

State/Territory: DELAWARE
(Name of State/Territory)

As a condition for receipt of Federal funds under Title XXI of the Social Security Act, (42 CFR, 457.40(b))

Thomas R. Carper, Governor June 30, 1998
(Signature of Governor, or designee, of State/Territory, Date Signed)

submits the following Child Health Plan for the Children's Health Insurance Program and hereby agrees to administer the program in accordance with the provisions of the approved Child Health Plan, the requirements of Title XXI and XIX of the Act (as appropriate) and all applicable Federal regulations and other official issuances of the Department.

The following State officials are responsible for program administration and financial oversight (42 CFR 457.40(c)):

Name: Stephen Groff Theodore Mermigos Position/Title: Acting Director

Name: Lisa Zimmerman Position/Title: Deputy Director

Name: Alexis Bryan-Dorsey Unkyong Goldie Position/Title: Chief of Administration

*Disclosure. 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 0938-0707. The time required to complete this information collection is estimated to average 80 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, write to: CMS, 7500 Security Blvd., Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

1.4. Provide the effective (date costs begin to be incurred) and implementation (date

services begin to be provided) dates for this SPA (42 CFR 457.65). A SPA may only have one effective date, but provisions within the SPA may have different implementation dates that must be after the effective date.

Original Plan

Effective Date: [October 1, 1998](#)

Implementation Date: [February 1, 1999](#)

Subsequent Plan Amendments

State Plan Amendment	Effective Date	Implementation Date
SPA #1	July 1, 1999	
SPA #2	October 1, 2001	August 1, 2001
SPA #3	June 12, 2003	Withdrawn – June 12, 2003
SPA #4	January 1, 2007	October 1, 2009
SPA #5	April 1, 2009	April 1, 2009
SPA #6	July 1, 2010	July 1, 2010
SPA #7	July 1, 2014	July 1, 2014
SPA # DE-CHIP-16-001	January 1, 2017	January 1, 2017
SPA # DE-CHIP-17-003	October 2, 2017	October 2, 2017
SPA # DE-CHIP-18-003	October 12, 2018	October 12, 2018
SPA # DE-CHIP-19-004	July 1, 2018	July 1, 2018
SPA # DE-CHIP-20-0003	March 1, 2020	March 1, 2020
SPA # DE-CHIP-20-0003	March 1, 2020	March 1, 2020
SPA # DE-CHIP-20-0007	October 1, 2020	October 1, 2020

Summary of Approved CHIP MAGI SPAs:

Transmittal Number	SPA Group	PDF #	Description	Superseded Plan Section(s)
DE-13-0012 Effective/ Implementation Date: January 1, 2014	MAGI Eligibility & Methods	CS7	Eligibility – Targeted Low Income Children	Supersedes the current sections Geographic Area 4.1.1; Age 4.1.2; and Income 4.1.3
		CS15	MAGI-Based Income Methodologies	Incorporate within a separate subsection under section 4.3
DE-13-0013 Effective/ Implementation Date: January 1, 2014	XXI Medicaid Expansion	CS3	Eligibility for Medicaid Expansion Program	Supersedes the current Medicaid expansion section 4.0
DE-13-0016 Effective/ Implementation Date: January 1, 2014	Establish 2101(f) Group	CS14	Children Ineligible for Medicaid as a Result of the Elimination of Income Disregards	Incorporate within a separate subsection under section 4.1

DE-13-0015 Effective/ Implementation Date: January 1, 2014	Non- Financial Eligibility	CS17	Non-Financial Eligibility – Residency	Supersedes the current section 4.1.5	
		CS18	Non-Financial Eligibility – Citizenship	Supersedes the current sections 4.1.0; 4.1.1-LR; 4.1.1-LR	
		CS19	Non-Financial Eligibility – Social Security Number	Supersedes the current section 4.1.9.1	
		CS20	Non-Financial Eligibility – Substitution of Coverage	Supersedes the current section 4.4.4	
		CS21			
		CS27	Non-Payment of Premiums	Supersedes the current section 8.7	
			Continuous Eligibility	Supersedes the current section 4.1.8	
DE-13-0014 Effective/Implementation Date: October 1, 2013	Eligibility Processing	CS24	Eligibility Process	Supersedes the current sections 4.3 and 4.4	

