DELAWARE HEALTH AND SOCIAL SERVICES
Division of Medicaid & Medical Assistance

State of Delaware
Public Notice
Delaware Health and Social Services
Division of Medicaid & Medical Assistance

Delaware Diamond State Health Plan (DSHP)
DRAFT 1115 Demonstration Waiver Extension Request

I. Summary Description and Purpose

Pursuant to the Special Terms and Conditions of Delaware's approved Medicaid demonstration waiver, the Delaware Department of Health and Social Services (DHSS), Division of Medicaid and Medical Assistance (DMMA) is required to submit a public notice consistent with 42 C.F.R 431.408 of its intent to submit a Section 1115 Waiver extension request to the Centers for Medicare & Medicaid Services (CMS). The current Diamond State Health Plan (DSHP) 1115 Waiver expires December 31, 2023 and DMMA is required by CMS to request an extension by December 31, 2022. DMMA is requesting a five-year extension (renewal) of the DSHP 1115 Demonstration Waiver and changes to the program features to be effective January 1, 2024 through December 31, 2028.

DMMA's draft Medicaid DSHP 1115 waiver extension application and current DSHP 1115 Waiver can be found here: http://dhss.delaware.gov/dhss/dmma/medicaid.html

II. Summary of Proposed 1115 DSHP Waiver Extension, Goals and Objectives

Delaware's DSHP 1115 Demonstration Waiver (DSHP 1115 Waiver) was initially approved in 1995, and implemented on January 1, 1996. The original goal of DSHP 1115 Waiver was to improve the health status of low-income Delawareans by expanding access to healthcare to more individuals throughout the State; creating and maintaining a managed care delivery system with an emphasis on primary care; and controlling the growth of healthcare expenditures for the Medicaid population.

In order to achieve this goal, the DSHP 1115 Waiver was designed to mandatorily enroll eligible Medicaid recipients into managed care organizations (MCOs) and create

efficiencies in the Medicaid program. Initial savings achieved under managed care enabled the expansion of coverage to certain individuals who would otherwise not be eligible for Medicaid, leading up to Medicaid expansion under the Affordable Care Act in 2014. Since 2012, the DSHP 1115 Waiver has provided long-term services and supports (LTSS) to eligible individuals through DSHP Plus, as well as enhanced behavioral health services and supports for targeted Medicaid beneficiaries through a voluntary program begun in 2015 called PROMISE. Most individuals enrolled in Medicaid and Medicaid-expansion CHIP are enrolled in the DSHP 1115 Waiver and in MCOs. A limited number of benefits, such as non-emergency transportation and PROMISE services, are delivered through fee-for-service. In 2019, the DSHP 1115 waiver was extended for an additional five years and amended to include 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. Since 2020, DMMA has amended the DSHP 1115 Waiver for the addition of adult dental services to the DSHP managed care delivery system and secured COVID-19 demonstration amendment authorities focused on LTSS services (e.g., provider retainer payments, expanded home-delivered meals) to address the COVID-19 Public Health Emergency (PHE). DMMA also has an amendment pending with CMS to add home-visiting coverage, a second home-delivered HCBS meal, pediatric respite, a self-directed option for parents of children receiving personal care services, and nursing facility transition services.

DMMA is proposing four new changes in the extension period:

1. Expanding access by providing 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.

Delaware's goal and objectives in operating the DSHP 1115 Waiver into the future continue to be to improve the health status of low-income Delawareans by:

1. Improving access to health care for the Medicaid population, including increasing options for those who need long-term care (LTC) by expanding access to home and community-based services (HCBS);
2. Rebalancing Delaware's LTC system in favor of HCBS;
3. Promoting early intervention for individuals with, or at-risk, for having, LTC needs;
4. Increasing coordination of care and supports;
5. Expanding consumer choices;
6. Improving the quality of health services, including LTC services, delivered to all Delawareans;

7. Creating a payment structure that provides incentives for resources to shift from institutions to community-based LTSS services where appropriate;
8. Expanding coverage to additional low-income Delawareans;
9. Improving overall health status and quality of life of individuals enrolled in PROMISE;
10. Increasing and strengthening overall coverage of former foster care youth to improve health outcomes for this population;
11. Increasing enrollee access and utilization of appropriate SUD treatment services and decrease use of medically inappropriate and avoidable high-cost emergency and hospital services;
12. Increasing access to dental services, including follow-up care and care for adults with diabetes, and decrease use of emergency department visits for non-traumatic conditions; and
13. Improving maternal and infant health outcomes and health disparities *(new for the extension)*.

Delaware will continue working towards these goals and objectives during the DSHP 1115 extension. DMMA is requesting continuation of the current DSHP 1115 waiver, as approved today, with the additional changes described below. A complete description of the current DSHP 1115 Waiver is available at:

http://dhss.delaware.gov/dhss/dmma/medicaid.html

III. Summary of the Current DSHP 1115 Waiver

DSHP 1115 Waiver Eligibility

Most Medicaid and Medicaid-expansion CHIP state plan eligibility groups are enrolled in DSHP. The groups described below are Medicaid eligible, but excluded from enrollment in DSHP.

Current DSHP Eligibility Exclusions
Individuals participating in a PACE Program
Qualified Medicare Beneficiaries (QMBs)
Specified Low Income Medicare Beneficiary (SLMB)
Qualifying Individuals (QI)
Qualified and Disabled Working Individuals
Individuals in a hospital for 30 consecutive days (acute care)
Presumptive Breast and Cervical Cancer for Uninsured Women
Breast and Cervical Cancer Program for women
Institutionalized individuals in an ICF/MR facility

DSHP also extends eligibility to non-state plan eligibility groups for their receipt of LTSS through DSHP-Plus and adds coverage for out-of-state former foster care youth. These groups are described in detail as “Demonstration Population Expenditures” in the current approved 1115 Demonstration.

