# **Table of Contents**

### State Name: Delaware

## State Plan Amendment (SPA) #13-017

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS-179
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services 150 S. Independence Mall West Suite 216, The Public Ledger Building Philadelphia, Pennsylvania 19106-3499



#### **Region III/Division of Medicaid and Children's Health Operations**

SWIFT# 121220134029

DEC 06 2013

Stephen Groff, Director Division of Medicaid & Medical Assistance Delaware Health and Social Services 1901 N. DuPont Highway New Castle, DE 19720-0906

Dear Mr. Groff:

The Centers for Medicare & Medicaid Services has reviewed Delaware State Plan Amendment (SPA) 13-017 to update the earned income disregard percentage used for the treatment of income for poverty level pregnant women and infants under age 1. The effective date of this SPA is December 31, 2013. Enclosed are the approved SPA pages and the signed CMS-179 form.

If you have further questions about this SPA, please contact Michael Cleary at 215-861-4282.

Sincerely,\_

Francis McCallough Associate Regional Administrator

Enclosures

EPARTMENT OF HEALTH AND HUMAN SERVICES EALTH CARE FINANCING ADMINISTRATION	FORM APPROVED OMB NO. 0938-0193	
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: SPA #13-0017	2. STATE DELAWARE
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE DECEMBER 31, 2013	
5. TYPE OF PLAN MATERIAL (Check One):		
	ONSIDERED AS NEW PLAN	XXX AMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME		ach amendment)
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	
SOCIAL SECURITY ACT §1902(r)	a. FFY <u>2014</u> \$ <u>-0-</u>	
SOCIAL SECURITY ACT §1902(a)(10)(A)(ii)(IX)	b. FFY <u>2015</u> \$ <u>-0-</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):	
SUPPLEMENT 8c TO ATTACHMENT 2.6-A	SUPPLEMENT 8c TO ATTACHMENT 2.6-A	
10. SUBJECT OF AMENDMENT: MORE LIBERAL METHODS OF TRE 1 UNDER SECTION 1902 (r) (2) OF THE ACT – INCREASE EARNED INCO LEVEL		
1 UNDER SECTION 1902 (r) (2) OF THE ACT - INCREASE EARNED INC	DME DISREGARD PERCENTAGE TO 212 XXX OTHER, AS SPE Governor's comments u	% of the federal pover Cified:
1 UNDER SECTION 1902 (r) (2) OF THE ACT – INCREASE EARNED INCOLEVEL 11. GOVERNOR'S REVIEW (Check One): GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	DME DISREGARD PERCENTAGE TO 212 XXX OTHER, AS SPE Governor's comments u	% OF THE FEDERAL POVER
1 UNDER SECTION 1902 (r) (2) OF THE ACT – INCREASE EARNED INCL LEVEL 11. GOVERNOR'S REVIEW (Check One): GOVERNOR'S OFFICE REPORTED NO COMMENT OMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME: Stephen M. Groff, Director, Delaware Division of Medicaid and Medical Assistance 14. TITLE: Designee for Rita M. Landgraf, Secretary, Delaware Health and Social Services	OME DISREGARD PERCENTAGE TO 212 XXX OTHER, AS SPE Governor's comments u correspondence	% OF THE FEDERAL POVER CIFIED: Inder separate
1 UNDER SECTION 1902 (r) (2) OF THE ACT – INCREASE EARNED INCL LEVEL 11. GOVERNOR'S REVIEW (Check One): GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME: Stephen M. Groff, Director, Delaware Division of Medicaid and Medical Assistance 14. TITLE: Designee for Rita M. Landgraf, Secretary, Delaware Health and Social Services 15. DATE SUBMITTED: December 2, 2013	DME DISREGARD PERCENTAGE TO 212         XXX OTHER, AS SPE         Governor's comments u         correspondence         16. RETURN TO:         Stephen M. Groff         Director         Division of Medicaid and Medical A         P.O. Box 906         New Castle, Delaware 19720-0906	% OF THE FEDERAL POVER CIFIED: Inder separate
