

## **Table of Contents**

**State Name:** Delaware

**State Plan Amendment (SPA) #:** 13-0008 MM

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  
150 S. Independence Mall West  
Suite 216, The Public Ledger Building  
Philadelphia, Pennsylvania 19106-3499



**Region III/Division of Medicaid and Children's Health Operations**

SWIFT # 112020134087

**NOV 20 2013**

Stephen Groff, Director  
Division of Medicaid & Medical Assistance  
Department of Health & Social Services  
1901 DuPont Highway  
New Castle, DE 19720

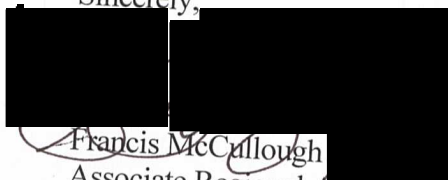
Dear Mr. Groff:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of Delaware's State Plan Amendment (SPA) 13-0008MM, which was submitted to CMS on September 11, 2013. This SPA allows the A1-A3 State Plan pages to supersede the current Attorney General certification, organizational chart, description of the functions of the single state agency, the description of the medical and support staff, and pages 2-8 of the organization of the state agency. This amendment also clarified the authority and responsibilities of the Single State Agency and its relationship to other Federal and State agencies, the fair hearings process, and the process for determining eligibility.

This SPA was approved November 19, 2013, with an effective date of October 1, 2013. Enclosed is a copy of the CMS 179 form, as well as the approved pages A-1 through A-3 for incorporation into the state plan.

If you have any questions concerning this letter, please contact Kia Banton at 215-861-4252.

Sincerely,

  
Francis McCullough  
Associate Regional Administrator

Enclosures

Medicaid State Plan Eligibility: Summary Page (CMS 179)

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-13-0008

Proposed Effective Date

10/01/2013 (mm/dd/yyyy)

Federal Statute/Regulation Citation

Patient Protection and Affordable Care Act (Public Law 111-148); 42 CFR §§ 431, 435; and 45 CFR § 155

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2014	\$ 12237055.00
Second Year	2015	\$ 27510882.00

Subject of Amendment

State of Delaware Medicaid MAGI Single State Agency State Plan Amendment

Governor's Office Review

- Governor's office reported no comment
- Comments of Governor's office received

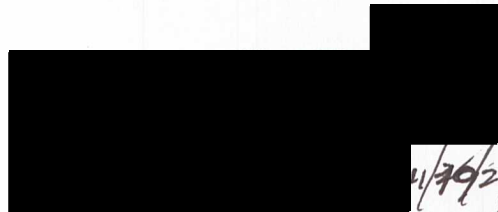
Describe:

[Empty text box for description]

- No reply received within 45 days of submittal
  - Other, as specified
- Describe:  
Governor's Comments Under Separate Correspondence

Signature of State Agency Official

Submitted By: Sharon Summers  
 Last Revision Date: Nov 20, 2013  
 Submit Date: Sep 11, 2013



11/20/2013  
Associate Regional Administrator





# Medicaid Administration

OMB Control Number 0938-1148  
OMB Expiration date: 10/31/2014

<b>State Plan Administration Designation and Authority</b>	<b>A1</b>
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42 CFR 431.10

### Designation and Authority

State Name:

As a condition for receipt of Federal funds under title XIX of the Social Security Act, the single state agency named below submits the following state plan for the medical assistance program, and hereby agrees to administer the program in accordance with the provisions of this state plan, the requirements of titles XI and XIX of the Act, and all applicable Federal regulations and other official issuances of the Department.

Name of single state agency:

Type of Agency:

- Title IV-A Agency
- Health
- Human Resources
- Other

Type of Agency

The above named agency is the single state agency designated to administer or supervise the administration of the Medicaid program under title XIX of the Social Security Act. (All references in this plan to "the Medicaid agency" mean the agency named as the single state agency.)

The state statutory citation for the legal authority under which the single state agency administers the state plan is:

The single state agency supervises the administration of the state plan by local political subdivisions.

Yes  No

The certification signed by the state Attorney General identifying the single state agency and citing the legal authority under which it administers or supervises administration of the program has been provided.

