

# DELAWARE

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## Department of Health and Human Services

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### **Home and Community-Based 1915(c) Waivers/1115 Research and Demonstration Waivers for Respite Support**

Medicaid is a program in every state that pays for medical assistance for certain individuals and families with low incomes and resources. It is the largest source of funding for medical and health-related services for America's poorest people. Because Medicaid is funded jointly by the federal and state governments, the services paid for vary from state to state. In addition to medical services, Medicaid will pay for home and community-based services (HCBS) through the state plan as well as through Medicaid waivers that offer services as a lower-cost alternative to treatment in a medical or long-term care facility, such as a nursing home. Respite is usually paid for through one or more of the following types of waivers: research and demonstration (1115), managed care (1915b) and HCBS (1915c) waiver programs.

All Delaware Home and Community-Based (HCBS) 1915(c) Waivers except the DDDS lifespan Waiver have been incorporated into the 1115 Demonstration: "Diamond State Health Plan-Plus (DSHP-Plus)." All of the waiver services offered by the Home and Community-Based 1915(c) waivers including respite care are to continue to be provided in the MLTSS delivery system.

### [Delaware Diamond State Health Plan –Plus \(DSHP-Plus\)](#)

The Division of Medicaid and Medical Assistance (DMMA) in partnership with the Division of Services for Aging and Adults with Physical Disabilities (DSAAPD) is developing an Integrated Long-Term Care initiative named the Diamond State Health Plan – Plus (DSHP-Plus). This initiative will provide improved access to community-based long-term care services and increased flexibility to more effectively address individual needs, and to better control rising long-term care costs significantly impacting Medicaid. Most individuals who receive benefits from both Medicaid and Medicare (dually eligible), workers with disabilities, and most individuals receiving care in institutional or home and community-based settings are eligible for DSHP-Plus. The DSHP-Plus program also expands Medicaid coverage of home and community-based services (HCBS) to individuals who are "at-risk" for institutionalization at a nursing facility. The PROMISE program additionally serves DSHP and DSHP-Plus enrollees, who are age 18 and over, have severe and persistent mental illness (SPMI) and/or a substance use disorder (SUD), and require HCBS to live and work in integrated settings. Demonstration enrollees that apply for PROMISE services are screened by the state Division of Substance Abuse and Mental Health (DSAMH) and must meet the standardized clinical and functional assessment developed for the state to enroll in PROMISE.

### [Division of Developmental Disabilities Services \(DDDS\) Lifespan Waiver](#)

Provides day habilitation, personal care, prevocational services, residential habilitation, respite, supported employment (individual and small group), assistive technology for individuals not otherwise covered by Medicaid, behavioral consultation, community transition, home or vehicle accessibility adaptations, nurse consultation, specialized medical equipment and supplies not otherwise covered by Medicaid. The waiver serves individuals of any age, diagnosed before the age of 22, with a diagnosis of intellectual or developmental disability (including brain injury), autism spectrum disorder or Prader Willi Syndrome and documented functional limitations.

**Delaware Diamond State Health Plan - Plus**

**State Operating Agency: Delaware Department of Health and Social Services, Division of Medicaid & Medical Services**

**Description**

The purpose of this waiver is to expand mandatory Medicaid managed care to the elderly and persons with physical disabilities not currently enrolled in DSHP; Integrate Medicaid primary, acute, behavioral health and LTC (institutional and HCBS) for Medicaid enrollees in need of institutional and home- and community-based LTC services; streamline and consolidate two section 1915(c) waivers under the 1115 demonstration authority; enhance the existing HCBS benefit package through additional benefits; incentivize managed care organizations (MCOs) to expand HCBS options for the elderly and physically disabled population; and revise the current level of care (LOC) review tool to require that anyone who is newly entering a nursing facility needs assistance with at least two activities of daily living (ADLs) rather than the current minimum requirement of assistance with one ADL. There will be no impact on eligibility as a result of this change.

