures include:

- Screening of application to identify all individuals eligible or potentially eligible for CHIP or other insurance affordability programs; and
- Income eligibility test, with calculation of household income consistent with 42 CFR 457.315 for individuals identified as potentially eligible for Medicaid or other insurance affordability programs based on household income; and
- Screening process for individuals who may qualify for Medicaid on a basis other than having household income at or below the applicable MAGI standard, based on information in the single streamlined application.

The CHIP agency has entered into an arrangement with the Exchange to make eligibility determinations for advanced premium tax credits in accordance with section 1943(b)(2) of the SSA.

No

Redetermination Processing

- Redeterminations of eligibility for individuals whose financial eligibility is based on the applicable modified adjusted gross income standard are performed as follows, consistent with 42 CFR 457.343:
 - Once every 12 months.
 - Without requiring information from the individual if able to do so based on reliable information contained in the individual's account or other more current information available to the agency.
- If the agency cannot determine eligibility solely on the basis of the information available to it, or otherwise needs additional information to complete the redetermination, it provides the individual with a pre-populated renewal form containing the information already available.

Screening by Other Insurance Affordability Programs

The CHIP Agency provides assurance that it has adopted procedures to accept and process electronic accounts of individuals screened as potentially eligible for CHIP by other insurance affordability programs in accordance with the requirements of 42 CFR 457.348(b) and to determine eligibility in accordance with 42 CFR 457.340 in the same manner as if the application had been submitted directly to, and processed by the state.

The CHIP Agency elects the option to accept CHIP eligibility decisions made by the Exchange or other agencies administering insurance affordability programs as provided in 42 CFR 457.348 and to furnish CHIP in accordance with requirements of 42 CFR 457.340 to the same extent and in the same manner as if the applicant had been determined by the state to be eligible for CHIP.

The CHIP Agency has entered into an agreement with agencies administering other insurance affordability programs to fulfill the requirements of 457.348(b) and will provide this agreement to the Secretary upon request.

PRA Disclosure Statement

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 0938-1148. The time required to complete this information collection is estimated to average 50 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 comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.