DELAWARE HEALTH AND SOCIAL SERVICES

DELAWARE DIVISION OF MEDICAID AND MEDICAL ASSISTANCE

MEDICAID ADVISORY COMMITTEE
&
BENEFICIARY ADVISORY COUNCIL
ANNUAL REPORT

Reporting Period: July 1, 2025 – June 30, 2026

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Message from the Deputy Cabinet Secretary of Medicaid

June 30, 2026

Division of Medicaid and Medical Assistance
1901 North DuPont Highway
New Castle, Delaware 19720

Dear Members, Stakeholders, and Community Partners:

It is my pleasure to present the inaugural annual report of Delaware's Medicaid Advisory Committee (MAC) and Beneficiary Advisory Council (BAC). This report marks an important milestone in Delaware's efforts to strengthen beneficiary and stakeholder engagement within the Medicaid program.

The voices of Medicaid members, families, caregivers, providers, and community partners are essential to building a responsive and effective Medicaid program. The establishment of the MAC and BAC has created a formal and sustainable framework for incorporating those voices into program discussions, policy considerations, and ongoing quality improvement efforts.

Over the past year, Delaware successfully implemented the MAC and BAC in accordance with federal requirements while tailoring the process to meet the needs of our state. Key accomplishments included establishing governance structures and bylaws, recruiting and onboarding members, creating public-facing resources, and convening regular meetings that foster meaningful dialogue on Medicaid programs and services.

While we are proud of the accomplishments highlighted in this report, we recognize that this work is ongoing. DMMA remains committed to continuous improvement by expanding opportunities for engagement, strengthening representation, and ensuring that beneficiary feedback continues to inform the future of Delaware Medicaid. We look forward to building on this strong foundation in the years ahead.

I extend my sincere appreciation to every MAC and BAC member for their dedication, partnership, and service. Your contributions are helping shape a stronger Medicaid program for Delaware's residents.

Respectfully,

Andrew "Drew" Wilson
Deputy Cabinet Secretary of Medicaid
Delaware Department of Health and Social Services

EXECUTIVE SUMMARY

During the first year of implementation, the Delaware Division of Medicaid and Medical Assistance (DMMA) successfully established the Medicaid Advisory Committee (MAC) and Beneficiary Advisory Council (BAC) as ongoing forums for Medicaid beneficiaries, family members, caregivers, providers, advocates, state agencies, managed care organizations, and community partners to participate in discussions about Delaware's Medicaid program. The advisory bodies created a formal structure for stakeholders, particularly individuals with lived Medicaid experience, to raise concerns, recommend improvements, and provide feedback on Medicaid policies, services, communications, access, and quality.

DMMA conducted a statewide recruitment and outreach initiative using public announcements, direct stakeholder outreach, community and advocacy organizations, health care partners, and online and paper application options. The initial recruitment effort generated 89 MAC applications and 33 BAC applications. Fifteen members were initially appointed to the MAC, with membership later increasing to 16, in addition to ex officio representation. Six members were appointed to the BAC, including two individuals who also serve on the MAC.

Although the initial recruitment and appointment process was completed, DMMA continued targeted BAC recruitment to strengthen representation from populations whose perspectives were not yet sufficiently represented. Priority populations included families with children, people who used Medicaid during or after pregnancy, Medicaid Expansion adults, older adults, people with disabilities, individuals receiving long-term services and supports, individuals eligible for both Medicare and Medicaid, and individuals receiving mental health or substance use disorder services