Current DSHP Demonstration-Eligible Groups
217-Like Elderly and Disabled Home and Community Based Services (HCBS) Group: Aged and/or disabled categorically needy individuals over age 18 who meet the Nursing Facility LOC criteria in place at the time of HCBS enrollment and receive HCBS as an alternative (formerly served through an Elderly & Physically Disabled 1915c Waiver)
217-Like HIV/AIDS HCBS Group: Individuals with a diagnosis of AIDs or HIV over age 1 who meet the Hospital LOC criteria and who receive HCBS as an alternative (formerly served through an AIDS/HIV 1915c Waiver)
Aged and/or disabled individuals over age 18, who do not meet a NF LOC, but who, in the absence of HCBS, are “at-risk” of institutionalization and meet the “at-risk” for NF LOC criteria in place at the time of enrollment and who need/are receiving HCBS
TEFRA-Like Children (Katie Beckett) using the “at-risk of NF” LOC criteria in place at time of enrollment
Nursing facility residents, who do not currently meet the NF LOC criteria, but continue to meet the NF level of care criteria in place at the time of admission/enrollment.
Individuals receiving HCBS for the disabled and elderly, who do not meet the NF LOC criteria, but continue to meet the LOC criteria in place at the time of enrollment, including HCBS furnished under a terminated 1915(c) waiver.
Disabled children with incomes at or below 250 percent of the SSI, who do not meet the NF or hospital LOC criteria, but continue to meet the LOC criteria in place at the time of their enrollment.

DMMA is proposing to continue the current state plan and 1115 waiver eligibility groups for the DSHP extension.

DSHP 1115 Waiver Benefits

Individuals enrolled in the DSHP 1115 Demonstration receive most Medicaid and CHIP State Plan benefits through the DSHP 1115 Demonstration delivery system. Individuals eligible for DSHP-Plus receive comprehensive, integrated LTSS and individuals eligible for PROMISE receive enhanced behavioral health services in order to live and work in community-based integrated settings. DSHP also provides coverage for high-quality, clinically appropriate SUD treatment services for short-term residents in residential and inpatient treatment settings that qualify as IMDs.

DMMA is proposing to continue the current approved state plan and 1115 waiver benefits through the DSHP extension and add new benefit as described in “Changes Under the Demonstration.”

DSHP 1115 Waiver Delivery System
DSHP and DSHP-Plus benefits are delivered through mandatory enrollment in MCOs. A limited number of benefits, such as children's dental and non-emergency transportation, are currently delivered through fee-for-service (FFS). DSHP enrollees receive these benefits through Medicaid fee-for-service, not through the DSHP 1115 Waiver. PROMISE benefits are delivered through the FFS PROMISE program administered through the Division of Substance Abuse and Mental Health (DSAMH).

FFS Benefits (Not currently provided through the DSHP 1115 Waiver)
Dental services for children
NEMT Transportation broker services, except for emergency ambulance transportation
Day services authorized by the Division of Developmental Disabilities Services
Medically necessary behavioral health services for children in excess of MCO plan benefit coverage, which is 30 visits for children
Prescribed pediatric extended care
Targeted case management (TCM)

DMMA is proposing to continue the managed care and FFS delivery systems described in the current DSHP waiver, with the exception of children's dental services. DMMA is proposing to include children's dental services through the DSHP MCOs.

DSHP 1115 Waiver Cost-Sharing
Cost-sharing does not differ from the approved Medicaid and CHIP State Plans and DMMA is not proposing cost-sharing under the DSHP 1115 Waiver.

IV. Proposed Changes Under the Demonstration Extension:

A. July 2022 Pending Amendment
DMMA has proposed five changes to the DSHP 1115 Waiver that are pending in an amendment currently under review by CMS for an effective date of January 1, 2023. The changes in this amendment include:

1. Coverage of two models of evidenced-based home visiting for pregnant women and children.

2. Permanent coverage for a second home-delivered meal for members receiving HCBS in DSHP Plus.

3. Coverage of a pediatric respite benefit as an American Rescue Plan Act (ARP) Section 9817 HCBS Spending Plan initiative.

4. Coverage of a self-directed 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.

Additional description of these changes can be found in the pending amendment available on DMMA's website at: https://dhss.delaware.gov/dhss/dmma/medicaid.html

Delaware is proposing to include these changes, once approved by CMS, in the waiver extension.

B. New Changes Proposed for the DSHP Extension

DMMA is proposing four new changes in the extension period:

1. **Expanding access by providing three-months of retroactive eligibility to all DSHP 1115 Waiver enrollees.** DMMA is requesting to terminate the DSHP waiver of retroactive eligibility. Effective no later than January 1, 2024, with the expiration of the current DSHP 1115 waiver, DMMA will extend retroactive eligibility to all eligible DSHP and DSHP-Plus participants three months prior to the date that an application for medical assistance is made. Delaware will terminate this waiver authority to support our goal of expanding access to coverage, including coverage for those who need immediate care while applying for Medicaid.

   Waiver Impact: None. Members months associated with retroactive eligibility will be covered outside of the DSHP 1115 Waiver in Medicaid FFS.

2. **Piloting Medicaid coverage of Delaware's Food Box Initiative for postpartum members.** DMMA proposes to add Medicaid coverage of our Medicaid Food Box Initiative for postpartum members under the DSHP 1115 Waiver. The objective of the Food Box Initiative is to address food insecurity and diaper needs as health-related social needs to improve maternal and infant heath and reduce health disparities. The proposed demonstration would allow DMMA to use Medicaid funds to expand our current state-funded pilot to provide home-delivered food and diapers to postpartum members, reaching low-income postpartum members with disproportionately high rates of food insecurity and inequitable adverse maternal and birth outcomes.

