

## **Table of Contents**

**State/Territory Name: Delaware**

**State Plan Amendment (SPA) #: 19-0008**

This file contains the following documents in the order listed:

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

# DE - Submission Package - DE2019MS0001O - (DE-19-0008) - Eligibility

- [Summary](#)
- [Reviewable Units](#)
- [Versions](#)
- [Correspondence Log](#)
- [Compare Doc Change Report](#)
- [Analyst Notes](#)
- [Review Assessment Report](#)
- [Approval Letter](#)
- [Transaction Logs](#)
- [News](#)
- [Related Actions](#)

CMS-10434 OMB 0938-1188

## Package Information

<b>Package ID</b>	DE2019MS0001O	<b>Submission Type</b>	Official
<b>Program Name</b>	N/A	<b>State</b>	DE
<b>SPA ID</b>	DE-19-0008	<b>Region</b>	Philadelphia, PA
<b>Version Number</b>	4	<b>Package Status</b>	Approved
<b>Submitted By</b>	Nicole Cunningham	<b>Submission Date</b>	12/23/2019
<b>Package Disposition</b>		<b>Approval Date</b>	3/19/2020 2:09 PM EDT
<b>Priority Code</b>	P2		

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Philadelphia Regional Office  
150 S. Independence Mall West Suite 216  
The Public Ledger Building  
Philadelphia, PA 9106-34991



## Division of Medicaid and Children's Health Operations

March 19, 2020

Stephen Groff  
Director, DMMA  
Division of Medicaid and Medical Assistance  
1901 N. DuPont Highway  
P.O. Box 906  
New Castle, DE 19720

Re: Approval of State Plan Amendment DE-19-0008

Dear Stephen Groff:

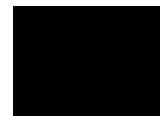
On December 23, 2019, the Centers for Medicare and Medicaid Services (CMS) received Delaware State Plan Amendment (SPA) DE-19-0008 to exempt temporary census worker income for certain optional eligibility groups which include: Individuals Eligible for Cash Except for Institutionalization, Individuals in Institutions Eligible under a Special Income Level and Ticket to Work Basic..

We approve Delaware State Plan Amendment (SPA) DE-19-0008 on March 19, 2020 with an effective date(s) of October 01, 2019.

Name	Date Created
No items available	

If you have any questions regarding this amendment, please contact michael cleary at michael.cleary@cms.hhs.gov.

Sincerely,  
James Scott  
Director



Division of Medicaid and Children's  
Health Operations

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | DE2019MS0001O | DE-19-0008

### Package Header

<b>Package ID</b>	DE2019MS0001O	<b>SPA ID</b>	DE-19-0008
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	12/23/2019
<b>Approval Date</b>	3/19/2020	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	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 - Summary

MEDICAID | Medicaid State Plan | Eligibility | DE2019MS00010 | DE-19-0008

### Package Header

<b>Package ID</b> DE2019MS00010	<b>SPA ID</b> DE-19-0008
<b>Submission Type</b> Official	<b>Initial Submission Date</b> 12/23/2019
<b>Approval Date</b> 3/19/2020	<b>Effective Date</b> N/A
<b>Superseded SPA ID</b> N/A	

### SPA ID and Effective Date

**SPA ID** DE-19-0008

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Non-MAGI Methodologies	10/1/2019	New
Mandatory Eligibility Groups	10/1/2019	DE-17-0010
Optional Eligibility Groups	10/1/2019	DE-17-0010
Individuals Eligible for Cash Except for Institutionalization	10/1/2019	DE-92-0300
Individuals in Institutions Eligible under a Special Income Level	10/1/2019	DE-92-0300
Ticket to Work Basic	10/1/2019	DE-09-005

**Page Number of the Superseded Plan Section or Attachment (If Applicable):**

Supplement 8A to Attachment 2.6 A Page 2

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | DE2019MS0001O | DE-19-0008

