Delaware Health and Social Services

Division of Medicaid & Medical Assistance

DIAMOND STATE HEALTH PLAN

Section 1115 Quarterly Report
Demonstration/Quarter Reporting Period
Demonstration Years: 23 (1/1/2019 – 7/31/2019) and
24 (8/1/2019 – 12/31/2019)
Federal Fiscal Quarter: 3-2019 (7/1/19 – 9/30/19)

To: Thomas Long
Division of Medicaid Expansion Demonstrations
State Demonstrations Group
Center for Medicaid and CHIP Services
Centers for Medicare & Medicaid Services
Telephone: (410) 786 – 5019
Email: Thomas.Long@cms.hhs.gov

From: Glyne Williams
Social Service Chief Administrator
Policy, Planning & Quality
Division of Medicaid and Medical Assistance
Telephone: 302-255-9628
Email: Glyne.williams@delaware.gov

I. Introduction

Delaware's Diamond State Health Plan (DSHP) 1115 Demonstration Waiver was initially approved in 1995, and implemented beginning on January 1, 1996. The original goal of the demonstration 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. The DSHP 1115 Demonstration was designed to mandatorily enroll eligible Medicaid recipients into managed care organizations (MCOs) and create cost efficiencies in the Medicaid program that could be used to expand coverage. Delaware achieved its objective of implementation of mandatory managed care focused on primary care in 1996 and invested the resulting waiver savings in Delaware's Medicaid eligibility coverage expansion to uninsured adults up to 100% of the federal poverty level (FPL). Long before Medicaid expansion under the Affordable Care Act, Delaware was a pioneer in coverage expansion for individuals who would otherwise not be eligible for Medicaid. Delaware built upon this success with the eventual expansion of coverage for family planning services, leading up to participating in Medicaid expansion under the Affordable Care Act (ACA) in 2014.

Through an amendment approved by CMS in 2012, Delaware was authorized to create the Diamond State Health Plan Plus (DSHP-Plus), which is Delaware's managed long-term services and supports (MLTSS) program. Additional state plan populations to receive services through MCOs, including (1) individuals receiving care at nursing facilities (NF) other than intermediate care facilities for the mentally retarded (ICF/MR); (2) children in pediatric nursing facilities; (3) individuals who receive benefits from both Medicaid and Medicare (dual eligibles); and (4) workers with disabilities who buy-in for coverage. This amendment also added eligibility for the following new demonstration populations: (1) individuals who would previously have been enrolled through the 1915(c) home and community based services (HCBS) waiver program for the Elderly and Disabled. This include those receiving services under the Money Follows the Person demonstration; (2) individuals who would previously have been enrolled though the 1915(c) HCBS waiver for Individuals with Human Immunodeficiency Virus and Acquired Immunodeficiency Syndrome (HIV/AIDS) Related Diseases; (3) individuals residing in NF who no longer meet the current medical necessity criteria for NF services; and (4) adults and children with incomes below 250 percent of the Supplemental Security Income Federal Benefit Rate who are at risk for institutionalization. Additionally, this amendment expanded HCBS to include: (1) cost- effective and medically necessary home modifications; (2) chore services; and (3) home delivered meals.

In 2013, the demonstration was renewed and amended to provide authority to extend the low income adult demonstration population to individuals with incomes up to 100 percent of the FPL until December 31, 2013. After that date, the demonstration population was not necessary because it was included under the approved state plan as the new adult eligibility group authorized under the ACA. The new adult group, for individuals with incomes up to 133 percent of the FPL, receive medical assistance through enrollment in MCOs pursuant to this demonstration. In addition, Delaware's authority for the family planning expansion program under this demonstration expired December 31, 2013, when individuals became eligible for Medicaid expansion or Marketplace coverage options.

The demonstration was amended in 2014 to authorize coverage for enhanced behavioral health services and supports for targeted Medicaid beneficiaries through a voluntary program called Promoting Optimal Mental Health for Individuals through Supports and Empowerment (PROMISE) starting in 2015. PROMISE enrollees include Medicaid beneficiaries who have a severe and persistent mental illness (SPMI) and/or a substance use disorder (SUD) and require HCBS to live and work in integrated settings.

Technical changes were incorporated into the demonstration in October 2017 and an amendment was approved in December 2017 to add coverage for out-of-state former foster care youth.

In July 2019, the demonstration was extended for an additional five years and an amendment approved to provide the state with authority to provide 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 (IMD).

Delaware's goals in operating the demonstration are to improve the health status of low-income Delawareans by:

- Improving access to health care for the Medicaid population, including increasing options for those who need long-term care (LTC) by expanding access to HCBS;
- Rebalancing Delaware's LTC system in favor of HCBS;
- Promoting early intervention for individuals with, or at-risk, for having, LTC needs;
- Increasing coordination of care and supports;
- Expanding consumer choices;
- Improving the quality of health services, including LTC services, delivered to all Delawareans;
- Creating a payment structure that provides incentives for resources to shift from institutions to community-based LTSS services where appropriate;
- Improving coordination and integration of Medicare and Medicaid benefits for full-benefit dual eligibles;
- Improving overall health status and quality of life of individuals enrolled in PROMISE;
- Increasing and strengthening overall coverage of former foster care youth to improve health outcomes for this population; and
- Increase enrollee access and utilization of appropriate SUD treatment services; decrease use of medically inappropriate and avoidable high-cost emergency and hospital services; increase initiation of follow-up SUD treatment after emergency department discharge; and reduce SUD readmission rates.