SPA #: ~~DE-20-0007-CHIP~~ [DE-CHIP-20-0014](#)

Purpose of SPA: ~~Health Services Initiatives – Vision Services – School-Based Initiative – to revise language for Delaware's CHIP State Plan Health Service Initiative to align with the Delaware Department of Education's (DDOE's) definition of low-income in its Vision Services – School-Based Initiative, and to revise the data collection process to aid in identification of uninsured children.~~

[Purpose of SPA: The purpose of this proposed SPA DE-CHIP-22-0014 is to align services provided to children under Delaware's Title XXI CHIP State Plan with services provided to children under Delaware's Title XIX Medicaid State Plan.](#)

Proposed effective date: [July 1, 2023](#)

Proposed implementation date: [July 1, 2023](#)

1.4- TC Tribal Consultation (Section 2107(e)(1)(C)) Describe the consultation process that occurred specifically for the development and submission of this State Plan Amendment, when it occurred and who was involved.

Delaware does not have any federally recognized Indian tribes. Any Delaware resident, including those who are American Indians or Alaska Natives, may participate in the review of amendments to state law or regulation and may offer comments on all program policies, including those relating to provision of child health assistance to American Indian or Alaskan Native children.

TN No: Approval Date Effective Date

Guidance: Secretary-approved coverage refers to any other health benefits coverage deemed appropriate and acceptable by the Secretary upon application by a state. (Section 2103(a)(4)) (42 CFR 457.250)

6.1.4. Secretary-approved Coverage. (Section 2103(a)(4)) (42 CFR 457.450)

Guidance: Section 1905(r) of the Act defines EPSDT to require coverage of (1) any medically necessary screening, and diagnostic services, including vision, hearing, and dental screening and diagnostic services, consistent with a periodicity schedule based on current and reasonable medical practice standards or the health needs of an individual child to determine if a suspected condition or illness exists; and (2) all services listed in section 1905(a) of the Act that are necessary to correct or ameliorate any defects and mental and physical illnesses or conditions discovered by the screening services, whether or not those services are covered under the Medicaid state plan. Section 1902(a)(43) of the Act requires that the State (1) provide and arrange for all necessary services, including supportive services, such as transportation, needed to receive medical care included within the scope of the EPSDT benefit and (2) inform eligible beneficiaries about the services available under the EPSDT benefit. If the coverage provided does not meet all of the statutory requirements for EPSDT contained in sections 1902(a)(43) and 1905(r) of the Act, do not check this box.

[6.1.4.1.](#) Coverage of all benefits that are provided to children under the the same as Medicaid State plan, including Early Periodic Screening Diagnosis and Treatment (EPSDT)

6.1.4.2. Comprehensive coverage for children under a Medicaid Section 1115 demonstration waiver

6.1.4.3. Coverage that the State has extended to the entire Medicaid population

Guidance: Check below if the coverage offered includes benchmark coverage, as specified in 457.420, plus additional coverage. Under this option, the State must clearly demonstrate that the coverage it provides includes the same coverage as the benchmark package, and also describes the services that are being added to the benchmark package.

[6.1.4.4.](#) Coverage that includes benchmark coverage plus additional coverage

6.1.4.5. Coverage that is the same as defined by existing comprehensive state-based coverage applicable only New York, Pennsylvania, or Florida (under 457.440)

Guidance: Check below if the State is purchasing coverage through a group health plan, and intends to demonstrate that the group health plan is substantially equivalent to or greater than to coverage under one of the benchmark plans specified in 457.420, through use of a benefit-by-benefit comparison of the coverage. Provide a sample of the comparison format that will be used. Under this option, if coverage for any benefit does not meet or exceed the coverage for that benefit under the benchmark, the State must provide an actuarial analysis as described in 457.431 to determine actuarial equivalence.