### Package Header

<b>Package ID</b>	DE2019MS0001O	<b>SPA ID</b>	DE-19-0008
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	12/23/2019
<b>Approval Date</b>	3/19/2020	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

### Executive Summary

**Summary Description Including Goals and Objectives** The Centers for Medicare and Medicaid Services (CMS) allows states to exclude the earned income of temporary census workers for purposes of eligibility. The Delaware state plan currently excluded earnings of temporary census workers to ensure that individuals (and their families), who are temporarily hired by the Census Bureau to assist in Census activities, do not lose eligibility for Medicaid because of the income they receive from employment with the Census Bureau. The purpose of this amendment is to add additional eligibility groups to that exclusion.

### Federal Budget Impact and Statute/Regulation Citation

#### Federal Budget Impact

	Federal Fiscal Year	Amount
First	2021	\$0
Second	2022	\$0

#### Federal Statute / Regulation Citation

CMS, Informational Bulletin dated July 3, 2019, Temporary Census Income and Medicaid and CHIP Eligibility

#### Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | DE2019MS00010 | DE-19-0008

### Package Header

**Package ID** DE2019MS00010  
**Submission Type** Official  
**Approval Date** 3/19/2020  
**Superseded SPA ID** N/A

**SPA ID** DE-19-0008  
**Initial Submission Date** 12/23/2019  
**Effective Date** N/A

### Governor's Office Review

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

# Submission - Public Comment

MEDICAID | Medicaid State Plan | Eligibility | DE2019MS0001O | DE-19-0008

## Package Header

<b>Package ID</b>	DE2019MS0001O	<b>SPA ID</b>	DE-19-0008
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	12/23/2019
<b>Approval Date</b>	3/19/2020	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	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	
Public Notice	12/9/2019 8:05 AM EST	

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

Name	Date Created	
No items available		

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

- Access
- Quality
- Cost
- Payment methodology
- Eligibility
- Benefits
- Service delivery
- Other issue

# Submission - Tribal Input

MEDICAID | Medicaid State Plan | Eligibility | DE2019MS0001O | DE-19-0008

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<b>Package ID</b>	DE2019MS0001O	<b>SPA ID</b>	DE-19-0008
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	12/23/2019
<b>Approval Date</b>	3/19/2020	<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

## Income/Resource Methodologies

### Non-MAGI Methodologies

MEDICAID | Medicaid State Plan | Eligibility | DE2019MS0001O | DE-19-0008

#### Package Header

<b>Package ID</b>	DE2019MS0001O	<b>SPA ID</b>	DE-19-0008
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	12/23/2019
<b>Approval Date</b>	3/19/2020	<b>Effective Date</b>	10/1/2019
<b>Superseded SPA ID</b>	New		
	User-Entered		

The state will apply the methodologies as described below, and consistent with 42 CFR 435.601, 435.602, and 435.831.

#### A. Basic Financial Methodology

1. The state applies the income and resource methodologies of the SSI program when determining eligibility for a population based on age (65 or older) or having blindness or a disability, with the exceptions described below in B. through G.
2. The state applies the financial methodologies of either the SSI program or the AFDC program in effect as of July 16, 1996 (whichever is most closely related) when determining eligibility for a population based on age (as a child), pregnancy, or status as a caretaker relative, with the exceptions described below in B. through G.

#### B. Use of Less Restrictive Methodologies

1. The state elects to apply income and/or resources methodologies that are less restrictive than those used under the cash assistance programs, in accordance with 42 CFR 435.601(d).

