



**STATE OF DELAWARE**

**DELAWARE HEALTH AND SOCIAL SERVICES  
DIVISION OF MEDICAID & MEDICAL ASSISTANCE**

**PLANNING & Policy Unit  
M E M O R A N D U M**

REPLY TO  
ATTN. OF: Administrative Notice DMMA- A-06-2020

TO: All DMMA/DSS Staff

DATE 3/27/2020

SUBJECT: COVID-19 Emergency Declaration –  
Eligibility Determinations, Renewals, and Redeterminations

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**NOTE: This update replaces Admin. Notice DMMA –A-04-2020**

**BACKGROUND**

The purpose of this notice is to provide guidance regarding timely determinations effected by the COVID-19 Emergency Declaration for Medicaid.

On March 13, 2020, the President of the United States issued a proclamation that the COVID-19 outbreak in the United States constitutes a national emergency. As a result, states have certain flexibilities related to eligibility determinations and renewals.

Additionally, On March 18, 2020, the President signed into law H.R. 6021, the Families First Coronavirus Responses Act (FFCRA). As a result, the state must comply with certain requirements, including continuous coverage requirements regarding eligibility.

**DISCUSSION**

Under current policy, DSSM 14100.5-Determination of Eligibility, a determination of eligibility must be made in the following circumstances: an approval or denial of eligibility for applicants; a renewal of eligibility for beneficiaries; a termination of eligibility for beneficiaries; and a redetermination of eligibility between regularly scheduled renewals based on a change reported or identified.

Under DSSM 14100.5.1 – Timely Determination of Eligibility, Federal standards must be met for determining eligibility and informing applicants, except when there is an administrative or other emergency beyond the agency's control (42 CFR 435.912(e)(2), such as the current national emergency due to COVID-19.

During the COVID-19 emergency, through the end of the month in which the emergency period ends, states may not terminate individuals from Medicaid who were enrolled in Medicaid on or after March 18, 2020, regardless of any changes in circumstances or redeterminations at scheduled renewals that otherwise would result in termination.

States may conduct regular Medicaid renewals and redeterminations or act on reported or identified changes in circumstances, as well as continue to conduct periodic data matching between regular beneficiary renewals, consistent with states' verification plans. However, states may not terminate individuals as a result of these renewals, redeterminations, or changes in circumstance.

States may terminate coverage for individuals who request a voluntary termination of eligibility, are deceased, or are no longer considered to be residents of the state.

This requirement to maintain continued coverage applies to beneficiaries who might otherwise have coverage terminated after a change in circumstances, including individuals who age out of a Medicaid eligibility group during the emergency period, who lose receipt of benefits that may affect their eligibility (e.g., SSI, foster care assistance payments), and whose whereabouts become unknown.

Further, while states may increase the level of assistance provided to a beneficiary who experiences a change in circumstances, such as moving the individual to another eligibility group which provides additional benefits, states may not reduce benefits.

### **ACTION REQUIRED**

#### **During the COVID – 19 Disaster, until further notice, staff must**

- Continue to follow policy in the Delaware Social Services Manual (DSSM) under the following sections:
  - 14100.5 – Determination of Eligibility
  - 14100.5.1 – Timely Determination of Eligibility
  - 14100.6 – Annual Renewal of Eligibility
  - 14820 – Changes in Circumstances
- Not terminate individuals as a result of renewals, redeterminations, or changes in circumstance except in the following circumstances:
  - An individual requests their eligibility to be terminated,
  - An individual is deceased, or
  - An individual is no longer a Delaware resident.
- Not move any individuals to a different eligibility group in which their benefits would be reduced, regardless of change in circumstance.
- Document the Case Comments section in Assist Worker Web, and cite this administrative notice document number and name in the event of the following:

- Any application that had an extended processing time as a result of the disaster, document this reason clearly in the applicant’s case record.
- If there was a delay in the renewal processing as a result of the disaster, document this reason clearly for the extended timeframes for redetermination in the applicant’s case record.
- Any delay in acting on changes in circumstances affecting Medicaid eligibility as a result of this disaster, document this reason for extended timeframes for acting on the change in circumstances in applicant’s case record.

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3/27/2020

DATE

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