- 6.1.4.6 Coverage under a group health plan that is substantially equivalent to or greater than benchmark coverage through a benefit by benefit comparison (Provide a sample of how the comparison will be done)

Guidance: Check below if the State elects to provide a source of coverage that is not described above. Describe the coverage that will be offered, including any benefit limitations or exclusions.

- 6.1.4.7. Other (Describe)

Guidance: All forms of coverage that the State elects to provide to children in its plan must be checked. The State should also describe the scope, amount and duration of services covered under its plan, as well as any exclusions or limitations. States that choose to cover unborn children under the State plan should include a separate section 6.2 that specifies benefits for the unborn child population. (Section 2110(a)) (42CFR, 457.490)

If the state elects to cover the new option of targeted low income pregnant women, but chooses to provide a different benefit package for these pregnant women under the CHIP plan, the state must include a separate section 6.2 describing the benefit package for pregnant women. (Section 2112)

- 6.2. ~~The State elects to provide the following forms of coverage to children: (Check all that apply. If an item is checked, describe the coverage with respect to the amount, duration and scope of services covered, as well as any exclusions or limitations) (Section 2110(a)) (42CFR 457.490)~~

6.2.1. ~~Inpatient services (Section 2110(a)(1))~~

6.2.2. ~~Outpatient services (Section 2110(a)(2))~~

6.2.3. ~~Physician services (Section 2110(a)(3))~~

6.2.4. ~~Surgical services (Section 2110(a)(4))~~

6.2.5. ~~Clinic services (including health center services) and other ambulatory health care services. (Section 2110(a)(5))~~

6.2.6. ~~Prescription drugs (Section 2110(a)(6))~~ - included as a "wrap-around" service with the same limitations as the Title XIX program.

6.2.7. ~~Over-the-counter medications (Section 2110(a)(7))~~ - included as a "wrap-around" and limited to drug categories where the over-the-counter product may

~~be less toxic, have fewer side effects, and be less costly than an equivalent legend product.~~

- ~~6.2.8. Laboratory and radiological services (Section 2110(a)(8))~~
- ~~6.2.9. Prenatal care and pre-pregnancy family services and supplies (Section 2110(a)(9))~~
- ~~6.2.10. Inpatient mental health services, other than services described in 6.2.18., but including services furnished in a state-operated mental hospital and including residential or other 24-hour therapeutically planned structural services (Section 2110(a)(10)) ~~inpatient mental health and/or substance abuse treatment services will be provided as “wrap-around” services by the DSCYF. Inpatient services will be provided with limits based on medical necessity. Children who need inpatient services beyond this will convert to Medicaid Long-Term Care.~~~~
- ~~6.2.11. Outpatient mental health services, other than services described in 6.2.19, but including services furnished in a state-operated mental hospital and including community-based services (Section 2110(a)(11)) ~~30 days of outpatient care included in the basic MCO benefit. Additional days of outpatient mental health and/or substance abuse treatment services, with limitations based on medical necessity, will be provided by the DSCYF. See note in 6.2.10.~~~~
- ~~6.2.12. Durable medical equipment and other medically-related or remedial devices (such as prosthetic devices, implants, eyeglasses, hearing aids, dental devices, and adaptive devices) (Section 2110(a)(12))~~
- ~~6.2.13. Disposable medical supplies (Section 2110(a)(13))~~
- ~~**Guidance:** Home and community based services may include supportive services such as home health nursing services, home health aide services, personal care, assistance with activities of daily living, chore services, day care services, respite care services, training for family members, and minor modifications to the home.~~
- ~~6.2.14. Home and community-based health care services (Section 2110(a)(14))~~
~~Limited to medically necessary home health services provided by the MCOs as part of the basic benefit. Does NOT include personal care, chore services, day care, respite care, or home modifications. Home health aide services are covered as medically necessary according to the State’s published definition.~~
- ~~**Guidance:** Nursing services may include nurse practitioner services, nurse midwife services, advanced practice nurse services, private duty nursing care, pediatric nurse services, and respiratory care services in a home, school or other setting.~~
- ~~6.2.15. Nursing care services (Section 2110(a)(15)) ~~there is a limit of 28 hours of Private Duty Nursing Services per week in the basic benefit; no additional hours available.~~~~