   Waiver Impact: Approximately 8,841 members and $8.29 million over five years.

3. **Adding Medicaid coverage of contingency management services for certain members with a stimulant use disorder and/or opioid use disorder.** DMMA is proposing to add coverage of contingency management services for Medicaid members who are: (1) age 18 and over with a stimulant use disorder diagnosis and (2) age 18 and over, who are pregnant or up to 12 months postpartum, with an opioid use disorder diagnosis. Contingency management is an evidence-based practice that allows individuals to earn small motivational incentives for meeting treatment goals, such as negative urine drug tests or medication

adherence. The objectives of contingency management services are to expand SUD/OUD treatment for eligible Medicaid members with a stimulant use disorder and/or opioid use disorder to help address the rise in fatal drug overdoses throughout Delaware. DMMA also expects this initiative to improve health outcomes and address health disparities.

Proposed Contingency Management Programs under DSHP

Program name	Population	Eligible Providers	Core Treatment Goal (incentivized outcome)	Expected Timeframe
Contingency Management Program for Stimulant Use Disorder (CM-StUD)	Individuals ages 18 and older who are diagnosed with stimulant use disorder (e.g., methamphetamine, cocaine, similar drugs), based on a completed SUD assessment	Outpatient SUD providers	Negative drug tests[1]	24 weeks
Contingency Management Program for Pregnant and Postpartum People with Opioid Use Disorder (CM-PPP-OUD)	Individuals ages 18 and older, who are pregnant and/or up to 12 months postpartum, with a diagnosed opioid use disorder, based on a completed SUD assessment	Opioid treatment programs (OTPs), OB-GYNs, primary care providers, outpatient SUD providers	Medication adherence (i.e., adherence to medications used to treat opioid disorder, such as methadone or buprenorphine)	64 weeks

Waiver Impact: Approximately 800 members and $1.54 million over five years.

4. **Adding children's state plan dental services under the DSHP 1115 managed care delivery model.** Effective January 1, 2024, DMMA is proposing to include children's dental services in the DSHP 1115 Waiver managed care delivery system. The objective of including children's dental services in DSHP managed care is to

[1]Although negative drugs tests will be the core treatment goal for the CM-StUD program, DMMA views this as just one tool in a more comprehensive treatment approach. Providers will be encouraged to continue to use a harm reduction approach to treatment overall, in part by not focusing solely on abstinence as a sign of progress toward recovery.

ensure access to high-quality dental care for children and support a coordinated and integrated delivery system. DMMA expects dental managed care for children will result in a positive (or no negative) impact on child dental access, health outcomes and parent/caretaker satisfaction.

Waiver Impact: Beginning in CY 2024, approximately 114,000 Medicaid-enrolled children will begin receiving their dental services through MCOs under the DSHP 1115 Waiver. These expenditures are currently excluded from the DSHP 1115 Waiver. Dental managed care will shift approximately $327 million in expenditures over five years from FFS to the DSHP 1115 Waiver.

V. DSHP 1115 Waiver and Expenditure Authorities

DMMA is requesting to continue all current approved and pending waiver and expenditure authorities, with the exception of the waiver of retroactive eligibility. DMMA is not requesting to renew the current waiver of retroactive eligibility.

Table 1. Requested Waiver Authorities

	Waiver Authority	Use for Waiver/Expenditure Authority	Current/Expanded/ New/Terminated Waiver Authority Request
1.	Amount, Duration, and Scope of Services Section 1902(a)(10)(B) and 1902(a)(17)	To the extent necessary to enable Delaware to offer a different benefit package to DSHP and DSHP-Plus participants than is being offered to the traditional Medicaid population. To the extent necessary to enable Delaware to provide additional services to enrollees in the Promoting Optimal Mental Health for Individuals through Supports and Empowerment (PROMISE) Program. The waiver request is being expanded to include the extension changes described in Section IV: (1) To the extent necessary to enable Delaware to provide additional services to enrollees participating in the Food Box Pilot initiative for postpartum members as described in Section IV of this application	Current/Expanded

		(2) To the extent necessary to enable Delaware to provide contingency management services not otherwise available to all members in the same eligibility group but based on individual assessments of need according to criteria described in Section IV this application.	
2.	Provision of Medical Assistance Section 1902(a)(8) and 1902(a)(10)	To the extent necessary to enable Delaware to limit the provision of medical assistance (and treatment as eligible) for individuals described in the eligibility group under section 1902(a)(10)(A)(ii)(XX) of the Act and the Medicaid State Plan to only former foster care youth who are under 26 years of age, were in foster care under the responsibility of another state or tribe on the date of attaining 18 years of age (or such higher age as the state has elected), were enrolled in Medicaid on that date, and now residents in Delaware applying for Medicaid.	Current
3.	Freedom of Choice Section 1902(a)(23)(A)	To the extent necessary to enable Delaware to restrict freedom-of-choice of provider through the use of mandatory enrollment into managed care plans for DSHP and DSHP- Plus participants. To the extent necessary to enable the state to use selective contracted fee-for-service (FFS) providers, including for Home and Community Based Services (HCBS) and a transportation broker for non- medical transportation. No waiver of freedom of choice is requested for family planning providers. The waiver request is being expanded to include the extension changes described in Section IV: To enable Delaware to restrict freedom of choice of provider for the Food Box Pilot	Current/Expanded