2025 MAC & BAC Implementation Timeline

Selected accomplishments completed from April through October 2025

TIMING	ACCOMPLISHMENT
APRIL 7	**Applications approved** MAC and BAC applications were created and approved in electronic and paper formats, including a Spanish-language version.
JUNE 25-27	**Public materials and outreach launched** Website copy and the nomination letter were approved, followed by member and provider email outreach through the Delaware Medical Assistance Portal.
JULY 3-29	**Program infrastructure and BAC onboarding completed** DMMA scheduled the first MAC and BAC meetings, confirmed the webpages were operational, and completed the BAC onboarding outline, training materials, and draft bylaws.
AUGUST 5-26	**MAC onboarding and operational support prepared** The MAC onboarding outline and training content were completed, and ongoing needs for minutes, translation, staffing, and meeting support were assessed.
SEPTEMBER 2-18	**BAC meeting readiness and launch** Throughout the month of September, DMMA finalized and distributed the first BAC meeting materials, updated the MAC webpage with membership information, and convened the inaugural BAC meeting on September 18.
OCTOBER 15	**Inaugural MAC meeting held** The first Medicaid Advisory Committee meeting formally launched the MAC as Delaware's stakeholder advisory forum.

Recurring implementation activity: Beginning in July 2025, MAC and BAC applications were reviewed weekly until the first meetings and then monthly. Approved applicants were notified by email as decisions were completed.

Meet the Medicaid Advisory Committee

Delaware Division of Medicaid and Medical Assistance

Pamela M. Reuther

MAC CHAIR

Chief Operating Officer, Easterseals Delaware & Maryland's Eastern Shore

> Serving on the MAC allows me to represent the voices and experiences of people with disabilities and their families who rely on Medicaid, while helping shape a program that is equitable, responsive, and supportive.

Cheryl Heiks

MAC CO-CHAIR

Executive Director, Delaware Health Care Facilities Association

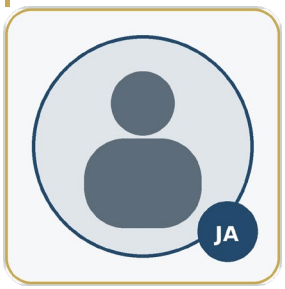
> Represents long-term care residents, staff, and facilities that rely on Medicaid resources to provide care throughout Delaware.

MEET THE MEDICAID ADVISORY COMMITTEE

Olga Zapata

BAC REPRESENTATIVE TO THE MAC

I hope to amplify families lived experiences, influence health policy decisions, and build partnerships that create care systems responsive to children with medical complexity and their families.



Jennifer Aaron

BAC REPRESENTATIVE TO THE MAC

Dwayne Parker

MAC MEMBER

Chief Operating Officer, Highmark Health Options

Serving on the MAC supports deeper collaboration in our efforts to serve Delaware's Medicaid community.

MEET THE MEDICAID ADVISORY COMMITTEE

Christina Bryan

MAC MEMBER

Vice President of External Affairs, Delaware Healthcare Association

> I hope to ensure Delaware hospitals and health systems continue to have a seat at the MAC as we work together to make the First State first in health.

Dr. Julia M. Pillsbury, DO, FAAP, FACOP

MAC MEMBER

Delaware Chapter, American Academy of Pediatrics (DE AAP)

> My goal is to ensure all children have access to quality care, with particular attention to children and young adults with special health care needs.

Lynn Robinson

MAC MEMBER

Director, Physician Relations & Professional Education, Medical Society of Delaware

> I hope to contribute meaningful insight that helps shape fair, effective Medicaid policies and supports high-quality patient care.

MEET THE MEDICAID ADVISORY COMMITTEE

Marissa L. Band, Esq.

MAC MEMBER

Project Director, Disability Rights Delaware, Community Legal Aid Society, Inc.

> I am honored to serve as a voice for Delawareans with disabilities and to help the MAC understand how Medicaid policy affects the disability community.

Maryanne Bourque, MS, BSN, RN, CRCR, ACM-RN

MAC MEMBER

Senior Director, Utilization/Case/Care Management, Nemours Children's Health System

> I hope to advocate for Delaware's pediatric population and deepen understanding of how Medicaid supports and benefits children and families.

Megan Werner, MD, MPH, FAAFP

MAC MEMBER

Associate Medical Director of Population Health and Quality, Westside Family Healthcare

> I look forward to collaborating with other committee members to advance ideas that support the health and well-being of all Delaware communities.

