



Who is covered in Delaware's Medicaid Program?

ELIGIBILITY GROUPS²

| FFS | MCO |
|--|--|
| Undocumented Immigrants | Children (0-18 years) |
| Individuals Residing in an Intermediate Care Facility for the Developmentally Disabled | Parents and other Caretaker Relatives |
| | Pregnant Women |
| | Aged, Blind, and Disabled Adults |
| | Current and Former Foster Care Children |
| | Dual Eligibles* |
| | Newly Eligible Adults |
| | Qualified Non-Citizens** |
| | Individuals with Intellectual or Developmental Disabilities (I/DD) |

*Dual eligibles are not enrolled in MCOs if they qualify for a Medicare savings or participate in the Program of All-inclusive Care for the Elderly (PACE).

** Subject to the 5-year bar.

Retroactive eligibility for three months preceding the Medicaid application

Important News

March 2017 - Delaware's Governor released a statement following efforts to repeal the Affordable Care Act, stating that it "would dramatically change how the federal government funds Medicaid, reduce access to quality healthcare for many vulnerable Delaware families and cost Delaware taxpayers millions each year. We will work closely with Delaware's congressional delegation to oppose this change."³

2019 - CMS approved a waiver for Medicaid funding to be used for addiction related treatment of Substance Use Disorder (SUD) in institutions for mental disease.⁴

Delaware was one of 15 states that received a \$3.58 million planning grant from CMS to increase treatment capacity for substance use disorder treatment and recovery.⁵



Do Medicaid health plans provide coverage?⁶



- AmeriHealth Caritas
- Highmark Health Options

Eligibility Criteria for Specific Populations as a Percentage of the Federal Poverty Level (FPL)⁷

Children: 217% Seniors & People with Disabilities: 74%
 Expansion adults: 138% Parents: 138% Pregnant women: 217%

Percentage Breakdown of Delaware's Medicaid Population⁸

Adults: 41% Elderly Adults: 7% Children: 40%
 Individuals with Disabilities: 12%

SECTION 1115 WAIVER⁹

The Delaware Diamond State Health Plan (DSHP) Mandatorily enrolls most Medicaid members into MCOs to create efficiencies in the Medicaid program and enable expansion of Medicaid to individuals who would otherwise not be eligible.

EFFECTIVE: 1/1/1996



APPROVAL: 5/17/1995

EXPIRATION: 12/31/2023

SECTION 1135 WAIVERS IN RESPONSE TO COVID-19¹⁰

Approved 1135 Waiver for COVID-19

Response enacts the following:

- Temporarily suspends fee-for-service prior authorization requirements
- Extends pre-existing authorizations for which beneficiaries have received prior authorization through the end of the public health emergency
- Suspends Pre-Admission Screening and Annual Resident Review (PASRR) Level I and Level II Assessment for 30 Days
- Temporarily delays scheduling of Medicaid fair hearings and decisions, extending the time period for fee-for-service or eligibility appeal to request a fair hearing to 120 days
- Modifies the timeframe for managed care entities to resolve to appeals to no less than one day so enrollees may proceed almost immediately to a State fair hearing
- Authorizes provisionally and temporarily enrolling providers who are enrolled with another State Medicaid Agency (SMA) or Medicare for the duration of the public health emergency

Note: Section 1135 waiver for COVID-19 effective only for duration of public health emergency



How is Delaware meeting the needs of Medicaid enrollees?

Value-Based Healthcare Initiatives

Delaware's State Health Care Innovation Plan was developed in 2013 to integrate value-based initiatives into the State Medicaid and Medicare programs. This program aims to implement outcomes-based payments through Pay-for-Value (P4V) or Total Cost of Care payments (TCC). Delaware aims to transition all payment models to be outcomes-based payment models by 2020.¹¹

In 2017, the state Medicaid program announced that it will rebid the Medicaid and CHIP programs to require that 80% of payments be made through value-based payment programs within 3 years.

From 2018-January 31, 2019 the Delaware Healthcare Commission awarded mini-grants to health care providers to integrate into ACOs or implement APMs.¹²

Delaware requires MCOs to set target for payments made through APMs with incentives or penalties for MCOs that fail to meet APM requirements. Delaware also requires MCOs to develop a VBP strategy within state-specified guidelines.¹³



Oral Health¹⁵

Dental care up to age 21.

Services include medically necessary pain and infection relief, oral health maintenance, and teeth restoration.

Orthodontic care must be approved by Delaware Medical Assistance Program (DMAP) and is limited to once per lifetime.

Medicaid-enrolled adults can receive up to \$1,000 in dental care per year with an additional \$1500 for emergency or supplemental care when medically necessary.



Social Determinants of Health (SDOH)¹⁹

State contracts with MCOs require reporting of SDOH-related policies including:

- Screen enrollees for social needs
- Provide enrollees referrals to social services
- Employ Community Health Workers or Non-Traditional Health Workers



Family Planning¹⁴

Family planning services available with Delaware Medicaid include physical exams, family planning counseling and education, birth control, STD testing, sterilization counseling, pregnancy testing, emergency contraception, HIV education, and sickle cell trait screening.



Women's Health

Nurse midwifery services are covered under a fee-for-service arrangement.

Free-standing birth center service coverage is limited to labor and delivery and postpartum care through a fee-for-service arrangement.