		Initiative, contingency management services, and children's dental services through the use of mandatory enrollment in MCOs.	
3.	Retroactive Eligibility Section 1902(a)(34)	To the extent necessary to enable Delaware to not extend eligibility to DSHP and DSHP- Plus participants prior to the date that an application for assistance is made, with the exception of institutionalized individuals in nursing facilities and qualified disabled working individuals (QDWIs), as outlined in Table A of the STCs. The waiver of retroactive eligibility does not apply to pregnant women (including during the 60-day postpartum period beginning on the last day of the pregnancy), infants under age 1, or individuals under age 19.	Terminate
4.	Self-Direction of Care Section 1902(a)(32)	To the extent necessary to enable Delaware to permit parents (on behalf of children up to age 21) to self-direct state plan personal care services.	New (Pending Amendment)

Table 2. Requested Expenditure Authorities

	Use for Expenditure Authority	Currently/Expanded/ New Expenditure Authority Request
1.	**217-Like Elderly and Disabled Home and Community Based Services (HCBS) Group:** Expenditures for medical assistance for disabled individuals over age 18 who meet the Nursing Facility (NF) level of care (LOC) criteria and who would otherwise be Medicaid-eligible if the state had elected the group described in section 1902(a)(10)(A)(ii)(VI) of the Act and 42 CFR 435.217 in conjunction with section 1902(a)(10)(A)(ii)(V) of the Act, if enrolled and receiving services under a 1915(c) HCBS waiver program	Current

	Use for Expenditure Authority	Currently/Expanded/ New Expenditure Authority Request
2.	**217-Like HIV/AIDS HCBS Group:** Expenditures for medical assistance for individuals over age 1, who have a diagnosis of AIDS or HIV, who meet the hospital LOC criteria, and who would otherwise be Medicaid-eligible if the state had elected the eligibility group described in section 1902(a)(10)(A)(ii)(VI) of the Act and 42 CFR 435.217 in conjunction with section 1902(a)(10)(A)(ii)(V) of the Act, and they were enrolled and receiving services under a 1915(c) HCBS waiver program.	Current
3.	**"At-risk" for Nursing Facility Group:** Expenditures for medical assistance for disabled individuals over age 18 with incomes at or below 250 percent of the Supplemental Security Income (SSI) Federal Benefit Rate who do not meet the NF LOC, but are "at-risk" for institutionalization.	Current
4.	**TEFRA-Like Group:** Expenditures for medical assistance for disabled children under age 18 with incomes at or below 250 percent of the SSI who do not meet the NF LOC, but are "at-risk" of institutionalization absent the provision of DSHP services. The state will use financial institutional eligibility rules for individuals who would not be eligible in the community because of community deeming rules (in the same manner that would be used if the group were eligible under the state plan.	Current
5.	**Continuing Receipt of Nursing Facility Care:** Expenditures for medical assistance for nursing facility residents, who do not currently meet the NF LOC criteria, but continue to meet the NF level of care criteria in place at the time of admission/enrollment.	Current
6.	**Continuing Receipt of Home and Community-Based Services:** Expenditures for medical assistance for individuals receiving HCBS for the disabled and elderly, who do not meet the NF LOC criteria, but continue to meet the LOC criteria in place at the time of enrollment, including HCBS furnished under a terminated 1915(c) waiver.	Current

	Use for Expenditure Authority	Currently/Expanded/ New Expenditure Authority Request
7.	**Continuing Receipt of Medicaid State Plan Services:** Expenditures for medical assistance for disabled children with incomes at or below 250 percent of the SSI, who do not meet the NF or hospital LOC criteria, but continue to meet the LOC criteria in place at the time of their enrollment.	Current
8.	**PROMISE Services:** Expenditures for behavioral health services beyond the services described in the approved state plan for otherwise eligible individuals enrolled in the Promoting Optimal Mental Health for Individuals through Supports and Empowerment (PROMISE) program.	Current
9.	**HCBS for Medicaid State Plan Eligibles**: Expenditures to provide HCBS not included in the Medicaid State Plan to individuals who are eligible for Medicaid as described in the STCs. This request includes expenditures for home-delivered meals and pediatric respite benefits that are under review by CMS in a waiver amendment.	Current/Expanded (Pending Amendment)
10.	**Residential and Inpatient Treatment for Individuals with a Substance Use Disorder (SUD):** Expenditures for otherwise covered services furnished to otherwise eligible individuals who are primarily receiving treatment and withdrawal management services for SUD who are short-term residents in facilities that meet the definition of an Institution for Mental Diseases (IMD).	Current
11.	**Home visiting for Medicaid eligible pregnant women and children under the age of three:** Expenditures to provide evidenced-based home visiting to Medicaid eligible pregnant women and children.	New (Pending Amendment)
12.	**Self-directed personal care/attendant care for children:** Expenditures to provide self-directed personal care/attendant care for children receiving state plan personal care services.	New (Pending Amendment)
14.	**Post-partum Food Box Initiative:** Expenditures to provide coverage of food boxes, including transportation to members, for members up to 12 weeks postpartum.	New

	Use for Expenditure Authority	Currently/Expanded/ New Expenditure Authority Request
15.	**Contingency management services:** Expenditures to provide contingency management services to eligible individuals with a qualifying stimulant use and/or opioid use disorder.	New

VI. DSHP 1115 Waiver Estimates of Historical and Proposed Annual Enrollment and Annual Aggregate Expenditures and Financial Analysis of Proposed Changes

A summary of annual and aggregate historical and projected demonstration enrollment and expenditure data is provided in the tables below. Note that not all Medicaid expenditures are captured in these tables. For example, State administrative expenditures and expenditures for populations or services excluded from the current 1115 waiver are not included. Data is limited to expenditures that are considered as part of the current 1115 waiver budget neutrality and projected new expenditures where data and estimates are currently available. Demonstration projections are approximate assumptions for the purposes of the waiver renewal planning. Demonstration financing and budget neutrality assumptions will continue to evolve throughout the course of the waiver renewal process and as new budget data becomes available. The impact and timing of the ending of the PHE will impact enrollment projections. Current impact is shown in DY 28 and beyond.