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

**Waiver Type**

1115

**Target Population- Eligibility**

Most individuals who receive benefits from both Medicaid and Medicare (dually eligible), workers with disabilities, and most individuals receiving care in institutional or home and community-based settings are eligible for DSHP-Plus. The DSHP-Plus program also expands Medicaid coverage of home and community-based services (HCBS) to individuals who are “at-risk” for institutionalization at a nursing facility. The PROMISE program additionally serves DSHP and DSHP-Plus enrollees, who are age 18 and over, have severe and persistent mental illness (SPMI) and/or a substance use disorder (SUD), and require HCBS to live and work in integrated settings. Demonstration enrollees that apply for PROMISE services are screened by the state and must meet the standardized clinical and functional assessment developed to enroll in PROMISE.

Medicaid eligible individuals not eligible for DSHP-Plus include those receiving care in Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) or receiving HCBS who meet the ICF/IID level of care requirements, individuals in a hospital for 30 consecutive days, Qualified Medicare Beneficiaries, Specified Low Income Medicare Beneficiaries, Qualifying Individuals, and Qualified and Disabled Working Individuals. The Division of Developmental Disabilities Services provides long-term care services for these individuals.

**Level of Care**

Individuals who need level of care provided in a nursing facility (NF), intermediate care facility for individuals with intellectual or developmental disabilities (ICF/IDD); children in pediatric nursing facilities; or those who are dually eligible for Medicare and Medicaid.

**Respite Services**

Respite care includes services provided to participants unable to care for themselves furnished on a short-term basis because of the absence or need for relief of those persons who normally provide care for the participant. Respite is provided at home and in a Nursing or Assisted Living Facilities. It is limited to no more than fourteen (14) days per year. The managed care organization may authorize service request exceptions above these limits on a case-by-case basis when it determines that: no other service options are available to the member, including services provided through an informal support network; the absence of the service would present a significant health and welfare risk to the member; or respite service provided in a nursing home or assisted living facility is not utilized to replace or relocate an individual’s primary residence. Respite is provided as participant directed and provider managed.

**PROMISE Program Respite** may be provided in an emergency to prevent hospitalization. It provides planned or emergency short-term relief to a beneficiary’s unpaid caregiver or principle caregiver who is unavailable to provide support. Respite is provided to meet the beneficiary’s needs outlined in the beneficiary’s Recovery Plan. Beneficiaries are encouraged to receive Respite in the most integrated and cost-effective settings. Respite services may include the following activities: assistance with the beneficiary’s social interaction, use of natural supports and typical community services available to all

## DELAWARE

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people and participation in volunteer activities; activities to improve the beneficiary's capacity to perform or assist with activities of daily living and instrumental activities of daily living; onsite modeling of behavior, behavior support, intensive behavior episode intervention, training, cueing, and/or supervision.

Respite 15-minute Unit may be provided in the beneficiary's home or out of the beneficiary's home (not in a facility) in units of 15-minutes, for up to 12 hours a day. It is intended to provide short-term respite.

Respite Per diem Respite may be provided in a facility on a per diem basis. It is intended to provide short-term respite. Services must be delivered in a manner that supports the beneficiary's communication needs including, but not limited to, age appropriate communication, translation services for beneficiaries that are of limited-English proficiency or who have other communication needs requiring translation, assistance with the provider's understanding, and use of communication devices used by the beneficiary.

