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**State/Territory Name: Delaware**

**State Plan Amendment (SPA) #: 25-0009**

This file contains the following documents in the order listed:

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

# DE - Submission Package - DE2025MS0001O - (DE-25-0009) - Eligibility

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

## Center for Medicaid & CHIP Services

December 08, 2025

Andrew Wilson  
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-25-0009

Dear Andrew Wilson,

On September 10, 2025, the Centers for Medicare and Medicaid Services (CMS) received Delaware State Plan Amendment (SPA) DE-25-0009, in which the state proposed to disregard at renewal increases in resources that were determined countable at a Medicaid beneficiary's most recent Medicaid application.

We approve Delaware State Plan Amendment (SPA) DE-25-0009 with an effective date(s) of July 01, 2025.

If you have any questions regarding this amendment, please contact Taneka Rivera at [Taneka.Rivera@cms.hhs.gov](mailto:Taneka.Rivera@cms.hhs.gov).

Sincerely,

Wendy E. Hill Petras

Acting Director, Division of Program  
Operations

Center for Medicaid & CHIP Services

# DE - Submission Package - DE2025MS0001O - (DE-25-0009) - Eligibility

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## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | DE2025MS0001O | DE-25-0009

CMS-10434 OMB 0938-1188

### Package Header

Package ID	DE2025MS0001O	SPA ID	DE-25-0009
Submission Type	Official	Initial Submission Date	9/10/2025
Approval Date	12/08/2025	Effective Date	N/A
Superseded SPA ID	N/A		

### State Information

State/Territory Name:	Delaware	Medicaid Agency Name:	Division of Medicaid and Medical Assistance
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### Submission Component

State Plan Amendment	Medicaid
	CHIP

# Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | DE2025MS0001O | DE-25-0009

## Package Header

<b>Package ID</b>	DE2025MS0001O	<b>SPA ID</b>	DE-25-0009
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	9/10/2025
<b>Approval Date</b>	12/08/2025	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

## SPA ID and Effective Date

**SPA ID** DE-25-0009

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Eligibility Determinations of Individuals Age 65 or Older or Who Have Blindness or a Disability	7/1/2025	DE-17-0010
Optional Eligibility Groups	7/1/2025	DE-19-0008
Individuals Eligible for but Not Receiving Cash Assistance	7/1/2025	n/a
Individuals Eligible for Cash Except for Institutionalization	7/1/2025	DE-19-0008
Individuals in Institutions Eligible under a Special Income Level	7/1/2025	DE-19-0008

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

# Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | DE2025MS0001O | DE-25-0009

## Package Header

<b>Package ID</b>	DE2025MS0001O	<b>SPA ID</b>	DE-25-0009
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<b>Approval Date</b>	12/08/2025	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

## Executive Summary

**Summary Description Including Goals and Objectives** The purpose of this amendment is to amend the permanent allowance for the resource test to be excluded at renewal for certain Medicaid groups subject to an asset test.

## Federal Budget Impact and Statute/Regulation Citation

### Federal Budget Impact

	Federal Fiscal Year	Amount
First	2025	\$0
Second	2026	\$0

### Federal Statute / Regulation Citation

42 CFR §435.916

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created
No items available	

# Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | DE2025MS0001O | DE-25-0009

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Superseded SPA ID	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.

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# DE - Submission Package - DE2025MS0001O - (DE-25-0009) - Eligibility

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## Medicaid State Plan Eligibility

### Income/Resource Methodologies

### Eligibility Determinations of Individuals Age 65 or Older or Who Have Blindness or a Disability

MEDICAID | Medicaid State Plan | Eligibility | DE2025MS0001O | DE-25-0009

CMS-10434 OMB 0938-1188

### Package Header

Package ID	DE2025MS0001O	SPA ID	DE-25-0009
Submission Type	Official	Initial Submission Date	9/10/2025
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Superseded SPA ID	DE-17-0010		
	System-Derived		

### A. Eligibility Determinations of Individuals Who Are Age 65 or Older or Who Have Blindness or a Disability

Eligibility determinations of individuals who are age 65 or older or who have blindness or a disability are based on one of the following:

1. SSA Eligibility Determination State (1634 State)

The state has an agreement under section 1634 of the Social Security Act for the Social Security Administration to determine Medicaid eligibility of SSI beneficiaries. For all other individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, the state requires a separate Medicaid application and determines financial eligibility based on SSI income and resource methodologies.
2. State Eligibility Determination (SSI Criteria State)

The state requires all individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, including SSI beneficiaries, to file a separate Medicaid application, and determines financial eligibility based on SSI income and resource methodologies.
3. State Eligibility Determination (209(b) State)

The state requires all individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, including SSI beneficiaries, to file a separate Medicaid application, and determines financial eligibility using income and resource methodologies more restrictive than SSI.