Table 1. Historical Data for Current DSHP Demonstration Period

	DY24	DY25	DY26	DY27*	DY28*	Five Year Total
	CY 2019	CY 2020	CY 2021	CY 2022	CY 2023	
Total Enrollment	205,913	215,034	244,414	260,582	260,582	1,186,526
Total Expenditure (in billions)	$2.085	$2.09	$2.25	$2.32	$2.43	$11.18

*Based on projections from the current approved waiver and pending amendment request.
Differences may exist due to rounding.

Table 2. Projected Data for DSHP Demonstration Extension Period

	DY29	DY30	DY31	DY32	DY33	Five Year Total
	CY 2024	CY 2025	CY 2026	CY 2027	CY 2028	
Total Enrollment	266,379	274,434	282,734	291,285	300,096	1,414,928
Total Expenditure (in billions)	$2.62	$2.75	$2.89	$3.04	$3.19	$14.50

Note: Includes amounts from Table 3. Differences may exist due to rounding.

Table 3. Projected Expenditures and Enrollment for New Demonstration Proposals in Renewal Period

	DY29	DY30	DY31	DY32	DY33	Five Year Total
	CY 2024	CY 2025	CY 2026	CY 2027	CY 2028	
Retroactive Eligibility	NA	NA	NA	NA	NA	NA
Children's Dental Managed Care Expenditures	$59,190,092	$62,149,597	$65,257,077	$68,519,930	$71,945,927	$327,062,623
Members Impacted	114,012	117,433	120,956	124,584	128,322	605,307
Food Box Initiative Expenditures	$1,500,000	$1,575,000	$1,653,750	$1,736,438	$1,823,259	$8,288,447
Members Impacted	1,600	1,680	1,764	1,852	1,945	8,841
Contingency Management Expenditures	$192,900	$289,350	$289,350	$385,800	$385,800	$1,543,200
Members Impacted	100	150	150	200	200	800

Note: All amounts in this table are included in the total expenditures in Table 2. Differences may exist due to rounding.

VII. DSHP 1115 Waiver Interim Evaluation Results and Renewal Evaluation

A. Interim Evaluation Results

Per STC #93, an independent external evaluator is tasked with evaluating the demonstration, including data analysis and validation relative to the demonstration hypotheses, the development of quarterly monitoring reports, an interim evaluation report, and a final evaluation report. DMMA commissioned Burns & Associates, a Division of Health Management Associates (HMA-Burns), as the independent external evaluator for the overall evaluation of the DSHP 1115 Waiver and a separate interim evaluation of the SUD component of the DSHP 1115 Waiver. The following is a summary of the two Interim Evaluation reports. A copy of the full Interim Evaluation Reports can be found in Appendix B (reserved for final application to CMS) and on DMMA's website as part of the draft application:

https://dhss.delaware.gov/dhss/dmma/medicaid.html

1. SUD Interim Evaluation Results

HMA-Burns noted that DMMA saw progress towards our aim to expand SUD-specific services to our Medicaid population through the initial phase of the SUD demonstration period. This occurred through the expansion of coverage for short-term stays in residential and hospital inpatient treatment settings that qualify as institutions for mental disease (IMDs), new services added across the ASAM continuum, and a concentrated effort to increase access to existing SUD services. The Interim Evaluation concluded that DMMA did not meet all of the desired outcomes outright but still saw many positive impacts due to the DSHP 1115 Waiver. HMA-Burns also noted the PHE likely had a confounding effect in enabling DMMA to fully meet these aims during the demonstration period. When considering the CMS Milestones, DMMA saw success in each milestone with the exception of Milestone 6, Improved Access to Care for Physical Health Conditions Among Beneficiaries.

Among 29 measures reviewed, HMA-Burns found there were 15 where the desired outcome was met. Of these, eight measures had an outcome that was statistically significant in the desired direction. For the 14 measures where the desired outcome was not met, 11 measures had a statistically significant change in the wrong direction. DMMA was also successful in large part in the activities we set out to do in our SUD Implementation Plan. Among the eight activities identified, five were completed in full and the remainder are in progress.

HMA-Burns also identified eight opportunities for improvement for DMMA to consider as we continue to enhance service delivery and access. HMA-Burns' recommendations focus on reimbursement strategies to encourage greater provider participation, education to providers on ASAM criteria and authorization requests, and strategies to incentivize the MCOs to improve initiation and engagement in treatment for SUD beneficiaries.

2. Comprehensive Interim Evaluation Results

HMA-Burns noted that DMMA has seen progress towards our goals related to rebalancing LTC in favor of HCBS, maintaining continuity of enrollment, and maintaining access to care thus far in this demonstration period. The Interim Evaluation concluded that DMMA did not meet all of the desired outcomes outright but still saw many positive impacts due to the DSHP 1115 Waiver. HMA-Burns also noted the PHE likely had a confounding effect in enabling DMMA to fully meet these aims during the demonstration period.

Among the 63 measures, there were 39 measures where the desired outcome was met. Statistical tests were run for 28 of the 63 measures. Among these 28 measures, there are nine measures which have a statistically significant trend in the intended direction, nine measures which have a statistically significant trend in the wrong direction, and 10 measures where the trend was found not to be statistically significant.