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Respite Provider Eligibility	Information on becoming a provider can be found on the Delaware Health and Social Services website: <a href="https://medicaid.dhss.delaware.gov/provider/Home/tabid/135/Default.aspx">https://medicaid.dhss.delaware.gov/provider/Home/tabid/135/Default.aspx</a>
Caregiver Eligibility	Caregiver eligibility is not available.
Enrollment Limit	Enrollment limit is not available.
How to Apply	To apply, contact your Medicaid case manager, or apply for Medicaid via the Delaware Assist website: <a href="https://assist.dhss.delaware.gov/">https://assist.dhss.delaware.gov/</a> <u>For</u> respite services, contact your care coordinator with our Managed Care Plan.
Contact Information	For questions regarding Diamond State Health Plan - Plus (DSHP - Plus), please email <a href="mailto:Dhss_dmmd_dshp_plus@delaware.gov">Dhss_dmmd_dshp_plus@delaware.gov</a> Or call the Division of Medicaid & Medical Assistance at (302)-255-4482
Link to Waiver Application	<a href="https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/de/de-dshp-ca.pdf">https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/de/de-dshp-ca.pdf</a> or <a href="https://dhss.delaware.gov/dhss/dmmd/files/dshpplus_waiver.pdf">https://dhss.delaware.gov/dhss/dmmd/files/dshpplus_waiver.pdf</a>
Expiration Date	01/01/2023
Date of Last Update	09/10/2019

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## DELAWARE

### Delaware DDDS LifeSpan Waiver (0009.R08.00)

State Operating Agency: Delaware Division of Developmental Disabilities Services (DDDS)

Description	<p>The goal of these services is to support individuals to live healthy, independent and productive lives in the community. The waiver provides flexible person-centered supports to assist the participant to remain in his/her family home for as long as possible.</p> <p>Services provided are day habilitation, personal care, prevocational services, residential habilitation, medical residential habilitation, respite, supported employment – individual, supported employment - small group, assistive technology for individuals not otherwise covered by Medicaid, behavioral consultation, community transition, home or vehicle accessibility adaptations, nurse consultation, specialized medical equipment and supplies not otherwise covered by Medicaid, and supported living.</p>
Waiver Type	1915(c) operates concurrently with the DE Diamond State Health Plan 1115 waiver.
Target Population-Eligibility	Individuals who are 12 years of age or older with intellectual disabilities (including brain injury) and autism spectrum disorder who can no longer live independently or with their family.
Level of Care	Individuals who require a level of care available in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).
Respite Services	<p>Respite is provided to participants unable to care for themselves and are furnished on a short-term basis because of the absence or need for relief of those who normally provide care for the participant. Respite may be delivered in the participant's residence (family home, own home or apartment) or in community settings, but may not supplant other Waiver or state plan covered services.</p> <p>Out-of-Home respite may be planned or used for individuals who are experiencing a short-term crisis. It can be provided in the following settings: Medicaid-certified public ICF-IID, Licensed Neighborhood Group Home, DDDS-credentialed Community Living Arrangement, shared living arrangement, overnight camp, or other emergency temporary living arrangement that meets DDDS standards. Prior approval by the Director of Community Services or Designee is required for an individual living in the family home to access respite services in a Group Home or Community Living Arrangement.</p> <p>Facility respite may be provided on the same day an individual receives day service. However, respite cannot be provided at the same time as other services for care and supervision are provided.</p> <p>Respite includes a self-directed option that will be managed by a broker under the Agency with Choice (AWC) model. The AWC Broker also will process payments for participants to receive respite at a respite camp.</p>
Respite Provider Eligibility	See this link for all provider information and to apply: <a href="https://dhss.delaware.gov/dhss/ddds/cps.html">https://dhss.delaware.gov/dhss/ddds/cps.html</a>
Caregiver Eligibility	Respite may be provided by a relative or legal guardian, but not a person with legally responsibility.
Enrollment Limit	3136: Year ending 06/30/2024
How to Apply	Call or go online for information and application: <a href="https://www.dhss.delaware.gov/dhss/ddds/intake.html">https://www.dhss.delaware.gov/dhss/ddds/intake.html</a>
Contact Information	Call the Delaware DDDS Office of Applicant Services at (302) 744-9700 or visit the website at <a href="https://www.dhss.delaware.gov/dhss/ddds/">https://www.dhss.delaware.gov/dhss/ddds/</a> to find your regional office contact information.
Link to Waiver Application	Link at Medicaid.gov (go down to “Approved Application(s) and Related Documents”): <a href="https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/?entry=8410">https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/?entry=8410</a>
Expiration Date	6/30/2024
Date of Last Update	09/10/2019