Yes

No

2. The less restrictive income and resource methodologies are described on the RU for each applicable eligibility group.

# Non-MAGI Methodologies

MEDICAID | Medicaid State Plan | Eligibility | DE2019MS0001O | DE-19-0008

## Package Header

<b>Package ID</b>	DE2019MS0001O	<b>SPA ID</b>	DE-19-0008
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	12/23/2019
<b>Approval Date</b>	3/19/2020	<b>Effective Date</b>	10/1/2019
<b>Superseded SPA ID</b>	New		
	User-Entered		

## C. Financial Responsibility of Relatives

1. In determining financial eligibility for an individual, the state does not include income and resources from anyone other than the individual's spouse, and for individuals under age 21 or who have blindness or disability, the individual's parent.

a. The state includes the income and resources of a spouse or parent only when they are living with the individual in the same household, except as follows:

i. In the case of spouses who are age 65 or older or who have blindness or disability and who share the same room in a Medicaid institution, the state:

- (1) Considers these couples either as living together or as living separately for the purpose of counting income and resources, whichever is more advantageous to the couple.
- (2) Considers these couples as living separately for the purpose of counting income and resources.

ii. Where applicable, the state determines income and resource eligibility consistent with the spousal impoverishment rules of section 1924 of the Act, as described in the Resource Assessment and Eligibility reviewable unit.

b. In the case of individuals under age 21 for whom AFDC is the most closely related cash assistance program, the income and resources of parents and spouses are included only if the individual would have been considered a dependent under the state's approved AFDC state plan in effect as of July 16, 1996.

# Non-MAGI Methodologies

MEDICAID | Medicaid State Plan | Eligibility | DE2019MS00010 | DE-19-0008

## Package Header

<b>Package ID</b>	DE2019MS00010	<b>SPA ID</b>	DE-19-0008
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	12/23/2019
<b>Approval Date</b>	3/19/2020	<b>Effective Date</b>	10/1/2019
<b>Superseded SPA ID</b>	New		
	User-Entered		

## D. Family Size

1. The family size of an individual for whom the SSI income and resource methodologies are used (as described in section A) includes the persons identified below:

- a. The individual applying, or
- b. If the individual lives together with his or her spouse, the individual applying and the spouse, or
- c. If the individual lives together with his or her parent(s) and the individual is under 21 or has blindness or a disability, the individual applying and the parent(s).

2. The family size of an individual for whom the AFDC income and resource methodologies are used (as described in section A.), includes the persons who would have been included in the family under the state's July 16, 1996 AFDC state plan, except where the state has elected to use the MAGI-like methodologies (as described in section E).

3. The state defines family size for one or more of the following FPL eligibility groups to include others beyond those identified in D.1. and D.2.

- Yes
- No

## Non-MAGI Methodologies

MEDICAID | Medicaid State Plan | Eligibility | DE2019MS0001O | DE-19-0008

### Package Header

<b>Package ID</b>	DE2019MS0001O	<b>SPA ID</b>	DE-19-0008
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	12/23/2019
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<b>Superseded SPA ID</b>	New		
	User-Entered		

### E. Use of MAGI-like Methodologies

1. The state uses MAGI-like methodologies for one or more populations for whom the most closely related cash assistance program would be the AFDC program in effect as of July 16, 1996.

- Yes  
 No

## Non-MAGI Methodologies

MEDICAID | Medicaid State Plan | Eligibility | DE2019MS0001O | DE-19-0008

### Package Header

<b>Package ID</b>	DE2019MS0001O	<b>SPA ID</b>	DE-19-0008
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	12/23/2019
<b>Approval Date</b>	3/19/2020	<b>Effective Date</b>	10/1/2019
<b>Superseded SPA ID</b>	New		
	User-Entered		

### F. Countable Income Deductions for the Medically Needy

In determining countable income for individuals who are age 65 or older or who have blindness or a disability, the state deducts:

1. Amounts that would be deducted in determining eligibility under SSI.
2. The highest amounts that would be deducted in determining eligibility for optional state supplements if these supplements are paid to all individuals who are receiving SSI or would be eligible for SSI except for their income.