HMA-Burns noted the following positive impacts due to the DSHP 1115 Waiver:

<u>Maintaining Continuity of Enrollment</u>
Noteworthy positive impacts were found in the following areas:

- Medicaid enrollment increased over time overall and for most major enrollment categories.
- The percentage of members continuously enrolled has increased for all enrollment
  categories examined. For the Medicaid Expansion group, the increase was substantial.
- Enrollment duration in the year also increased across-the-board.

<u>Maintaining Access to Care</u>
Noteworthy positive impacts between CY 2018 and CY 2021 were found in the following areas:

- Increase in the percentage of members ages three to six and among adolescents receiving well-care visits (for adolescents, a statistically significant improvement).
- The rate of postpartum care saw a statistically significant increase from 34.2 percent in
  CY 2018 to 44.2 percent in CY 2021.
- The rate of emergency department utilization decreased significantly from 65.2 visits
  per 1,000 in CY 2018 to 49.2 visits per 1,000 in CY 2021.
- Follow-up after an emergency department visit for people with multiple high-risk chronic conditions improved significantly.
- As a percentage of applications received, the rate of enrollment in the PROMISE program increased from 30 percent in CY 2018 to 43 percent in CY 2021.

- The PROMISE provider network also increased from 318 to 377 providers.

Maintaining or Improving Health Outcomes

Noteworthy positive impacts between CY 2018 and CY 2021 were found in the following areas:

- The rate of adherence to antidepressant medication management improved at both the 12 week and six month mark.
- The medication adherence rate, expressed as the proportion of days covered, saw a statistically significant increase among the DSHP Plus population.
- Member grievances and appeals remain very low when measured on a per 1,000 member month basis.
- Among the DSHP Plus population, improvement was seen among all six LTSS CAHPS survey composite measures during the demonstration period thus far. The rate of critical incidents per 1,000 also decreased during the demonstration period.

Rebalancing LTSS in favor of HCBS.

Noteworthy positive impacts between CY 2018 and CY 2021 were found in the following areas:

- The utilization rate of HCBS services among DSHP Plus members.
- The PMPM expenditures for HCBS among DSHP Plus members increased 39 percent while the PMPM expenditures for institutional care decreased 16 percent.
- The proportion of spending between HCBS and institutional care changed from a mix of 25 percent/75 percent in CY 2018 to 35 percent/65 percent in CY 2021.

Areas in which HMA-Burns will focus on assessing improvement in the remainder of this demonstration period include the following:

- Well-child visits in the first 15 months of life
- Breast cancer screenings
- Adults' access to preventive and ambulatory health services
- Access to primary care and dental visits among the former foster care population
- All-cause hospital readmission rates for the DSHP Plus population
- Emergency department visits for the PROMISE population
- Follow-up visits from the emergency department related to alcohol or other drug dependence and for mental health issues for the entire population
- Initiation and engagement rates for alcohol and other drug dependence among the PROMISE population

HMA-Burns also identified eight opportunities for improvement for DMMA to consider during the remainder of the demonstration period which focus on:

1. Developing performance improvement projects (PIPs) specific to improving follow-up after emergency department or hospitalization for mental illness or for alcohol and other drug dependence.

2. Enhancing managed care reporting that will allow for assessing the effectiveness of case management by tying enrollment by the member in case management with specific access or health outcomes.

3. Continuing the rate study of mental health services and considering value-based payment alternatives for providers serving the PROMISE population in particular.

4. Consider including the services specific to the PROMISE program under the responsibility of the MCOs. Or, at minimum, strengthen the oversight of the coordination of care requirements between the MCO's case manager for acute care services and the state's PROMISE care manager for PROMISE services.

B. Proposed Renewal Evaluation Design

Proposed Hypotheses and Evaluation

	Proposed Hypotheses	Methodology	Data Sources	New/Continuing?
1.	DSHP members who participate in the Food Box Initiative for postpartum members will have reduced food insecurity, reduced health disparities and improved health outcomes compared to eligible members who do not participate.	The percentage of participating members who attend postpartum visits and infant well-child visits will increase as compared to members who do not participate in the Food Box initiative. Participating members will report increased food security during the postpartum period impacted by the Food Box Initiative.	CMS Adult, Child and Maternity Core Sets Claims and encounter data New survey (e.g., The Six-Item Short Form of the Food Security Survey Model, USDA)	New

	Proposed Hypotheses	Methodology	Data Sources	New/Continuing?
2.	Expanding SUD/OUD treatment for eligible Medicaid members with a stimulant use disorder and/or opioid use disorder will help improve health outcomes, address health inequities and address the rise in fatal drug overdoses throughout Delaware.	The percentage of eligible Medicaid beneficiaries who participate in contingency management will increase during the five-year period.	Claims and encounter data	New
3.	Expanding SUD/OUD treatment for eligible Medicaid members with a stimulant use disorder and/or opioid use disorder will help improve health outcomes, address health inequities and address the rise in fatal drug overdoses throughout Delaware.	The rate of participation in contingency management programs should be relatively similar across racial and ethnic groups, factoring in any underlying differences in substance use across these populations (i.e., contingency management should be promoted to, and ideally utilized by, eligible Medicaid members regardless of race or ethnic background).	Claims and encounter data Medicaid enrollment data	New

	Proposed Hypotheses	Methodology	Data Sources	New/Continuing?
4.	Expanding SUD/OUD treatment for eligible Medicaid members with a stimulant use disorder and/or opioid use disorder will help improve health outcomes, address health inequities and address the rise in fatal drug overdoses throughout Delaware.	SUD treatment retention rates will increase among eligible individuals who participate in contingency management programs.	Claims and encounter data	New
5.	Expanding SUD/OUD treatment for eligible Medicaid members with a stimulant use disorder and/or opioid use disorder will help improve health outcomes, address health inequities and address the rise in fatal drug overdoses throughout Delaware.	The rate of negative drug tests will be higher among individuals with stimulant use disorder who participate in contingency management than among individuals who do not participate in contingency management.	Claims and encounter data, including relevant diagnosis codes: R82.998 for a positive urine test, and Z71.51 for a negative urine test)	New
7.	Expanding SUD/OUD treatment for	Increasing access to contingency management will	Claims and encounter data	New

