

State: DELAWARE

Definition of an HMO (or managed care organization - MCO):

In Delaware, a managed care organization, in order to enter into a risk based contract with the State Medicaid agency, must be licensed as an HMO, Health Services Corporation, or "Like Entity" by the Delaware Bureau of Insurance. HMOs must also meet the requirements of 42 CFR §434.20(c) which states that, for the services specified in §434.21(b), an "HMO must meet at least the following requirements:

- (1) Be organized primarily for the purpose of providing health care services.
- (2) Make the services it provides to its Medicaid enrollees as accessible to them (in terms of timeliness, amount, duration, and scope) as those services are to nonenrolled Medicaid recipients within the area served by the HMO.
- (3) Make provision, satisfactory to the Medicaid agency, against the risk of insolvency, and assure that Medicaid enrollees will not be liable for the HMO's debts if it does become insolvent."

TN. No. SP-361

Supersedes

TN. No. new page

Approval Date JAN 17 1996

Effective Date 1/1/96

AMENDED STATE PLAN PAGE

Revision: CMS-PM-

ATTACHMENT 2.2 -A
Page 6
OMB No.:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: DELAWARE

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

12. Deemed Newborns. (42 CFR 435.117,1902(e)(4) of the Act)

A child born in the United States to a woman who was eligible for and receiving Medicaid (including coverage of an alien for labor and delivery as emergency medical services) for the date of the child's birth, including retroactively. The child is deemed eligible for one year from birth.

13. Aged, Blind and Disabled Individuals Receiving Cash Assistance (42 CFR 435.120)

a. Individuals receiving SSI.

This includes beneficiaries' eligible spouses and persons receiving SSI benefits pending a final determination of blindness or disability or pending disposal of excess resources under an agreement with the Social Security Administration; and beginning January 1, 1981 persons receiving SSI under section 1619(a) of the Act or considered to be receiving SSI under section 1619(b) of the Act.

- Aged
- Blind
- Disabled

TN No. SPA #10-001
Supersedes
TN No. SP - 312

Approval Date AUG 03 2010
Effective Date July 1, 2010

State: DELAWARE

Agency*	Citation(s)	Groups Covered
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A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

N/A	435.121	13. <input checked="" type="checkbox"/> b. Individuals who meet more restrictive requirements for Medicaid than the SSI requirements. (This includes persons who qualify for benefits under section 1619(a) of the Act or who meet the requirements for SSI status under section 1619(b)(1) of the Act and who met the State's more restrictive requirements for Medicaid in the month before the month they qualified for SSI under section 1619(a) or met the requirements under section 1619(b)(1) of the Act. Medicaid eligibility for these individuals continues as long as they continue to meet the 1619(a) eligibility standard or the requirements of section 1619(b) of the Act.)
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1619(b)(1)
of the Act

- Aged
- Blind
- Disabled

The more restrictive categorical eligibility criteria are described below:

(Financial criteria are described in ATTACHMENT 2.6-A).

*Agency that determines eligibility for coverage.

TN No. <u>SP-300</u>	Approval Date <u>MAY 27 1992</u>	Effective Date <u>JAN 01 1992</u>
Supersedes		
TN No. <u>SP-250*</u>		HCFA ID: 7983E

* Information was previously on page 5.

State: DELAWARE

Agency*	Citation(s)	Groups Covered
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A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

- | | | |
|-----------|--|--|
| XVI (SSA) | 1902(a)
(10)(A)
(i)(II)
and 1905
(q) of
the Act | 14. Qualified severely impaired blind and disabled individuals under age 65, who--

a. For the month preceding the first month of eligibility under the requirements of section 1905(q)(2) of the Act, received SSI, a State supplemental payment under section 1616 of the Act or under section 212 of P.L. 93-66 or benefits under section 1619(a) of the Act and were eligible for Medicaid; or

b. For the month of June 1987, were considered to be receiving SSI under section 1619(b) of the Act and were eligible for Medicaid. These individuals must--

(1) Continue to meet the criteria for blindness or have the disabling physical or mental impairment under which the individual was found to be disabled;

(2) Except for earnings, continue to meet all nondisability-related requirements for eligibility for SSI benefits;

(3) Have unearned income in amounts that would not cause them to be ineligible for a payment under section 1619(b) of the Act; |
|-----------|--|--|

*Agency that determines eligibility for coverage.

TN No. SP-300
Supersedes
TN No. SP-250*

Approval Date

~~MAY 27 1991~~
~~MAY 27 1991~~

Effective Date

JAN 01 1992

HCFA ID: 7983E

* Information was previously on page 6.

State: DELAWARE

Agency*	Citation(s)	Groups Covered
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A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

XVI (SSA)

- (4) Be seriously inhibited by the lack of Medicaid coverage in their ability to continue to work or obtain employment; and
- (5) Have earnings that are not sufficient to provide for himself or herself a reasonable equivalent of the Medicaid, SSI (including any Federally administered SSP), or public funded attendant care services that would be available if he or she did have such earnings.

Not applicable with respect to individuals receiving only SSP because the State either does not make SSP payments or does not provide Medicaid to SSP-only recipients.

*Agency that determines eligibility for coverage.

