



## STATE OF DELAWARE

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

ADMINISTRATIVE NOTICE A-05-2024

TO: DSS and DMMA Staff  
 DATE: March 5, 2024  
 PROGRAM(S): All Medicaid Programs  
 SUBJECT: Continuous Eligibility for Children Enrolled in Medicaid

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**NOTE:** This Administrative Notice replaces DMMA Policy Brief 01-2023

BACKGROUND

Section 5112 of the Consolidated Appropriations Act, 2023 (CAA, 2023) amends titles XIX and XXI of the Social Security Act to require that states provide 12 months of continuous eligibility (CE) for children under the age of 19 in Medicaid and Children's Health Insurance Program (CHIP) effective January 1, 2024.

CE provides coverage to children in Medicaid and CHIP for a full 12-month period regardless of changes in circumstance, with certain exceptions. Guaranteeing ongoing coverage ensures access to care, which in turn improves the short- and long-term health status of children, while reducing financial barriers for families, and promoting health equity. CE for children in Medicaid applies to all children under age 19 who are enrolled in Medicaid.

Please note, this administrative notice pertains to the Medicaid program only. A separate administrative notice will be issued to address Continuous Eligibility for the Delaware Healthy Children Program (DHCP).

DISCUSSION

Effective January 1, 2024, Delaware will provide all children under the age of 19 who are enrolled in Medicaid under any eligibility program 12 months of Continuous Eligibility (CE). CE is based on the *effective date* of the child's last eligibility determination at application or renewal. The ***continuous eligibility period begins:***

- On the *effective date* of the child's initial eligibility determination, or
- On the *effective date* of the child's most recent eligibility redetermination or renewal, which begins a new 12-month eligibility period.

A child's eligibility may not be terminated during a CE period for changes in circumstance, unless one of the following **allowable exceptions** applies:

- (1) The child attains age 19, unless the child is in a 12-month postpartum period;
- (2) The child or child's representative requests a voluntary termination of eligibility;
- (3) The child ceases to be a resident of the State;
- (4) The agency determines that eligibility was erroneously granted at the most recent determination, or renewal of eligibility because of agency error or fraud, abuse, or perjury attributed to the child or the child's representative; or
- (5) The child dies.

### ***How the COVID-19 Public Health Emergency (PHE) Unwinding Period Impacts CE***

In response to the COVID-19 PHE, the Medicaid continuous enrollment condition was established under the Families First Coronavirus Response Act. As a result, some children will not have had a redetermination of eligibility or renewal during the 12 months prior to January 1, 2024.

- These children remain eligible until they are renewed.
- Following the renewal, if the child continues to be eligible, the CE period will begin on the effective date of the redetermination.
- Following the renewal, if the child is found ineligible, coverage will end on the last day of their current eligibility period.

Current members that have had an eligibility determination (initial or redetermination) within the 12 months prior to January 1, 2024, will receive CE for the remainder of their eligibility period, based on the date of their last determination.

- **Example 1:**  
Elijah's most recent eligibility determination was completed in October 2023, and his current eligibility period began November 1, 2023. Effective January 1, 2024, Elijah will have CE for the remainder of his 12-month eligibility period (through October 31, 2024), unless Elijah experiences one of the allowable exceptions.
- **Example 2:**  
Mya's last eligibility determination was August 1, 2021. Under the PHE unwinding requirements, Mya's benefits cannot be terminated until she has a full redetermination. Delaware Medicaid initiates a renewal for Mya during the unwinding period, in March 2024. It is determined that Mya is still eligible for Medicaid. Mya's CE period will align with her new eligibility period, beginning April 1, 2024, through March 31, 2025.

Conversely, if Mya was determined ineligible upon renewal, her coverage would end March 31, 2024, and she would not receive a CE period.

### ***How Self-Attestation and Post-Enrollment Verification Impact CE***

Per DSSM 14800, attestation is accepted with post-enrollment verification for income and Medicare. Children who have been determined eligible based on self-attested information are entitled to the 12-month CE period. Coverage may not be terminated for such children during a CE period if, in conducting post-enrollment verification, the state obtains information that indicates that the child does not meet the eligibility requirements. This is considered a change in circumstance, and a child's eligibility may not be terminated during a CE period, regardless of any change in circumstance, unless the information received indicates that one of the allowable exceptions to CE applies.

### ***How the Reasonable Opportunity to Provide (ROP) Period Impacts CE***

Children whose citizenship or satisfactory immigration status is not verified have ***not been determined eligible***. CE does not apply to children who are receiving benefits under an ROP if the child's status cannot be verified.

### ***CE for Medicaid Enrolled Children Who Become Incarcerated***

Members who become incarcerated continue to be eligible for Medicaid, although coverage is limited only to inpatient services. Though incarceration status is not an allowable exception to the CE period, states must complete *regular annual renewals* and *redetermine eligibility* when the incarcerated individual experiences a change in circumstance that may impact their eligibility for the duration of the individual's incarceration.