	Proposed Hypotheses	Methodology	Data Sources	New/Continuing?
	eligible Medicaid members with a stimulant use disorder and/or opioid use disorder will help improve health outcomes, address health inequities and address the rise in fatal drug overdoses throughout Delaware.	reduce emergency department utilization and preventable hospital admissions.		
8.	Expanding SUD/OUD treatment for eligible Medicaid members with a stimulant use disorder and/or opioid use disorder will help improve health outcomes, address health inequities and address the rise in fatal drug overdoses throughout Delaware.	Increasing access to contingency management will reduce fatal and non-fatal drug overdoses.	Claims and encounter data DFS death data/toxicology reports	New
9.	Expanding SUD/OUD treatment for eligible Medicaid members with a stimulant use	Pregnant people who participate in contingency management will have newborns with lower rates of neonatal	Claims and encounter data	New

	Proposed Hypotheses	Methodology	Data Sources	New/Continuing?
	disorder and/or opioid use disorder will help improve health outcomes, address health inequities and address the rise in fatal drug overdoses throughout Delaware.	abstinence syndrome, when compared to their counterparts who did not participate in contingency management.		
10.	Dental managed care for children will result in a positive (or no negative) impact on child dental access, health outcomes and parent/caretaker satisfaction.	MCOs will maintain access to dentists at or above FFS levels. Parents/caretakers will report satisfaction with key access measures of dental managed care.	Modified CAHPS Dental Plan Survey Claims, provider enrollment data, reports submitted by MCOs	New
11.	Trends observed in access to health care through the DSHP 1115 Waiver for the Medicaid population continue (or does not worsen) in the current waiver period.	No change from current approved DSHP 1115 waiver evaluation design, described in Attachment H of the approved DSHP 1115 Waiver.		Continuing
12.	Trends in coordination of care and supports continues (or	No change from current approved DSHP 1115 waiver evaluation design, described in Attachment H of the approved DSHP 1115 Waiver.		Continuing

	Proposed Hypotheses	Methodology	Data Sources	New/Continuing?
	does not worsen) in the current waiver period			
13.	Coordination of care and supports maintains or improves quality of care and health outcomes in the current waiver period	No change from current approved DSHP 1115 waiver evaluation design, described in Attachment H of the approved DSHP 1115 Waiver.		Continuing
14.	Trends in consumer satisfaction will continue (or not worsen) in the current waiver period.	No change from current approved DSHP 1115 waiver evaluation design, described in Attachment H of the approved DSHP 1115 Waiver.		Continuing
15.	Creating a delivery system that provides incentives for resources to shift from institutions to community-based LTSS has maintained or increased utilization of HCBS services where appropriate in the current waiver period.	No change from current approved DSHP 1115 waiver evaluation design, described in Attachment H of the approved DSHP 1115 Waiver.		Continuing
16.	Trends in health outcomes will continue or improve in the current waiver period for	No change from current approved DSHP 1115 waiver evaluation design, described in Attachment H of the approved DSHP 1115 Waiver.		Continuing

	Proposed Hypotheses	Methodology	Data Sources	New/Continuing?
	individuals enrolled in the PROMISE program			
17.	The PROMISE program network capacity will continue (or not worsen) in the current waiver period.	No change from current approved DSHP 1115 waiver evaluation design, described in Attachment H of the approved DSHP 1115 Waiver.		Continuing
18.	The availability of the adult dental benefit will improve access to dental services and will continue (or not worsen) health outcomes in the current waiver period.	No change from current approved DSHP 1115 waiver evaluation design, described in Attachment H of the approved DSHP 1115 Waiver.		Continuing
19.	The demonstration will increase or maintain the percentage of beneficiaries who are referred and engage in treatment for OUD and other SUDs.	No change from current approved DSHP 1115 waiver evaluation design, described in Attachment H of the approved DSHP 1115 Waiver.		Continuing
20.	The demonstration will increase or maintain adherence to and retention in treatment for OUD	No change from current approved DSHP 1115 waiver evaluation design, described in Attachment H of the approved DSHP 1115 Waiver.		Continuing

	Proposed Hypotheses	Methodology	Data Sources	New/Continuing?
21.	Approved service authorizations improve appropriate utilization of health care services in the post-waiver period	No change from current approved DSHP 1115 waiver evaluation design, described in Attachment H of the approved DSHP 1115 Waiver.		Continuing
22.	The demonstration will decrease the rate of emergency department and inpatient visits within the beneficiary population for SUD.	No change from current approved DSHP 1115 waiver evaluation design, described in Attachment H of the approved DSHP 1115 Waiver.		Continuing
23.	The demonstration will increase or maintain the percentage of beneficiaries with SUD who experience care for comorbid conditions	No change from current approved DSHP 1115 waiver evaluation design, described in Attachment H of the approved DSHP 1115 Waiver.		Continuing
24.	Among beneficiaries receiving care for SUD, the demonstration will reduce or maintain readmissions to SUD treatment.	No change from current approved DSHP 1115 waiver evaluation design, described in Attachment H of the approved DSHP 1115 Waiver.		Continuing
25.	The demonstration will decrease	No change from current approved DSHP 1115 waiver evaluation design, described in		Continuing