- ~~6.2.16. Abortion only if necessary to save the life of the mother or if the pregnancy is the result of an act of rape or incest (Section 2110(a)(16))~~
- ~~6.2.17. Dental services (Section 2110(a)(17)) States updating their dental benefits must complete 6.2-DC (CHIPRA # 7, SHO # #09-012 issued October 7, 2009) included as "wrap-around" services with the same limitations as the EPSDT dental program. The SCHIP dental benefit is comprehensive in nature and consists of the following services: Diagnostic, Preventive, Restorative, Endodontics, Periodontics, Prosthodontics, Oral Surgery, and adjunctive services (such as, anesthesia, behavior management, occlusal guard, and treatment of dental pain). Orthodontic services are covered for diagnosed conditions considered to be handicapping malocclusions.~~
- ~~6.2.18. Vision screenings and services (Section 2110(a)(24))~~
- ~~6.2.19. Hearing screenings and services (Section 2110(a)(24))~~
- ~~6.2.20. Inpatient substance abuse treatment services and residential substance abuse treatment services (Section 2110(a)(18)) see note in 6.2.10.~~
- ~~6.2.21. Outpatient substance abuse treatment services (Section 2110(a)(19)) see note in 6.2.11.~~
- ~~6.2.22. Case management services (Section 2110(a)(20))~~
- ~~6.2.23. Care coordination services (Section 2110(a)(21))~~
- ~~6.2.24. Physical therapy, occupational therapy, and services for individuals with speech, hearing, and language disorders (Section 2110(a)(22))~~
- ~~6.2.25. Hospice care (Section 2110(a)(23))~~
- ~~Guidance: See guidance for section 6.1.4.1 for a guidance on the statutory requirements for EPSDT under sections 1905(r) and 1902(a)(43) of the Act. If the benefit being provided does not meet the EPSDT statutory requirements, do not check this box.~~
- ~~6.2.26. EPSDT consistent with requirements of sections 1905(r) and 1902(a)(43) of the Act~~
- ~~Guidance: Any other medical, diagnostic, screening, preventive, restorative, remedial, therapeutic or rehabilitative service may be provided, whether in a facility, home, school, or other setting, if recognized by State law and only if the service is: 1) prescribed by or furnished by a physician or other licensed or registered practitioner within the scope of practice as prescribed by State law; 2) performed under the general supervision or at the direction of a physician; or 3) furnished by a health care facility that is operated by a State or local government or is licensed under State law and operating within the scope of the license.~~
- ~~6.2.27. Any other medical, diagnostic, screening, preventive, restorative, remedial, therapeutic, or rehabilitative services. (Section 2110(a)(24))~~
- ~~6.2.28. Premiums for private health care insurance coverage (Section 2110(a)(25))~~

~~6.2.29. Medical transportation (Section 2110(a)(26)) - Emergency transportation only as provided in the basic benefit package.~~

~~**Guidance:** *Enabling services, such as transportation, translation, and outreach services, may be offered only if designed to increase the accessibility of primary and preventive health care services for eligible low-income individuals.*~~

~~6.2.30. Enabling services (such as transportation, translation, and outreach services) (Section 2110(a)(27))~~

CHIP Disaster Relief:

~~At the State's discretion, it may temporarily provide nonemergency transportation to CHIP enrollees who reside and/or work in a State or Federally declared disaster area.~~

~~6.2.31 Any other health care services or items specified by the Secretary and not included under this Section (Section 2110(a)(28))~~

6.2. The State elects to provide the following forms of coverage to children: (Check all that apply. If an item is checked, describe the coverage with respect to the amount, duration and scope of services covered, as well as any exclusions or limitations) (Section 2110(a)) (42CFR 457.490)

Coverage with respect to the amount, duration and scope of services covered, as well as any exclusions or limitations, is applied in the same manner as coverage under Delaware's Title XIX Medicaid State Plan.

