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State/Territory Name: Delaware

State Plan Amendment (SPA) #: 25-0001

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Companion Letter
- 3) Form CMS-179
- 4) 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

December 8, 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) - 25-0001

Dear Medicaid Director Wilson:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0001. This amendment proposes to provide for mandatory coverage in accordance with section 1902(a)(84)(D) of the Social Security Act (the Act) for eligible juveniles that are incarcerated in a public institution post-adjudication of charges.

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 25-0001 was approved on December 8, 2025, effective January 1, 2025, and will sunset December 31, 2026.

Enclosed are copies of Form CMS-179 and the approved SPA pages to be incorporated into the Delaware State Plan.

Please note that accompanying this approval of SPA TN 25-0001, there is an enclosed companion letter regarding the need for Delaware to address identified actions that must be completed by December 31, 2026, to fully implement mandatory coverage in accordance with section 1902(a)(84)(D) of the Act. CMS is issuing the companion letter to document these actions and establish a timeframe for their completion.

If you have any questions, please contact Taneka Rivera at (410) 786-9502, or via email at Taneka.Rivera@cms.hhs.gov.

Sincerely,

Wendy E. Hill Petras, Acting Director Division of Program Operations

Enclosures

cc: Melissa Dohring

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

December 8, 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) – 25-0001

Dear Medicaid Director Wilson:

The Centers for Medicare & Medicaid Services (CMS) is sending this companion letter to DE-25-0001, approved on December 8, 2025. This State Plan Amendment (SPA) amends the Medicaid State Plan to provide for mandatory coverage in accordance with section 1902(a)(84)(D) of the Social Security Act (the Act) for eligible juveniles that are incarcerated in a public institution post-adjudication of charges. As noted in the approval letter and State Plan, this SPA is effective January 1, 2025, and will be sunset on December 31, 2026. The state must complete the actions identified in this letter by the sunset date. Once these actions are completed, the state should submit a SPA to remove the sunset date from the State Plan.

Effective January 1, 2025, section 1902(a)(84)(D) of the Act requires states to have an internal operational plan and, in accordance with such plan, provide for the following for eligible juveniles as defined in section 1902(nn) of the Act (individuals who are under 21 years of age and determined eligible for any Medicaid eligibility group, or individuals determined eligible for the mandatory eligibility group for former foster care children under 42 C.F.R. § 435.150 who are at least age 18 but under age 26) who are within 30 days of their scheduled date of release from a public institution following adjudication:

• In the 30 days prior to release (or not later than one week, or as soon as practicable, after release from the public institution), and in coordination with the public institution, the state must provide any screenings and diagnostic services which meet reasonable standards of medical and dental practice, as determined by the state, or as otherwise indicated as medically necessary, in accordance with the Early and Periodic Screening, Diagnostic, and Treatment requirements, including a behavioral health screening or diagnostic service.

• In the 30 days prior to release and for at least 30 days following release, the state must provide targeted case management services, including referrals to appropriate care and services available in the geographic region of the home or residence of the eligible juvenile, where feasible, under the Medicaid state plan (or waiver of such plan).

We appreciate the state's efforts to implement this mandatory coverage and recognize the progress that has been made as well as the complexities associated with full implementation. However, during the review of DE-25-0001, CMS identified actions that must be completed to fully implement mandatory coverage in accordance with section 1902(a)(84)(D) of the Act. CMS is issuing this companion letter to document these actions and establish a timeframe for their completion.

The state must complete the following actions by December 31, 2026 to fully implement section 1902(a)(84)(D) of the Act. Once these actions are completed the state should submit a SPA to remove the sunset date from the State Plan.

The state indicated that the Department of Services for Children, Youth, and Their Families (DSCYF) currently provides physical and behavioral health screening and diagnostic services consistent with section 1902(a)(84)(D) of the Act; and the Department of Correction (DOC) currently provides physical health screening and diagnostic services consistent with section 1902(a)(84)(D) of the Act. While the state indicated that these screening and diagnostic services are furnished consistent with section 1902(a)(84)(D) of the Act, the state identified changes that are still in the processes of implementation:

- 1. **Systems and Eligibility:** The state will complete work with their systems vendor and DSCYF to prepare for Medicaid billing and claiming as well as data sharing processes for youth Medicaid status, projected release dates, and service provision. The state will complete similar work with the vendor and the DOC to facilitate needed systems changes. The state will also work with the Division of Social Services (DSS) to make necessary changes to eligibility systems/policies and procedures.
- 2. **Targeted Case Management:** DSCYF and DOC will engage providers for pre- or post-release TCM. This will occur through a request for proposals (RFP) to solicit providers. The departments will continue the design of these services, including payment models and requirements for service provision such as processes for warm handoffs and case manager contact requirements.
- 3. Screening and Diagnostic Services: DOC provides physical health screening and diagnostic services to incarcerated individuals; however, DOC needs to implement behavioral health screenings and diagnostics to ensure consistency with section 1902(a)(84)(D) of the Act. DSCYF and DOC will engage dental providers to be able to provide dental screenings and diagnostics. If any screening and diagnostic services are unable to be provided by either department pre-release, they will be provided as soon as practicable post-release in the community as part of the current managed care contracts.

4. **Policies and Procedures:** The state, DSCYF, DOC, and DSS will update applicable policies and procedures, including interdepartmental memoranda of understanding, to ensure compliance with section 1902(a)(84)(D) of the Act. Processes requiring updates include initial Medicaid applications and renewals, and policies for both facility and community providers.

As always, CMS is available to provide technical assistance on any of these actions. If you have any questions, please contact Taneka Rivera at (410) 786-9502 or via email at Taneka.Rivera@cms.hhs.gov.

