

## **Table of Contents**

**State Name: Delaware**

**State Plan Amendment (SPA) #13-0006MM**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS-179 Form/Summary Form (with 179-like data)
- 3) Superseding Pages Notice
- 4) 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**

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SWIFT# 112020134036

**DEC 09 2013**

Stephen Groff, Director  
Division of Medicaid & Medical Assistance  
Delaware Health and Social Services  
1901 N. DuPont Highway  
New Castle, DE 19720-0906

Dear Mr. Groff:

Enclosed is an approved copy of Delaware state plan amendment (SPA) 13-0006-MM, which was submitted to CMS on September 11, 2013. SPA 13-0006-MM incorporates the MAGI-based eligibility process requirements, including the single streamlined application, into Delaware's Medicaid 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 interim alternative single streamlined paper applications for individuals and families and an interim alternative paper application used to apply for multiple human service 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 following S94 state plan pages and attachments to be incorporated within a separate section at the end of Delaware's approved state plan:

- S94, pages S94-1 and S94-2
- 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 applications

CMS appreciates the significant amount of work your staff dedicated to preparing this state plan amendment. If you have any questions concerning this SPA, please contact Michael Cleary at 215-861-4282.

Sincerely, \_\_\_\_\_

*Francis McCullough*  
Associate Regional Administrator

Enclosures

## Medicaid State Plan Eligibility: Summary Page (CMS 179)

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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-13-0006

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 Eligibility Process State Plan Amendment

Governor's Office Review

Governor's office reported no comment

Comments of Governor's office received

Describe:

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:

Dec 9, 2013

Submit Date:

Sep 11, 2013

**SUPERSEDING PAGES OF  
STATE PLAN MATERIAL**

**TRANSMITTAL NUMBER:**

13-0006 MM

**STATE:**

Delaware

**PAGE NUMBER OF THE PLAN SECTION OR  
ATTACHMENT:**

S94 General Eligibility Requirements – Eligibility Process

**PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (*If Applicable*):**

General Program Administration, Page 10, Item 2.1(a), TN SP-300, effective January 1, 1992, approved May 27, 1992

General Program Administration, Page 11a, Item 2.1(d), TN SP-309, effective July 1, 1992, approved December 21, 1992

**USE OF THE ALTERNATIVE SINGLE STREAMLINED APPLICATION**

Paper Application       Online Application

**TRANSMITTAL NUMBER:**

DE 13-0006-MM

**STATE:**

Delaware

Through October 31, 2014, the state is using an interim alternative single streamlined application. After October 31, 2014, the state will use a revised alternative single streamlined application. The revised application 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.

**USE OF THE ALTERNATIVE SINGLE STREAMLINED APPLICATIONS**

Paper Applications

Online Application

**TRANSMITTAL NUMBER:**

DE 13-0006-MM

**STATE:**

Delaware

Through March 1, 2014, the state is using interim alternative single streamlined paper applications for individuals and families and an interim paper application used to apply for multiple human service programs. After March 1, 2014, the state will use revised alternative single streamlined paper applications. The revised applications 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.



# Medicaid Eligibility

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

<b>General Eligibility Requirements</b> <b>Eligibility Process</b>	<b>S94</b>
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42 CFR 435, Subpart J and Subpart M

### Eligibility Process

- The state meets all the requirements of 42 CFR 435, Subpart J for processing applications, determining and verifying eligibility, and furnishing Medicaid.

### 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 for all insurance affordability programs, developed by the Secretary in accordance with section 1413(b)(1)(A) of the Affordable Care Act

- An alternative single, streamlined application developed by the state in accordance with section 1413(b)(1)(B) of the Affordable Care Act and approved by the Secretary, which may be no more burdensome than the streamlined application developed by the Secretary.

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.

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

- The single, streamlined application developed by the Secretary or one of the alternate forms developed by the state and approved by the Secretary, and supplemental forms to collect additional information needed to determine eligibility on such other basis, submitted to the Secretary.

An attachment is submitted.

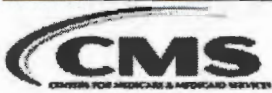
- An application designed specifically to determine eligibility on a basis other than the applicable MAGI standard which minimizes the burden on applicants, submitted to the Secretary.

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 42 CFR 435.1200(f), by telephone, via mail, and in person.

The agency also accepts applications by other electronic means:

- Yes     No



# Medicaid Eligibility

Indicate the other electronic means below:

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

- The agency has procedures to take applications, assist applicants and perform initial processing of applications for the eligibility groups listed below at locations other than those used for the receipt and processing of applications for the title IV-A program, including Federally-qualified health centers and disproportionate share hospitals.

Parents and Other Caretaker Relatives

Pregnant Women

Infants and Children under Age 19

### 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 435.916:
- 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.

- Redeterminations of eligibility for individuals whose financial eligibility is not based on the applicable modified adjusted gross income standard are performed, consistent with 42 CFR 435.916 (check all that apply):

- Once every 12 months
- Once every 6 months
- Other, more often than once every 12 months

### Coordination of Eligibility and Enrollment

The state meets all the requirements of 42 CFR 435, Subpart M relative to coordination of eligibility and enrollment between

- Medicaid, CHIP, Exchanges and other insurance affordability programs. The single state agency has entered into agreements with the Exchange and with other agencies administering insurance affordability programs.

### 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.