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State/Territory Name: Delaware

State Plan Amendment (SPA) #: 24-0015

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

March 18, 2025

Andrew Wilson
Medicaid Director
Division of Medicaid and Medical Assistance
Delaware Health and Social Services
P.O. Box 906
New Castle, DE 19720-0906

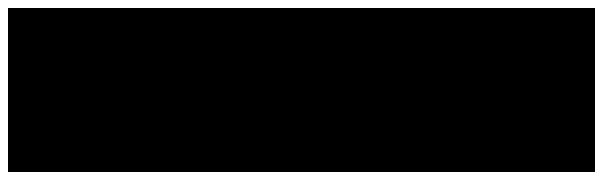
Re: Delaware State Plan Amendment (SPA) 24-0015

Dear Mr. Wilson:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0015. This amendment proposes to modify the personal needs allowance amount for individuals residing in long-term care facilities.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act. This letter informs you that Delaware's Medicaid SPA TN 24-0015 was approved on March 14, 2025, effective January 1, 2025.

If you have any questions, please contact Talbatha Myatt at (215) 861-4259, or via email at Talbatha.Myatt@cms.hhs.gov.



James G. Scott, Director
Division of Program Operations

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER <div>24 — 0015</div>	2. STATE <div>DE</div>
		3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <div><input checked="" type="radio"/> XIX <input type="radio"/> XXI</div>	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE <div>01-01-2025</div>	
5. FEDERAL STATUTE/REGULATION CITATION <div>§1902(a)(50), (q) of the Social Security Act, §1924(d)(1) of the Social Security Act</div>		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <div>2025</div> \$ <div>419,793</div> b. FFY <div>2026</div> \$ <div>425,556</div>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <div>Attachment 2.6-A page 4 Attachment 2.6-A page 4 Addendum</div>		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <div>Attachment 2.6-A page 4 Attachment 2.6-A page 4 Addendum</div>	
9. SUBJECT OF AMENDMENT <div>Personal Needs Allowance</div>			
10. GOVERNOR'S REVIEW (Check One) <div><input checked="" type="radio"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="radio"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="radio"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL <input type="radio"/> OTHER, AS SPECIFIED:</div>			
11. SIGNED AND DATED BY <div>[Redacted Signature] FICIAL</div>		15. RETURN TO <div>Andrew Wilson, Director, DMMA, P.O. Box 906 New Castle, DE19720</div>	
12. TYPED NAME <div>Andrew Wilson</div>			
13. TITLE <div>Director</div>			
14. DATE SUBMITTED <div>12/19/2024 2:35 PM EST</div>			
FOR CMS USE ONLY			
16. DATE RECEIVED <div>12/19/2024</div>		17. DATE APPROVED <div>03/14/2025</div>	
PLAN APPROVED - ONE COPY ATTACHED			
18. EFFECTIVE DATE OF APPROVED MATERIAL <div>01/01/2025</div>		19. SIGNATURE <div>[Redacted Signature]</div>	
20. TYPED NAME OF APPROVING OFFICIAL <div>James G. Scott</div>		21. TITLE OF APPROVING OFFICIAL <div>Director, Division of Program Operations</div>	
22. REMARKS <div></div>			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL
SECURITY ACT STATE: DELAWARE
ELIGIBILITY CONDITIONS AND REQUIREMENTS
42 CFR 435.725; 43 CFR 435.733; 42 CFR 435.832

B. Post-Eligibility Treatment of Institutionalized Individuals

The following amounts are deducted from the gross income when computing the application of an individual or couples' income to the cost of institutionalized care:

1. Personal Needs Allowance.
 - a. Aged, blind, disabled-

Individuals	\$75
Couples	\$150

For the following individuals with greater need-

See Page 4 Addendum

- b. AFDC related-

Children	\$75
Adults	\$75
- c. Individuals under age 21 covered in this plan as specified in Item B.7 of ATTACHMENT 2.2-A Page 16. \$75

TN NO. SPA #24-0015
Supersedes
TN No. SP #16-008

Approval Date March 14, 2025

Effective Date January 1, 2025

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY
ACT STATE: DELAWARE
ELIGIBILITY CONDITIONS AND REQUIREMENTS
42 CFR 435.725; 43 CFR 435.733; 42 CFR 435.832

B. Post-Eligibility Treatment of Institutionalized Individuals (continued)

For the following individuals with a greater need (continued)

- d. NF and ICF/IID residents engaging in frequent and regular rehabilitation out-of-facility activities are subject to the personal needs allowance set forth on Attachment 2.6-A page 4, except as provided in e., below.
- e. For nursing facility residents who are participating in gainful employment, the following amounts, not to exceed the adult foster care rate (SSI benefit amount + \$140), will be deducted from gross earned income:
 - i. Mandatory payroll deductions that are a condition of employment such as:
 - 1. Federal, State, and Local taxes
 - 2. FICA
 - 3. Union Dues
 - 4. Insurance Premiums
 - 5. Pension Contributions.
 - ii. Transportation costs as paid to and from employment.
 - iii. Clothing and personal needs allowance of \$75/month.
- f. For nursing facility residents requiring a court appointed guardian, the following amounts will be deducted from the gross income:
 - i. Monthly guardianship fees not to exceed \$100
 - ii. Initial establishment of a guardianship (to include attorney's fees) not to exceed \$750

The maximum amount of income to be protected will not exceed the amount required to maintain an individual in adult foster/residential care. This amount is currently the SSI benefit plus \$140.

TN No. SPA 24-0015
Supersedes
TN No. SPA #22-0003

Approval Date March 14, 2025
Effective Date January 1, 2025