

**CENTERS FOR MEDICARE & MEDICAID SERVICES
WAIVER AUTHORITY**

NUMBER: 11-W-00036/4
TITLE: Delaware Diamond State Health Plan
AWARDEE: Delaware Department of Health & Social Services

All requirements of the Medicaid program expressed in law, regulation, and policy statement, not expressly waived in this list, shall apply to the Demonstration project beginning the date of the approval letter through December 31, 2013, unless otherwise specified. In addition, these waivers may only be implemented consistent with the approved Special Terms and Conditions (STCs). All previously approved waivers for this Demonstration are superseded by those set forth below for the State's expenditures relating to dates of service during this Demonstration extension.

Under the authority of section 1115(a)(1) of the Social Security Act (the Act), the following waivers of the State plan requirements contained in section 1902 of the Act are granted in order to enable Delaware to implement the Delaware Diamond State Health Plan (DSHP) Medicaid section 1115 Demonstration.

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.

2. **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, with the exception of the Family Planning Extension Program.

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 workers with disabilities who buy-in for Medicaid coverage as outlined in Table A of the STCs.