### ***How Changes in Circumstances Between Renewals Impact CE***

[42 CFR 435.916\(d\)](#) [42 CFR 435.926](#)

States are still required to redetermine eligibility when changes in circumstance are reported by the family or detected through a data match, prior to the regularly scheduled renewal. As mentioned above, children are protected from termination during a CE period due to most changes in circumstance, but adults are not. As such, states cannot delay acting on changes in circumstance that may impact eligibility for adults ages 19 or older.

Additionally, if a change in circumstance causes a child to become eligible for a different Medicaid eligibility group, they must cascade to that group if it ***would not*** result in a reduced Medicaid benefit package. In this case, *if there is enough information available to renew eligibility with respect to all eligibility criteria*, then a new 12-month renewal period will begin and the child(s) in the case will receive a new CE period.

However, if the change in circumstance would result in the losing coverage or cascading to a new eligibility group with a reduced benefit package, the child must stay in the current eligibility group and retain their current eligibility review date and CE period. At the end of the CE period, the child must go through the full renewal process.

If a child within a CE period is open in DHCP and becomes eligible for Medicaid, the child ***must*** cascade to Medicaid and receive a new 12-month CE period and eligibility review date.

However, if a child is within a CE period and open in a Medicaid, the child **cannot** cascade to DHCP.

The following are some examples of how changes in circumstance may impact a child during a CE period. This list of examples is meant as a guide and not an inclusive list.

- **Example 1:**  
Naomi is 16 years old and open in DHCP. Naomi's current CE period does not end until November 30, 2024. Naomi's household loses its source of income and Naomi is found eligible for Medicaid on April 5, 2024. Naomi's DHCP will close April 30, 2024, and her Medicaid will open May 01, 2024. Naomi will receive a new 12-month CE period and eligibility review date of April 30, 2025.
- **Example 2:**  
Diego is 17 years old and open in MAGI Youth effective March 1, 2024. Diego's CE period will end February 28, 2025. DMMA receives information from the Social Security Administration (SSA) that Diego is receiving Supplemental Security Income (SSI) benefits on June 19, 2024. Diego will close in MAGI Youth on June 30, 2024, and open in SSI Medicaid July 1, 2024. Diego will receive a new 12-month CE period and eligibility review date of June 30, 2025.
- **Example 3:**  
A mother and child, Abby are both open in Medicaid with an eligibility review date of November 30, 2024, which is also the end of Abby's CE period. In May 2024 the mother informs Medicaid of an increase in the household income. The increase places both the mother and child over the income limit for all Medicaid eligibility categories. The case worker must process the change in circumstance, ensuring that the mother's Medicaid is closed. However, Abby must remain open in the current eligibility category until the end of her CE period as change in income is not an allowable exception to the CE period. At the end of her CE period, Abby must go through the full renewal process.
- **Example 4:**  
A mother and child, Marcus are both open in Medicaid with an eligibility review date of November 30, 2024, which is also the end of Marcus's CE period. In May 2024, the mother informs Medicaid that she and the child have moved out of state and requests services be closed. The case worker must process the change in circumstance, ensuring that both the mother and child's Medicaid is closed, as ceasing to be a resident of the State, and requesting case closure, are both allowable exceptions to the CE period.
- **Example 5:**  
Samantha is 12 years old and open in SSI Medicaid. She is in a CE period with an eligibility review date of October 31, 2024. SSA informs Medicaid that Samantha lost SSI benefits effective May 2024. Samantha is reviewed for eligibility in other Medicaid eligibility categories but is not found eligible. Samantha must remain open in SSI Medicaid until the end of her current CE period. Losing the SSI benefit is a change in circumstance that is not an allowable exception to the CE period. At the end of the CE period, Samantha must go through the full renewal process.

- **Example 6:**

In June 2024, a father informs Medicaid that his child, Dylan who is open in Medicaid, has been incarcerated. Dylan's CE period does not end until October 31, 2024. Dylan, even though incarcerated, remains eligible for the remainder of his CE period. Becoming incarcerated is considered a change in circumstance that is not an allowable exception to the CE period. At the end of the CE period, Dylan must go through the full renewal process.
- **Example 7:**

Freddy is 17 years old and was determined eligible in Medicaid in January 2024 based on self-attested income with post-enrollment verification. Freddy has a guaranteed CE period of 12 months, ending December 31, 2024. The case worker receives post-enrollment verification indicating the household is over income for all Medicaid eligibility categories. However, post-enrollment verification of income is not an allowable exception to the CE period, and Freddy must remain open in Medicaid until the end of the current CE period. At the end of the CE period, Freddy must go through the full renewal process.
- **Example 8:**

