

DELAWARE
SECTION 1115 DEMONSTRATION
FACT SHEET

Program Name: Diamond State Health Plan (DSHP)

Initial Application

Date Submitted: July 29, 1994
Date Proposal Approved: May 17, 1995
Date of Implementation: January 1, 1996

First Renewal

Date Proposal Submitted: December 29, 1999
Date Approved: June 29, 2000

Second Renewal

Date Proposal Submitted: August 28, 2003
Date Approved: December 12, 2003

Third Renewal

Date Proposal Submitted: August 16, 2006
Date Approved: December 17, 2006

Fourth Renewal

Date Requested: July 2009
Date Approved: January 31, 2011
Expiration Date: December 31, 2013

Fifth Renewal

Date Requested: June 28, 2013
Date Approved: September 30, 2013
Expiration Date: December 31, 2018

SUMMARY

The DSHP demonstration was initially approved in 1995, and implemented on January 1, 1996. The demonstration mandatorily enrolls 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 otherwise not be eligible for Medicaid. Beginning January 1, 2014, DSHP expanded eligibility for individuals with incomes up to and including 133 percent FPL. The demonstration also provides long-term care services and support (LTSS) to eligible individuals through a mandated managed care delivery system, entitled DSHP-Plus. Beginning January 1, 2015, the state implemented 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 beneficiaries.

ELIGIBILITY

Most Temporary Assistance to Needy Families (TANF), TANF-related and State Supplementary Income (SSI) Medicaid recipients are eligible for the DSHP program. DSHP also expands Medicaid eligibility to uninsured Delawareans with incomes up to 133 percent of the federal poverty level (FPL). Most individuals who receive benefits from both Medicaid and Medicare (dual eligibles), disabled workers, and most individuals receiving care in institutional or home and community based settings are eligible for DSHP-Plus. The DSHP-Plus program also expands Medicaid coverage of home and community-based services (HCBS) to individuals who are “at-risk” of institutionalization at a nursing facility.

For the PROMISE program, eligible individuals population are DSHP and DSHP-Plus enrollees, age 18 and over, who have severe and persistent mental illness (SPMI) and/or a substance use disorder (SUD), and require HCBS to live and work in integrated settings. Demonstration enrollees that apply for PROMISE services are screened by the state Division of Substance Abuse and Mental Health (DSAMH) and must meet the standardized clinical and functional assessment developed for the state to enroll in PROMISE.

Medicaid eligible individuals not eligible for DSHP or DSHP-Plus include presumptively eligible pregnant women, those receiving care through the breast and cervical cancer treatment program, those receiving care in intermediate care facilities for the mentally retarded (ICF/MR) or receiving HCBS who meet the ICF/MR level of care requirements, individuals in a hospital for 30 consecutive days, Qualified Medicare Beneficiaries, Specified Low Income Medicare Beneficiaries, Qualifying Individuals, and Qualified and Disabled Working Individuals. Medicaid eligibles not eligible for DSHP or DSHP-Plus remain in the state’s fee-for-service Medicaid program.

DELIVERY SYSTEM

The DSHP and DSHP-Plus programs provide Medicaid state plan benefits and LTSS through a mandatory managed care delivery system with certain services paid for by the state on a fee-for-service basis. The PROMISE services are delivered fee-for-service; however, enrollees will continue to receive their non-behavioral health state plan services through their DSHP MCO.

BENEFITS

All individuals enrolled in the DSHP and DSHP-Plus programs receive mandatory and optional services as outlined in the Medicaid state plan. DSHP-Plus also provides LTSS to eligible individuals. Individuals enrolled in the PROMISE program receive an enhanced behavioral health package that includes benefits such as, care coordination, supported employment, nursing, financial coaching, community transition services, and personal care.

QUALITY AND EVALUATION PLAN

Delaware's evaluation plan focuses on objectives such as:

- Improving access to health care for the Medicaid population, including increasing options for those who need long-term care (LTC) by expanding access to HCBS;
- Rebalancing Delaware's LTC system in favor of HCBS;
- Promoting early intervention for individuals with, or at-risk, for having, LTC needs;
- Increasing coordination of care and supports;
- Expanding consumer choices;
- Improving the quality of health services, including LTC services, delivered to all Delawareans;
- Creating a payment structure that provides incentives for resources to shift from institutions to community-based LTC services where appropriate;
- Improving coordination and integration of Medicare and Medicaid benefits for full-benefit dual eligibles;
- Expanding coverage to additional low-income Delawareans; and
- Improving overall health status and quality of life of the individuals enrolled in the PROMISE program.

COST-SHARING

Demonstration participants are charged nominal copayments as defined by the Delaware Medicaid State Plan.