**An attachment is submitted.**

The state plan may be administered solely by the single state agency, or some portions may be administered by other agencies.

The single state agency administers the entire state plan under title XIX (i.e., no other agency or organization administers any portion of it).

Yes  No



# Medicaid Administration

The entity or entities that have responsibility for determinations of eligibility for families, adults, and for individuals under 21 are:

- The Medicaid agency
- Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act

The entity that has responsibility for determinations of eligibility for the aged, blind, and disabled are:

- The Medicaid agency
- Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- The Federal agency administering the SSI program

Indicate which agency determines eligibility for any groups whose eligibility is not determined by the Federal agency:

- Medicaid agency
- Title IV-A agency
- An Exchange

The entity or entities that have responsibility for conducting fair hearings with respect to denials of eligibility based on the applicable modified adjusted gross income standard are:

- Medicaid agency
- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- An Exchange appeals entity, including an entity established under section 1411(f) of the Affordable Care Act

The agency has established a review process whereby the agency reviews appeals decisions made by the Exchange or Exchange appeals entity or other state agency, but only with respect to conclusions of law, including interpretations of state or federal policies.

Yes  No

<b>State Plan Administration</b>	<b>A2</b>
<b>Organization and Administration</b>	

42 CFR 431.10  
42 CFR 431.11

### Organization and Administration

Provide a description of the organization and functions of the Medicaid agency.

Organization and Functions of the Medicaid agency:

Delaware Government is administered under a cabinet-style arrangement similar to the Federal Government. The Department of Health and Social Services (DHSS), which is the Single State Agency responsible for the administration of the Medicaid Program consists of 12 Divisions: Child Support Enforcement, Developmental Disabilities Services, Long Term Care Residents Protection, Management Services, Medicaid & Medical Assistance (DMMA), Public Health, Aging and Adults with Disabilities, Social

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Approved: 11/19/2013

Effective: 10/01/2013



# Medicaid Administration

Services, State Service Centers, Adult Substance Abuse and Mental Health, Visually Impaired, and the Medical Examiner.

The Director of DMMA reports directly to the Cabinet Secretary of DHSS. In general, DMMA provides health care coverage to individuals with low incomes and those with disabilities and to ensure access to high quality, cost effective and appropriate medical care and supportive services. Medical services are provided through a managed care delivery system called the Diamond State Health Plan. Two MCOs currently deliver care to Medicaid clients. Eligibility determinations and fair hearing functions are shared between the DMMA and the Division of Social Services. DMMA administers all Medicaid eligibility policy for categorical and LTC services, while the Social Security Agency administers eligibility for SSI by way of a 1634 Agreement between the two agencies. DMMA's LTC Unit determines eligibility for LTC community or institutional clients but the Division of Social Services determines eligibility for categorically needy populations and administers the State's online eligibility application system called ASSIST. DSS also administers the Fair Hearings and Appeals processes for both eligibility and medical services. All clients who wish to appeal a denial of eligibility, termination, suspension, reduction in eligibility or services, or other action or issue where a hearing may be required as defined in 42 CFR 431.201 and 42 CFR 431.220, may file a fair hearing request directly with DSS. DSS informs DMMA of the hearing request and schedules the actual hearings. Fee-for-service clients who wish to appeal related to services would follow the same process. Managed care-enrolled clients would normally appeal directly to their MCO, and if still unsatisfied with the outcome may file for a further appeal with DMMA. Managed care clients may choose to appeal directly to DMMA and forego an appeal to their MCO. This process is also handled by DSS on behalf of DMMA. The Division of Long Term Care Residents Protection also performs fair hearings for any nursing home discharges that clients may want to contest.

While the other sister divisions within DHSS do not determine eligibility, they may provide necessary medical care for vulnerable clients who are eligible for Medicaid. For example, the Division of Substance Abuse and Mental Health provides behavioral health and substance use disorder services to adults including Medicaid clients with serious MH/SA conditions. Similarly, the Division of Developmental Disabilities Services provides rehabilitation, habilitation, day services, supported employment, and residential services for qualifying individuals many of whom are also Medicaid clients. DMMA and its sister divisions collaborate closely to deliver quality care for all individuals including those with Medicaid coverage.