MEET THE MEDICAID ADVISORY COMMITTEE

Michael Bradley, DO

MAC MEMBER

President of MedNet, a subsidiary of the Medical Society of Delaware; founder of Dover Family Physicians in 1983; retired in 2015

> I hope to provide guidance that helps primary care physicians and clinicians continue delivering excellent care and receive adequate reimbursement for that care.

Dr. Scott Rosenthal

MAC MEMBER

Chiropractic Policy, Benefit Design & Utilization Management Specialist, Delaware Chiropractic Services Network (DCSN)

> I am committed to using my experience in policy, benefit design, and utilization management to advance high-quality, cost-effective Medicaid care and improve the health, experience, and quality of life of the people it serves.

MEET THE MEDICAID ADVISORY COMMITTEE

Jody A. Roberts

EX OFFICIO MEMBER

Director, Division of Developmental Disabilities Services

> Medicaid is essential to meet the needs of the people our division serves. I am grateful for the opportunity to help ensure Delawareans with intellectual and developmental disabilities can thrive.

Avani Virani, MD

EX OFFICIO MEMBER

Medical Director, AccentCare Hospice and Palliative Care Services and Avenue Medical Associates

> Every Delaware Medicaid beneficiary should have access to high-quality, comprehensive care that helps them live their best possible life.

Michelle Statham

EX OFFICIO MEMBER

Planner IV - Supportive Housing, Delaware State Housing Authority (DSHA)

> I hope to highlight the need for affordable, accessible housing and the importance of housing as a social determinant of health.

Building the Beneficiary Voice in Delaware Medicaid

The DMMA successfully implemented Delaware's MAC and BAC in accordance with federal requirements established under 42 CFR §431.12. During the reporting period, Delaware established a new framework for beneficiary engagement, stakeholder collaboration, and policy feedback designed to strengthen the administration of the Medicaid program and ensure beneficiary perspectives are incorporated into program planning and decision-making.

The reporting period represents a foundational year for both advisory bodies. Delaware focused on developing the infrastructure necessary to support meaningful engagement, including creating accessible application processes, conducting statewide recruitment efforts, establishing governance structures, onboarding members, and developing processes to elevate beneficiary concerns into policy discussions.

The Beneficiary Advisory Council was developed through a deliberate planning process beginning in early 2025. DMMA created dedicated webpages, developed English and Spanish application materials, established electronic, paper, and telephone application options, and consulted with the Community Legal Aid Society, Inc. (CLASI) to improve accessibility and beneficiary participation. Recruitment efforts included presentations to sister agencies, community organizations, advocacy groups, providers, and existing Medicaid advisory bodies.

During the reporting period, the BAC held seven meetings and evolved from a newly formed advisory body into an active participant in Medicaid policy discussions. Initial meetings focused on member onboarding, Medicaid education, leadership elections, governance development, and bylaw adoption. Subsequent meetings focused on beneficiary experiences and policy issues affecting Medicaid members and their families.

Several priority themes emerged from BAC discussions, including Self-Directed Attendant Care (SDAC) services, Long-Term Services and Supports (LTSS), communication and beneficiary education, emergency preparedness, caregiver supports, workforce shortages, and Medicaid program sustainability.

Planning, Recruitment and Accessibility

A timeline of planning, recruitment, implementation, and beneficiary engagement

Planning for the BAC began in early 2025. DMMA created dedicated webpages; developed English and Spanish application materials; offered electronic, paper, and telephone application options; and established selection criteria, onboarding materials, and governance documents. DMMA also consulted with Community Legal Aid Society, Inc. to identify opportunities to improve accessibility and beneficiary participation.

Recruitment included outreach to sister state agencies, community organizations, advocacy groups, health care providers, existing Medicaid advisory bodies, and Medicaid members. BAC membership was intentionally developed to represent a range of Medicaid experiences and perspectives. DMMA continues to identify opportunities to broaden representation across beneficiary populations and geographic regions.

