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State/Territory Name: Delaware

State Plan Amendment (SPA) #: 25-0004

This file contains the following documents in the order listed:

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

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

June 13, 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) 25-0004

Dear Medicaid Director Wilson:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0004. This amendment proposes to support the Delaware Division of Medicaid and Medical Assistance (DMMA) goal of expanding access to coverage, including coverage for those who need immediate care while applying for Medicaid.

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 25-0004 was approved on June 12, 2025, effective January 1, 2025.

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

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

Sincerely,

A black rectangular box redacting the signature of Ruth A. Hughes.

Ruth A. Hughes, Acting Director
Division of Program Operations

Enclosures

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

1. TRANSMITTAL NUMBER

2 5 — 0 0 0 4

2. STATE

DE

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL
SECURITY ACT



XIX



XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

01/01/2025

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 435.915, 42 CFR 45.916

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2025 \$ 9,222,326

b. FFY 2026 \$ 9,249,269

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

~~Attachment 4.17-1 Page 5~~

Attachment 4.17-A Page 5

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

~~Attachment 4.17-1 Page 5~~

Attachment 4.17-A Page 5

9. SUBJECT OF AMENDMENT

Retroactive Eligibility

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



OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. ~~Signature of State Agency Official~~
Andrew Wilson

13. TITLE
Director

14. DATE SUBMITTED
3/26/2025 | 11:48 AM EDT

15. RETURN TO

**Andrew Wilson, Director, DMMA, P.O. Box 906 New Castle,
DE19720**

FOR CMS USE ONLY

16. DATE RECEIVED
03/26/2025

17. DATE APPROVED
06/12/2025

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
01/01/2025

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL
Ruth A. Hughes

21. TITLE OF APPROVING OFFICIAL
Acting Director, Division of Program Operations

22. REMARKS

6-1 2-25-state authorized pen and ink change to update SPA pages in Box 7 and Box 8.

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

LIENS AND ADJUSTMENTS OR RECOVERIES CONTINUED

Specifies which Medicaid payments DHSS will seek to recover: and,

Notifies the applicant, guardian, and/or responsible party of appeal procedures, specifically stating, "If you are dissatisfied with any decision made by the Division of Medicaid and Medical Assistance (DMMA), you have the right to request an appeal of the decision by requesting a fair hearing. You must submit a written request to the local DHSS office within 90 days of the action".

DHSS exempts from estate recovery all Medicare Savings Program cost sharing benefits with dates of service on or after January 1, 2010 for qualified dual eligibles age 55 and over, but otherwise DHSS shall seek estate recovery after the client's death of the maximum recoverable amount to be defined as the total of funds disbursed or incurred by DHSS (including Federal matching dollars) during the time an individual, age 55 and over, receives covered Medicaid services paid for by DHSS including the total capitation payments for the period the beneficiary was enrolled in the managed care organization (MCO), and for any medical assistance payments made for nursing facility services, home and community-based services, and related hospital and prescription drug services paid during a period of retroactive eligibility. When the beneficiary enrolls in the MCO, the State provides a separate notice to the beneficiary, explaining premium payments made to the MCO are included in the claim against the estate.

Collections efforts will include written notification to the executor, guardian, and/or responsible party of the client's long-term care balance owed via a claim summary report. If a lien was placed on the client's property upon entry to the long-term care institution, DHSS will place a recovery claim against the proceeds from the sale of the property. DHSS will also pursue obtaining any residual funds remaining in a trust to offset any balance owed DHSS. Upon request, DHSS will work with heirs of the estate who voluntarily wish to satisfy the recovery claim on a case-by-case basis offering mutually agreed upon payment schedules if necessary. Additionally, when the maximum recoverable amount cannot be collected DHSS may agree to accept partial recoveries.

TN No. SPA# 25-0004

Approval Date June 12, 2025

Supersedes

TN No. SPA# 12-008

Effective Date January 1, 2025