Sincerely,

Wandy F. Hill Patras, Acting Direct

Wendy E. Hill Petras, Acting Director Division of Program Operations

Enclosures

cc: Melissa Dohring

CENTERS FOR MEDICARE & MEDICAID SERVICES	OMB No. 0938-0193	
TRANSMITTAL AND NOTICE OF APPROVAL O	1. TRANSMITTAL NUMBER 2. STATE	
STATE PLAN MATERIAL	$\frac{2}{2} = \frac{5}{2} = \frac{0}{2} = \frac{0}$	
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	3. PROGRAM I DENTIFICATION: TITLE OF THE SOCIAL	
FOR, CENTERS FOR WEDICARE & WEDICAID SERVICES	SECURITY ACT (XIX XXI	
TO CENTED DIDECTOR	0 0	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES	4. PROPOSED EFFECTIVE DATE	
DEPARTMENT OF HEALTH AND HUMAN SERVICES	01/01/2025	
FEDERAL STATUTE/REGULATION CITATION	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)	
ections 1902(a)(84) and 1905(a)(19) of the Social Security Act and 42 CFR 440.	169 a FFY 2025 \$ 0	
AA 2023. The SUPPORT Act. 1902(a)(84)(D) of the SSA	b. FFY 2026 \$ 221,282	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	8. PAGENUMBER OF THE SUPERSEDED PLAN SECTION	
Supplement 5 to Attachment 3.1 A page 7	OR ATTACHMENT (If Applicable)	
Supplement 5 to Attachment 3:1-A page 8	N EW	
Supplement 5 to Attachment 3:1 A page 9 Supplement 5 to Attachment 3:1 A page-10	NEW	
Supplement 5 to Attachment 3.1 A page 11 3.1M Page 1 and Pa		
Supplement 5 to Attachment 3.1 A page 12	NEW	
Supplement 5 to Attachment 3.1-A page 13	₩₩	
9. SUBJECT OF AMENDMENT	7.07	
10. GOVERNOR'S REVIEW (Check One) GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL AGENCY OFFICIAL	OTHER, AS SPECIFIED: 15. RETURN TO	
Andrew Wilson	Andrew Wilson, Director, DMMA, P.O. Box 906 New Castle, DE19720	
13. TITLE	DE 19720	
Director		
14. DATE SUBMITTED		
3/20/2025 10:29 AM EDT	ives only	
	USE ONLY	
16. DATE RECEIVED 03/20/2025	17. DATE APPROVED 12/08/2025	
	DIE COPY ATTACHED	
18. EFFECTIVE DATE OF APPROVED MATERIAL	1	
01/01/2025		
	24 TITLE OF A DDDO\/INC OFFICIAL	
20. TYPED NAME OF APPROVING OFFICIAL	21. TITLE OF APPROVING OFFICIAL	
Wendy E. Hill Petras	Acting Director, Division of Program Operations	
22. REMARKS		
7/14/25-state approved pen and ink change to update Box 5, Box 7		

Mandatory Coverage for Eligible Juveniles who are Inmates of a Public Institution Post Adjudication of Charges

State/Territory: Delaware

General assurances. State must indicate compliance with all four items below with a check.

⊠In accordance with section 1902(a)(84)(D) of the Social Security Act, the state has an internal operational plan and, in accordance with such plan, provides for the following for eligible juveniles as defined in 1902(nn) (individuals who are under 21 years of age and determined eligible for any Medicaid eligibility group, or individuals determined eligible for the mandatory eligibility group for former foster care children age 18 up to age 26, immediately before becoming an inmate of a public institution or while an inmate of a public institution) who are within 30 days of their scheduled date of release from a public institution following adjudication:

⊠In the 30 days prior to release (or not later than one week, or as soon as practicable, after release from the public institution), and in coordination with the public institution, any screenings and diagnostic services which meet reasonable standards of medical and dental practice, as determined by the state, or as otherwise indicated as medically necessary, in accordance with the Early and Periodic Screening, Diagnostic, and Treatment requirements, including a behavioral health screening or diagnostic service.

⊠In the 30 days prior to release and for at least 30 days following release, targeted case management services, including referrals to appropriate care and services available in the geographic region of the home or residence of the eligible juvenile, where feasible, under the Medicaid state plan (or waiver of such plan).

⊠The state acknowledges that a correctional institution is considered a public institution and may include prisons, jails, detention facilities, or other penal settings (e.g., boot camps or wilderness camps).

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing Section 5121 of the Consolidated Appropriations Act, 2023. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #85). Public burden for all of the collection of information requirements under this control number is estimated to take about 50 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN: 25-0001 Approval Date: 12/08/25 Supersedes TN: NEW Effective Date: 01/01/25

Additional information provided (optional):	Attachment 3.1-M Page 2
□No	
⊠Yes [provide below]	

The authority to provide for mandatory coverage for eligible juveniles who are inmates of a public institution post adjudication of charges will sunset on December 31, 2026.

The state may determine that it is not feasible to provide the required services during the pre-release period in certain carceral facilities (e.g., identified local jails, youth correctional facilities, and state prisons) and/or certain circumstances (e.g. unexpected release or short-term stays). The state will maintain clear documentation in its internal operational plan regarding each facility and/or circumstances where the state determines that it is not feasible to provide for the required services during the pre-release period. This information is available to CMS upon request. Services will be provided post-release, including the mandatory 30-days of targeted case management, screening, and diagnostic services.

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing Section 5121 of the Consolidated Appropriations Act, 2023. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #85). Public burden for all of the collection of information requirements under this control number is estimated to take about 50 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN: 25-0001 Approval Date: 12/08/25 Supersedes TN: NEW Effective Date: 01/01/25