Council Development and Meeting Structure

The BAC held seven meetings during the reporting period. Early meetings focused on orientation, Medicaid education, relationship building, bylaw development, leadership elections, and the establishment of operating procedures. As members became more familiar with their responsibilities, meetings increasingly focused on beneficiary experiences, service-delivery concerns, and emerging Medicaid policy issues.

During its initial development period, the BAC met monthly to support onboarding and governance activities. In 2026, the Council tested a quarterly schedule, with meetings generally planned two to three weeks before each quarterly MAC meeting so beneficiary concerns and recommendations could be considered in advance.

BAC members and DMMA determined that quarterly meetings did not provide sufficient opportunities for sustained engagement. Following the reporting period, the BAC transitioned to an every-other-month meeting schedule beginning in July 2026. Meetings will continue to be coordinated with the MAC schedule. The BAC may also convene additional meetings to address emerging or time-sensitive issues.

BAC Meeting Summary

Meeting Date	Primary Focus
9/18/25	Orientation, Medicaid education, bylaws
10/1/25	Governance development
12/3/25	Leadership elections and bylaws
1/7/26	LTSS and SDAC concerns identified
2/4/26	SDAC policy discussion
3/4/26	Recommendations developed
4/1/26	Prioritization and MAC preparation

January–March 2025: DMMA initiated planning activities, developed a dedicated webpage, established a BAC email, created accessible English and Spanish applications, developed a scoring rubric, and consulted with CLASI regarding accessibility and beneficiary engagement.

April–May 2025: DMMA launched a statewide recruitment campaign including presentations to DDDS, DDC, and CMCAC; outreach to providers and community-based organizations; beneficiary outreach through the DMAP portal; and distribution of recruitment flyers.

Summer 2025: Applications were reviewed and members were selected using a structured process designed to support representation across geography, age, disability status, beneficiary experience, and caregiver perspectives.

September 2025–January 2026: BAC members received onboarding, Medicaid education, governance training, and adopted bylaws. Leadership was elected and meeting procedures established.

Beneficiary Priorities

BAC discussions identified several recurring priorities affecting Medicaid members and their families:

- Self-Directed Attendant Care and other Long-Term Services and Supports
- Beneficiary communications and education
- Caregiver support and workforce shortages
- Emergency preparedness
- Consistency and transparency in service assessments between Managed Care Plans
- Medicaid access, quality, and program sustainability

Connecting BAC Feedback to Medicaid Policy

One of the BAC's most significant first-year accomplishments was its review of adult Self-Directed Attendant Care services. Members and caregivers raised questions about how attendant care needs are assessed, how service hours are authorized, and whether policies are applied consistently across Delaware's three managed care organizations.

The BAC developed and elevated a formal set of policy questions addressing:

- Changes to managed care contract requirements or guidance concerning attendant care hours and Activities of Daily Living
- Changes to SDAC coverage policies, service definitions, or eligibility criteria
- Utilization-management tools, benchmarks, and review processes
- Cost-containment activities that could affect authorized hours
- Differences among managed care organizations in the assessment or approval of services
- Planned or anticipated changes to the SDAC benefit
- The need for a detailed presentation explaining eligibility, assessment, authorization, service limitations, and benefit administration

The questions were elevated through the MAC and provided to Delaware's Managed Care Organizations (MCO's). DMMA and the MCO's subsequently participated in a presentation and discussion at the April 2026 MAC meeting. This process demonstrated how beneficiary and caregiver concerns can move from Council discussion to formal review by Medicaid leadership and managed care partners

Policy and Program Clarifications

DMMA and the managed care organizations reported that there had been no recent changes to the established SDAC coverage policies, service definitions, or eligibility criteria for adults. They clarified that attendant care services are intended to address assistance needed with Activities of Daily Living and are not authorized solely for safety or supervision. Each member's authorized services remain subject to an individualized assessment, medical-necessity criteria, care planning, and utilization review.

