

## **Table of Contents**

**State Name:** Delaware

**State Plan Amendment (SPA) #17-010**

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 #121120174012

**December 28, 2017**

Mr. Stephen M. Groff, Director  
Division of Medicaid and Medical Assistance  
P.O. Box 906  
New Castle, DE 19720-0906

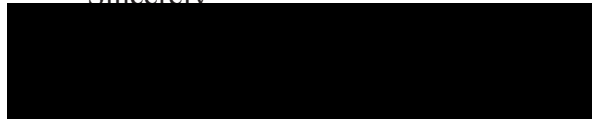
Dear Mr. Groff:

We are pleased to inform you of the approval of Delaware State Plan Amendment (SPA) 17-010. This amendment modifies the Modified Adjusted Gross Income (MAGI)-Based Eligibility Groups to add the Individuals Over 133% FPL and Under Age 65 group related specifically to an 1115 demonstration. This demonstration covers individuals in the state who were in foster care and enrolled in Medicaid in other states at the time they turned 18 or aged out of the foster care system.

Enclosed is a copy of the approved SPA pages and the signed CMS-179 form. The effective date of this amendment is January 1, 2018.

If you have any questions, you may contact Michael Cleary at (215) 861-4282.

Sincerely



Francis T. McCullough  
Associate Regional Administrator

Enclosures

## Approval Notice

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S2-14-26  
Baltimore, Maryland 21244-1850



**Date:** 12/28/2017

**Head of Agency:** Stephen Groff

**Title/Dept :** Director, DMMA

**Address 1:** 1901 N. DuPont Highway

**Address 2:** P.O. Box 906

**City :** New Castle

**State:** DE

**Zip:** 19720

**MACPro Package ID:** DE2017MS00020

**SPA ID:** DE-17-0010

**Subject**

Delaware Out-of-State Former Foster Youth SPA

**Dear Stephen Groff**

This is an informal communication that will be followed with an official communication to the State's Medicaid Director.

The Centers for Medicare and Medicaid Services (CMS) is pleased to inform you that we are recommending approval for your request for Approval of Delaware SPA 17-0010

Reviewable Unit	Effective Date
Optional Eligibility Groups	1/1/2018
Financial Eligibility Requirements for Non-MAGI Groups	1/1/2018
Mandatory Eligibility Groups	1/1/2018
Individuals above 133% FPL under Age 65	1/1/2018

We are pleased to inform you of the approval of Delaware State Plan Amendment (SPA) 17-0010. This amendment modifies the Modified Adjusted Gross Income (MAGI)-Based Eligibility Groups to add the Individuals Over 133% FPL and Under Age 65 group related specifically to an 1115 demonstration to cover individuals in the state who were in foster care and enrolled in Medicaid in other states at the time they turned 18 or aged out of the foster care system.

Enclosed is a copy of the approved SPA pages and the signed CMS-179 form. The effective date of this amendment is January 1, 2018. If you have any questions, you may contact Michael Cleary at (215) 861-4282.

Sincerely,



## Approval Documentation

Name	Date Created	Type
No items available		

## Package Information

**Package ID** DE2017MS00020  
TN NO. 17-010  
Supersedes  
TN NO. 14-003

**Submission Type** Official

Approval Date: December 28, 2017

Effective Date: January 1, 2018

Program Name N/A

SPA ID DE-17-0010

Version Number 2

Submitted By Nicole Cunningham

Package Disposition



Priority Code P2

State DE

Region Philadelphia, PA

Package Status Approved

Submission Date 12/8/2017

Approval Date 12/28/2017 3:49 PM EST

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | DE2017MS00020 | DE-17-0010

Not Started

In Progress

Complete

### Package Header

Package ID DE2017MS00020

SPA ID DE-17-0010

Submission Type Official

Initial Submission Date 12/8/2017

Approval Date 12/28/2017

Effective Date N/A

Superseded SPA ID N/A

### State Information

State/Territory Name: Delaware

Medicaid Agency Name: Division of Medicaid and Medical Assistance

### Submission Component

☐ State Plan Amendment

☐ Medicaid

☐ CHIP

### Submission Type

☐ Official Submission Package

☐ Draft Submission Package

Allow this official package to be viewable by other states?

