

DIVISION OF MEDICAID & MEDICAL ASSISTANCE



DIAMOND STATE HEALTH PLAN (DSHP) 1115 WAIVER

Division of Medicaid & Medical Assistance (DMMA)
Department of Health and Social Services
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MEDICAID WAIVERS

- Allow the state to “waive” certain Medicaid requirements, including state-wideness, freedom of choice, and comparability
- 1115 Waivers provide broad flexibility:
 - Can expand coverage to “non-categorical” groups
 - Can implement managed care
 - Can test new service-delivery methods
- 1915(b) Waivers:
 - Can limit which providers individuals can utilize;
 - Allows states to enroll people in managed care.
- 1915(c) Waivers:
 - Provide Home and Community-Based Services (HCBS), including:
 - Habilitation
 - Transportation
 - Personal Care
 - Allows states to create a robust service package for individuals with an institutional level of care (ie: a person with a disability or a senior with significant health care needs).



STATE PLAN AMENDMENT

- The state plan is a formal, written agreement between a state and the federal government, submitted by the single state agency (42 CFR 431.10) and approved by CMS, describing how that state administers its Medicaid program. The state plan:
 - Provides assurances that a state will abide by federal rules in order to claim federal matching funds;
 - Indicates which optional groups, services, or programs the state has chosen to cover or implement; and
 - Describes the state-specific standards to determine eligibility, methodologies for providers to be reimbursed, and processes to administer the program.
- Once a SPA is submitted, CMS has 90 days to make a decision, otherwise the proposed change automatically goes into effect. However, the federal government can “stop the clock” by writing to request additional information.



DIAMOND STATE HEALTH PLAN SECTION 1115 WAIVER

What is the Diamond State Health Plan (DSHP) 1115 Waiver?

- ❖ The DSHP 1115 Waiver is the Medicaid authority that has governed most of Delaware's Medicaid program since 1995. It is a companion authority to our Medicaid State Plan.
- ❖ It is an agreement with the federal government, CMS, for how Delaware will operate our Medicaid and CHIP programs and demonstrate Medicaid innovation beyond what is allowed under regular Medicaid rules.
- ❖ Delaware has used the DSHP 1115 Waiver to expand coverage, pilot new benefit packages and delivery systems, and develop programs to support targeted populations, such as individuals with substance use disorders and individuals and families who rely on long-term services and supports.
- ❖ DMMA administers the DSHP 1115 Waiver. We renew it every 5 years and periodically amend it to incorporate new Medicaid initiatives.

DMMA is proposing to extend the DSHP 1115 Waiver, with changes, for five more years through December 31, 2028.



DIAMOND STATE HEALTH PLAN SECTION 1115 WAIVER

The DSHP 1115 Waiver Includes:

- ❖ **Eligibility and Services:** Most Medicaid/CHIP members are enrolled in the DSHP 1115 Waiver for most Medicaid state plan benefits and some expanded services.
 - Expanded services include home and community based services (such as home-delivered meals), behavioral health services for members enrolled in PROMISE, and substance use disorder services for members in an institution for mental diseases.
- ❖ **Delivery system:** Managed care for DSHP and DSHP Plus services; fee-for-service for PROMISE behavioral health services.
- ❖ **Cost-sharing:** DSHP does not make any changes to Medicaid cost-sharing.
- ❖ **Formal evaluation:** The DSHP 1115 Waiver is evaluated by an external independent evaluator.

DMMA is proposing to renew the current DSHP waiver as approved, except for the proposed changes we will review today.



DIAMOND STATE HEALTH PLAN

SECTION 1115 WAIVER HISTORY

January 1, 1996

DSHP 1115 Waiver Implemented

2012 - DSHP 1115 Waiver Amended

- Created DSHP-Plus, DE's MLTSS Program.
- Required additional populations to receive services through an MCO.
- Rolled two 1915(c) Waiver populations into the 1115 Waiver.
- Expanded HCBS Services

January 1, 1996 - 2011

- Invested waiver savings to expand coverage to certain individuals who would otherwise not be eligible for Medicaid.

2014 - DSHP Waiver Amended

- Expanded eligibility for individuals with income up to 133% FPL under the Affordable Care Act.



DIAMOND STATE HEALTH PLAN

SECTION 1115 WAIVER HISTORY

2017 – DSHP Waiver Amended

- Added Coverage for former foster children that aged out of foster care regardless of the state they aged out in up to age 26 regardless of income.

2023 – DSHP Waiver Amended

- Added two models of evidenced-based home visiting for pregnant women and children.
- Added a second home-delivered meal for members receiving HCBS in DSHP-Plus.
- Added a pediatric respite benefit.
- Added a self-directed option for parents on behalf of children receiving state plan personal care services.
- Clearly defined coverage of Delaware's Nursing Home Transition Program (formerly Money Follows the Person).

2015 – DSHP Waiver Amended

- Created PROMISE, a voluntary program that provides enhanced behavioral health services and supports for Medicaid beneficiaries who have a severe and persistent mental illness (SPMI) and/or a substance use disorder (SUD) and require HCBS to live and work in integrated settings.

2018 – DSHP Waiver Renewed & Amended

- Provided the state with authority to provide high-quality, clinically appropriate SUD treatment services for short-term residents in residential and inpatient treatment settings that qualify as an Institution for Mental Diseases (IMD).



DIAMOND STATE HEALTH PLAN SECTION 1115 WAIVER RENEWAL

Proposed Changes

Two groups of changes:

- ❖ Changes DMMA submitted to CMS in July 2022, to be effective in January 2023 and carried forward into the five-year renewal period. These have been approved by CMS
- ❖ New changes, to be effective with the renewal January 1, 2024

The draft waiver renewal was posted for public comment through December 13, 2022, and submitted to CMS for renewal December 28, 2022.



DIAMOND STATE HEALTH PLAN SECTION 1115 WAIVER RENEWAL

Changes approved by CMS for amendment effective 1/1/2023

In July 2022, DMMA proposed adding five benefits to the DSHP 1115 Waiver:

1. Coverage of two models of evidence-based home visiting for pregnant women and children.
 2. Permanent coverage for a second home-delivered meal per day for members receiving home and community based services (HCBS) in DSHP Plus.
 3. Coverage of a pediatric respite benefit as an American Rescue Plan Act Section 9817 HCBS Spending Plan initiative.
 4. Coverage of a self-direction option for parents on behalf of children receiving state plan personal care services.
 5. Coverage of Delaware's Nursing Home Transition Program (formerly Money Follows the Person Demonstration) in the DSHP 1115 Waiver
- ❖ **These will be included in the five year renewal. This is still with CMS for approval.**



DIAMOND STATE HEALTH PLAN SECTION 1115 WAIVER RENEWAL

New Changes for the Renewal

1. Expanding access by providing up to three-months of retroactive eligibility to all Medicaid enrollees;
 2. Piloting Medicaid coverage of Delaware's Food Box Initiative for postpartum members;
 3. Adding Medicaid coverage of contingency management services for certain members with a stimulant use disorder and/or opioid use disorder; and
 4. Adding children's dental services under the DSHP 1115 managed care delivery model.
- ❖ **If approved by CMS, these changes would be effective January 1, 2024 through December 31, 2028, with the exception of Children's Dental, which will be effective January 1, 2025.**



DIAMOND STATE HEALTH PLAN

SECTION 1115 WAIVER FUTURE PLANS

Considerations for Future 1115 Waiver Amendments

1. Supportive Housing
2. Reentry – Justice Involved
3. Support for Children with Complex Medical Needs



QUESTIONS/COMMENTS

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THANK YOU