TN No. <u>SP-300</u>	Approval Date <u>MAY 27 1994</u>	Effective Date <u>SEP 01 1992</u>
Supersedes		
TN No. <u>SP-250*</u>		HCFA ID: 7983E

* Information was previously on page 6 and 6a.

State: DELAWARE

Agency*	Citation(s)	Groups Covered
N/A	1619(b)(3) of the Act	<p>A. <u>Mandatory Coverage - Categorically Needy and Other Required Special Groups</u> (Continued)</p> <p><input checked="" type="checkbox"/> The State applies more restrictive eligibility requirements for Medicaid than under SSI and under 42 CFR 435.121. Individuals who qualify for benefits under section 1619(a) of the Act or individuals described above who meet the eligibility requirements for SSI benefits under section 1619(b)(1) of the Act and who met the State's more restrictive requirements in the month before the month they qualified for SSI under section 1619(a) or met the requirements of section 1619(b)(1) of the Act are covered. Eligibility for these individuals continues as long as they continue to qualify for benefits under section 1619(a) of the Act or meet the SSI requirements under section 1619(b)(1) of the Act.</p>

*Agency that determines eligibility for coverage.

TN No. SP-300 Approval Date MAY 27 1982 Effective Date JAN 01 1982
Supersedes
TN No. SP-250* HCFA ID: 7983E

* Information was previously on page 6a.

State: DELAWARE

Agency*	Citation(s)	Groups Covered
		A. <u>Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)</u>
1634(c) of the Act		15. Except in States that apply more restrictive eligibility requirements for Medicaid than under SSI, blind or disabled individuals who-- a. Are at least 18 years of age; b. Lose SSI eligibility because they become entitled to OASDI child's benefits under section 202(d) of the Act or an increase in these benefits based on their disability. Medicaid eligibility for these individuals continues for as long as they would be eligible for SSI, absent their OASDI eligibility. <input type="checkbox"/> c. The State applies more restrictive eligibility requirements than those under SSI, and part or all of the amount of the OASDI benefit that caused SSI/SSP ineligibility and subsequent increases are deducted when determining the amount of countable income for categorically needy eligibility. <input type="checkbox"/> d. The State applies more restrictive requirements than those under SSI, and none of the OASDI benefit is deducted in determining the amount of countable income for categorically needy eligibility.
XVI (SSA)	42 CFR 435.122	16. Except in States that apply more restrictive eligibility requirements for Medicaid than under SSI, individuals who are ineligible for SSI or optional State supplements (if the agency provides Medicaid under §435.230), because of requirements that do not apply under title XIX of the Act.
XVI (SSA)	42 CFR 435.130	17. Individuals receiving mandatory State supplements. *Agency that determines eligibility for coverage.

TN No. SP-300 Approval Date MAY 27 1992 Effective Date JAN 01 1992
Supersedes
TN No. SP-250* HCFA ID: 7983E

* Information was previously on pages 6a and 6b.

State: DELAWARE

Agency*	Citation(s)	Groups Covered
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A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

- N/A
- | | | |
|----------------|-----|--|
| 42 CFR 435.131 | 18. | Individuals who in December 1973 were eligible for Medicaid as an essential spouse and who have continued, as spouse, to live with and be essential to the well-being of a recipient of cash assistance. The recipient with whom the essential spouse is living continues to meet the December 1973 eligibility requirements of the State's approved plan for OAA, AB, APTD, or AABD and the spouse continues to meet the December 1973 requirements for having his or her needs included in computing the cash payment. |
|----------------|-----|--|
- In December 1973, Medicaid coverage of the essential spouse was limited to the following group(s):
- ___ Aged ___ Blind ___ Disabled
- Not applicable. In December 1973, the essential spouse was not eligible for Medicaid.

*Agency that determines eligibility for coverage.

TN No. <u>SP-300</u>	Approval Date <u>MAY 25 1992</u>	Effective Date <u>JAN 01 1992</u>
Supersedes		
TN No. <u>SP-250*</u>		HCFA ID: 7983E

* Information was previously on page 6b.

State: DELAWARE

Agency* Citation(s) Groups Covered

A. Mandatory Coverage - Categorically Needy and Other
Required Special Groups (Continued)

- | | | | |
|-----|----------------|-----|--|
| XIX | 42 CFR 435.132 | 19. | Institutionalized individuals who were eligible for Medicaid in December 1973 as inpatients of title XIX medical institutions or residents of title XIX intermediate care facilities, if, for each consecutive month after December 1973, they--

a. Continue to meet the December 1973 Medicaid State plan eligibility requirements; and

b. Remain institutionalized; and

c. Continue to need institutional care. |
| XIX | 42 CFR 435.133 | 20. | Blind and disabled individuals who--

a. Meet all current requirements for Medicaid eligibility except the blindness or disability criteria; and

b. Were eligible for Medicaid in December 1973 as blind or disabled; and

c. For each consecutive month after December 1973 continue to meet December 1973 eligibility criteria. |

*Agency that determines eligibility for coverage.

TN No. <u>SP-300</u>	Approval Date <u>MAY 27 1992</u>	Effective Date <u>JAN 01 1992</u>
Supersedes		
TN No. <u>SP-250*</u>		HCFA ID: 7983E

* Information was previously on page 6c.

