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State Name: Delaware

State Plan Amendment (SPA) #18-007

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
801 N Market Street, Suite 9400
Philadelphia, Pennsylvania 19107-3134



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

SWIFT #102220184019

November 19, 2018

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) 18-007. This amendment modifies the State Plan to identify Delaware's Asset Verification System (AVS) vendor, Public Consulting Group, Inc. Enclosed is a copy of the approved SPA pages and the signed CMS-179 form. The effective date of this amendment is October 1, 2018.

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

Sincerely,


Francis T. McCullough
Associate Regional Administrator

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER DE 18 — 0 0 7	2. STATE Delaware
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
October 1, 2018

5. TYPE OF PLAN MATERIAL (Check One)

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION
Supplemental Appropriations Act of 2008, Social Security Act §1940

7. FEDERAL BUDGET IMPACT
a. FFY 2018 \$ 570,906
b. FFY 2019 \$ 217,536

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Supplement 16 to Attachment 2.6 A Pages 1 - 3

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)


Supplement 16 to Attachment 2.6 A Pages 1 - 3

10. SUBJECT OF AMENDMENT

Asset Verification System

11. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED: Governor's comments under correspondence
 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, Division of Medicaid and Medical Assistance

14. TITLE
Designee for Kara Odom Walker, MD, MPH, MSHS, Secretary, DHSS

15. DATE SUBMITTED
10-18-2018

16. RETURN TO

Stephen M. Groff Director, DMMA P.O. Box 906 New Castle, DE 19720

FOR REGIONAL OFFICE USE ONLY


17. DATE RECEIVED
October 18, 2018

18. DATE APPROVED
November 16, 2018

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL
October 1, 2018

21. TYPED NAME
Francis T. McCullough

20. SIGNATURE OF REGIONAL OFFICIAL


22. TITLE
Associate Regional Administrator

23. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE/TERRITORY: **DELAWARE**

ASSET VERIFICATION SYSTEM

1940(a)	<ol style="list-style-type: none">1. The Agency will provide for the verification of assets for purposes of determining or redetermining Medicaid eligibility for aged, blind and disabled Medicaid applicants and recipients using an Asset Verification System (AVS) that meets the following minimum requirements.<ol style="list-style-type: none">A. The request and response system must be electronic:<ol style="list-style-type: none">(1) Verification inquiries must be sent electronically via the internet or similar means from the Agency to the financial institution (FI).(2) The system cannot be based on mailing paper-based requests.(3) The system must have the capability to accept responses electronically.B. The system must be secure, based on a recognized industry standard of security (e.g., as defined by the U.S. Commerce Department's National Institute of Standards and Technology, or NIST).C. The system must establish and maintain a database of FIs that participate in the Agency's AVS.D. Verification requests also must be sent to FIs other than those identified by applicants and recipients, based on some logic such as geographic proximity to the applicant's home address, or other reasonable factors whenever the Agency determines that such requests are needed to determine or redetermine the individual's eligibility.E. The verification requests must include a request for information on both open and closed accounts, going back up to 5 years.
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TN No. SPA <u>18-007</u>	Approval Date November 16, 2018
TN No. SPA <u>11-011</u>	Effective Date <u>October 1, 2018</u>

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE/TERRITORY: DELAWARE

ASSET VERIFICATION SYSTEM

2. System Development

- A. The Agency itself will build and maintain an AVS.

In 3 below, describe how the system will meet the requirements in Section 1.

- B. The Agency will hire the following contractor to build and maintain an AVS.

In 3 below, identify the contractor, if known, and describe how the system will meet the requirements in Section 1.

- C. The Agency will be joining a consortium to develop an AVS.

In 3 below, identify the States participating in the consortium. Also identify the contractor, if known, who will build and maintain the consortium's AVS, and how the system will meet the requirements in Section 1.

- D. The Agency already has a system in place that meets the requirements for an acceptable AVS:

In 3 below, describe how the system meets the requirements in Section 1.

- E. Other alternative not included in A. - D. above.

In 3 below, describe this alternative approach how it will meet the requirements in Section 1.

TN No. SPA 18-007

Approval Date November 16, 2018

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE/TERRITORY: DELAWARE

ASSET VERIFICATION SYSTEM

- 2. Provide the AVS implementation description and other information requested for the implementation approach checked in Section 2.

Delaware has contracted with Public Consulting Group Incorporated to provide an Asset Verification System (AVS), to identify assets of Medicaid applicants and recipients held at various Financial Institutions (FI's). This system complies with the following requirements of Supplement 16 to Attachment 2.6-A, Page 1:

- A. An electronic request and response process for asset verification;*
- B. A database of financial institutions (FIs) that provide data to the entity meeting the geographic requirements of the entity;*
- C. A 5-year look-back of the assets on individual applicants, recipients, spouses and partners;*
- D. A secure system based on a recognized industry standard as defined by the United States Commerce Department's National Institute of Standards and Technology, or NIST;*
- E. Verification request will include both open and closed asset account information as determined by the State;*
- F. The acceptable asset verification entity will provide adequate data for the generation of all required reports expected to meet federal reporting requirements such as the number of requests, number of responses and amounts of undisclosed assets found.*

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