

## **Table of Contents**

**State/Territory Name: Delaware**

**State Plan Amendment (SPA) #: 24-0005**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA page

# DE - Submission Package - DE2024MS00020 - (DE-24-0005) - Eligibility

Summary Reviewable Units Versions Correspondence Log Analyst Notes **Approval Letter** Transaction Logs News Related Actions

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Medicaid and CHIP Operations Group  
601 E. 12th St., Room 355  
Kansas City, MO 64106



## Center for Medicaid & CHIP Services

May 10, 2024

Andrew Wilson  
Medicaid Director  
Division of Medicaid and Medical Assistance  
1901 N. DuPont Highway  
P.O. Box 906  
New Castle, DE 19720-0906

Re: Approval of State Plan Amendment DE-24-0005

Dear Medicaid Director Wilson,

On March 29, 2024, the Centers for Medicare and Medicaid Services (CMS) received Delaware State Plan Amendment (SPA) DE-24-0005 to provide 12 months of continuous eligibility to children under age 19 enrolled in Medicaid.

We approve Delaware State Plan Amendment (SPA) DE-24-0005 with an effective date(s) of January 01, 2024.

If you have any questions regarding this amendment, please contact Talbatha Myatt at [talbatha.myatt@cms.hhs.gov](mailto:talbatha.myatt@cms.hhs.gov).

Sincerely,

Ruth A. Hughes

Acting Director, Division of Program  
Operations

Center for Medicaid & CHIP Services

# DE - Submission Package - DE2024MS0002O - (DE-24-0005) - Eligibility

[Summary](#) [Reviewable Units](#) [Versions](#) [Correspondence Log](#) [Analyst Notes](#) [Approval Letter](#) [Transaction Logs](#) [News](#) [Related Actions](#)

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | DE2024MS0002O | DE-24-0005

CMS-10434 OMB 0938-1188

### Package Header

<b>Package ID</b>	DE2024MS0002O	<b>SPA ID</b>	DE-24-0005
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/29/2024
<b>Approval Date</b>	05/10/2024	<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Superseded SPA ID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 | DE2024MS00020 | DE-24-0005

## Package Header

<b>Package ID</b> DE2024MS00020	<b>SPA ID</b> DE-24-0005
<b>Submission Type</b> Official	<b>Initial Submission Date</b> 3/29/2024
<b>Approval Date</b> 05/10/2024	<b>Effective Date</b> N/A
<b>Superseded SPA ID</b> N/A	

## SPA ID and Effective Date

**SPA ID** DE-24-0005

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Continuous Eligibility for Children	1/1/2024	New

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

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | DE2024MS00020 | DE-24-0005

### Package Header

<b>Package ID</b>	DE2024MS00020	<b>SPA ID</b>	DE-24-0005
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/29/2024
<b>Approval Date</b>	05/10/2024	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

### Executive Summary

**Summary Description Including Goals and Objectives** 12-month Continuous Eligibility for Children

### Federal Budget Impact and Statute/Regulation Citation

#### Federal Budget Impact

	Federal Fiscal Year	Amount
First	2024	\$6623630
Second	2025	\$8936521

#### Federal Statute / Regulation Citation

42 CFR 435.926 and 42 CFR 916(d)(1)(i)

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created
No items available	

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | DE2024MS00020 | DE-24-0005

### Package Header

<b>Package ID</b>	DE2024MS00020	<b>SPA ID</b>	DE-24-0005
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/29/2024
<b>Approval Date</b>	05/10/2024	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

### Governor's Office Review

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

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 range from 1 hour to 80 hours per response (see below), 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 5/13/2024 8:52 AM EDT*

# DE - Submission Package - DE2024MS0002O - (DE-24-0005) - Eligibility

## Medicaid State Plan Eligibility

### Eligibility and Enrollment Processes

#### Continuous Eligibility for Children

MEDICAID | Medicaid State Plan | Eligibility | DE2024MS0002O | DE-24-0005

CMS-10434 OMB 0938-1188

#### Package Header

<b>Package ID</b>	DE2024MS0002O	<b>SPA ID</b>	DE-24-0005
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/29/2024
<b>Approval Date</b>	05/10/2024	<b>Effective Date</b>	<u>1/1/2024</u>
<b>Superseded SPA ID</b>	New		
	User-Entered		

The state provides continuous eligibility for children in accordance with the following provisions:

#### A. Mandatory Continuous Eligibility for Hospitalized Children

The state provides Medicaid to a child eligible for and enrolled under the Infants and Children under Age 19 (42 CFR 435.118) eligibility group until the end of an inpatient stay for which inpatient services are covered, if the child:

1. Was receiving inpatient services covered by Medicaid on the date the child becomes ineligible under the eligibility group based on the child's age; and
2. Would remain eligible but for attaining such age.

#### B. Mandatory Continuous Eligibility for Children

The state provides continuous eligibility to all children under age 19 and that:

1. The continuous eligibility period begins on the effective date of the child's most recent determination or redetermination of eligibility, and ends the last day of the earlier of the following periods:
  - a. The month that the child turns 19 years old;
  - b. 12 months.
2. Continuous eligibility is provided to children eligible under all mandatory and optional eligibility groups (excluding Medically Needy) who would otherwise lose eligibility because of any change in circumstances, unless:
  - a. The child dies;
  - b. The child or the child's representative voluntarily requests a termination of the child's eligibility;
  - c. The child ceases to be a resident of the state;
  - d. The Medicaid agency determines that eligibility was determined incorrectly at the most recent determination or redetermination of eligibility because of agency error or fraud, abuse, or perjury attributed to the child or the child's representative; or
  - e. The child attains the maximum age specified in B.

#### C. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 range from 1 hour to 80 hours per response (see below), 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.