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State/Territory Name: Delaware

State Plan Amendment (SPA) #: 24-0007

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Form CMS-179
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

August 5, 2024

Andrew Wilson
Medicaid Director
Division of Medicaid and Medical Assistance
Delaware Health and Social Services
P.O. Box 906
New Castle, DE 19720-0906

Re: Delaware State Plan Amendment (SPA) 24-0007

Dear Medicaid Director Wilson:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0007. This amendment proposes removing the premiums requirement for participation in the Medicaid Workers with Disabilities (MWD) Program.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act. This letter informs you that Delaware's Medicaid SPA TN 24-0007 was approved on August 5, 2024, with an effective date of July 1, 2024.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the Delaware State Plan.

If you have any questions, please contact Talbatha Myatt at (215) 861-4259 or via email at Talbatha.Myatt@cms.hhs.gov.

Sincerely,

A large black rectangular redaction box covers the signature of James G. Scott.

James G. Scott, Director
Division of Program Operations

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER
2 4 — 0 0 0 7

2. STATE
DE

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT
 XIX XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
07/01/2024

5. FEDERAL STATUTE/REGULATION CITATION
1902(a)(10)(A)(ii)(XV) of the Social Security Act; 1916 of the Social Security Act

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2024 \$ 353
b. FFY 2025 \$ 1,411

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
~~Attachment 2.6-A pages n-o and Attachment 2.6-A Supplement 8A page 1~~
Attachment 2.6-A pages 12 n-o (09-005)

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (if Applicable)
~~Attachment 2.6-A pages n-o and Attachment 2.6-A Supplement 8A page 1~~
Attachment 2.6-A pages 12 n-o (09-005)

9. SUBJECT OF AMENDMENT

Medicaid Workers with Disabilities Premiums

10. GOVERNOR'S REVIEW (Check One)

- GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, ASSPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL

15. RETURN TO

12. TYPED NAME
Andrew Wilson

Andrew Wilson, Director, DMMA, P.O. Box 906 New Castle, DE19720

13. TITLE
Director

14. DATE SUBMITTED
5/10/2024 | 9:20 AM EDT

FOR CMS USE ONLY

16. DATE RECEIVED
05/14/2024

17. DATE APPROVED
08/05/2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
07/01/2024

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL
James G. Scott

21. TITLE OF APPROVING OFFICIAL
Director, Division of Program Operations

22. REMARKS

7-30-24 - the state requested pen and ink changes to update box 7 and box 8 to strike-through Attachment 2.6A pages n-o and Attachment 2.6A Supplement 8A page 1 and add Attachment 2.6-A pages 12 n-o (09-005).

7-30-24 - the state requested pen and ink change to box 5 to add 1902(a)(10)(A)(ii)(XV) of the Social Security Act; 1916 of the Social Security Act

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE/TERRITORY: DELAWARE

Citation(s)	Condition or Requirement
1902(a)(10)(A)(ii)(XIII), (XV), (XVI), and 1916(g) of the Act (cont.)	For individuals eligible under the Basic Coverage Group described in No. 24 on page 23d of the Attachment 2.2-A and the Medical Improvement Group described in No. 25 on page 23d of Attachment 2.2-A: NOTE: Regardless of the option selected below, the agency MUST require that individuals whose annual adjusted gross income, as defined under IRS statute, exceeds \$75,000 pay 100 percent of premiums. <input type="checkbox"/> The agency requires individuals to pay premiums or other cost-sharing charges on a sliding scale based on income. For individuals with net annual income below 450 percent of the Federal poverty level for a family of the size involved, the amount of premiums cannot exceed 7.5 percent of the individual's income. The premiums or other cost-sharing charges, and how they are applied, are described on page 12o.

TN No. SPA #24-0007
Supersedes
TN No. SPA 09-005

Approval Date August 5, 2024
Effective Date July 1, 2024

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE/TERRITORY: DELAWARE

Citation(s)	Condition or Requirement
1902(a)(10)(A)(ii) (XV), (XVI), and 1916(g) of the Act (cont.)	Premiums and Other Cost-Sharing Charges For the Basic Coverage Group, the agency's premium or other cost-sharing charges and how they are applied, are described below. Effective July 1, 2024, premiums are no longer required.

TN No. SPA #24-0007
Supersedes
TN No. SPA 09-005

Approval Date August 5, 2024
Effective Date July 1, 2024