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**State/Territory Name:** Delaware

**State Plan Amendment (SPA) #:** DE-20-0007

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**Children and Adults Health Programs Group**

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March 16, 2021

Stephen M. Groff, Director  
Division of Medicaid and Medical Assistance  
Molly Magarik, Secretary, DHSS  
Delaware Health and Social Services  
P.O. Box 906  
New Castle, DE 19720-0906

Dear Mr. Groff:

Your title XXI Children's Health Insurance Program (CHIP) state plan amendment (SPA) DE-20-0007-CHIP submitted on December 18, 2020, has been approved. This amendment modifies the school eligibility criteria in order to align with the US Department of Agriculture's Community Eligibility Provision school requirements. In addition, this SPA revises the data collection process to aid in identification of uninsured children. SPA DE-20-0007-CHIP has an effective date of October 1, 2020.

Section 2105(a)(1)(D)(ii) of the Social Security Act (the Act) and 42 CFR §457.10 authorize use of title XXI administrative funding for expenditures for HSIs under the plan for improving the health of children, including targeted low-income children and other low-income children. Consistent with section 2105(c)(6)(B) of the Act and 42 CFR §457.626, title XXI funds used to support an HSI cannot supplant Medicaid or other sources of federal funding.

The state shall ensure that the remaining title XXI administrative funding, within the state's 10 percent limit, is sufficient to continue the proper administration of the CHIP program. If such funds become less than sufficient, the state agrees to redirect title XXI funds from the support of this HSI to the administration of the CHIP program. The state shall report annually to CMS the expenditures funded by the HSI for each federal fiscal year.

Your title XXI project officer is Ms. Ticia Jones. She is available to answer questions concerning this amendment and other CHIP-related issues. Her contact information is as follows:

Centers for Medicare & Medicaid Services  
Center for Medicaid and CHIP Services  
Mail Stop: S2-01-16  
7500 Security Boulevard  
Baltimore, MD 21244-1850  
Telephone: (410) 786-8145  
E-mail: [Ticia.Jones@cms.hhs.gov](mailto:Ticia.Jones@cms.hhs.gov)

Page 2 - Mr. Stephen M. Groff

If you have any questions, please contact Meg Barry, Director, Division of State Coverage Programs, at (410) 786-1536. We look forward to continuing to work with you and your staff.

Sincerely,

/Signed by Amy Lutzky/

Amy Lutzky  
Deputy Director

## CHIP MH & SUD Access

- 1.4.** Provide the effective (date costs begin to be incurred) and implementation (date services begin to be provided) dates for this SPA (42 CFR 457.65). A SPA may only have one effective date, but provisions within the SPA may have different implementation dates that must be after the effective date.

### Original Plan

Effective Date: **October 1, 1998**

Implementation Date: **February 1, 1999**

### Subsequent Plan Amendments

State Plan Amendment	Effective Date	Implementation Date
SPA #1	July 1, 1999	
SPA #2	October 1, 2001	August 1, 2001
SPA #3	June 12, 2003	Withdrawn – June 12, 2003
SPA #4	January 1, 2007	October 1, 2009
SPA #5	April 1, 2009	April 1, 2009
SPA #6	July 1, 2010	July 1, 2010
SPA #7	July 1, 2014	July 1, 2014
SPA # DE-CHIP-16-001	January 1, 2017	January 1, 2017
SPA # DE-CHIP-17-003	October 2, 2017	October 2, 2017
SPA # DE-CHIP-18-003	October 12, 2018	October 12, 2018
SPA # DE-CHIP-19-004	July 1, 2018	July 1, 2018
SPA # DE-CHIP-20-0003	6/24/2020	March 1, 2020

Summary of Approved CHIP MAGI SPAs:

<b>Transmittal Number</b>	<b>SPA Group</b>	<b>PDF #</b>	<b>Description</b>	<b>Superseded Plan Section(s)</b>
<b>DE-13-0012</b>  Effective/  Implementation Date: January 1, 2014	MAGI Eligibility & Methods	CS7       CS15	Eligibility – Targeted Low Income Children      MAGI-Based Income Methodologies	Supersedes the current sections Geographic Area 4.1.1; Age 4.1.2; and Income 4.1.3     Incorporate within a separate subsection under section 4.3
<b>DE-13-0013</b>  Effective/  Implementation Date: January 1, 2014	XXI Medicaid Expansion	CS3	Eligibility for Medicaid Expansion Program	Supersedes the current Medicaid expansion section 4.0
<b>DE-13-0016</b>  Effective/  Implementation Date: January 1, 2014	Establish 2101(f) Group	CS14	Children Ineligible for Medicaid as a Result of the Elimination of Income Disregards	Incorporate within a separate subsection under section 4.1
<b>DE-13-0015</b>       Effective/  Implementation Date: January 1, 2014	Non-Financial Eligibility	CS17      CS18	Non-Financial Eligibility – Residency      Non-Financial Eligibility – Citizenship	Supersedes the current section 4.1.5       Supersedes the current sections