A father applied for Medicaid for his 10-year-old daughter, Bella. Her citizenship could not be verified via the federal hub, but she was found otherwise eligible and opened in Medicaid effective March 1, 2024, under a 90-day Reasonable Opportunity Period (ROP). At the end of the ROP, Bella's citizenship still could not be verified. The case worker must close Bella's Medicaid as a child open under a ROP is not considered to be eligible until citizenship is certified and thus the CE period does not apply.
- **Example 9:**

Michael is 18 years-old and open in the Children's Community Alternative Disability Program (CCADP) with a CE period that ends on December 31, 2024. Michael turns 19 on April 28, 2024. Michael would remain eligible in his current eligibility category until April 30, 2024, at which point he would lose coverage in that category and be determined for eligibility in other Medicaid categories. If he is not found eligible in any other category, the case will close as attaining the age of 19 is an allowable exception to the CE period.
- **Example 10:**

Mackenzie is under the care of The Department of Services for Children, Youth, and their Families (DSCYF). Mackenzie is open with Foster Care Medicaid on April 1, 2024. Mackenzie's CE period will end March 31, 2025. DMMA receives information on June 10, 2024, from DSCYF that Mackenzie is exiting state care and request her Medicaid be closed. Since DSCYF is acting as her guardian in requesting her services to be closed, and a child's representative requesting a voluntary termination of eligibility is an allowable exception to the CE period, the case worker must close her Medicaid benefits effective June 30, 2024.
- **Example 11:**

Andres is a 12-year-old open in DHCP with his CE period ending June 30, 2024. On March 12, 2024, the caseworker is updated that Andres' living situation has changed and he now lives with his mother, not father. Andres' mother has an open case with a much lower household income, thus making Andres eligible for MAGI Youth Medicaid. Andres should

close in DHCP on March 31st, 2024, and open in MAGI Youth on mom's case on April 1, 2024. Andres will receive a new 12-month CE period and eligibility review date of March 31, 2025.

- **Example 12:**

Liam applied and was found eligible for CCADP effective October 1, 2023. He manifests with a chronic profile, so while his financial redetermination must be completed annually, his medical redetermination does not need to be completed for 3 years. Since his CE period is determined by his initial eligibility period of October 1, 2023, his CE period will end September 30, 2024, at which point he must receive a financial redetermination.

- **Example 13:**

Alyssa has been open in CCADP for 9 years. She received her annual financial eligibility review and was determined to still be financially eligible effective February 1, 2024, with a CE period ending on January 31, 2025. Alyssa's medical review date is August 1, 2024. During this medical review, it is determined that Alyssa is no longer medically eligible for CCADP. Alyssa's change in medical status is considered a change in circumstance that is not an allowable exception to the CE period. Since Alyssa is no longer medically eligible for CCADP, she is reviewed for eligibility under other Medicaid eligibility categories; however, she is not found eligible elsewhere. Since she is in a CE period that does not end until January 31, 2025, she must remain open in CCADP for the remainder of the CE period and go through the full renewal process at the end of CE period.

- **Example 14:**

A mom and 2 children, Amelia age 7 and Marisol age 12, are all open in Medicaid on the same case, but with various eligibility review dates, causing the children to be in 2 different CE periods. Marisol and mom's review date (and the end of Marisol's CE period) is February 28, 2025. Amelia's review date, and the end of her CE period, is April 30, 2025. During the renewal process, the household income is confirmed to be too high for any Medicaid eligibility category and Marisol and mom lose coverage. However, since a change in income is not an allowable exception to the CE period, Amelia must remain open until the end of her CE period of April 30, 2025, and go through the full renewal process at the end of CE period.

### ***How Retroactive Eligibility and the Reconsideration Period Impact CE***

As stated above, a CE period begins on the *effective date* of the child's last eligibility determination at application or renewal. If, at application, a child is also found eligible for retroactive coverage, it does not change the effective date of the eligibility determination and thus, is **not** considered part of the CE period.

Additionally, Delaware Medicaid will reconsider eligibility if an individual returns their renewal form (or other information necessary to complete a renewal) during the reconsideration period without requiring the individual to complete and return a new application. The renewal form returned within the reconsideration period serves as an application. The individual's new eligibility period must be established based on the date the renewal form is received.

While the reconsideration period does not provide reinstatement of coverage back to the date of termination for eligible individuals, up to three months of retroactive coverage may be available to help close the gap in coverage for those individuals for whom retroactive eligibility applies. Any applicable retroactive coverage does not affect the eligibility determination date and is **not** considered part of the CE period.

\*Please note – Delaware received E14 authority for the PHE unwinding period from CMS to reinstate eligibility effective on the individual's prior termination date for individuals disenrolled based on a procedural reason who are subsequently redetermined eligible for Medicaid during a 90-day reconsideration period (reinstate eligibility back to termination date during reconsideration period). This is applicable to both MAGI and non-MAGI eligibility groups during the PHE Unwinding period only.

