DELAWARE MEDICAID FACTS

Who is covered in Delaware's Medicaid Program?

ELIGIBILITY GROUPS

<table>
<thead>
<tr>
<th>Eligibility Group</th>
<th>FFS</th>
<th>MCOs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dual Eligibles</td>
<td>♂</td>
<td>♂</td>
</tr>
<tr>
<td>Undocumented Immigrants</td>
<td>♂</td>
<td>♂</td>
</tr>
<tr>
<td>Intellectual and Developmental Disabilities</td>
<td>♂</td>
<td>♂</td>
</tr>
<tr>
<td>Children (0-18 years)</td>
<td>♂</td>
<td></td>
</tr>
<tr>
<td>Current and Former Foster Care Children</td>
<td>♂</td>
<td></td>
</tr>
<tr>
<td>Parents and other Caretaker Relatives</td>
<td>♂</td>
<td></td>
</tr>
<tr>
<td>Pregnant Women</td>
<td>♂</td>
<td></td>
</tr>
<tr>
<td>Aged, Blind, Disabled Adults</td>
<td>♂</td>
<td></td>
</tr>
<tr>
<td>Qualified Non-Citizens*</td>
<td>♂</td>
<td></td>
</tr>
<tr>
<td>Newly Eligible Adults</td>
<td>♂</td>
<td></td>
</tr>
</tbody>
</table>

*Subject to the 5-year bar.

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

Do Medicaid health plans provide coverage? 4

- Highmark Health Options
- UnitedHealthcare Community Plan of Delaware (UnitedHealth Group)

How has Delaware's Medicaid program engaged in Managed Care?

SECTION 1115 WAIVER 5

The Delaware Diamond State Health Plan (DSHP) was created to mandatorily enroll most Medicaid recipients into managed care organizations (MCOs) to create efficiencies in the Medicaid program and enable the expansion of coverage to certain individuals who would not otherwise be eligible for Medicaid.

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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.

Family Planning
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.

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
- Drug therapies: methadone, naloxone, naltrexone, disulfiram

Oral Health
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.
Timeline

**Federal**
- President Johnson signs Social Security Amendments of 1965, creating Medicaid as public health program for the poor.
- Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services are a requirement for children enrolled in Medicaid.
- Supplemental Security Income (SSI) program becomes Medicaid eligibility category for the elderly and persons with disabilities.

**1965**
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**1967**
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**1972**
- Supplemental Security Income (SSI) program becomes Medicaid eligibility category for the elderly and persons with disabilities.

**Home and Community-Based Services (HCBS) waivers created for Long-Term Care (LTC) and Disproportional Share Hospital (DSH) payments.**
- Children and pregnant women become mandatory Medicaid eligibility groups.
- Children up to age 6 and pregnant women up to 133 percent of the federal poverty level (FPL) become eligible; EPSDT benefit expanded.
- Mandatory eligibility extended to children ages 6 to 18 years in families up to 100 percent FPL; eligibility phased in from 1990 through 2002.

**1981**
- Home and Community-Based Services (HCBS) waivers created for Long-Term Care (LTC) and Disproportional Share Hospital (DSH) payments.

**1984**
- Children and pregnant women become mandatory Medicaid eligibility groups.

**1989**
- Children up to age 6 and pregnant women up to 133 percent of the federal poverty level (FPL) become eligible; EPSDT benefit expanded.

**1990**
- Balanced Budget Act of 1997 allows Medicaid to 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.

**1996**
- Delaware begins operating a mandatory managed care program, Diamond State Health Plan (DSHP).

**1997**
- Delaware’s Medicaid covers childless adults living at or below the federal poverty level (FPL) under a CMS waiver.

**1999**
- Olmstead decision allows expanded HCBS coverage for persons with disabilities.

**2010**
- Affordable Care Act (ACA) expands Medicaid eligibility to adults with incomes up to 138 percent FPL.

**2012**

**2014**
- ACA implementation begins.

**2015**
- 32 states and the District of Columbia (DC) have expanded Medicaid since passage of the ACA.

**2012**
- 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.

**2014**
- 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.

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For a complete list of sources, please contact the Institute for Medicaid Innovation at Info@MedicaidInnovation.org