State: DELAWARE

Agency*	Citation(s)	Groups Covered
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A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

- | | | |
|----------------|-----|---|
| 42 CFR 435.134 | 21. | Individuals who would be SSI/SSP eligible except for the increase in OASDI benefits under Pub. L. 92-336 (July 1, 1972), who were entitled to OASDI in August 1972, and who were receiving cash assistance in August 1972. |
| XIX | | <input type="checkbox"/> Includes persons who would have been eligible for cash assistance but had not applied in August 1972 (this group was included in this State's August 1972 plan). |
| | | <input type="checkbox"/> Includes persons who would have been eligible for cash assistance in August 1972 if not in a medical institution or intermediate care facility (this group was included in this State's August 1972 plan). |
| | | <input type="checkbox"/> Not applicable with respect to intermediate care facilities; the State did or does not cover this service. |

*Agency that determines eligibility for coverage.

TN No. SP-300 Approval Date MAY 27 1992 Effective Date JAN 01 1992
Supersedes
TN No. SP-250 HCFA ID: 7983E

State: DELAWARE

Agency*	Citation(s)	Groups Covered
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A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

42 CFR 435.135 22. Individuals who --

XIX

- a. Are receiving OASDI and were receiving SSI/SSP but became ineligible for SSI/SSP after April 1977; and
- b. Would still be eligible for SSI or SSP if cost-of-living increases in OASDI paid under section 215(i) of the Act received after the last month for which the individual was eligible for and received SSI/SSP and OASDI, concurrently, were deducted from income.

Not applicable with respect to individuals receiving only SSP because the State either does not make such payments or does not provide Medicaid to SSP-only recipients.

Not applicable because the State applies more restrictive eligibility requirements than those under SSI.

The State applies more restrictive eligibility requirements than those under SSI and the amount of increase that caused SSI/SSP ineligibility and subsequent increases are deducted when determining the amount of countable income for categorically needy eligibility.

*Agency that determines eligibility for coverage.

TN No. <u>SP-300</u>	Approval Date <u>MAY 27 1992</u>	Effective Date <u>JAN 01 1992</u>
Supersedes		
TN No. <u>SP-250</u>		HCFA ID: 7983E

State: DELAWARE

Agency* Citation(s) Groups Covered

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

1634 of the Act

XIX

23. Disabled widows and widowers who would be eligible for SSI or SSP except for the increase in their OASDI benefits as a result of the elimination of the reduction factor required by section 134 of Pub. L. 98-21 and who are deemed, for purposes of title XIX, to be SSI beneficiaries or SSP beneficiaries for individuals who would be eligible for SSP only, under section 1634(b) of the Act.

Not applicable with respect to individuals receiving only SSP because the State either does not make these payments or does not provide Medicaid to SSP-only recipients.

The State applies more restrictive eligibility standards than those under SSI and considers these individuals to have income equalling the SSI Federal benefit rate, or the SSP benefit rate for individuals who would be eligible for SSP only, when determining countable income for Medicaid categorically needy eligibility.

*Agency that determines eligibility for coverage.

TN No. sp 300 Approval Date ~~MAY 27 1991~~ Effective Date JAN 01 1992
Supersedes
TN No. SP-250* HCFA ID: 7983E

* Information was previously on page 8 which was revised by SP-250.

State/Territory: DELAWARE

Agency*	Citation(s)	Groups Covered
1634(d) of the Act	A.	<u>Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)</u>
	24.	Disabled widows, disabled widowers, and disabled unmarried divorced spouses who had been married to the insured individual for a period of at least ten years before the divorce became effective, who have attained the age of 50, who are receiving title II payments, and who because of the receipt of title II income lost eligibility for SSI or SSP which they received in the month prior to the month in which they began to receive title II payments, who would be eligible for SSI or SSP if the amount of the title II benefit were not counted as income, and who are not entitled to Medicare Part A.
	_____	The State applies more restrictive eligibility requirements for its blind or disabled than those of the SSI program.
	<u>X</u>	In determining eligibility as categorically needy, the State disregards the amount of the title II benefits identified in § 1634(d)(1)(A) in determining the income of the individual, but does not disregard any more of this income than would reduce the individual's income to the SSI income standard.
	_____	In determining eligibility as categorically needy, the State disregards only part of the amount of the benefits identified in §1634(d)(1)(A) in determining the income of the individual, which amount would not reduce the individual's income below the SSI income standard. The amount of these benefits to disregarded is specified in Supplement 4 to Attachment 2.6-A.
	_____	In determining eligibility as categorically needy, the State chooses not to deduct any of the benefit identified in § 1634(d)(1)(A) in determining the income of the individual.

*Agency that determines eligibility for coverage.

TN No. SP-314
Supersedes SP-300
TN No. _____

Approval Date FEB 25 1993

Effective Date JAN 01 1993

State: DELAWARE

Agency*	Citation(s)	Groups Covered
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A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

1902(a)(10)(E)(i)
and 1905(p) of
the Act

25. Qualified Medicare beneficiaries--

- a. Who are entitled to hospital insurance benefits under Medicare Part A, (but not pursuant to an enrollment under section 1818A of the Act);
- b. Whose income does not exceed 100 percent of the Federal poverty level; and
- c. Whose resources do not exceed twice the maximum standard under SSI.