	Proposed Hypotheses	Methodology	Data Sources	New/Continuing?
	the rate of overdose deaths due to opioids.	Attachment H of the approved DSHP 1115 Waiver.		
26.	The demonstration will increase or maintain the use of Delaware's PDMP.	No change from current approved DSHP 1115 waiver evaluation design, described in Attachment H of the approved DSHP 1115 Waiver.		Continuing
27.	The demonstration will decrease or maintain per beneficiary per month costs.	No change from current approved DSHP 1115 waiver evaluation design, described in Attachment H of the approved DSHP 1115 Waiver.		Continuing
28.	The demonstration will increase or maintain per beneficiary per month costs for SUD services versus non-SUD services.	No change from current approved DSHP 1115 waiver evaluation design, described in Attachment H of the approved DSHP 1115 Waiver.		Continuing
29.	The demonstration will decrease or maintain per beneficiary costs for SUD-related ED visits and inpatient stays	No change from current approved DSHP 1115 waiver evaluation design, described in Attachment H of the approved DSHP 1115 Waiver.		Continuing
30.	The addition of two evidence-based home visiting models will improve the health and wellbeing of the Medicaid participants.	No change from the amendment currently under CMS review. DMMA is in the process of defining the evaluation measures, which may include measures such as: Mother Child Depression Screening, post-partum visit, treatment for a behavioral health condition, and dental visit.		New (Pending CMS review of amendment)

	Proposed Hypotheses	Methodology	Data Sources	New/Continuing?
31.	The provision of home-delivered meals and nursing facility transition services, as part of an HCBS benefit package, will succeeds in supporting Delaware's goals of improving access to health care by expanding access to HCBS and rebalancing Delaware's long-term care system in favor of HCBS.	No change from the amendment currently under CMS review. DMMA intends to incorporate the addition of a second home delivered meal into the current Evaluation design that assesses whether the provision of meals, as part of a package of HCBS services, succeeds in supporting Delaware's waiver goals. DMMA will also add a measure related to the percentage of reinstitutionalizations lasting more than 30 days, using claims and encounter data, and work with CMS to align DSHP 1115 waiver measures with Money Follows the Person (MFP).		New (Pending CMS review of amendment)
32.	The provision of a respite benefit for caregivers reduces informal caregiver burnout and increases family/caregiver satisfaction with the program.	No change from the amendment currently under CMS review. These items will be measured through the administration of a family/caregiver survey that will be included as part of the current Evaluation design.		New (Pending CMS review of amendment)
33.	The provision of a self-directed option for children receiving Medicaid State Plan personal care (attendant care) will increase family satisfaction with	No change from the amendment currently under CMS review. Family satisfaction will be measured through the administration of a family/caregiver survey that will be included as part of the current Evaluation design. Additionally, DMMA will add a measure related to the percentage increase in DSP network participation, using MCO provider enrollment data, because of this option.		New (Pending CMS review of amendment)

	Proposed Hypotheses	Methodology	Data Sources	New/Continuing?
	this Medicaid benefit and expand the DSP workforce.			

VIII. Public Comment Submission Process

As required by 42 CFR 431.408, DMMA must provide opportunity for a 30-day public comment period on the proposed DSHP 1115 Waiver extension. The public is invited to review and comment on the proposed DSHP 1115 Waiver extension beginning November 14, 2022 through December 13, 2022. **Comments must be received by 4:30pm on December 13, 2022.**

This public notice, a copy of the draft waiver extension request, a copy of the current approved waiver, a copy of the pending amendment and copies if the DSHP 1115 Waiver Interim Evaluation reports are posted on the DMMA website at: http://dhss.delaware.gov/dhss/dmma/medicaid.html

Comments on the extension may be submitted the following ways:

By email: dhss_dmma_publiccomment@delaware.gov

By fax: 302-255-4481 to the attention of Melissa Dohring

By mail:

1115 Demonstration Waiver Extension Attn: Melissa Dohring
Division of Medicaid and Medical Assistance
Planning and Policy Unit
1901 North DuPont Highway P.O. Box 906
New Castle, Delaware 19720-0906

The hardcopy waiver extension application will be available by request via email at: DMMA_PublicHearing@delaware.gov (Please identify in the subject line: 1115 Demonstration Waiver Extension)

Public Comment Meetings:

DMMA will hold two public meetings with opportunity for public comment, as listed below:

1. **Meeting #1**

In-Person and Virtual Meeting
November 18, 2022
12:00pm – 1:30pm

DHSS Herman M. Holloway Sr. Campus
1901 N DuPont Hwy
New Castle DE 19720
DHSS Chapel (located on DHSS campus)

Via Zoom:
https://us06web.zoom.us/j/82520214976
Webinar ID: 825 2021 4976
Or Telephone: US: +1 646 931 3860

2. **Meeting #2**

Virtual meeting
November 30, 2022
DMMA Medical Care Advisory Committee (MCAC)
9:00am – 11:00am

Via Zoom:
https://zoom.us/j/99696774582?pwd=SDJCcGpVamx3Sy9jMkRiNXpJaStNdz09

Meeting ID: 996 9677 4582
Passcode: 080737
Or Telephone: US: +1 301 715 8592
Meeting ID: 996 9677 4582
Passcode 080737#

Any public feedback received will be summarized including any changes that will be made as a result of the public comments on the DSHP 1115 Waiver extension.

If you require special assistance and/or services to participate in the public meeting (e.g., sign language interpretation or other translation services, etc.), please call or email the following contact at least ten (10) days in advance (when possible) prior to the meeting for arrangements:

Melissa Dohring (302) 255-9674; melissa.dohring@delaware.gov

The prompt submission of requests helps to ensure the availability of qualified individuals and appropriate accommodations in advance.

The deadline to provide public comment is Monday, December 13, 2022 at 4:30pm ET.