Face-to-face tobacco-cessation counseling programs are provided for pregnant women. Pharmacotherapy such as nicotine patches are a covered benefit.¹⁶

The "Smart Start" program provides services including nursing, nutrition and social work to women with at least one risk factor in these areas. Services continue for up to 90 days postpartum.¹⁷

Amerihealth Caritas has the "Bright Start" program for enrollees that includes:¹⁸

- A pregnancy care manager
- Assistance obtaining WIC services
- Prenatal health education
- Home nursing visits after delivery
- Rewards for healthy behaviors



Cost-Sharing²⁰

Parents have a \$15 per month cap on out of pocket payments. For generic drugs, preferred name brand drugs, and non-preferred name brand drugs Delaware has cost-sharing of \$0.50-\$3 starting at 0% of the FPL.



How is Delaware meeting the needs of Medicaid enrollees?

Children with Special Health Care Needs

Medicaid covers 33% of children with special health care needs in Delaware.²¹

The Birth to Three Early Intervention System provides:²²

- Resources and policy information to families with children from birth to age 3 who have developmental delays or disabilities
- Individualized Family Service plans and referrals to community services

The Child Development Watch assesses potential developmental delays or disabilities and develops an Individualized Family Service Plan. The program covers services including

- Assistive technology
- Audiology
- Family training and counseling
- Health services in cooperation with primary doctor
- Nutrition plans
- Nursing services
- Occupational therapy
- Physical therapy
- Psychological services
- Social work
- Special instruction
- Speech-language therapy
- Visual services

The Child Development Watch has served over 1,000 children.²³

The Children's Community Alternative Disability Program provides Medicaid to severely disabled children who do not qualify for Supplemental Security Income (SSI) or other Medicaid programs

Long-Term Services and Supports (LTSS)²⁹

Delaware Medicaid long-term services and supports (LTSS) include:

- 30-day Acute Care Hospital Services
- The Children's Community Alternative Disability Program that provides Medicaid to severely disabled children
- The Nursing Facility Program pays for the cost of care provided in nursing facilities that have contact with Delaware Medicaid
- Pathways to Employment Program that services individuals with intellectual and developmental disabilities, visual impairments, autism spectrum disorder, Asperger's Syndrome, and physical disabilities ages 14-25 to seek and maintain employment
- Medical residential habilitation
- Medicaid Out-of-State Rehabilitation Hospital Services
- Supplemental Security Income related programs
- Qualified Medicare Beneficiary Programs
- Case Management



Behavioral Health

Mental/behavioral outpatient and inpatient services are both covered and include:

- Crisis intervention.
- Case management, counseling, and employment support.
- Home and community-based services through the PROMISE program.²⁵
- Drug therapies: methadone, naloxone, naltrexone, disulfiram.²⁶

Delaware updated its prior authorization form with a recommendation to include naloxone to opioid prescriptions in excess of 90 MME.²⁷

Delaware received approval from CMS for a waiver that allows use of Medicaid funds for SUD treatment in IMD facilities.²⁸





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Timeline

Federal

Delaware

President Johnson signs Social Security Amendments of 1965, creating Medicaid as public health program for the poor.

1965

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services are a requirement for children enrolled in Medicaid.

1967



Supplemental Security Income (SSI) program becomes Medicaid eligibility category for the elderly and persons with disabilities.

1972



Home and Community-Based Services (HCBS) waivers created for Long-Term Care (LTC) and Disproportional Share Hospital (DSH) payments.

1981

Children and pregnant women become mandatory Medicaid eligibility groups.

1984

Children up to age 6 and pregnant women up to 133 percent of the federal poverty level (FPL) become eligible; EPSDT benefit expanded.

1989

Mandatory eligibility extended to children ages 6 to 18 years in families up to 100 percent FPL; eligibility phased in from 1990 through 2002.

1990



Balanced Budget Act of 1997 allows Medicaid be delivered through managed care organizations; State Children's Health Insurance Program (CHIP) created; states now have option to provide coverage for uninsured children in low-income families above FPL.

1997

Olmstead decision allows expanded HCBS coverage for persons with disabilities.

1999



Affordable Care Act (ACA) expands Medicaid eligibility to adults with incomes up to 138 percent FPL.

2010

National Federation of Independent Business v. Sebelius decision makes Medicaid expansion optional for states.

2012

ACA implementation begins.

2014

36 states and the District of Columbia (DC) have expanded Medicaid since passage of the ACA.

2020

1966

State of Delaware adopts the Medicaid program.³⁰



1996

Delaware begins operating a mandatory managed care program, Diamond State Health Plan (DSHP).³¹

Delaware's Medicaid covers childless adults living at or below the federal poverty level (FPL) under a CMS waiver.³²

Delaware expands managed care to additional populations and includes long-term supports and services (LTSS) to the benefit package with implementation of the DSHP-Plus program.³¹

Delaware expands its state Medicaid program to cover newly eligible adults up to 133% of the FPL; enrollment for newly qualified Medicaid beneficiaries begins. The demonstration project provides long-term care services and support (LTSS) to eligible individuals through the mandated managed care delivery system, DSHP-Plus.³¹

2012

2014

2015

Delaware implements Promoting Optimal Mental Health for Individuals through Supports and Empowerment (PROMISE), a voluntary program that provides enhanced behavioral health services and supports for targeted Medicaid enrollees.³³

2020

Delaware restored retroactive eligibility for pregnant women and children.³⁴