(Medical assistance for this group is limited to Medicare cost-sharing as defined in item 3.2 of this plan.)

1902(a)(10)(E)(ii),
1905(s) and
1905(p)(3)(A)(i)
of the Act

26. Qualified disabled and working individuals--

- a. Who are entitled to hospital insurance benefits under Medicare Part A under section 1818A of the Act;
- b. Whose income does not exceed 200 percent of the Federal poverty level; and
- c. Whose resources do not exceed twice the maximum standard under SSI.
- d. Who are not otherwise eligible for medical assistance under Title XIX of the Act.

(Medical assistance for this group is limited to Medicare Part A premiums under section 1818A of the Act.)

*Agency that determines eligibility for coverage.

TN No.	<u>SP-330</u>	Approval Date	<u>OCT 14 1993</u>	Effective Date	<u>7/01/93</u>
TN No.	<u>SP-300</u>				

Revision: HCFA-PM-93-2 (MB)
March 1993

ATTACHMENT 2.2-A
Page 9b1

State: Delaware

Agency*	Citations	Groups Covered
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A. Mandatory Coverage - Categorically Needy
And Other Required Special Groups (con't)

DSS 1902(a)(10)(E)(iii)
and 1905(p)(3)(A)(ii)
of the Act)

27. Specified low income Medicare beneficiaries -
- a. Who are entitled to hospital insurance benefits under Medicare Part A (but not pursuant to an enrollment under Section 1818A of the Act);
 - b. Whose income for calendar years 1993 and 1994 exceeds the income level in 25b, but is less than 110 percent of the Federal poverty level, and whose income for calendar years beginning 1995 is less than 120 percent of the Federal poverty level; and
 - c. Whose resources do not exceed twice the maximum standard under SSI.

(Medical assistance for this group is limited to Medicare Part B premiums under Section 1839 of the Act.)

DSS 1634(e)

28. Each person to whom SSI benefits by reason of disability are not payable for any month solely by reason of clause (i) of (v) of Section 1611(e)(3)(A) shall be treated, for purposes of Title XIX, as receiving SSI benefits for the month.

*Agency that determines eligibility for coverage.

TN No. <u>SP-356</u>	Approval Date <u>MAY 08 1995</u>
supersedes	
TN No. <u>SP-330</u>	Effective Date <u>3/1/95</u>

State: DELAWARE

Agency* Citation(s) Groups Covered

B. Optional Groups Other Than the Medically Needy

42 CFR 435.210 1902(a) (10)(A)(ii) and 1905(a) of the Act 1. Individuals described below who meet the income and resource requirements of AFDC, SSI, or an optional State supplement as specified in 42 CFR 435.230, but who do not receive cash assistance.

The plan covers all individuals as described above.

The plan covers only the following group or groups of individuals:

- Aged
- Blind
- Disabled
- Caretaker relatives
- Pregnant women

XIX 42 CFR 435.211 2. Individuals who would be eligible for AFDC, SSI or an optional State supplement as specified in 42 CFR 435.230, if they were not in a medical institution.

*Agency that determines eligibility for coverage.

TN No. SP-300 Approval Date MAY 27 1992 Effective Date JAN 01 1992
Supersedes
TN No. SP-240* HCFA ID: 7983E

* Page 9c is new, but information was previously on page 9 which was updated by SP-240.

State/Territory: DELAWARE

Agency*	Citation(s)	Groups Covered
		B. <u>Optional Groups Other Than the Medically Needy</u> (Continued)
42 CFR 435.212 & 1902(e)(2) of the Act, P.L. 99-272 (section 9517) P.L. 101-508 (section 4732)		3. The State deems as eligible those individuals who became otherwise ineligible for Medicaid while enrolled in an HMO qualified under Title XIII of the Public Health Service Act or while enrolled in an entity described in section 1903(m)(2)(B)(111), (E) or (G) of the Act, or a Competitive Medical Plan (CMP) with a Medicare contract under section 1876 of the Act, but who have been enrolled in the HMO or entity for less than the minimum enrollment period listed below. The HMO or entity must have a risk contract as specified in 42 CFR 434.20(a). Coverage under this section is limited to HMO services and family planning services described in section 1905(a)(4)(C). — The State elects not to guarantee eligibility. — The State elects to guarantee eligibility. The minimum enrollment period is _____ months (not to exceed six). The State measures the minimum enrollment period from: — The date beginning the period of enrollment in the HMO or other entity, without any intervening disenrollment, regardless of Medicaid eligibility. — The date beginning the period of enrollment in the HMO as a Medicaid patient (including periods when payment is made under this section), without any intervening disenrollment. — The date beginning the last period of enrollment in the HMO as a Medicaid patient (not including periods when payment is made under this section), without any intervening disenrollment of periods of enrollment as a privately paying patient. (A new minimum enrollment period begins each time the individual becomes Medicaid eligible other than under this section.)

*Agency that determines eligibility for coverage.

