

**STATE OF DELAWARE****DELAWARE HEALTH AND SOCIAL SERVICES
DIVISION OF MEDICAID & MEDICAL ASSISTANCE
PLANNING & POLICY UNIT****ADMINISTRATIVE NOTICE A-08-2024**

TO: All DMMA & DSS Staff

DATE: August 27, 2024

PROGRAM(S): All Medicaid Programs

SUBJECT: Screening for Non-MAGI Medicaid Eligibility

Note: This Admin Notice replaces A-04-2021 Screening for Non-MAGI Medicaid Eligibility

BACKGROUND

Federal and State regulations require that all categories of Medicaid eligibility be considered prior to terminating an individual's Medicaid eligibility. An individual's eligibility for Medicaid programs subject to modified adjusted gross income (MAGI) methodologies, as well as for programs not subject to MAGI methodologies, must be considered with each Medicaid application, renewal, or change in circumstances.

DISCUSSION

The State of Delaware Division of Medicaid and Medical Assistance (DMMA) primarily determines Medicaid eligibility for non-MAGI related and Long-Term Care Medicaid programs. The State of Delaware Division of Social Services (DSS) primarily determines Medicaid eligibility for MAGI-related Medicaid programs and the Delaware Healthy Children Program (DHCP). Staff are responsible for screening cases for potential eligibility for Non-MAGI Medicaid programs prior to denying or terminating a Medicaid or DHCP case. In addition to the general eligibility requirements outlined in the Delaware Social Services Manual (DSSM) [Section 14000](#), individuals must meet additional criteria for Non-MAGI Medicaid or Medical assistance programs.

Please review below, the high-level summaries of some of the most common Non-MAGI Medicaid and Medical Assistance programs that must be considered prior to denying or terminating Medicaid or DHCP eligibility. The relevant sections of the DSSM have been included for each program. Please note that this is not a comprehensive list of all Non-MAGI Medicaid or Medical Assistance programs.

Supplemental Security Income (SSI) Related Programs:

All current and some former recipients of Federal Supplemental Security Income (SSI) benefits may be eligible to receive Medicaid coverage in Delaware. There are several different categories of SSI related Medicaid Programs for which DMMA determines eligibility:

- 1619(b) See [DSSM 17130](#)
- “Pickle Amendment” See [DSSM 17140](#)
- Widows/Widowers (Age 60-64) See [DSSM 17150](#)
- Disabled Widows/Widowers (Age 50-59) See [DSSM 17155](#)
- Adult Disabled Children See [DSSM 17160](#)

Medicare Savings Programs (MSP) :

Low-income individuals who are eligible for medical coverage through Medicare may qualify for assistance with certain Medicare-related costs, including Medicare Part A and Part B coinsurance, deductibles, and/or premiums.

- Qualified Medicare Beneficiary (QMB) See [DSSM 17300](#)
- Specified Low Income Medicare Beneficiary (SLMB) See [DSSM 17400](#)
- Qualifying Individuals (QI) See [DSSM 17500](#)
- Qualified Disabled Working Individual (QDWI) See [DSSM 17700](#)

Medical Assistance during Transition to Medicare (MAT):

Medicaid eligibility may be provided to individuals who receive an optional state supplement and who would be eligible for SSI except for their income level. These individuals must have received SSI and lost eligibility due to receipt of Social Security Disability Insurance (SSDI) and not yet be eligible for Medicare. MAT is also available for individuals who lost eligibility for Medicaid due to the receipt of SSDI and are not yet eligible for Medicare yet. See [DSSM 17800](#)

Chronic Renal Disease Program (CRDP):

Clients must be diagnosed with End Stage Renal Disease (ESRD), receive dialysis, or have a renal transplant to be considered under this program. CRDP is not Medicaid. CRDP is a medical assistance program that does not provide full coverage. See [DSSM 50000](#)

Medicaid for Workers with Disabilities (MWD):

Certain people with disabilities between the ages of sixteen (16) and sixty-five (65), who are also employed, may qualify for coverage through the Medicaid for Workers with Disabilities (MWD) program. See [DSSM 17900](#)

Long Term Care (LTC):

Individuals with certain disabilities and/or chronic health problems, who meet a skilled or intermediate level of care, may qualify for Long Term Care (LTC) Medicaid services. LTC Medicaid services may be provided to individuals residing in the community, assisted living facility, or in a nursing home.

- Nursing Home See [DSSM 20000](#)
- Long Term Care Community Services See [DSSM 20710](#)

- DDDS Lifespan Waiver See [DSSM 20700.1](#)

Children's Community Alternative Disability Program (CCADP):

Children under the age of nineteen (19) who meet Supplemental Security Income (SSI) medical disability standards may qualify for eligibility through the Children's Community Alternative Disability Program (CCADP). Financial eligibility for CCADP is based solely on the income and resources of the child.