## Non-MAGI Methodologies

MEDICAID | Medicaid State Plan | Eligibility | DE2019MS0001O | DE-19-0008

### Package Header

<b>Package ID</b>	DE2019MS0001O	<b>SPA ID</b>	DE-19-0008
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	12/23/2019
<b>Approval Date</b>	3/19/2020	<b>Effective Date</b>	10/1/2019
<b>Superseded SPA ID</b>	New		
	User-Entered		

### G. Additional Information (optional)

# Medicaid State Plan Eligibility

## Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | DE2019MS0001O | DE-19-0008

### Package Header

<b>Package ID</b>	DE2019MS0001O	<b>SPA ID</b>	DE-19-0008
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	12/23/2019
<b>Approval Date</b>	3/19/2020	<b>Effective Date</b>	10/1/2019
<b>Superseded SPA ID</b>	DE-17-0010		
	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 type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Parents and Other Caretaker Relatives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Pregnant Women		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Deemed Newborns		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Former Foster Care Children		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Transitional Medical Assistance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Extended Medicaid due to Spousal Support Collections		<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 ?
SSI Beneficiaries		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Closed Eligibility Groups		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Deemed To Be Receiving SSI		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Working Individuals under 1619(b)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualified Medicare Beneficiaries		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualified Disabled and Working Individuals		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Specified Low Income Medicare Beneficiaries		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualifying Individuals		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW





# Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | DE2019MS00010 | DE-19-0008

## Package Header

<b>Package ID</b>	DE2019MS00010	<b>SPA ID</b>	DE-19-0008
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	12/23/2019
<b>Approval Date</b>	3/19/2020	<b>Effective Date</b>	10/1/2019
<b>Superseded SPA ID</b>	DE-17-0010		
	System-Derived		

### B. The state elects the Adult Group, described at 42 CFR 435.119.

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 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 | DE2019MS0001O | DE-19-0008

### Package Header

<b>Package ID</b>	DE2019MS0001O	<b>SPA ID</b>	DE-19-0008
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	12/23/2019
<b>Approval Date</b>	3/19/2020	<b>Effective Date</b>	10/1/2019
<b>Superseded SPA ID</b>	DE-17-0010		
	System-Derived		

### 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 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 type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals Needing Treatment for Breast or Cervical Cancer		<input 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 ?
Individuals Eligible for but Not Receiving Cash Assistance		<input 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 Eligible for Cash Except for Institutionalization	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals Receiving Home and Community- Based Waiver Services under Institutional Rules	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Optional State Supplement Beneficiaries	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals in Institutions Eligible under a Special Income Level	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
PACE Participants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Hospice	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children under Age 19 with a Disability	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Age and Disability-Related Poverty Level	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Work Incentives	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Ticket to Work Basic	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Ticket to Work Medical Improvements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Family Opportunity Act Children with a Disability	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services Who Are Otherwise Eligible for HCBS Waivers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

## Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | DE2019MS00010 | DE-19-0008

### Package Header

<b>Package ID</b>	DE2019MS00010	<b>SPA ID</b>	DE-19-0008
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	12/23/2019
<b>Approval Date</b>	3/19/2020	<b>Effective Date</b>	10/1/2019
<b>Superseded SPA ID</b>	DE-17-0010		
	System-Derived		

### B. Medically Needy Options for Coverage

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

Yes  No

## Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | DE2019MS0001O | DE-19-0008

### Package Header

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<b>Superseded SPA ID</b>	DE-17-0010		
	System-Derived		

### 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

## Eligibility Groups - Options for Coverage

### Individuals Eligible for Cash Except for Institutionalization

MEDICAID | Medicaid State Plan | Eligibility | DE2019MS0001O | DE-19-0008

Individuals who would be eligible for federal cash assistance or an optional state supplement, except for institutionalization.