TN No. SP-314 Approval Date FEB 25 1993
Supersedes
TN No. SP-300

Effective Date

JAN 01 1993

HCFA ID: 7983E

State/Territory: DELAWARE

Agency*	Citation(s)	Groups Covered
1903(m)(2)(F) of the Act, P.L. 98-369 (section 2364), P.L. 99-272 (section 9517), P.L. 101-508 (section 4732)	B. <u>Optional Groups Other Than the Medically Needy</u> (Continued)	<p>The Medicaid Agency may elect to restrict the disenrollment rights of Medicaid enrollees of certain Federally qualified HMOs, Competitive Medical Plans (CMPs) with Medicare contracts under section 1876 of the Act, and other organizations described in 42 CFR 434.27(d), in accordance with the regulations at 42 CFR 434.27. This requirement applies unless a recipient can demonstrate good cause for disenrolling or if he/she moves out of the entity's service area or becomes ineligible.</p> <p>___ Disenrollment rights are restricted for a period of ___ months (not to exceed 6 months).</p> <p>During the first month of each enrollment period the recipient may disenroll without cause. The State will provide notification, at least twice per year, to recipients enrolled with such organization of their right to and restrictions of terminating such enrollment.</p> <p>___ No restrictions upon disenrollment rights.</p>
1903(m)(2)(H), 1902(a)(52) of the Act P.L. 101-508 (section 4732)		<p>In the case of individuals who have become ineligible for Medicaid for the brief period described in section 1903(m)(2)(H) and who were enrolled with an entity having a contract under section 1903(m) when they became ineligible, the Medicaid agency may elect to reenroll those individuals in the same entity if that entity still has a contract.</p> <p>___ The agency elects to reenroll the above individuals who are ineligible in a month but in the succeeding two months become eligible, into the same entity in which they were enrolled at the time eligibility was lost.</p> <p>___ The agency elects not to reenroll above individuals into the same entity in which they were previously enrolled.</p>

*Agency that determines eligibility for coverage.

TN No. SP-314 Approval Date
Supersedes
TN No. new page

FEB 25 1993

Effective Date JAN 01 1993

HCFA ID: 7983E

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

Agency*	Citation(s)	Groups Covered
B. <u>Optional Groups Other Than the Medically Needy (Continued)</u>		
42 CFR 435.217	<u>X</u>	<p>4. A group or groups of individuals who would be eligible for Medicaid under the plan if they were in a NF or an ICF/MR, who but for the provision of home and community-based services under a waiver granted under 42 CFR Part 441, Subpart G would require institutionalization, and who will receive home and community-based services under the waiver. The group or groups covered are listed in the waiver request. This option is effective on the effective date of the State's section 1915(c) waiver under which this group(s) is covered. In the event and existing 1915(c) is amended to cover this group(s), this option is effective on the effective date of the amendment.</p> <p><u>X</u> PACE enrollees and will be effective on the effective date of the amendment electing PACE as an optional State plan service.</p>

TN No. SPA #11-010
Supersedes
TN No. NEW

Approval Date FEB 28 2012
Effective Date October 1, 2011

State: DELAWARE

Agency* Citation(s) Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

1902(a)(10)
(A)(ii)(VII)
of the Act

5. Individuals who would be eligible for Medicaid under the plan if they were in a medical institution, who are terminally ill, and who receive hospice care in accordance with a voluntary election described in section 1905(o) of the Act.

The State covers all individuals as described above.

The State covers only the following group or groups of individuals:

- Aged
- Blind
- Disabled
- Individuals under the age of--
 - 21
 - 20
 - 19
 - 18
- Caretaker relatives
- Pregnant women

*Agency that determines eligibility for coverage.

TN No. SP-300 Approval Date MAY 27 1992 Effective Date JAN 01 1992
Supersedes
TN No. SP-240* HCFA ID: 7983E

* Page 11a is new, but information was previously on page 11 which was updated by SP-240.

State: DELAWARE

Agency* Citation(s) Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

- 42 CFR 435.230 10. States using SSI criteria with agreements under sections 1616 and 1634 of the Act.
- XVI(SSA) The following groups of individuals who receive only a State supplementary payment (but no SSI payment) under an approved optional State supplementary payment program that meets the following conditions. The supplement is--
- a. Based on need and paid in cash on a regular basis.
 - b. Equal to the difference between the individual's countable income and the income standard used to determine eligibility for the supplement.
 - c. Available to all individuals in the State.
 - d. Paid to one or more of the classifications of individuals listed below, who would be eligible for SSI except for the level of their income.
 - ___ (1) All aged individuals.
 - ___ (2) All blind individuals.
 - ___ (3) All disabled individuals.

TN No. SP-300
Supersedes
TN No. SP-240

Approval Date MAY 27 1992

Effective Date JAN 01 1992

HCFA ID: 7983E

State: DELAWARE

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy
(Continued)

- | | | |
|----------------|-------------------------------------|---|
| 42 CFR 435.230 | <input type="checkbox"/> | (4) Aged individuals in domiciliary facilities or other group living arrangements as defined under SSI. |
| | <input type="checkbox"/> | (5) Blind individuals in domiciliary facilities or other group living arrangements as defined under SSI. |
| | <input type="checkbox"/> | (6) Disabled individuals in domiciliary facilities or other group living arrangements as defined under SSI. |
| | <input checked="" type="checkbox"/> | (7) Individuals receiving a Federally administered optional State supplement that meets the conditions specified in 42 CFR 435.230. |
| | <input type="checkbox"/> | (8) Individuals receiving a State administered optional State supplement that meets the conditions specified in 42 CFR 435.230. |
| | <input type="checkbox"/> | (9) Individuals in additional classifications approved by the Secretary as follows: |

TN No. SP-300

Supersedes

TN No. SP-240

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MAY 27 1992

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JAN 01 1992

HCFA ID: 7983E

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

ATTACHMENT 2.2-A
Page 16a
OMB NO.: 0938-

State: DELAWARE

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy
(Continued)

The supplement varies in income standard by political subdivisions according to cost-of-living differences.

