

## DELAWARE SECTION 1115 WAIVER (PENDING)

### Status as of January 2003

- Submitted May 16, 2002
- Pending

### Overview

- Delaware's proposed waiver would allow the state to move some current Medicaid beneficiaries into SCHIP, which would reduce their benefits, increase their cost sharing, and subject them to an enrollment cap. Groups the state is proposing to move to SCHIP include pregnant women with incomes between 133-200% of poverty, infants with incomes between 185-200% of poverty, parents with incomes between 65-100% of poverty, and other adults with incomes below poverty.<sup>1</sup> Infants would be enrolled in the state's existing SCHIP program, the Delaware Healthy Children Program (DHCP). Adults would be enrolled in a new SCHIP program, the Delaware Healthy Adult Program (DHAP).<sup>2</sup> Expenditures for these groups would be limited to available SCHIP and state funds; the state could cap enrollment for these groups, based on availability of funding.
- The waiver also would allow the state to use SCHIP funds to cover a second year of Transitional Medical Assistance (TMA) for parents. They would be enrolled in the new DHAP, subject to an enrollment cap. (Under a previous waiver, the state covered two years of TMA; however, the waiver expired on September 30, 2002, and, currently, the state only covers one year of TMA.)
- DHAP beneficiaries would receive a benefit package similar to the DHCP benefit package, although they would have more limited mental health and substance abuse benefits. DHAP beneficiaries would pay the same premiums and copayments as DHCP children.

### Individuals Covered By Waiver

	Eligible for Waiver Coverage (Subject to an enrollment cap)
<b>Eligible Prior to Waiver</b>	<ul style="list-style-type: none"> <li>• Pregnant women 133-200% FPL</li> <li>• Infants 185-200% FPL</li> <li>• Parents 65-100% FPL</li> <li>• Other adults 0-100% FPL</li> </ul>
<b>Newly Eligible Under Waiver</b>	<ul style="list-style-type: none"> <li>• TMA parents 65-185% FPL, for a second 12 months of coverage</li> </ul> <p>(This group was eligible for Medicaid under a previous waiver that recently expired)</p>
<p>Table Notes: Other adults include aged, blind, and disabled adults whose incomes exceed SSI levels (74% FPL).</p>	

<sup>1</sup> Parents and other adults with incomes at or below 100% FPL are covered under an existing section 1115 waiver.

<sup>2</sup> Existing beneficiaries within these eligibility groups would retain their current Medicaid coverage until their coverage period ends; they would be enrolled in the DHAP at the time they reapply for coverage. Individuals within these eligibility groups who newly apply for coverage would be enrolled in the DHAP at the time they apply and are determined eligible.

**Premiums/Enrollment Fees, Benefits, & Cost Sharing for  
State's Basic Medicaid Program and Waiver Coverage**

(This table shows coverage and cost sharing for a selected list of benefits; other benefits not shown on this list may also be covered.)

	State's Basic Medicaid Program		Waiver Coverage: Delaware Healthy Adults Program (DHAP) (Modified SCHIP benefit package) & Delaware Healthy Children Program (DHCP) (SCHIP benefit package)	
<b>Premiums/ Enrollment Fees</b>	None		101-133% FPL: \$10 per family per month 134-166% FPL: \$15 per family per month 167-200% FPL: \$25 per family per month Families that pay three months of premiums in advance receive a fourth month free.	
<b>Groups Exempt from Cost Sharing</b>	No cost-sharing		American Indians/Alaska Natives	
<b>Benefits &amp; Cost Sharing</b>	<b>Covered</b>	<b>Benefit Limits</b>	<b>Covered</b>	<b>Benefit Limits &amp; Copayments/Coinsurance</b>
Inpatient Hospital	✓		✓	
Outpatient Hospital	✓		✓	
Emergency Room	✓		✓	\$10 copayment for non- emergency care
Physician Services	✓		✓	
Lab and X-ray	✓		✓	
Ambulance	✓		✓	
Non-emergency Transportation	✓			
Home Health Care	✓		✓	
Long-term Care	✓			
Prescription Drugs	✓		✓	
Mental Health and Chemical Dependency	✓		L	DHAP coverage limited to 30 outpatient days per year; no inpatient coverage  DHCP coverage includes an additional 31 inpatient days or outpatient visits per year
Durable Medical Equipment	✓		✓	
Dental				
Vision	✓	Coverage for adults limited to diagnosis and monitoring of a sick eye and diagnostic testing; no coverage for routine exams or eyeglasses	✓	Coverage includes routine exams and eyeglasses
Hearing	✓		✓	
PT, OT, and SLP	✓		✓	
<b>Other Provisions</b>				
<p>TABLE NOTES: Information on the state's basic Medicaid program for adults from State Plan on file with CMS (<a href="http://www.cms.gov/medicaid/stateplans/map.asp">http://www.cms.gov/medicaid/stateplans/map.asp</a>). L = Limits on the amount, scope, or duration of benefit as compared to state's basic Medicaid benefit package. PT = Physical Therapy, OT = Occupational Therapy, SLP = Speech Language Pathology Therapy</p>				