BACKGROUND

Federal and State regulations require that we consider all categories of Medicaid eligibility prior to a termination of Medicaid eligibility. We must consider eligibility for Medicaid programs subject to modified adjusted gross income (MAGI) methodologies, as well as for Medicaid programs not subject to MAGI methodologies with each application submitted.

DISCUSSION

Although the Division of Social Services (DSS) primarily determines Medicaid eligibility for MAGI-related Medicaid programs and the Delaware Healthy Children Program (DHCP), we are also responsible for screening these cases for potential eligibility for Non-MAGI Medicaid programs prior to denying or terminating a Medicaid or DHCP case. In addition to the general eligibility requirements outlined in the Delaware Social Services Manual (DSSM) Section 14000, individuals must meet additional criteria for Non-MAGI Medicaid or Medical assistance programs.

Please review the following high-level summaries of some of the most common non-MAGI Medicaid and Medical Assistance programs that must be considered prior to denying or terminating Medicaid or DHCP eligibility. The relevant sections of the DSSM have been included for each program for ease of reference. Please note that this is not a comprehensive list of all non-MAGI Medicaid programs.

- **Supplemental Security Income (SSI) Related Programs:** All current and some former recipients of Federal Supplemental Security Income (SSI) benefits may be
eligible to receive Medicaid coverage in Delaware. There are several different categories of SSI related Medicaid for which DMMA determines eligibility:

- **1619(b)-Loss of financial eligibility for SSI due to employment** See DSSM 17130
- **“Pickle Amendment”-Loss of SSI benefits due to COLA increase** See DSSM 17140
- **Widows/Widowers (Age 60-64)** See DSSM 17150
- **Disabled Widows/Widowers (Age 50-59)** See DSSM 17155
- **Adult Disabled Children** See DSSM 17160

**Medicare Savings Programs**: Low-income individuals who are eligible for medical coverage through Medicare may qualify for assistance with certain Medicare-related costs, including Medicare Part A and Part B coinsurance, deductibles and/or premiums. See DSSM 17300 through 17560

**Medical Assistance during Transition to Medicare (MAT)**: Medicaid eligibility may be provided to individuals who receive an optional state supplement and who would be eligible for SSI except for their income level. These individuals must have received SSI and lost eligibility due to receipt of Social Security Disability Insurance (SSDI) and not yet be eligible for Medicare. MAT is also for individuals who lost eligibility for Medicaid due to the receipt of SSDI and are not eligible for Medicare yet. See DSSM 17800

**Chronic Renal Disease Program (CRDP)**: Clients must be diagnosed with End Stage Renal Disease (ESRD), receive dialysis or have a renal transplant to be considered under this program. The income limit is up to 300% poverty for CRDP. CRDP is not Medicaid. CRDP is a Medical assistance program that does not provide full coverage. See DSSM 50000

**Long Term Care (LTC)**: People with certain disabilities and/or chronic health problems, who meet a skilled or intermediate level of care, may qualify for Long Term Care (LTC) Medicaid services. LTC Medicaid services may be provided to individuals residing in the community or in a nursing home. See DSSM 20000

**Children’s Community Alternative Disability Program (CCADP)**: Children under the age of nineteen (19) who meet Supplemental Security Income (SSI) medical disability standards may qualify for eligibility through the Children’s Community Alternative Disability Program (CCADP). Financial eligibility for CCADP is based solely on the income and resources of the child. See DSSM 25000

**Medicaid for Workers with Disabilities (MWD)**: Certain people with disabilities between the ages of sixteen (16) and sixty-five (65), who are also employed, may qualify for coverage through the Medicaid for Workers with Disabilities (MWD) program. MWD recipients are required to pay a monthly premium for coverage, based on their income. See DSSM 17900

The Division of Medicaid and Medical Assistance (DMMA) stands ready to assist DSS staff with questions relating to potential eligibility for these Non-MAGI Medicaid programs. Please use the contact information listed below for DMMA, as needed, for assistance with appropriately referring and/or screening for non-MAGI eligibility.
ACTION REQUIRED

Effective immediately, all DSS Operations staff must screen cases for all potential categories of Medicaid eligibility, both MAGI and non-MAGI, prior to denying or terminating Medicaid eligibility. Please be sure to review each Medicaid application, change request and renewal for any indication that the client is: aged (over 65), blind, disabled, medically needy, receiving long term care services or interested in home and community based waiver services.

Please use the DMMA contact information listed below, as needed, if there are questions about non-MAGI eligibility on a particular case:

SSI-Related Medicaid and Medicare Savings Programs and MAT
- New Castle County
  - Senee Oates-Supervisor Pool 031: (302)451-3605 or senee.oates@delaware.gov
- Kent & Sussex Counties
  - Kathy Passwaters-Supervisor Pool 131: (302)424-7178 or kathleen.passwaters@delaware.gov

LTC Medicaid & CCADP
- Statewide-DMMA Central Intake Unit (CIU): 1-866-940-8963

MWD
- Statewide-Andrea (Vicki) Hinson: (302)857-5045

CRDP
- Statewide-CRDP Unit: (302)424-7180

DSS Operations staff should also review the following Federal and State regulations:

42 CFR §435.911(c)(2) & (d)
42 CFR §435.1200(e)(2)
DSSM 14100.5-Determination of Eligibility

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