☐ Yes

☒ No

### Key Contacts

Name	Title	Phone Number	Email Address
Zimmerman, Lisa	Deputy Director	(302)255-9573	Lisa.Zimmerman@state.de.us

### SPA ID and Effective Date

SPA ID DE-17-0010

Reviewable Unit	Proposed Effective Date
Optional Eligibility Groups	1/1/2018
Financial Eligibility Requirements for Non-MAGI Groups	1/1/2018
Mandatory Eligibility Groups	1/1/2018
Individuals above 133% FPL under Age 65	1/1/2018

### Executive Summary

**Summary Description Including Goals and Objectives** Title IV-E foster care youth have been a mandatory Medicaid eligibility category since the Adoption Assistance and Child Welfare Act of 1980 (Pub. L. 96-272). On March 23, 2010, the Affordable Care Act (ACA) was signed into law, making a number of changes to Medicaid eligibility effective, January 1, 2014. The ACA includes many provisions designed to expand and streamline Medicaid eligibility, such as the option to extend coverage to a new adult group of non-disabled, non-elderly citizens with income under 133 percent of the Federal Poverty Level (FPL). Additionally, to further the overall goal of

TN NO. 17-010

Supersedes

TN NO. 14-003

Approval Date: December 28, 2017

Effective Date: January 1, 2018

the ACA to expand health coverage, it included a new provision to allow youth to maintain coverage under their parents' or guardians' health insurance plan until age 26 (to the extent that such plan extends coverage to dependents). Section 2004 of the ACA added a new mandatory Medicaid eligibility group at section 1902(a)(10)(A)(i)(IX) of the Act to provide a parallel opportunity for former foster care youth to obtain Medicaid coverage until age 26 from the state responsible for the individual's foster care.

On January 22, 2013, the Center for Medicaid Services (CMS) issued a notice of proposed rulemaking that proposed to implement the former foster care eligibility group in regulations at 42 CFR 435.150. As part of that provision, CMS proposed to provide states the option to cover youth who were in foster care under the responsibility of another state, and enrolled in Medicaid, upon turning 18 or "aging out" of foster care in the other state. On November 21, 2016, CMS published the final rule clarifying that the Department of Health and Human Services (HHS) had determined that the state option to cover youth who were in foster care under the responsibility of another state was not available under section 1902(a)(10)(A)(i)(IX) of the Act. That section provides that, to be eligible under this group, an individual must have been "in foster care under the responsibility of the state" and to have been "enrolled in the state plan under this title or under a waiver of the plan while in such foster care [.]". Because the provision requires coverage specifically for youth in foster care under the responsibility of "the state"—not "a" or "any" state—CMS does not believe the provision provides states with the option to cover youth who were not under the responsibility of the state while in foster care under the former foster care eligibility group.

However, states can provide coverage to former foster care youth who were in Medicaid and foster care in a different state with income up to 133 percent of the federal poverty level (FPL) under the new adult group identified in the ACA. Additionally, states can use 1115 demonstration authority to provide coverage for former foster care youth who were in foster care under the responsibility of other states and have income higher than 133 percent of the FPL. States that provide coverage under the new adult group have the option of covering former foster care youth with MAGI-based income above 133 percent of the FPL, under the eligibility group described in section 1902(a)(10)(ii)(XX) of the Act and implementing regulations at 42 CFR 435.218 (the "XX" group). States would receive their standard Federal Medical Assistance Percentage (FMAP) for coverage of the "XX" group.

Delaware currently provides coverage to former foster youth that have aged out of Delaware's foster care system. If implemented as proposed, effective January 1, 2018, this regulation will amend the Medicaid State Plan, Modified Adjusted Gross Income (MAGI)-Based Eligibility Groups S50, to include individuals who were in foster care and enrolled in Medicaid in any state at the time they turned 18 or aged out of the foster care system.

## Dependency Description

### Description of any dependencies between this submission package and any other submission package undergoing review

Under cover letter dated September 19, 2017, the Delaware Division of Medicaid and Medical Assistance (DMMA) submitted, for CMS approval, a Section 1115 Waiver Amendment to provide state-wide coverage to former foster care youth who currently reside in Delaware and were in foster care and enrolled in Medicaid at age 18 or when they "aged out" of the system in a different state. Through this waiver amendment, all former foster youth who were in foster care under the responsibility of a different state, and enrolled in Medicaid while in foster care, will receive benefits through the same managed care delivery system described in the state's approved Section 1115 Demonstration. If the waiver amendment is approved, it will be effective January 1, 2018.