		CS19	Non-Financial Eligibility – Social Security Number	4.1.0; 4.1.1-LR; 4.1.1-LR
		CS20	Non-Financial Eligibility – Substitution of Coverage	Supersedes the current section 4.1.9.1
		CS21	Non-Payment of Premiums	Supersedes the current section 4.4.4
		CS27	Continuous Eligibility	Supersedes the current section 8.7  Supersedes the current section 4.1.8
<b>DE-13-0014</b>	Eligibility Processing	CS24	Eligibility Process	Supersedes the current sections 4.3 and 4.4

Effective/Implementation Date: October 1, 2013				
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SPA #: [DE-20-0007-CHIP](#)

Purpose of SPA: [Health Services Initiatives - Vision Services - School-Based Initiative - to revise language for Delaware's CHIP State Plan Health Service Initiative to align with the Delaware Department of Education's \(DDOE's\) definition of low-income in its Vision Services - School-Based Initiative, and to revise the data collection process to aid in identification of uninsured children.](#)

Proposed effective date: [October 1, 2020](#)

[Delaware is seeking to implement the plan outlined within Section 2.2](#)

Proposed implementation date: [October 1, 2020](#)

**1.4- TC Tribal Consultation** (Section 2107(e)(1)(C)) Describe the consultation process that occurred specifically for the development and submission of this State Plan Amendment, when it occurred and who was involved.

[Delaware does not have any federally recognized Indian tribes. Any Delaware resident, including those who are American Indians or Alaska Natives, may participate in the review of amendments to state law or regulation and may offer comments on all program policies, including those relating to provision of child health assistance to American Indian or Alaskan Native children.](#)

**2.2. Health Services Initiatives-** Describe if the State will use the health services initiative option as allowed at 42 CFR 457.10. If so, describe what services or programs the State is proposing to cover with administrative funds, including the cost of each program, and how it is currently funded (if applicable), also update the budget accordingly. (Section 2105(a)(1)(D)(ii)); (42 CFR 457.10)

[Pursuant to Section 2105\(a\)\(1\)\(D\)\(ii\) of the Social Security Act, Delaware ~~with~~ will use administrative funds to offer health services initiatives under this plan with the goal of improving the health of children, defined as "individual\(s\) under the age of 19 including the period from conception to birth," per 42 CFR 457.10. Delaware assures that it will use no more than 10% of the total expenditures under this Plan, as specified in 42 CFR 457.618, to fund the State's health service initiatives.](#)

## **Vision Services – School-Based Initiative**

Access to vision exams and glasses is critical for students' educational achievements and health outcomes, as 80% of all learning during a child's first 12 years is vital. It comes as no surprise that students with vision problems tend to have lower academic performance, as measured by test scores and grades, and that students' performance in school impacts future employment earnings, health behaviors, and life expectancy. As such, Delaware seeks to use the health services initiative option to improve the health of low-income children by increasing their access to needed vision services and glasses through a targeted, school-based initiative. Delaware intends to contract with a Medicaid participating provider to offer these services on-site at certain Delaware schools.

The following describes how the CHIP HSI will be operationalized:

- The qualified provider will target Delaware's low-income children by identifying Community Eligibility (CEP) Schools. A school is eligible for CEP if at least 40% of its students are "directly certified" through the Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) and the school provides free breakfast and lunch to all of its students.
- These schools will provide the qualified provider with a list of children who have failed the school-supplied vision screening.
- The qualified provider will send a parental/guardian consent form home with these children informing the parent/guardian that their child has the opportunity to receive vision services and, if necessary, corrective lenses and frames following the procedure set forth in this policy. The parent/guardian has the opportunity to return the form and accept or refuse these services. If no form is returned, no services will be provided to the child.
- For children who return with parental/guardian consent the qualified provider will vision services on-site in a mobile eye clinic.
- If the vision service results determine that corrective lenses and frames are needed, the qualified provider will send a notice home to the child's parent/guardian informing them of the results and requesting insurance information.
- The qualified provider is then scheduled to return to the school to fit the child for glasses.
- The qualified provider will collect the following information, at a minimum, from all children it serves, and submit it to the Delaware Division of Medicaid and Medical Assistance (DMMA):
  - Child's first and last name;



- Child's date of birth;
- Name of the parent or guardian;
- Name of the school the services were provided at and CEP status;
- Indication that the insurance information form was or was not returned; and if it was returned;
- The insurance information that was provided.
- DMMA will identify children on this list who are enrolled in Medicaid or CHIP and their managed care organization (MCO) and return this information to the qualified provider, who will then submit bills for Medicaid and CHIP enrollees directly to the MCOs. The MCOs will pay based on negotiated, standard fees.
- The qualified provider will use this data and submit a second report to DMMA to include only those children that are 18 years of age or under, returned the insurance information form, did not indicate a private insurance carrier, and were not identified by DMMA as enrolled in Medicaid or CHIP on the previous submission.
- DMMA will remit payment for these services through CHIP HSI funding.
- DMMA will perform outreach by supplying the provider with brochures and information about the CHIP and Medicaid Programs to provide to children that are not currently enrolled in Medicaid or CHIP.

Delaware provides the following assurances regarding this Health Service Initiative (HSI), Vision Services – School-Based Initiative:

- This HSI will only target children 18 years of age or under;
- This HSI will not supplant or match CHIP Federal funds with other Federal funds nor allow other Federal funds to supplant or match CHIP Federal funds; and
- HSI funds will not be used for children with private coverage and will only be used to cover services provided to uninsured children.