The managed care organizations also indicated that they were not aware of planned changes to the SDAC benefit that would directly affect stakeholders. They committed to communicating significant future changes and expressed willingness to continue meeting with beneficiaries, caregivers, providers, and community partners to improve understanding of the benefit.

Assessment Tools and Consistency

BAC members were particularly interested in the tools used to determine the number of attendant care hours appropriate for an individual's Activities of Daily Living (ADL's). Members asked whether all three managed care organizations used the same assessment tool and how consistency was maintained across health plans.

Through the review, the BAC learned that each managed care organization uses a nationally recognized, DMMA-approved assessment tool, but the three organizations do not all use the same tool. Although no documented differences in the interpretation of SDAC requirements were identified, the BAC felt use of different assessment approaches may contribute to different service determinations based on how an individual's needs are evaluated.

BAC members emphasized the importance of:

- Transparent assessment and authorization processes
- Consistent consideration of ADL's
- Clear explanations of how authorized hours are determined
- Comparable treatment of individuals with similar support needs
- Meaningful opportunities for beneficiaries and caregivers to understand and respond to service determinations

Related Legislative Review

The consistency and independence of Home and Community-Based Services (HCBS) assessments also became the subject of legislative review through Senate Joint Resolution (SJR)20. The resolution addresses the feasibility of using independent assessment tools and independent assessment entities to evaluate the support needs of individuals receiving HCBS.

Under the resolution, a report would be submitted to the Delaware General Assembly by March 1, 2027. The report is expected to examine the existing assessment process and the feasibility of a more independent and standardized approach.

This legislative development reflects broader interest in the same issues raised by BAC members: transparency, consistency, independence, and fairness in determining the level of support available to Medicaid members. BAC members believe their sustained focus on the use of different assessment tools across managed care organizations contributed to increased attention to the consistency, transparency, and independence of HCBS assessments. Members identified SJR 20 as a meaningful example of beneficiary concerns informing the broader policy and legislative discussion.

Medicaid Advisory Committee (MAC)

The MAC held meetings on October 15, 2025, January 28, 2026, and April 22, 2026. Key accomplishments included adoption of bylaws, election of leadership, beneficiary integration through BAC participation, and discussion of major Medicaid policy initiatives.

MAC Meeting Summary

Meeting Date	Primary Focus
10/15/25	Committee orientation; MAC role, structure, and guiding principles; meeting procedures and public meeting requirements; draft bylaws; and integration of the BAC into the MAC's work.
1/28/26	Adoption of bylaws; election of the MAC Chair; current Medicaid policy developments; H.R. 1 and community engagement requirements; and initial discussion of BAC concerns regarding adult Self-Directed Attendant Care.
4/22/26	Continued review of adult Self-Directed Attendant Care concerns; Managed Care Organization presentation and discussion; Medicaid policy and H.R. 1 updates; Vice Chair nominations; and annual report planning.

January–March 2025: DMMA initiated planning activities, reviewed federal MAC requirements, developed a dedicated webpage, established a shared MAC and BAC email, and created accessible English and Spanish applications with a scoring rubric, and an implementation timeline.

April–May 2025: DMMA finalized accessible electronic and paper applications, including a Spanish-language version, and prepared public-facing materials to support recruitment and implementation.

Summer 2025: DMMA launched statewide member and provider outreach, scheduled the inaugural MAC meeting, confirmed that the MAC webpage was operational, reviewed applications, selected members, and developed MAC onboarding and training materials.

September–October 2025: MAC membership information was published, and the inaugural meeting was held on October 15, 2025. Members received orientation on the MAC's purpose, advisory role, meeting procedures, public meeting requirements, committee operations, and relationship with the BAC. The Committee also reviewed draft bylaws and identified next steps for governance and future meetings.

January 2026: The MAC formally adopted its bylaws and elected Pam Reuther as Chair. Members also received updates on the Medicaid policy environment, H.R. 1 and community engagement requirements, and concerns raised by the BAC regarding adult Self-Directed Attendant Care services.