Yes.

No.

The standards for optional State supplementary payments are listed in Supplement 6 of ATTACHMENT 2.6-A.

TN No. SP-300
Supersedes
TN No. SP-240*

Approval Date MAY 27 1992

Effective Date JAN 01 1992

HCFA ID: 7983E

* Page 16a is new, but information was previously on page 16, which was updated by SP-240.

State: DELAWARE

Agency* Citation(s) Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

- 42 CFR 435.230
435.121
1902(a)(10)
(A)(ii)(XI)
of the Act
11. Section 1902(f) States and SSI criteria States without agreements under section 1616 or 1634 of the Act.
- The following groups of individuals who receive a State supplementary payment under an approved optional State supplementary payment program that meets the following conditions. The supplement is--
- a. Based on need and paid in cash on a regular basis.
 - b. Equal to the difference between the individual's countable income and the income standard used to determine eligibility for the supplement.
 - c. Available to all individuals in each classification and available on a Statewide basis.
 - d. Paid to one or more of the classifications of individuals listed below:
 - ___ (1) All aged individuals.
 - ___ (2) All blind individuals.
 - ___ (3) All disabled individuals.

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Supersedes _____ Approval Date MAY 27 1992
TN No. new material
N/A for Delaware

JAN 01 1992
Effective Date _____
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Revision: HCFA-PM-91-4 (BPD)

ATTACHMENT 2.2-A

Page 18

OMB NO.: 0938

State: DELAWARE

Agency	Citation(s)	Groups Covered
	C.	Optional Groups Other Than the Medically Needy (Continued)
	____(4)	Aged individuals in domiciliary facilities or other group living arrangements as defined under SSI.
	____(5)	Blind individuals in domiciliary facilities or other group living arrangements as defined under SSI.
	____(6)	Disabled individuals in domiciliary facilities or other group living arrangements as defined under SSI.
	____(7)	Individuals receiving federally administered optional State supplement that meets the conditions specified in 42 CFR 435.230.
	____(8)	Individuals receiving a State administered optional State supplement that meets the conditions specified in 42 CFR 435.230.
	<u>X</u> (9)	Individuals in additional classifications approved by the Secretary as follows: Individuals who lose eligibility for Medicaid due to the receipt of Social Security Disability Insurance and are not yet eligible for Medicare.

TN No. SPA #08-005

Supersedes

TN No. SP-384

Approval Date

DEC 02 2008

Effective Date September 1, 2008

State: DELAWARE

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy
(Continued)

The supplement varies in income standard by political subdivisions according to cost-of-living differences.

 Yes

 No

The standards for optional State supplementary payments are listed in Supplement 6 of ATTACHMENT 2.6-A.

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State: DELAWARE

Agency* Citation(s) Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

XIX

42 CFR 435.231
1902(a)(10)
(A)(ii)(V)
of the Act

*Revised
as 435.236 per
58 3B 4928
01/19/93 (see page
behind)*

1902(a)(10)(A)
(ii) and 1905(a)
of the Act

12. Individuals who are in institutions for at least 30 consecutive days and who are eligible under a special income level. Eligibility begins on the first day of the 30-day period. These individuals meet the income standards specified in Supplement 1 to ATTACHMENT 2.6-A.

The State covers all individuals as described above.

The State covers only the following group or groups of individuals:

- Aged
- Blind
- Disabled
- Individuals under the age of--
 - 21
 - 20
 - 19
 - 18
- Caretaker relatives
- Pregnant women

TN No. SP-300
Supersedes
TN No. SP-250*

Approval Date MAY 27 1992

Effective Date JAN 01 1992

HCFA ID: 7983E

* Information was previously on page 17, which was updated by SP-250.

State: DELAWARE

Agency* Citation(s) Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

1902(e)(3) of the Act LX 13. Certain disabled children age 18 or under who are living at home, who would be eligible for Medicaid under the plan if they were in a medical institution, and for whom the State has made a determination as required under section 1902(e)(3)(B) of the Act.
XIX

Supplement 3 to ATTACHMENT 2.2-A describes the method that is used to determine the cost effectiveness of caring for this group of disabled children at home.

1902(a)(10)(A)(ii)(IX) and 1902(1) of the Act LXI 14. The following individuals who are not mandatory categorically needy whose income does not exceed the income level (established at an amount above the mandatory level and not more than 185 percent of the Federal poverty income level) specified in Supplement 1 to ATTACHMENT 2.6-A for a family of the same size, including the woman and unborn child or infant and who meet the resource standards specified in Supplement 2 to ATTACHMENT 2.6-A:
XIX
a. Women during pregnancy (and during the 60-day period beginning on the last day of pregnancy); and
b. Infants under one year of age.