### B. 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.

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# DE - Submission Package - DE2025MS0001O - (DE-25-0009) - Eligibility

## Medicaid State Plan Eligibility

### Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | DE2025MS0001O | DE-25-0009

CMS-10434 OMB 0938-1188

### Package Header

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Superseded SPA ID	DE-19-0008		
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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals Needing Treatment for Breast or Cervical Cancer		<input checked="" 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
Individuals Eligible for Cash Except for Institutionalization		<input checked="" type="checkbox"/>	<input checked="" 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="radio"/>	NEW
Optional State Supplement Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals in Institutions Eligible under a Special Income Level		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
PACE Participants		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Hospice		<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="radio"/>	NEW
Age and Disability-Related Poverty Level		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Work Incentives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Ticket to Work Basic		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Ticket to Work Medical Improvements		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Family Opportunity Act Children with a Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services		<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 type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

# Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | DE2025MS0001O | DE-25-0009

## Package Header

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	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 | DE2025MS0001O | DE-25-0009

## Package Header

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	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:

- Individuals Eligible for but Not Receiving Cash Assistance

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# DE - Submission Package - DE2025MS0001O - (DE-25-0009) - Eligibility

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## Medicaid State Plan Eligibility

### Eligibility Groups - Options for Coverage

#### Individuals Eligible for but Not Receiving Cash Assistance

MEDICAID | Medicaid State Plan | Eligibility | DE2025MS0001O | DE-25-0009

Individuals who are eligible for but not receiving federal cash assistance or an optional state supplement.

CMS-10434 OMB 0938-1188

### Package Header

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Superseded SPA ID	n/a		
	User-Entered		

### Group No Longer Covered

Covered Through	6/30/2025	Terminated As Of	7/1/2025
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# DE - Submission Package - DE2025MS0001O - (DE-25-0009) - Eligibility

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## Medicaid State Plan Eligibility

### Eligibility Groups - Options for Coverage

#### Individuals Eligible for Cash Except for Institutionalization

MEDICAID | Medicaid State Plan | Eligibility | DE2025MS0001O | DE-25-0009

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

CMS-10434 OMB 0938-1188

#### Package Header

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Superseded SPA ID	DE-19-0008		
	System-Derived		

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 | DE2025MS0001O | DE-25-0009

## Package Header

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## 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 | DE2025MS0001O | DE-25-0009

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## 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:**  
Census Bureau wages are discarded.

4. Less restrictive methodologies are used in calculating countable resources.
- ☒ Yes
- ☐ No

The less restrictive resource methodologies are:

- ☒ The following less restrictive methodologies are used:

Name of methodology:	Description:
Resources at Renewal	Any increases in the total amount of resources determined available at an individual's most recent Medicaid application will be disregarded.

# Individuals Eligible for Cash Except for Institutionalization

MEDICAID | Medicaid State Plan | Eligibility | DE2025MS0001O | DE-25-0009

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## 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 | DE2025MS0001O | DE-25-0009

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## F. Additional Information (optional)

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## Medicaid State Plan Eligibility

### Eligibility Groups - Options for Coverage

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

MEDICAID | Medicaid State Plan | Eligibility | DE2025MS0001O | DE-25-0009

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

CMS-10434 OMB 0938-1188

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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:

- Have been in a medical institution for at least 30 consecutive days.
- 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 | DE2025MS0001O | DE-25-0009

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## 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

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## 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.
- ☒ The following less restrictive methodologies are used:

Name of methodology:	Description:
Resources at Renewal	Any increases in the total amount of resources determined available at an individual's most recent Medicaid application will be disregarded.

# Individuals in Institutions Eligible under a Special Income Level

MEDICAID | Medicaid State Plan | Eligibility | DE2025MS0001O | DE-25-0009

## Package Header

Package ID	DE2025MS0001O	SPA ID	DE-25-0009
Submission Type	Official	Initial Submission Date	9/10/2025
Approval Date	12/08/2025	Effective Date	7/1/2025
Superseded SPA ID	DE-19-0008		
	System-Derived		

## 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:

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## 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 | DE2025MS0001O | DE-25-0009

## Package Header

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	System-Derived		

## F.Additional Information (optional)

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



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