6.2.1. Inpatient services (Section 2110(a)(1))

6.2.2. Outpatient services (Section 2110(a)(2))

6.2.3. Physician services (Section 2110(a)(3))

6.2.4. Surgical services (Section 2110(a)(4))

6.2.5. Clinic services (including health center services) and other ambulatory health care services. (Section 2110(a)(5))

6.2.6. Prescription drugs (Section 2110(a)(6))

6.2.7. Over-the-counter medications (Section 2110(a)(7))

6.2.8. Laboratory and radiological services (Section 2110(a)(8))

6.2.9. Prenatal care and pre-pregnancy family services and supplies (Section 2110(a)(9))

6.2.10. Durable medical equipment and other medically-related or remedial devices (such as prosthetic devices, implants, eyeglasses, hearing aids, dental devices, and adaptive devices) (Section 2110(a)(12))

6.2.11. Disposable medical supplies (Section 2110(a)(13))

Guidance: Home and community based services may include supportive services

such as home health nursing services, home health aide services, personal care, assistance with activities of daily living, chore services, day care services, respite care services, training for family members, and minor modifications to the home.

6.2.12. Home and community-based health care services (Section 2110(a)(14))

Guidance: Nursing services may include nurse practitioner services, nurse midwife services, advanced practice nurse services, private duty nursing care, pediatric nurse services, and respiratory care services in a home, school or other setting.

6.2.13. Nursing care services (Section 2110(a)(15))

6.2.14. Abortion only if necessary to save the life of the mother or if the pregnancy is the result of an act of rape or incest (Section 2110(a)(16))

6.2.15. Dental services (Section 2110(a)(17)) States updating their dental benefits must complete 6.2-DC (CHIPRA # 7, SHO # #09-012 issued October 7, 2009)

6.2.16. Vision screenings and services (Section 2110(a)(24))

6.2.17. Hearing screenings and services (Section 2110(a)(24))

6.2.18. Case management services (Section 2110(a)(20))

6.2.19. Care coordination services (Section 2110(a)(21))

6.2.20. Physical therapy, occupational therapy, and services for individuals with speech, hearing, and language disorders (Section 2110(a)(22))

6.2.21. Hospice care (Section 2110(a)(23))

Guidance: See guidance for section 6.1.4.1 for a guidance on the statutory requirements for EPSDT under sections 1905(r) and 1902(a)(43) of the Act. If the benefit being provided does not meet the EPSDT statutory requirements, do not check this box.

6.2.22. EPSDT consistent with requirements of sections 1905(r) and 1902(a)(43) of the Act

6.2.22.1 The state assures that any limitations applied to the amount, duration, and scope of benefits described in Sections 6.2 and 6.3- BH of the CHIP state plan can be exceeded as medically necessary.

Guidance: Any other medical, diagnostic, screening, preventive, restorative, remedial, therapeutic or rehabilitative service may be provided, whether in a facility,

home, school, or other setting, if recognized by State law and only if the service is: 1) prescribed by or furnished by a physician or other licensed or registered practitioner within the scope of practice as prescribed by State law; 2) performed under the general supervision or at the direction of a physician; or 3) furnished by a health care facility that is operated by a State or local government or is licensed under State law and operating within the scope of the license.

6.2.23. Any other medical, diagnostic, screening, preventive, restorative, remedial, therapeutic, or rehabilitative services. (Section 2110(a)(24))

6.2.24. Premiums for private health care insurance coverage (Section 2110(a)(25))

6.2.25. Medical transportation (Section 2110(a)(26))

Guidance: Enabling services, such as transportation, translation, and outreach services, may be offered only if designed to increase the accessibility of primary and preventive health care services for eligible low-income individuals.

6.2.26. Enabling services (such as transportation, translation, and outreach services) (Section 2110(a)(27))

6.2.27. Any other health care services or items specified by the Secretary and not included under this Section (Section 2110(a)(28))