1 UNDER SECTION 1902 (r) (2) OF THE ACT – INCREASE EARNED INCL LEVEL  11. GOVERNOR'S REVIEW (Check One):  GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL  12. SIGNATURE OF STATE AGENCY OFFICIAL:  13. TYPED NAME: Stephen M. Groff, Director, Delaware Division of Medicaid and Medical Assistance  14. TITLE: Designee for Rita M. Landgraf, Secretary, Delaware Health and Social Services  15. DATE SUBMITTED: December 2, 2013  FOR REGIONAL O	DME DISREGARD PERCENTAGE TO 212         XXX OTHER, AS SPE         Governor's comments u         correspondence         16. RETURN TO:         Stephen M. Groff         Director         Division of Medicaid and Medical A         P.O. Box 906         New Castle, Delaware 19720-0906	% OF THE FEDERAL POVER CIFIED: Inder separate
1 UNDER SECTION 1902 (r) (2) OF THE ACT – INCREASE EARNED INCLEVEL  11. GOVERNOR'S REVIEW (Check One):  GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL  12. SIGNATURE OF STATE AGENCY OFFICIAL:  13. TYPED NAME: Stephen M. Groff, Director, Delaware Division of Medicaid and Medical Assistance  14. TITLE: Designee for Rita M. Landgraf, Secretary, Delaware Health and Social Services  15. DATE SUBMITTED: December 2, 2013 FOR REGIONAL O  17. DATE RECEIVED:	ME DISREGARD PERCENTAGE TO 212         XXX OTHER, AS SPE         Governor's comments u         correspondence         16. RETURN TO:         Stephen M. Groff         Division of Medicaid and Medical A         P.O. Box 906         New Castle, Delaware 19720-0906         FFICE USE ONLY         18. DATE APPROVED:         DEC	% OF THE FEDERAL POVER
1 UNDER SECTION 1902 (r) (2) OF THE ACT – INCREASE EARNED INCLEVEL  11. GOVERNOR'S REVIEW (Check One):  GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL  12. SIGNATURE OF STATE AGENCY OFFICIAL:  13. TYPED NAME: Stephen M. Groff, Director, Delaware Division of Medicaid and Medical Assistance  14. TITLE: Designee for Rita M. Landgraf, Secretary, Delaware Health and Social Services  15. DATE SUBMITTED: December 2, 2013  FOR REGIONAL O  17. DATE RECEIVED:	DME DISREGARD PERCENTAGE TO 212         XXX OTHER, AS SPE         Governor's comments u         correspondence         16. RETURN TO:         Stephen M. Groff         Director         Division of Medicaid and Medical A         P.O. Box 906         New Castle, Delaware 19720-0906         FFICE USE ONLY         18. DATE APPROVED:         DEC         NE COPY ATTACHED	Sof THE FEDERAL POVER CIFIED: Inder separate
1 UNDER SECTION 1902 (r) (2) OF THE ACT – INCREASE EARNED INCLEVEL  11. GOVERNOR'S REVIEW (Check One):  GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL  12. SIGNATURE OF STATE AGENCY OFFICIAL:  13. TYPED NAME: Stephen M. Groff, Director, Delaware Division of Medicaid and Medical Assistance  14. TITLE: Designee for Rita M. Landgraf, Secretary, Delaware Health and Social Services  15. DATE SUBMITTED: December 2, 2013 FOR REGIONAL O  17. DATE RECEIVED:	XXX       OTHER, AS SPE         Governor's comments u         correspondence         16. RETURN TO:         Stephen M. Groff         Director         Division of Medicaid and Medical A         P.O. Box 906         New Castle, Delaware 19720-0906         FFICE USE ONLY         18. DATE APPROVED:         DEC         NE COPY ATTACHED         COPY ATTACHED	% OF THE FEDERAL POVER

#### STATE PLAN UNDER TITLE OF THE SOCIAL SECURITY ACT

#### State: DELAWARE

#### MORE LIBERAL METHODS OF TREATING INCOME FOR PREGNANT WOMEN AND INFANTS UNDER AGE 1 UNDER SECTION 1902 (r) (2) OF THE ACT

For pregnant women and infants under age one (1) in the optional poverty-level related eligibility group under section 1902(a)(10)(A)(ii)(IX) of the Act, the State of Delaware will disregard an equal amount to the difference between a net income standard of 200% and a gross income standard of 212% of the Federal Poverty Level for the same family size as updated annually in the Federal Register.

TN No. SPA #13-0017 Supersedes TN No. SP-390

Approval Date DEC 06 2013

Effective Date December 31, 2013