State/Territory: Delaware

Describe shorter period here.

Section 7 – General Provisions 7.4. Temporary Extension to the Medicaid Disaster Relief Policies for the COVID-19 National Emergency

Effective the day after the end of the PHE until 6 months following the end of the month in which the PHE ends the agency temporarily extends the following election(s) in section 7.4 (approved on 05/27/2022 in SPA Number DE-20-0002) of the state plan.

On March 13, 2020, the President of the United States issued a proclamation that the COVID-19 outbreak in the United States constitutes a national emergency by the authorities vested in him by the Constitution and the laws of the United States, including sections 201 and 301 of the National Emergencies Act (50 U.S.C. 1601 et seq.), and consistent with section 1135 of the Social Security Act (Act). On March 13, 2020, pursuant to section 1135(b) of the Act, the Secretary of the United States Department of Health and Human Services invoked his authority to waive or modify certain requirements of titles XVIII, XIX, and XXI of the Act as a result of the consequences COVID-19 pandemic, to the extent necessary, as determined by the Centers for Medicare & Medicaid Services (CMS), to ensure that sufficient health care items and services are available to meet the needs of individuals enrolled in the respective programs and to ensure that health care providers that furnish such items and services in good faith, but are unable to comply with one or more of such requirements as a result of the COVID-19 pandemic, may be reimbursed for such items and services and exempted from sanctions for such noncompliance, absent any determination of fraud or abuse. This authority took effect as of 6PM Eastern Standard Time on March 15, 2020, with a retroactive effective date of March 1, 2020. The emergency period will terminate, and waivers will no longer be available, upon termination of the public health emergency, including any extensions.

The State Medicaid agency (agency) seeks to implement the policies and procedures described below, which are different than the policies and procedures otherwise applied under the Medicaid state plan, during the period of the Presidential and Secretarial emergency declarations related to the COVID-19 outbreak (or any renewals thereof), or for any shorter period described below:

NOTE: States may not elect a period longer than the Presidential or Secretarial emergency declaration

(or any renewal thereof). States may not propose changes on this template that restrict or limit payment, services, or eligibility, or otherwise burden beneficiaries and providers.			
Request for Wa	ivers under Section 1135		
X The age	ncy seeks the following under section 1135(b)(1)(C) and/or section 1135(b)(5) of the Act:		
a.	X SPA submission requirements – the agency requests modification of the requirement to submit the SPA by March 31, 2020, to obtain a SPA effective date during the first calendar quarter of 2020, pursuant to 42 CFR 430.20.		
b.	X Public notice requirements – the agency requests waiver of public notice		

TN: <u>22-0013</u> Approval Date: _____ Supersedes TN: 20-0002 Effective Date: March 1, 2020

requirements that would otherwise be applicable to this SPA submission. These

State/Territory: <u>Delaware</u>

	C.	requirements may include those specified in 42 CFR 440.386 (Alternative Benefit Plans), 42 CFR 447.57(c) (premiums and cost sharing), and 42 CFR 447.205 (public notice of changes in statewide methods and standards for setting payment rates). Tribal consultation requirements – the agency requests modification of tribal consultation timelines specified in [insert name of state] Medicaid state plan, as described below:
		Please describe the modifications to the timeline.
Section C – Premiums and Cost Sharing		
1.		_ The agency suspends deductibles, copayments, coinsurance, and other cost sharing s as follows:
	<u>DHSS s</u>	uspends all copayments for all beneficiaries effective March 26, 2020.
2.		_The agency suspends enrollment fees, premiums and similar charges for:X All beneficiaries
	b.	The following eligibility groups or categorical populations:
	<u>DHSS s</u>	uspends all premiums for all beneficiaries effective April 1, 2020.
3.		The agency allows waiver of payment of the enrollment fee, premiums and similar s for undue hardship.
	Please hardsh	specify the standard(s) and/or criteria that the state will use to determine undue ip.

TN: <u>22-0013</u> Approval Date: _____
Supersedes TN: <u>20-0002</u> Effective Date: <u>March 1, 2020</u>