TN No. SP-300

Supersedes

TN No. SP-250 & SP-297*

Approval Date

MAY 27 1992

Effective Date JAN 01 1992

HCFA ID: 7983E

* Information was previously on pages 17 and 17a which were updated respectively by SP-250 and SP-297.

State: DELAWARE

Agency* Citation(s) Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

1902(a)
(ii)(X)
and 1902(m)
(1) and (3)
of the Act

16. Individuals--

- a. Who are 65 years of age or older or are disabled, as determined under section 1614(a)(3) of the Act. Both aged and disabled individuals are covered under this eligibility group.
- b. Whose income does not exceed the income level (established at an amount up to 100 percent of the Federal income poverty level) specified in Supplement 1 to ATTACHMENT 2.6-A for a family of the same size; and
- c. Whose resources do not exceed the maximum amount allowed under SSI; under the State's more restrictive financial criteria; or under the State's medically needy program as specified in ATTACHMENT 2.6-A.

TN No. SP-300
Supersedes
TN No. SP-255*

Approval Date MAY 27 1992

Effective Date JAN 01 1992

HCFA ID: 7983E

* Information was previously on page 17b, which was updated by SP-255.

State/Territory: DELAWARE

Citation	Groups Covered
B. Optional Coverage Other Than the Medically Needy	(Continued)
1902 (a) (10) (A) (ii) (XVIII) of the Act	<p><input checked="" type="checkbox"/> [20]. Women who:</p> <p>a. have been screened for breast or cervical cancer under the Centers for Disease Control and Prevention Breast and Cervical Cancer Early Detection Program established under title XV of the Public Health Service Act in accordance with the requirements of Section 1504 of that Act and need treatment for breast and cervical cancer, including a pre-cancerous condition of the breast or cervix;</p> <p>b. are not otherwise covered under creditable insurance, as defined in section 2701 (c) of the Public Health Service Act;</p> <p>c. are not eligible for Medicaid under any mandatory categorically needy eligibility group; and</p> <p>d. have not attained age 65.</p>
1920B of the Act	<p><input checked="" type="checkbox"/> [21]. Women who are determined by a "qualified entity" (as defined in 1920B (b) based on preliminary information, to be a woman described in 1901 (aa) the act related to certain breast and cervical cancer patients.</p> <p>The presumptive period begins on the day the determination is made. The period ends on the date that the State makes a determination with respect to the woman's eligibility for Medicaid, or if the woman does not apply for Medicaid (or a Medicaid application was not made on her behalf) by the last day of the month following the month in which the determination of presumptive eligibility was made, the presumptive period ends on that last day.</p>

TN No. <u>SP-387</u>	Supersedes	Approval Date <u>01/09/02</u>	Effective Date <u>10/1/2001</u>
TN. No. <u>NEW PAGE</u>			

NEW STATE PLAN PAGE

Revision:

ATTACHMENT 2.2-A
PAGE 23d
OMB NO.:

State/Territory:

Citation	Groups Covered
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B. Optional Groups Other Than the Medically Needy
(Continued)

1902(a)(10)(A) (ii)(XIII) of the Act	<input type="checkbox"/>	23. BBA Work Incentives Eligibility Group Individuals with a disability whose net family income is below 250 percent of the Federal poverty level for a family of the size involved and who, except for earned income, meet all criteria for receiving benefits under the SSI program. See page 12c of Attachment 2.6-A.
1902(a)(10)(A) (ii)(XV) of the Act	<input checked="" type="checkbox"/>	24. TWWIIA Basic Coverage Group - Individuals with a disability at least 16 but less than 65 years of age whose income and resources do not exceed a standard established by the State. See page 12d of Attachment 2.6-A.
1902(a)(10)(A) (ii)(XVI) of the Act	<input type="checkbox"/>	25. TWWIIA Medical Improvement Group Employed individuals at least 16 but less than 65 years of age with a medically improved disability whose income and resources do not exceed a standard established by the State. See page 12h of Attachment 2.6-A.

NOTE: If the State elects to cover this group, it MUST also cover the Basic Coverage Group described in no. 24 above.

TN No. SPA #09-005
Supersedes
TN No. N/A

Approval Date JAN 26 2010
Effective Date October 1, 2009

State: DELAWARE

Agency* Citation(s) Groups Covered

C. Optional Coverage of the Medically Needy

42 CFR 435.301

This plan includes the medically needy.

No.

Yes. This plan covers:

1902(e) of the Act

1. Pregnant women who, except for income and/or resources, would be eligible as categorically needy under title XIX of the Act.

2. Women who, while pregnant, were eligible for and have applied for Medicaid and receive Medicaid as medically needy under the approved State plan on the date the pregnancy ends. These women continue to be eligible, as though they were pregnant, for all pregnancy-related and postpartum services under the plan for a 60-day period, beginning with the date the pregnancy ends, and any remaining days in the month in which the 60th day falls.

1902(a)(10)(C)(ii)(I) of the Act

3. Individuals under age 18 who, but for income and/or resources, would be eligible under section 1902(a)(10)(A)(i) of the Act.