See [DSSM 25000](#)

P.A.C.E.:

Program of All-Inclusive Care for the Elderly (PACE) is a benefit that features a comprehensive service delivery system. Most participants continue living at home. All deliverable services are covered by PACE rather than only those services reimbursable under the Medicare and Medicaid fee-for-service systems. See [DSSM 20775](#)

The Division of Medicaid and Medical Assistance (DMMA) stands ready to assist DSS staff with questions relating to potential eligibility for these Non-MAGI Medicaid programs. Please use the contact information listed below for DMMA, as needed, for assistance with appropriately referring and/or screening for non-MAGI eligibility.

SSI and SSI related Programs: Protected SSI's, MAT, MSP's

New Castle County: 031 (302) 451-3610

Kent/Sussex Counties: 131 (302) 424-7190

Chronic Renal Disease Program (CRDP):

Pool 520 (302) 424-7180

Medicaid for Workers with Disabilities (MWD):

Pool 131 (302) 424-7190

Long Term Care (LTC) Nursing Home and Community Services Programs:

LTC Central Intake Unit 866-940-8963

DDDS Lifespan Waiver: (Divided alphabetically)

A-N: Pool 335 (302) 857-5001

O-Z: Pool 920 (302) 515-3150

Children's Community Alternative Disability Program (CCADP):

New Castle County: Pool (302) 451-3621

Kent County: Pool 131 (302) 424-7190

Sussex County: Pool 920 (302) 515-3150

P.A.C.E.:

Pool 230 (302) 451-3640

ACTION REQUIRED

All staff **must** screen cases for all potential categories of Medicaid eligibility, both MAGI and non-MAGI, *prior to denying or terminating Medicaid eligibility* on initial applications, renewals, or following changes in circumstances.

If the applicant or recipient no longer meets eligibility requirements for MAGI-related Medicaid programs, and DSS Operations staff believes that the individual may qualify for one of the non-MAGI Medicaid programs listed above, DSS Operations staff **must** send an eligibility request to the DSS Assistance resource mailbox following the process below.

Eligibility Requests to DMMA

- DSS Operations staff will complete and include the template in Attachment I when submitting a request for a full eligibility determination.
- DSS Operations staff must either:
 - attach the application (initial or renewal) and related documentation to the e-mail, OR
 - ensure the application and related documentation are scanned, tagged, and indexed under the correct case number in OnBase for DMMA staff to review.
- DSS Operations staff will include in the subject line:
 - the case number, and
 - type of DMMA referral (Client over 64 and/or Medicare entitled, CRDP, MAT, MWD, CCADP, etc.)
- DSS Operations staff will refer individuals requesting consideration for LTC programs (HCBS, NH, 30-day Acute Care, PACE, CCADP, etc.) to the DMMA Central Intake Unit (CIU) to initiate a referral:
 - By telephone 1-866-940-8963 or e-mail: DHSS_DMMA_CIU@delaware.gov.
 - *Please Note: LTC programs require a medical eligibility determination. This cannot be initiated through the DSS Assistance resource mailbox.
- DMMA Operations staff will process initial applications and renewals in accordance with timely processing standards applicable to the program(s) in question.
- DMMA Operations staff will process interim changes within two (2) business days of receiving all information required to complete a determination of eligibility for the non-MAGI program(s) in question.

Staff shall follow the policy in the Delaware Social Services Manual (DSSM) under the following sections:

[14100.5 Determination of Eligibility](#)

[14100.8 Coordination of Eligibility and Enrollment with Other Insurance Affordability Programs](#)

Staff shall review the policy in the U.S. Code of Federal Regulation (CFR) under the following sections:

[42 CFR §435.911\(c\)\(2\) & \(d\)](#)

[42 CFR §435.1200\(e\)\(2\)](#)

DIRECT INQUIRIES TO

DHSS_DMMA_PPU@delaware.gov

8/27/2024 | 3:15 PM EDT

DATE

DocuSigned by:

Andrew Wilson

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Andrew Wilson
Director
Division of Medicaid & Medical Assistance

ATTACHMENT I – Eligibility Request to DMMA

Name of Client(s)	
Client(s) MCI Number(s)	
Case Number	
Date of Application	
Reason for DMMA Referral (Client over 64 years of age and/or Medicare entitled, CRDP, MAT, MWD, CCADP)	
Application and Related Documentation Attached or Available in OnBase?	
DSS Worker	
DSS Supervisor	
Additional Comments	