STATE OF DELAWARE

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

ADMINISTRATIVE NOTICE A-10-2025

TO: All DMMA & DSS Staff

DATE: October 6, 2025

PROGRAM(S): Medicaid, and Delaware Healthy Children Program (DHCP)

SUBJECT: Screening for Non-MAGI Medicaid Eligibility

Note: This Admin Notice replaces A-08-2024 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 must be considered for both Modified Adjusted Gross Income (MAGI) and Non-MAGI programs 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 and Long-Term Care Medicaid programs that follow the Supplemental Security Income (SSI) methodology for eligibility determination. The Division of Social Services (DSS) determines for MAGI Medicaid and the Delaware Healthy Children Program (DHCP). DSS also determines eligibility for non-MAGI programs that do not use the SSI methodology for eligibility including Deemed Newborn, Foster Care, Adoption Assistance, Former Foster Care Medicaid programs, and Refugee Medical Assistance. Staff from both divisions 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 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) Eligibles: Individuals with disabilities who lose financial eligibility for SSI due to obtaining employment. See DSSM 17130
- "Pickle Amendment": Loss of SSI benefits due to COLA increases. 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 eligible for Medicare. MAT is also available for individuals who lost eligibility for Medicaid due to the receipt of SSDI and are not 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

Breast and Cervical Cancer Program (BCCP):

Certain uninsured women who are identified through the Centers for Disease Control (CDC) National Breast and Cervical Cancer Early Detection Program (NBCCEDP) and need definitive treatment for breast or cervical cancer. This may include treatment for precancerous condition or early-stage cancer, more than the routine diagnostic or monitoring services. This is a full Medicaid program, and coverage is more inclusive than limited treatment of breast and cervical cancer. See DSSM 15600.

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

P.A.C.E:

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

Children's Community Alternative Disability Program (CCADP):

Children under the age of 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

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: Pool 031 (302) 451-3610
Kent/Sussex Counties: Pool 131 (302) 424-7190

Chronic Renal Disease Program (CRDP):
Statewide: Pool 520 (302) 424-7180

Medicaid for Workers with Disabilities (MWD):
Statewide: Pool 131 (302) 424-7190

Breast and Cervical Cancer Program (BCCP):
Statewide: Pool 131 (302) 424-7190

Long Term Care (LTC) Nursing Home and Community Services Programs:
Statewide: LTC Central Intake Unit 866-940-8963

DDDS Lifespan Waiver*:* (Divided alphabetically statewide)
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 230 (302) 451-3621
Kent County: Pool 131 (302) 424-7190
Sussex County: Pool 920 (302) 515-3150

P.A.C.E:
Statewide: 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 or DHCP, and the clients case includes information indicating the individual **may potentially be eligible** for one of the non-MAGI Medicaid programs listed above, DSS Operations staff ***must*** refer the individual for an eligibility determination on another basis.

The **DMMA Referral Module** in ASSIST Worker Web (AWW) enables DSS staff to make **Eligibility Requests** or **Confirmation Requests**.

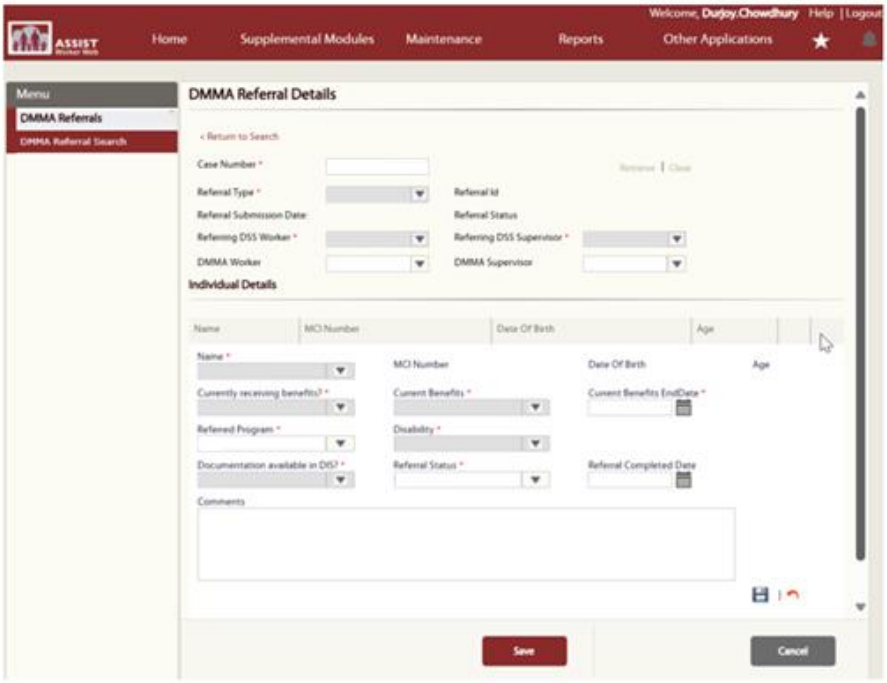
Eligibility Requests can be made for the following programs:

- Breast and Cervical Cancer Program (BCCP)
- Children's Community Alternative Disability Program (CCADP)
- Medical Assistance during Transition to Medicare (MAT)
- Medicare Savings Programs (MSP)

- Medicaid for Workers with Disabilities (MWD)
- Long Term Care (LTC):
  - Nursing Home
  - DDDS Lifespan Waiver
  - LTC Community Services
  - P.A.C.E.

Eligibility Requests to DMMA

- On the DMMA Referral Details Screen DSS Operations staff will enter the required information (*) when submitting a request **for a full eligibility determination.**



- DMMA Operations staff ***must*** process eligibility referrals in accordance with timely processing standards applicable to the program(s) in question:
  - Ninety (90) days for programs based on disability with a medical eligibility requirement. This includes Medicare for Workers with Disabilities (MWD), Children's Community Alternative Disability Program (CCADP), and Long Term Care (LTC).
  - Forty-five (45) days for all other programs.

Confirmation Requests can be made when DSS needs DMMA to confirm a DMMA program when updates are made to an ongoing combination case maintained by DSS.

- DMMA Operations staff ***must*** process confirmation requests within the following timeframes:

- The same day that the request is made. *Or*
- The next business day when the request is sent after business hours, or on a holiday or weekend.

Staff ***must*** follow their division's procedural processes for completing referrals in the AWW DMMA Referral Module.

Staff ***must*** follow the policy in the Delaware Social Services Manual (DSSM) under the following sections:
14100.5 Determination of Eligibility
14100.5.1 Timely Determination of Eligibility
14100.8 Coordination of Eligibility and Enrollment with Other Insurance Affordability Programs

Staff ***should*** 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

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10/8/2025 | 2:46 PM EDT
DATE

DocuSigned by:
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