



STATE OF DELAWARE

DELAWARE HEALTH AND SOCIAL SERVICES  
DIVISION OF MEDICAID & MEDICAL ASSISTANCE  
PLANNING & POLICY UNIT

MEMORANDUM

REPLY TO  
ATTN. OF: Administrative Notice DMMA A-11-2021

TO: All DMMA and DSS Staff

DATE: April 14, 2021

SUBJECT: Timely Determination of Eligibility for Medicaid and the Delaware Healthy Children Program

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***\*\*\*Administrative Notice DMMA A-07-2015 originally issued on March 30, 2015, is being reissued as a result of common errors found during the most recent MEQC and PERM Audits.***

**BACKGROUND**

The Affordable Care Act (ACA) was signed into law on March 23, 2010. Under the ACA, health reform will make health care more affordable, guarantee choices when purchasing health insurance, expand Medicaid coverage to millions of low-income Americans and make numerous improvements to both Medicaid and the Children's Health Insurance Program (CHIP).

**DISCUSSION**

During the most recent MEQC and PERM Audits, there were common errors found related to the disposition of applications. The following Federal time standards have been established for the eligibility determination:

- Ninety (90) days for applicants who apply for Medicaid on the basis of disability. This includes long term care eligibility groups and the Children's Community Alternative Disability Program.
- Forty-five (45) days for other Medicaid eligibility groups and the Delaware Healthy Children Program.

The time standards cover the period from the date of application with the agency or the date the application is transferred to the agency via the Federally Facilitated Marketplace (FFM) to the date the agency notifies the applicant of the decision.

The time standards must be met except in unusual circumstances, such as:

- A decision cannot be made because the applicant, his representative, or his physician delays or fails to take a required action.
- There is an administrative or other emergency beyond the agency's control.

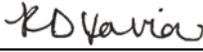
The time standards must not be used as a waiting period before determining eligibility or as a reason for denying eligibility (because a decision has not been reached within the required time standards). Decisions on applications should be made as quickly as possible. When the agency is unable to complete an eligibility determination within the Federal time standards, the case record must include documentation of the reasons for the delay in processing.

**ACTION REQUIRED**

Staff who process eligibility determinations for Medicaid and the Delaware Healthy Children Program must review and apply the policy at DSSM [14100.5.1](#) *Timely Determination of Eligibility* in order to ensure compliance with Federal and State regulations.

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April 14, 2021  
DATE

  
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