## Disaster-Related Submission

### This submission is related to a disaster

- ☐ Yes
- ☒ No

## Federal Budget Impact and Statute/Regulation Citation

### Federal Budget Impact

	Federal Fiscal Year	Amount
First	2018	\$8723
Second	2019	\$9318

### Federal Statute / Regulation Citation

\$1902(a)(10)(ii)(XX) of the Social Security Act; Optional eligibility group  
\$42 CFR 435.218; Individuals with MAGI-based income above 133 percent FPL  
\$1115 of the Social Security Act; Demonstration Projects

## Governor's Office Review

- ☒ No comment
- ☐ Comments received
- ☐ No response within 45 days
- ☐ Other

## Authorized Submitter

TN NO. 17-010  
Supersedes  
TN NO. 14-003

Approval Date: December 28, 2017

Effective Date: January 1, 2018

The following information will be provided by the system once the package is submitted to CMS.

**Name of Authorized Submitter** Nicole Cunningham

**Phone number** 3025885662

**Email address** nicole.m.cunningham@state.de.us

**Authorized Submitter's Signature** Nicole Cunningham

☒ I hereby certify that I am authorized to submit this package on behalf of the Medicaid Agency.

## Submission - Public Comment

MEDICAID | Medicaid State Plan | Eligibility | DE2017MS00020 | DE-17-0010

Not Started

In Progress

Complete

### Package Header

**Package ID** DE2017MS00020

**SPA ID** DE-17-0010

**Submission Type** Official

**Initial Submission Date** 12/8/2017

**Approval Date** 12/28/2017

**Effective Date** N/A

**Superseded SPA ID** N/A

Indicate whether public comment was solicited with respect to this submission.

- ☐ Public notice was not federally required and comment was not solicited
- ☐ Public notice was not federally required, but comment was solicited
- ☒ Public notice was federally required and comment was solicited


Indicate how public comment was solicited:

- ☐ Newspaper Announcement
- ☐ Publication in state's administrative record, in accordance with the administrative procedures requirements
- ☐ Email to Electronic Mailing List or Similar Mechanism
- ☐ Website Notice
- ☐ Public Hearing or Meeting
- ☐ Other method

Upload copies of public notices and other documents used

Name	Date Created	Type
<a href="#">Public Notice of FINAL Reg May 2017</a>	11/17/2017 9:52 AM EST	
<a href="#">Public Notice of Proposed Reg March 2017</a>	11/17/2017 9:52 AM EST	

Upload with this application a written summary of public comments received (optional)

Name	Date Created	Type
<a href="#">Summary of Comments Received re Former Foster Youth</a>	11/17/2017 10:01 AM EST	

Indicate the key issues raised during the public comment period (optional)

- ☐ Access
- ☐ Quality
- ☐ Cost

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Supersedes

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- ☐ Payment methodology
- ☐ Eligibility
- ☐ Benefits
- ☐ Service delivery
- ☐ Other issue

## Submission - Tribal Input

MEDICAID | Medicaid State Plan | Eligibility | DE2017MS0002O | DE-17-0010

Not Started

In Progress

Complete

### Package Header

<b>Package ID</b>	DE2017MS0002O	<b>SPA ID</b>	DE-17-0010
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	12/8/2017
<b>Approval Date</b>	12/28/2017	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

One or more Indian health programs or Urban Indian Organizations furnish health care services in this state

- ☐ Yes
- ☒ No

## Medicaid State Plan Eligibility

### Financial Eligibility Requirements for Non-MAGI Groups

MEDICAID | Medicaid State Plan | Eligibility | DE2017MS0002O | DE-17-0010

Not Started

In Progress

Complete

### Package Header

<b>Package ID</b>	DE2017MS0002O	<b>SPA ID</b>	DE-17-0010
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	12/8/2017
<b>Approval Date</b>	12/28/2017	<b>Effective Date</b>	1/1/2018
<b>Superseded SPA ID</b>	New Page User-Entered		

The state applies the following financial methodologies for all eligibility groups whose eligibility is not based on modified adjusted gross income (MAGI) rules (described in 42 C.F.R. §435.603):

#### A. Financial Eligibility Methodologies

- ☒ The state determines financial eligibility consistent with the methodologies described in 42 C.F.R. §435.601.

