

**STATE OF DELAWARE****DELAWARE HEALTH AND SOCIAL SERVICES  
DIVISION OF MEDICAID & MEDICAL ASSISTANCE  
POLICY & PLANNING UNIT****ADMINISTRATIVE NOTICE A-09-2024**

TO: DMMA Staff  
DATE: August 27, 2024  
PROGRAM(S): Medicaid for Workers with Disabilities (MWD)  
SUBJECT: Medicaid for Workers with Disabilities (MWD) Premium  
Discontinuance and Managed Care Enrollment

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**BACKGROUND**

The "Ticket to Work and Work Incentives Improvement Act of 1999" (TWWIIA) created an optional Medicaid eligibility group under Section 1902(a)(10)(A)(ii)(XV) of the Social Security Act. This eligibility group provides Medicaid coverage to certain employed individuals with disabilities who are ages 16 through 64. Individuals must be disabled as defined under the Supplemental Security Income (SSI) program except that being engaged in substantial gainful activity will not preclude a determination of disability. States had the flexibility to require recipients of this program to pay premiums. Delaware Medicaid's Medicaid for Workers with Disabilities (MWD) members were required to pay a monthly premium based on the member's income.

During the COVID-19 Public Health Emergency, Delaware Medicaid received approval from the Center for Medicare and Medicaid Services (CMS) for a temporary State Plan Amendment (SPA) to waive the premium for the MWD population through June 30, 2024.

On October 27, 2023, CMS released guidance on the Consolidated Appropriations Act (CAA) 2023 Continuous Eligibility (CE) for Children in Medicaid requirement. That guidance, [Mandatory Continuous Eligibility for Children in Medicaid and CHIP Frequently Asked Questions](#) removed the States' authority to terminate coverage for non-payment of premiums for children under the age of 19 within the CE period.

Based on this updated guidance and in consideration of the fact that the Medicaid for Workers with Disabilities (MWD) program includes individuals under the age of 19, Delaware Medicaid has elected to remove the premium requirement for ***all*** MWD members effective July 1, 2024.

## **DISCUSSION**

### ***How does CE work for MWD members:***

MWD members under the age of 19 will receive CE for a full 12-month period regardless of changes in circumstance, with certain exceptions that are outlined below.

- Member turns 19; unless the member is in a 12-month postpartum period;
- Member is no longer a resident of Delaware;
- Member dies;
- Member or member's representative requests disenrollment;
- Agency determines that eligibility was erroneously granted at the most recent determination, redetermination, or renewal of eligibility because of agency error or fraud, abuse, or perjury attributed to the member or the member's representative.

For additional information on CE for Children in Medicaid please refer to the Administrative Notice [A-05-2024 Continuous Eligibility for Children in Medicaid](#) and DSSM Policy Section [14810.2 Continuous Eligibility for Children Enrolled in Medicaid](#).

### ***How does removing the premium requirement affect Managed Care enrollment:***

Previously, members were required to pay their first month's premium at the time of their Managed Care Organization (MCO) enrollment.

Effective July 1, 2024, when a member is determined eligible for MWD, the member will be automatically enrolled with an MCO. If the MWD member prefers a different MCO, the member may call the Health Benefits Manager (HBM) within 90 days to request the MCO of their preference.

### ***Retroactive eligibility for MWD members:***

Applicants who request a determination of retroactive eligibility may be found eligible no later than the third month before the month of application if the applicant meets the eligibility criteria for all aspects of eligibility. When the member is automatically enrolled with an MCO through the HBM the enrollment will be effective the date the member was determined eligible, including eligibility for a retroactive date.

## **ACTION REQUIRED**

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

- 14810.2 Continuous Eligibility for Children Enrolled in Medicaid
- 17901 General Eligibility Requirements
- 17903 Age Requirements

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- 17912 Retroactive Eligibility
- 17913 Premium Requirements
- 17914 Managed Care Enrollment Requirement

**DIRECT INQUIRIES TO**

[DHSS\\_DMMA\\_PPU@delaware.gov](mailto: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