April 2026: The MAC continued its review of the BAC's Self-Directed Attendant Care concerns and received a presentation from Delaware's Managed Care Organizations. The meeting also included federal and state Medicaid policy updates, discussion of H.R. 1 implementation, a call for Vice Chair nominations, and planning for the inaugural MAC and BAC Annual Report.

Meeting Structure: The MAC meets quarterly in a public, hybrid format. Meetings include committee business, updates from Medicaid leadership, a standing BAC update, discussion of Medicaid policy and program issues, public comment, and identification of follow-up actions. The MAC serves in an advisory capacity, and its recommendations and policy discussions inform DMMA's ongoing administration of the Medicaid program.

STATEWIDE VOICES AND EXPERTISE

MAC Membership and Representation

Current committee composition and statewide representation

MEMBERS	REPRESENTATION
APPOINTED 18	**Appointed MAC members** The Committee includes 18 appointed members representing Medicaid members and caretakers, health care providers, community organizations, professional associations, managed care, legal advocacy, and other stakeholder perspectives.
BAC 2	**Direct connection to the BAC** Two of the 18 appointed members also serve on the Beneficiary Advisory Council, carrying beneficiary experience directly into MAC discussions.
COUNTIES 3	**Representation across all three counties** Members bring perspectives from New Castle, Kent, and Sussex counties.
EX OFFICIO 3	**Sister state agency participation** Three additional representatives from sister state agencies serve as ex officio members.
TOTAL 21	**Total participating membership** The 18 appointed members and three ex officio members result in 21 total participating members.
VOICES DIVERSE	**Diverse stakeholder and provider perspectives** Representation includes a Medicaid member and caretaker; hospitals and providers; pediatric, physician, nursing, dental, chiropractic, pharmacy, nutrition, and LTSS expertise; community-based organizations; CLASI; the Medical Society of Delaware; Delaware First Health; PASA; and Nemours.

Beneficiary connection: Two appointed members also serve on the BAC, strengthening the pathway for beneficiary priorities to reach the MAC.

Looking Ahead

Future priorities include:

- Continued statewide BAC recruitment to fill underrepresented populations and geographic areas
- Expansion of stakeholder representation
- Monitoring federal Medicaid changes
- Ongoing review of beneficiary priorities
- Strengthening communication and engagement
- Continued collaboration between BAC, MAC, providers, managed care organizations, and DMMA leadership

Reducing Barriers to Advisory Participation

Exploring Compensation for Beneficiary Participation

DMMA will continue exploring options to compensate Medicaid enrollees who participate in the BAC. Potential approaches may include meeting stipends, prepaid cards, reimbursement for travel time, or other forms of support that recognize the time and expertise contributed by members with lived Medicaid experience.

Before establishing a compensation structure, DMMA will evaluate potential federal tax and public-benefit implications, including whether payments could affect Medicaid eligibility or other assistance received by participants. DMMA will continue researching practices used by other states, reviewing available federal authorities, and seeking appropriate administrative and funding avenues that could support compensation while protecting members from unintended financial consequences. Any future approach should provide clear information to participants and allow flexibility so members can choose the option that best meets their individual circumstances.

Expanding Access and Engagement

DMMA will continue identifying and addressing barriers that may limit meaningful participation in the MAC and BAC. Areas of focus include transportation, technology and internet access, caregiving support, disability and language access, meeting schedules, plain-language materials, and sufficient time to review information in advance.

DMMA will also work to strengthen trust, protect member privacy, expand representation across Delaware, and clearly communicate how advisory feedback informs Medicaid policies, programs, and decisions.

The MAC will continue to serve as a forum for stakeholder collaboration and policy discussion, supporting Delaware Medicaid's mission to improve health outcomes, strengthen access to care, and ensure that beneficiary and stakeholder perspectives are reflected in program administration.