#### B. Eligibility Determinations of Aged, Blind and Disabled Individuals

Eligibility is determined for aged, blind and disabled individuals based on one of the following:

- ☒ SSA Eligibility Determination State (1634 State)
 

The state has an agreement under section 1634 of the Social Security Act for the Social Security Administration to determine Medicaid eligibility of SSI beneficiaries. For all other individuals who seek Medicaid eligibility on the basis of being aged, blind or disabled, the state requires a separate Medicaid application and determines financial eligibility based on SSI income and resource methodologies.
- ☐ State Eligibility Determination (SSI Criteria State)
 

The state requires all individuals who seek Medicaid eligibility on the basis of being aged, blind or disabled, including SSI beneficiaries, to file a separate Medicaid application, and determines financial eligibility based on SSI income and resource methodologies.
- ☐ State Eligibility Determination (209(b) State)
 

The state requires all individuals who seek Medicaid eligibility on the basis of being aged, blind or disabled, including SSI beneficiaries, to file a separate Medicaid application, and determines financial eligibility using income and resource

TN NO. 17-010  
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methodologies more restrictive than SSI.

## C. Financial Responsibility of Relatives

☒ The state determines the financial responsibility of relatives consistent with the requirements and methodologies described in 42 C.F.R. §435.602.

## D. Additional Information (optional)

# Medicaid State Plan Eligibility

## Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | DE2017MS0002O | DE-17-0010

Not Started

In Progress

Complete

### Package Header

<b>Package ID</b>	DE2017MS0002O	<b>SPA ID</b>	DE-17-0010
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	12/8/2017
<b>Approval Date</b>	12/28/2017	<b>Effective Date</b>	1/1/2018
<b>Superseded SPA ID</b>	DE-13-0005		
	System-Derived		

## Mandatory Coverage

A. The state provides Medicaid to mandatory groups of individuals. The mandatory groups covered are:

### Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Infants and Children under Age 19		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Parents and Other Caretaker Relatives		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Pregnant Women		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Deemed Newborns		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Former Foster Care Children		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Transitional Medical Assistance		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Extended Medicaid due to Spousal Support Collections		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

### Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
SSI Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Mandatory State Supplements		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Who Are Essential Spouses		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

TN NO. 17-010













Supersedes

TN NO. 14-003

Approval Date: December 28, 2017

Effective Date: January 1, 2018




Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Institutionalized Individuals Continuously Eligible Since 1973		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Blind or Disabled Individuals Eligible in 1973		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Who Lost Eligibility for SSI/SSP Due to an Increase in OASDI Benefits in 1972		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Who Would be Eligible for SSI/SSP but for OASDI COLA increases since April, 1977		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Disabled Widows and Widowers Ineligible for SSI due to Increase in OASDI		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Disabled Widows and Widowers Ineligible for SSI due to Early Receipt of Social Security		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Working Disabled under 1619(b)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Disabled Adult Children		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualified Medicare Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualified Disabled and Working Individuals		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Specified Low Income Medicare Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualifying Individuals		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

**B. The state elects the Adult Group, described at 42 C.F.R. §435.219.**

☒ Yes ☐ No

**Families and Adults**

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Adult Group		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED

**C. Additional Information (optional)**

## Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

## Medicaid State Plan Eligibility

### Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | DE2017MS00020 | DE-17-0010

## Package Header

**Package ID** DE2017MS00020  
**Submission Type** Official  
**Approval Date** 12/28/2017  
**Superseded SPA ID** DE-13-0005  
 System-Derived

**SPA ID** DE-17-0010  
**Initial Submission Date** 12/8/2017  
**Effective Date** 1/1/2018











### A. Options for Coverage

The state provides Medicaid to specified optional groups of individuals. \*



☒ Yes ☐ No















The optional eligibility groups covered in the state plan are (elections made in this screen may not be comprehensive during the transition period from the paper-based state plan to MACPro):

#### Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Optional Coverage of Parents and Other Caretaker Relatives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Reasonable Classifications of Individuals under Age 21		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children with Non-IV-E Adoption Assistance		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Independent Foster Care Adolescents		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Optional Targeted Low Income Children		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals above 133% FPL under Age 65		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Certain Individuals Needing Treatment for Breast or Cervical Cancer		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Family Planning Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals with Tuberculosis		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Electing COBRA Continuation Coverage		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

#### Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Aged, Blind or Disabled Individuals Eligible for but Not Receiving Cash		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Cash except for Institutionalization		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Individuals Receiving Home and Community Based Services under Institutional Rules		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Optional State Supplement Beneficiaries - 1634 States, and SSI Criteria States with 1616 Agreements		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Optional State Supplement Beneficiaries- 209(b) States, and SSI Criteria States without 1616 Agreements		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Institutionalized Individuals Eligible under a Special Income Level		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals participating in a PACE Program under Institutional Rules		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Hospice Care		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualified Disabled Children under Age 19		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Poverty Level Aged or Disabled		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Work Incentives Eligibility Group		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Ticket to Work Basic Group		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Ticket to Work Medical Improvements Group		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Family Opportunity Act Children with Disabilities		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Home and Community-Based Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Home and Community-Based Services - Special Income Level		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

## B. Medically Needy Options for Coverage

The state provides Medicaid to specified groups of individuals who are medically needy. \*

☐ Yes ☒ No

## C. Additional Information (optional)

### Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

TN NO. 17-010  
Supersedes  
TN NO. 14-003

Approval Date: December 28, 2017

Effective Date: January 1, 2018

- N/A

# Medicaid State Plan Eligibility

## Eligibility Groups - Options for Coverage

### Individuals above 133% FPL under Age 65

MEDICAID | Medicaid State Plan | Eligibility | DE2017MS0002O | DE-17-0010

Individuals under 65, not otherwise mandatorily or optionally eligible, with income above 133% FPL and at or below a standard established by the state.

Not Started

In Progress

Complete

#### Package Header

**Package ID** DE2017MS0002O

**SPA ID** DE-17-0010

**Submission Type** Official

**Initial Submission Date** 12/8/2017

**Approval Date** 12/28/2017

**Effective Date** 1/1/2018

**Superseded SPA ID** 13-0005

User-Entered

The state covers the optional individuals above 133% FPL group in accordance with the following provisions:

#### A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Are under age 65
2. Are not otherwise eligible for and enrolled in mandatory coverage under the state plan
3. Are not otherwise eligible for and enrolled in optional full Medicaid coverage under the state plan
4. Have household income that exceeds 133% FPL but is at or below the standard set by the state

#### B. Financial Methodologies

MAGI-based methodologies are used in calculating household income. Please refer as necessary to MAGI-Based Methodologies, completed by the state.

#### C. Individuals Covered

**1. The state covers all individuals who meet the characteristics described in section A.**

☒ Yes ☐ No

#### D. Income Standard Used

**1. The state uses the same income standard for all individuals covered.**

☒ Yes ☐ No

**2. The income standard for this eligibility group is:**

999.00% FPL

#### E. Coverage of Dependent Children

Parents or caretaker relatives living with a child under the age specified below are not covered unless the child is receiving benefits under Medicaid, CHIP or through the Exchange or otherwise enrolled in minimum essential coverage, as defined in 42 CFR 435.4.

- ☒ 1. Under age 19, or
- ☐ 2. A higher age of children, if any covered under the Reasonable Classifications of Children eligibility group (42 CFR 435.222) on March 23, 2010:

#### F. Phase-In

**The state elects to phase-in coverage to individuals in this group.**

☐ Yes ☒ No

#### G. Additional Information (optional)

Notwithstanding the identification of an income standard above 133% of the federal poverty level (FPL) on this Reviewable Unit for the eligibility group described in 1902(a)(10)(A)(ii)(XX) of the Social Security Act (the Act), the state will not apply an income standard for individuals whose incomes are above 133% of the FPL in determining eligibility for the group.

TN NO. 17-010

Supersedes

TN NO. 14-003

Approval Date: December 28, 2017

Effective Date: January 1, 2018

This coverage is to further the out-of-state former foster care youth demonstration project authorized under section 1115 of the Act (Project No. 11-W-00036/4) and will begin when the demonstration authority is approved and end when the demonstration authority expires.

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 0938-1188. The time required to complete this information collection is estimated to average 40 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.

*This view was generated on 12/28/2017 4:10 PM EST*