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<b>Package ID</b>	DE2019MS0001O	<b>SPA ID</b>	DE-19-0008
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	12/23/2019
<b>Approval Date</b>	3/19/2020	<b>Effective Date</b>	10/1/2019
<b>Superseded SPA ID</b>	DE-92-0300		
	User-Entered		

The state covers the optional Individuals Eligible for Cash Except for Institutionalization eligibility group in accordance with the following provisions:

#### A. Characteristics

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

1. Are in a medical institution.
2. Would meet the eligibility requirements for at least one of the following cash assistance programs, but for the lower income standards used to determine eligibility for institutionalized individuals:
  - a. SSI
  - b. Optional State Supplement
  - c. AFDC

# Individuals Eligible for Cash Except for Institutionalization

MEDICAID | Medicaid State Plan | Eligibility | DE2019MS0001O | DE-19-0008

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	User-Entered		

## B. Individuals Covered

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

- Yes
- No

# Individuals Eligible for Cash Except for Institutionalization

MEDICAID | Medicaid State Plan | Eligibility | DE2019MS0001O | DE-19-0008

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	User-Entered		

## C. Financial Methodologies

1. In calculating household income and resources for individuals who are seeking eligibility on the basis of being age 65 or older or having blindness or disability, SSI methodologies are used. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

2. In calculating household income and resources for populations for which AFDC is the most closely related program, the following methodology(ies) are used:

- a. MAGI-like methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
- b. AFDC methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

3. Less restrictive methodologies are used in calculating countable income.

- Yes
- No

The less restrictive income methodologies are:

Census Bureau wages are disregarded.

**Description of disregard:** Exclude the earned income of temporary census workers for purposes of eligibility

4. Less restrictive methodologies are used in calculating countable resources.

- Yes
- No



# Individuals Eligible for Cash Except for Institutionalization

MEDICAID | Medicaid State Plan | Eligibility | DE2019MS0001O | DE-19-0008

## Package Header

<b>Package ID</b>	DE2019MS0001O	<b>SPA ID</b>	DE-19-0008
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	12/23/2019
<b>Approval Date</b>	3/19/2020	<b>Effective Date</b>	10/1/2019
<b>Superseded SPA ID</b>	DE-92-0300		
	User-Entered		

## D. Income Standard Used

The income standard used is the standard of the most closely related cash assistance program.

## E. Resource Standard Used

The resource standard used is the standard of the most closely related cash assistance program.

# Individuals Eligible for Cash Except for Institutionalization

MEDICAID | Medicaid State Plan | Eligibility | DE2019MS0001O | DE-19-0008

## Package Header

<b>Package ID</b>	DE2019MS0001O	<b>SPA ID</b>	DE-19-0008
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	12/23/2019
<b>Approval Date</b>	3/19/2020	<b>Effective Date</b>	10/1/2019
<b>Superseded SPA ID</b>	DE-92-0300		
	User-Entered		

## F. Additional Information (optional)

# Medicaid State Plan Eligibility

## Eligibility Groups - Options for Coverage

### Individuals in Institutions Eligible under a Special Income Level

MEDICAID | Medicaid State Plan | Eligibility | DE2019MS0001O | DE-19-0008

Individuals who are in medical institutions for at least 30 consecutive days who are eligible under a special income level.

#### Package Header

<b>Package ID</b>	DE2019MS0001O	<b>SPA ID</b>	DE-19-0008
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	12/23/2019
<b>Approval Date</b>	3/19/2020	<b>Effective Date</b>	10/1/2019
<b>Superseded SPA ID</b>	DE-92-0300		
	User-Entered		

The state covers Individuals in Institutions Eligible under a Special Income Level in accordance with the following provisions:

#### A. Characteristics

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

1. Have been in a medical institution for at least 30 consecutive days.
2. Have income at or below a standard described in section D.