Organizationally, DMMA management consists of a Director, Deputy Director, program administrators, Medical Director, Pharmacy Consultant, other nurse professionals for medical reviews and SUR functions, social workers, and other technical and clerical personnel. Medicaid claims processing for fee-for-service bills is contracted to a Fiscal Agent.

Upload an organizational chart of the Medicaid agency.

**An attachment is submitted.**

Provide a description of the structure of the state's executive branch which includes how the Medicaid agency fits in with other health, human service and public assistance agencies.

**Executive Branch Description:**

While most of the State's health and human services reside within DHSS, Title IV-E services sit within the Department of Services for Children, Youth and Their Families (DSCYF). Eligibility determinations for Title IV-E foster children and adoption assistance children are delegated to DSCYF. All State Departments and Divisions administer programs and services at the State level; Delaware does not administer any State health and social service programs at a county government level. The DHSS has built State Service Centers in each of Delaware's three counties in order to provide direct access to State services. In these one-stop service centers, individuals may apply for Medicaid, apply for other Social Service programs such as Food Benefits or TANF; schedule child exams with the Division of Public Health; etc. The Service Centers are staffed with State employees who work directly with clients. DHSS employs almost 4,300 individuals and operates four long-term care facilities and the State's only psychiatric hospital, the Delaware Psychiatric Center.

Entities that determine eligibility other than the Medicaid Agency (if entities are described under Designation and Authority)

	TN: DE-13-0008MM	Approved: 11/19/2013	Effective: 10/01/2013	Remove
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# Medicaid Administration

Type of entity that determines eligibility:

- Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- The Federal agency administering the SSI program

Provide a description of the staff designated by the entity and the functions they perform in carrying out their responsibility.

Pursuant to a 1634 agreement, the Department for Social Security Administration determines Medicaid eligibility for Supplemental Security Income recipients.

Add

Entities that conduct fair hearings other than the Medicaid Agency (if are described under Designation and Authority)

Remove

Type of entity that conducts fair hearings:

- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- An Exchange appeals entity, including an entity established under section 1411(f) of the Affordable Care Act

Provide a description of the staff designated by the entity and the functions they perform in carrying out their responsibility.

Not Applicable

Add

Supervision of state plan administration by local political subdivisions (if described under Designation and Authority)

Is the supervision of the administration done through a state-wide agency which uses local political subdivisions?

- Yes  No

The types of the local subdivisions that administer the state plan under the supervision of the Medicaid agency are:

- Counties
- Parishes
- Other

Are all of the local subdivisions indicated above used to administer the state plan?

- Yes  No

## State Plan Administration

A3

### Assurances

42 CFR 431.10  
42 CFR 431.12  
42 CFR 431.50

### Assurances

TN: DE-13-0008MM

Approved: 11/19/2013

Effective: 10/01/2013





# Medicaid Administration

- The state plan is in operation on a statewide basis, in accordance with all the requirements of 42 CFR 431.50.
- All requirements of 42 CFR 431.10 are met.
- There is a Medical Care Advisory Committee to the agency director on health and medical services established in accordance with meeting all the requirements of 42 CFR 431.12.
- The Medicaid agency does not delegate, to other than its own officials, the authority to supervise the plan or to develop or issue policies, rules, and regulations on program matters.

Assurance for states that have delegated authority to determine eligibility:

- There is a written agreement between the Medicaid agency and the Exchange or any other state or local agency that has been delegated authority to determine eligibility for Medicaid eligibility in compliance with 42 CFR 431.10(d).

Assurances for states that have delegated authority to conduct fair hearings:

- There is a written agreement between the Medicaid agency and the Exchange or Exchange appeals entity that has been delegated authority to conduct Medicaid fair hearings in compliance with 42 CFR 431.10(d).
- When authority is delegated to the Exchange or an Exchange appeals entity, individuals who have requested a fair hearing are given the option to have their fair hearing conducted instead by the Medicaid agency.

Assurance for states that have delegated authority to determine eligibility and/or to conduct fair hearings:

- The Medicaid agency does not delegate authority to make eligibility determinations or to conduct fair hearings to entities other than government agencies which maintain personnel standards on a merit basis.

## 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 40 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.