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State Name: Delaware

State Plan Amendment (SPA) #16-008

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS-179
- 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# 062220164112

July 25, 2016

Mr. Stephen M. Groff, Director
Division of Medicaid and Medical Assistance
P.O. Box 906
New Castle, DE 19720-0906

Dear Mr. Groff:

We are pleased to inform you of the approval of Delaware State Plan Amendment (SPA) 16-008 to increase the Personal Needs Allowance for individuals residing in long-term care facilities from \$44/month to \$50/month for individuals, and from \$88/month to \$100/month for couples.

Enclosed is a copy of the approved SPA pages and the signed CMS-179 form. The effective date of this amendment is July 1, 2016. If you have any questions, you may contact Michael Cleary at (215) 861-4282.

Sincerely,


Francis McCullough
Associate Regional Administrator

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: SPA #16-008	2. STATE DELAWARE
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION		
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE July 1, 2016

5. TYPE OF PLAN MATERIAL (*Check One*):

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION: 1902(a)(50) of the Social Security Act 1924(d)(1) of the Social Security Act 42 CFR §435.725 42 CFR §435.733 42 CFR §435.832	7. FEDERAL BUDGET IMPACT: a. FFY <u>2016</u> \$ 18,360 b. FFY <u>2017</u> \$ 71,596
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: ATTACHMENT 2.6-A Page 4 ATTACHMENT 2.6-A Page 4 Addendum	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): ATTACHMENT 2.6-A Page 4 ATTACHMENT 2.6-A Page 4 Addendum
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10. SUBJECT OF AMENDMENT: **Standards for payment of personal needs allowance for individuals residing in long-term care facilities.**

11. GOVERNOR'S REVIEW (*Check One*):

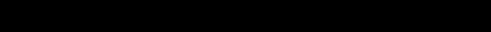
GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED **Governor's comments under separate**
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL **correspondence**

Sab	16. RETURN TO: Stephen M. Groff Director Division of Medicaid and Medical Assistance P.O. Box 906 New Castle, Delaware 19720-0906
13. TYPED NAME: Stephen M. Groff, Director, Division of Medicaid and Medical Assistance	
14. TITLE: Designee for Rita M. Landgraf, Secretary, Delaware Health and Social Services	
15. DATE SUBMITTED: 6/13/15	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: June 15, 2016	18. DATE APPROVED: 7/22/16
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PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2016	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Francis McCullough	22. TITLE: Associate Regional Administrator

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: DELAWARE

ELIGIBILITY CONDITIONS AND REQUIREMENTS

42 CFR 435.725; 43 CFR 435.733; 42 CFR 435.832

B. Post-Eligibility Treatment of Institutionalized Individuals

The following amounts are deducted from the gross income when computing the application of an individual or couples income to the cost of institutionalized care:

1. Personal Needs Allowance.
 - a. Aged, blind, disabled –
Individuals \$50
Couples \$100

For the following individuals with greater need –

See Page 4 Addendum

- b. AFDC related –
Children \$50
Adults \$50
- c. Individuals under age 21 covered in this plan as specified in Item B.7 of ATTACHMENT 2.2-A Page 16. \$50

TN No. SPA #16-008
Supersedes
TN No. SP-388

Approval Date July 22, 2016
Effective Date July 1, 2016

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: DELAWARE

ELIGIBILITY CONDITIONS AND REQUIREMENTS

42 CFR 435.725; 43 CFR 435.733; 42 CFR 435.832

B. Post-Eligibility Treatment of Institutionalized Individuals (continued)

For the following individuals with a greater need (continued)

- d. \$50/month for NF and ICF/IID residents engaging in frequent and regular rehabilitation out-of-facility activities.
- e. For nursing facility residents who are participating in gainful employment, the following amounts, not to exceed the adult foster care rate (SSI benefit amount + \$140), will be deducted from gross earned income:
 - i. Mandatory payroll deductions that are a condition of employment including, but not limited to:
 - 1. Federal, State, and Local taxes
 - 2. FICA
 - 3. Union Dues
 - 4. Insurance Premiums
 - 5. Pension Contributions.
 - ii. Transportation costs as paid to and from employment.
 - iii. Clothing and personal needs allowance of \$75/month.

The maximum amount of income to be protected will not exceed the amount required to maintain an individual in adult foster/residential care. This amount is currently the SSI benefit plus \$140.

TN No. SPA #16-008
Supersedes
TN No. SP-318

Approval Date July 22, 2016
Effective Date July 1, 2016