# Individuals in Institutions Eligible under a Special Income Level

MEDICAID | Medicaid State Plan | Eligibility | DE2019MS0001O | DE-19-0008

## Package Header

<b>Package ID</b>	DE2019MS0001O	<b>SPA ID</b>	DE-19-0008
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	12/23/2019
<b>Approval Date</b>	3/19/2020	<b>Effective Date</b>	10/1/2019
<b>Superseded SPA ID</b>	DE-92-0300		
	User-Entered		

## B. Individuals Covered

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

- Yes
- No

# Individuals in Institutions Eligible under a Special Income Level

MEDICAID | Medicaid State Plan | Eligibility | DE2019MS0001O | DE-19-0008

## Package Header

<b>Package ID</b>	DE2019MS0001O	<b>SPA ID</b>	DE-19-0008
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	12/23/2019
<b>Approval Date</b>	3/19/2020	<b>Effective Date</b>	10/1/2019
<b>Superseded SPA ID</b>	DE-92-0300		
	User-Entered		

## C. Financial Methodologies

1. In calculating household income, the methodologies of the most closely related cash assistance program are used, except that disregards are not applied.
2. In calculating household resources, the methodologies of the most closely related cash assistance program are used. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
3. Less restrictive methodologies are used in calculating countable resources.

- Yes  
 No

The less restrictive resource methodologies are:

- A beneficiary of a "qualified state long-term care insurance partnership" policy (partnership policy), as defined in section 1917(b)(1)(C) of the Social Security Act and 45 CFR 144.200 et seq., is provided a resource disregard, equal to the amount of the insurance benefit payments made to or on behalf of the individual from the partnership policy.

# Individuals in Institutions Eligible under a Special Income Level

MEDICAID | Medicaid State Plan | Eligibility | DE2019MS0001O | DE-19-0008

## Package Header

<b>Package ID</b>	DE2019MS0001O	<b>SPA ID</b>	DE-19-0008
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	12/23/2019
<b>Approval Date</b>	3/19/2020	<b>Effective Date</b>	10/1/2019
<b>Superseded SPA ID</b>	DE-92-0300		
	User-Entered		

## D. Income Standard Used

The income standard for this group is:

- 1. 300% of the SSI Federal Benefit Rate (FBR) for an individual
- 2. Other lower income level
  - a. Percent of the SSI FBR: 250.00%
  - b. Dollar amount:

## Individuals in Institutions Eligible under a Special Income Level

MEDICAID | Medicaid State Plan | Eligibility | DE2019MS0001O | DE-19-0008

### Package Header

<b>Package ID</b>	DE2019MS0001O	<b>SPA ID</b>	DE-19-0008
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	12/23/2019
<b>Approval Date</b>	3/19/2020	<b>Effective Date</b>	10/1/2019
<b>Superseded SPA ID</b>	DE-92-0300		
	User-Entered		

### E.Resource Standard Used

The resource standard for this group is the one used for the most closely-related cash assistance program.

# Individuals in Institutions Eligible under a Special Income Level

MEDICAID | Medicaid State Plan | Eligibility | DE2019MS0001O | DE-19-0008

## Package Header

<b>Package ID</b>	DE2019MS0001O	<b>SPA ID</b>	DE-19-0008
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	12/23/2019
<b>Approval Date</b>	3/19/2020	<b>Effective Date</b>	10/1/2019
<b>Superseded SPA ID</b>	DE-92-0300		
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## F.Additional Information (optional)

Earned income of temporary census workers for purposes of eligibility will be excluded.



# Medicaid State Plan Eligibility

## Eligibility Groups - Options for Coverage

### Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | DE2019MS00010 | DE-19-0008

Individuals between ages 16 and 64 with a disability, who have earned income.