TN No. SP-300
Supersedes SP-250 & SP-240*

Approval Date

MAY 27 1992

Effective Date JUN 01 1992

HCFA ID: 7983E

* Information was previously on pages 17c and 18, which were updated as indicated.

Delaware does not have a Medically Needy program.

State: DELAWARE

Agency* Citation(s) Groups Covered

C. Optional Coverage of Medically Needy (Continued)

1902(e)(4) of
the Act

~~4. Newborn children born on or after
October 1, 1984 to a woman who is eligible
as medically needy and is receiving
Medicaid on the date of the child's birth. The child
is deemed to have applied and been found eligible for
Medicaid on the date of birth and remains eligible
for one year so long as the woman remains eligible
and the child is a member of the woman's household.~~

42 CFR 435.308

5. a. Financially eligible individuals who are not
described in section C.3. above and who are
under the age of--
___ 21
___ 20
___ 19
___ 18 or under age 19 who are full-time
students in a secondary school or in the
equivalent level of vocational or
technical training

b. Reasonable classifications of financially
eligible individuals under the ages of 21, 20,
19, or 18 as specified below:

- ___ (1) Individuals for whom public agencies are
assuming full or partial financial
responsibility and who are:
- ___ (a) In foster homes (and are under the age
of ___).
- ___ (b) In private institutions (and are under
the age of ___).

TN No. SP-300

Supersedes

TN No. SP-240*

Approval Date

MAY 27 1991

Effective Date

JAN 01 1992

HCFA ID: 7983E

* Information was previously on page 18, which was updated by SP-240.

Delaware does not have a Medically Needy program.

State: DELAWARE

Agency*	Citation(s)	Groups Covered
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C. Optional Coverage of Medically Needy (Continued)

- (c) In addition to the group under b.(1)(a) and (b), individuals placed in foster homes or private institutions by private, nonprofit agencies (and are under the age of ____).
- (2) Individuals in adoptions subsidized in full or part by a public agency (who are under the age of ____).
- (3) Individuals in NFs (who are under the age of ____). NF services are provided under this plan.
- (4) In addition to the group under (b)(3), individuals in ICFs/MR (who are under the age of ____).
- (5) Individuals receiving active treatment as inpatients in psychiatric facilities or programs (who are under the age of ____). Inpatient psychiatric services for individuals under age 21 are provided under this plan.
- (6) Other defined groups (and ages), as specified in Supplement 1 of ATTACHMENT 2.2-A.

TN No. <u>SP 300</u>	Approval Date <u>MAY 27 1992</u>	Effective Date <u>JAN 01 1992</u>
Supersedes _____		
TN No. <u>SP-240*</u>		HCFA ID: 7983E

* Information previously on page 18, which was updated by SP-240.
Delaware does not have a Medically Needy program.

Revision: HCFA-PM-91-8 (BPD)

October 1991

ATTACHMENT 2.2-A

Page 26a

OMB NO.: 0938-

State: N/A for DELAWARE

Citation(s)

Groups Covered

N/A

C. Optional Coverage of Medically Needy
(Continued)

1906 of the
Act

12. Individuals required to enroll in
cost effective employer-based group
health plans remain eligible for a minimum
enrollment period of _____ months.

TN No. SP-308

Supersedes

Approval Date 2/17/93 Effective Date 7/1/92

TN No. new

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: DELAWARE

REQUIREMENTS RELATING TO DETERMINING ELIGIBILITY FOR MEDICARE
PRESCRIPTION DRUG LOW-INCOME SUBSIDIES

Agency	Citation (s)	Groups Covered
1935(a) and 1902(a)(66) 42 CFR 423.774 and 423.904	The agency provides for making Medicare prescription drug Low Income Subsidy determinations under Section 1935(a) of the Social Security Act. 1. The agency makes determinations of eligibility for premium and cost-sharing subsidies under and in accordance with section 1860D-14 of the Social Security Act; 2. The agency provides for informing the Secretary of such determinations in cases in which such eligibility is established or redetermined; 3. The agency provides for screening of individuals for Medicare cost-sharing described in Section 1905(p)(3) of the Act and offering enrollment to eligible individuals under the State plan or under a waiver of the State plan.	

TN No. <u>SP - 408</u> Supersedes TN No. <u>N/A</u>	Approval Date <u>NOV 16 2005</u>	Effective Date <u>July 1, 2005</u>
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Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

SUPPLEMENT 3 TO ATTACHMENT 2.2-A
Page 1
OMB NO.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: DELAWARE

Method for Determining Cost Effectiveness of Caring for
Certain Disabled Children At Home

At the time of application and redetermination of eligibility for the Disabled Children's Program, cost of care is verified and then compared to the cost of care in the type of facility from which the child is being diverted. A level of care is determined by Medicaid's Medical Review Team. If the child is in need of intermediate, skilled, or super-skilled care, the cost of care at home is compared to the Delaware Medicaid pediatric long-term care rates. The home care cost for children diverted from acute hospitalization is compared to the per diem rates paid to the local pediatric hospital.

TN No. SP-300
Supersedes
TN No. new page

Approval Date

MAY 27 1992

Effective Date

JAN 01 1992

HCFA ID: 7983E