

CHIP Eligibility

State Name: Delaware	OMB Control Number: 0938-1148
Transmittal Number: 13 - 00 - 0016	
Child Health Insurance Program Eligibility - Children Ineligible for Medicaid as a Re	cult of the Elimination of Income Digragards CS14
Enginity - Children menginie for Medicaid as a Re	suit of the Eminimation of Income Disregards
Section 2101(f) of the ACA and 42 CFR 457.310(d)	
Children Ineligible for Medicaid as a Result of the Elimination	of Income Disregards
The CHIP agency provides coverage for this group of children	ı as follows:
The state has received approval from CMS to maintain Me Section 2101(f) such that no child in the state will be subjection	edicaid eligibility for children who would otherwise be subject to ect to this provision.
income disregards in accordance with 42 CFR 457.310(d).	cided for children ineligible for Medicaid due to the elimination of Coverage for this population will cease when the last child protected on of income disregards has been afforded 12 months of coverage in a b.
Describe the methodology used by the state to identify and en afforded by Section 2101(f) of the Affordable Care Act:	roll children in a separate CHIP who are subject to the protection
The state has demonstrated and CMS has agreed that all ch state's existing separate CHIP.	ildren qualifying for section 2101(f) protection will qualify for the
The state will enroll all children in a separate CHIP who lo first renewal applying MAGI methods.	see Medicaid eligibility because of an increase in family income at their
below the following percentage of FPL. The state has dem	mily income falls above the converted MAGI Medicaid FPL but at or onstrated and CMS has agreed that all or almost all the children who egards were applied will be within this income range and therefore
income has not increased since the child's last determination	ound to be ineligible for Medicaid based on MAGI but whose family on of Medicaid eligibility or who would have remained eligible for f the value of their 2013 disregards had been applied to the family
Other.	
Describe the benefits provided to this population:	
This population will be provided the same benefits as are p	provided to children in the state's Medicaid program.
• This population will be provided the same benefits as are p	provided to children in the state's separate CHIP.
Other (consistent with Section 2103 of the SSA and 42 CF	R 457 Subpart D).
Describe premiums and cost sharing required of this population	on:

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Cost sharing is the same as for children in the Medicaid program.
• Premiums and cost sharing are the same as for targeted low-income children in the state's separate CHIP.
On premiums, copayments, deductibles, coinsurance or other cost sharing is required.
Other premiums and/or cost-sharing requirements (consistent with Section 2103(e) of the SSA and 42 CFR 457 Subpart E).

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 50 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

V.20160722

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