### Package Header

<b>Package ID</b>	DE2019MS00010	<b>SPA ID</b>	DE-19-0008
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	12/23/2019
<b>Approval Date</b>	3/19/2020	<b>Effective Date</b>	10/1/2019
<b>Superseded SPA ID</b>	DE-09-005		
	User-Entered		

The state covers the optional Ticket to Work basic eligibility group in accordance with the following provisions:

## Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | DE2019MS0001O | DE-19-0008

### Package Header

<b>Package ID</b>	DE2019MS0001O	<b>SPA ID</b>	DE-19-0008
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	12/23/2019
<b>Approval Date</b>	3/19/2020	<b>Effective Date</b>	10/1/2019
<b>Superseded SPA ID</b>	DE-09-005		
	User-Entered		

### A. Characteristics

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

1. Are at least age 16 but less than 65 years of age.
2. Have earned income.
3. But for earned income, meet the SSI definition of disability.
4. Have income and resources that do not exceed the standards established by the state.

# Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | DE2019MS00010 | DE-19-0008

## Package Header

<b>Package ID</b>	DE2019MS00010	<b>SPA ID</b>	DE-19-0008
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	12/23/2019
<b>Approval Date</b>	3/19/2020	<b>Effective Date</b>	10/1/2019
<b>Superseded SPA ID</b>	DE-09-005		
	User-Entered		

## B. Financial Methodologies

1. SSI methodologies are used in calculating household income and resources. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

**2. Less restrictive methodologies are used in calculating countable income.**

- Yes
- No

The less restrictive income methodologies are:

Census Bureau wages are disregarded.

**Description of disregard:** Exclude the earned income of temporary census workers for purposes of eligibility

The following less restrictive methodologies are used:

Name of methodology:	Description:
Unearned income disregard	For individuals in the TWWIIA Basic eligibility group, the unearned income disregard increases each year and is it solely based on the annual COLA. The disregard amount for 2020 \$1,110.

**3. Less restrictive methodologies are used in calculating countable resources.**

- Yes
- No

## Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | DE2019MS0001O | DE-19-0008

### Package Header

<b>Package ID</b>	DE2019MS0001O	<b>SPA ID</b>	DE-19-0008
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	12/23/2019
<b>Approval Date</b>	3/19/2020	<b>Effective Date</b>	10/1/2019
<b>Superseded SPA ID</b>	DE-09-005		
	User-Entered		

### C. Income Standard Used

The income standard for this group is:

- 1. No income standard
- 2. A percentage of the federal poverty level:
- 3. A percentage of the SSI Federal Benefit Rate:
- 4. A dollar amount
- 5. Other

**FPL** 275.00%

## Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | DE2019MS0001O | DE-19-0008

### Package Header

<b>Package ID</b>	DE2019MS0001O	<b>SPA ID</b>	DE-19-0008
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	12/23/2019
<b>Approval Date</b>	3/19/2020	<b>Effective Date</b>	10/1/2019
<b>Superseded SPA ID</b>	DE-09-005		
	User-Entered		

### D. Resource Standard Used

The resource standard for this group is:

- 1. No resource standard
- 2. SSI resource standard
- 4. A dollar amount higher than the SSI resource standard

## Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | DE2019MS0001O | DE-19-0008

### Package Header

<b>Package ID</b>	DE2019MS0001O	<b>SPA ID</b>	DE-19-0008
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	12/23/2019
<b>Approval Date</b>	3/19/2020	<b>Effective Date</b>	10/1/2019
<b>Superseded SPA ID</b>	DE-09-005		
	User-Entered		

### E. Premiums and Cost Sharing

Requirements for premiums and cost sharing for this group are found in the premium and cost sharing sections of the state plan.

## Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | DE2019MS0001O | DE-19-0008

### Package Header

<b>Package ID</b>	DE2019MS0001O	<b>SPA ID</b>	DE-19-0008
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	12/23/2019
<b>Approval Date</b>	3/19/2020	<b>Effective Date</b>	10/1/2019
<b>Superseded SPA ID</b>	DE-09-005		
	User-Entered		

### F. Additional Information (optional)

Requirements for premiums and cost sharing for this group are found in the premium and cost sharing sections as well as page 12o of Attachment 2.6 of the eligibility section of the state plan.

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