- **Example 1:**

Jalen applies for Medicaid in June 2024. He also requests retroactive coverage for medical bills incurred in the 90-days prior to application. Jalen is determined eligible and open in Medicaid effective June 1, 2024. The worker review's Jalen's request for retroactive coverage and determines that he was over income for March 2024 and ineligible for that month. However, he was no longer over income in April and May, and is determined retroactively eligible for those two months. Jalen's CE period begins June 1, 2024, and ends May 31, 2025.

- **Example 2:**

Leilani's mother returned her renewal form but did not complete all the required verifications with her renewal. As a result, Leilani's MAGI Youth benefits closed at renewal on June 30, 2024. On August 3, 2024, while in the reconsideration period, Leilani's Mother submitted the required verification. Leilani was found eligible with an effective date of August 1, 2024, as the effective date of coverage must be established based on the date the renewal form was received. Leilani was also reviewed and found eligible for retroactive coverage for July 2024. Since the CE period begins on the effective date of the child's last eligibility determination at application or *renewal*, Leilani's CE period begins August 1, 2024, and ends July 31, 2025.

## **ACTION REQUIRED**

The DSS Information Services Unit (ISU) is working to implement the new policy and system changes in Assist Worker Web (AWW). Until that time, a workaround has been put in place.

**A temporary workaround was put in place effective January 1, 2024, through January 25, 2024.** DMMA Policy Brief 01-2023 was issued on December 28, 2024. This Administrative Notice updates that guidance.

**Effective January 1, 2024, through January 25, 2024:**

Staff *must not* confirm Medicaid AG closures (under any eligibility program) when the Medicaid AG includes a child under the age of 19 unless the AG meets one of the allowable exceptions. However, staff *shall* confirm the closure of DHCP benefits if the child cascades to Medicaid. The Information Systems Unit will be monitoring Medicaid AG closures and providing a list of children to be reopened daily.

**Staff shall enter the following case comment when not confirming benefits:**

- No Confirmation: Manual work around in compliance with Medicaid Continuous Eligibility Requirement

**Staff shall enter the following case comment when confirming the closure due to an allowable exception:**

- Confirmation: Confirming closure due to allowable exception to the Medicaid Continuous Eligibility Requirement (Provide the exception)

**Staff shall enter the following case comment when manually reopening case:**

- Case Reopening: Manual work around in compliance with Medicaid Continuous Eligibility Requirement

**Staff shall enter the following case comment when performing a supervisor override to remove a child from one case and open in another case within a CE period:**

- Eligibility Override: Manual work around in compliance with Medicaid Continuous Eligibility Requirement (MCI # removed from case and placed in case #)

**A second Workaround was implemented January 25, 2024, in AWW and must be used until system updates have been completed.** For this workaround a new check will be added when confirming an AG to identify situations where children are losing coverage during the 12-month CE period.

Confirmation will be blocked when:

- A Medicaid AG with a child only contains one eligible individual. A pop-up message will be displaying saying why the confirmation was blocked.
- A Medicaid AG with a child contains more than one eligible individual, but all eligible individuals are children. A pop-up message will be displaying saying why the confirmation was blocked.
- A Medicaid AG with a child also contains an eligible adult.

Confirmation is allowed when:

- The individual fails for the following reasons:
  - Moved out of State,
  - Voluntary request for closure,
  - The individual is deceased.

- A child in a Medicaid AG continues to retain their 12-month CE period.
- The case is in eligibility review mode and the Medicaid AG is due for renewal.
- A supervisor performs an eligibility override.
  - The supervisor should select AG-level Reason Code: Allow MA Confirmation during Continuous Eligibility period.

**Staff shall continue to enter the following case comment when confirming the closure due to an allowable exception:**

- Confirmation: Confirming closure due to allowable exception to the Medicaid Continuous Eligibility Requirement (Provide the exception)

**Staff shall continue to enter the following case comment when performing a supervisor override to remove a child from one case and open in another case within a CE period:**

- Eligibility Override: Manual work around in compliance with Medicaid Continuous Eligibility Requirement (MCI # removed from case and placed in case #)

Once system updates are complete, staff will be notified, and additional guidance will be provided.

Staff should follow the policy in the Delaware Social Services Manual (DSSM) under the following sections once they are published as final. Information will be distributed, and the Online Policy Manual will be updated once that is complete.

- 14810 Continuous Eligibility
- 14810.2 Continuous Eligibility for Children enrolled in Medicaid.
- 14820 Changes in Circumstances
- 14820.1 How Changes in Circumstances affect Continuous Eligibility
- 25100.1 Continuous Eligibility for CCADP Members

**DIRECT INQUIRIES TO**

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3/6/2024 | 1:48 PM EST

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