The DSHP demonstration includes five distinct components: 1) The DSHP Medicaid managed care program provides Medicaid state plan benefits through a comprehensive managed care delivery system to most recipients eligible under the state plan; 2) The DSHP Plus program provides long-term care services and supports (LTSS) to certain individuals under the State Plan, and to certain demonstration populations; 3) The PROMISE program provides enhanced behavioral health services fee-for-service (FFS) to Medicaid beneficiaries with a higher level of behavioral health needs and

functional limitations who need HCBS to live and work in integrated settings; 4) Coverage for former foster care youth under age 26 who were in foster care under the responsibility of another state or tribe when they "aged out" of foster care at age 18 (or such higher age as elected by the state), were enrolled in Medicaid at that time, and are now residents in Delaware applying for Medicaid; and 5) Coverage for high-quality, clinically appropriate SUD treatment services for short-term residents in residential and inpatient treatment settings that qualify as IMDs.

Enrollment Information and Enrollment Counts

Demonstration Populations	Ever Enrolled	Disenrolled in Current Quarter
Population 1: Former AFDC Children less than 21 (DSHP TANF Children)	**88,464**	**5,919**
Population 2: Former AFDC Adults aged 21and over (DSHP TANF Adult)	**31,182**	**3,496**
Population 3: Disabled Children less than 21 (DSHP SSI Children)	**5,324**	**302**
Population 4: Aged and Disabled Adults 21 and older (DSHP SSI Adults)	**6,646**	**322**
Population 5: Infants less than one year of age with income levels above 185 percent FPL through 200 percent FPL; optional targeted low income children (DSHP MCHIP)	None charged to Medicaid/ Title XIX	N/A
Population 6: Uninsured Adults up to 100% FPL (DSHP Exp. Pop.)	**57,220**	**5,887**
Population 7: Family Planning Expansion (FP Expansion)	None; program terminated in 2013	N/A
Population 8: DSHP-Plus State Plan	**10,230**	**510**
Population 9: DSHP-Plus HCBS	**5,184**	**255**
Population 10: DSHP TEFRA-Like	**280**	**N/A**
Population 11: Newly Eligible Group	**9,559**	**2,357**
Population 12: PROMISE	**1,423**	**N/A**
Population 13: Former Foster Care Youth	**0**	**N/A**

Definition: "Ever enrolled" in MCO/PCCM is an unduplicated count of clients in the MCO for at least one day in the July 1, 2019 to September 30, 2019 period based on capitation claims and for the PCCM, MC enrollment and eligibility files. Clients who were in more than one eligibility category during the quarter are reported based on their last status (most recent month). Age calculated as of the first day of the most recent month of enrollment, consistent with reporting of member months.

II. Outreach/Innovative Activities

Highmark Health Options Outreach Events

Here are two examples of Highmark Health Options outreach events for this quarter.

Highmark Health Options participated in the 2019 Convoy of Hope Dover event on July 13, 2019 held at Legislative Green Park, 401 Legislative Avenue, Dover Delaware. This outreach event was a collaborative effort of the community to bring hope to the Dover area residents through free groceries, health screenings, job and career services, family portraits, haircuts, prayer, games and activities for children and more. HHO provided an exhibit table and distributed health and wellness information and first aid kits.

Highmark Health Options participated with Wilmington Health Planning Council / Wilmington Area Planning Committee for Wellness Day Health Fair. On Saturday, September 14, 2019. Event held at Brown / Burton/ Winchester Prices Park East 26th & North Pine Streets Wilmington, DE. Event provided health screenings, health & wellness materials for the entire family, and Kids Zone. Highmark Health Options had an exhibit table with education literatures and toothbrushes and water bottles.

AmeriHealth Caritas Outreach Events

Here are two examples of AmeriHealth Caritas DE outreach events for this quarter.

September 13, 2019 AmeriHealth Caritas DE participated in Gumboro Community Center Safety Night. This event was open to the public; it included Car Seat Fittings from Office of Highway Safety, Health Screenings from Beebe Health Center, Flu Shots from DHSS Public Health and Child Fingerprinting by Millsboro Police Department and Delaware State Police. AmeriHealth Caritas had health education literature.

AmeriHealth Caritas participated in the Northeast Health Center 4th Annual Community Event on August 22, 2019. The health fair provided community based resources, health literature, health screenings and employment resource information.

Special Interest Meeting/Conference

Interagency Pharmaceuticals Purchasing Study Group - On September 20th, Steve Groff participated in the second meeting of the Study Group. This Study Group was established in House Concurrent Resolution 35 by the state Legislature to research and evaluate opportunities to leverage the bulk purchasing of pharmaceuticals in Delaware to negotiate lower prices including inter-agency purchasing contracts and contracts with a multi-state consortium. A final report is due December 31, 2019.

Delaware House Concurrent Resolution 57 (HCR) Task Force Meeting - On September 24th Steve Groff, Medicaid Director participated in the first meeting of the Pharmacy Reimbursement Task Force. The

Task Force will focus on the role of Pharmacy Benefit Managers (PBMs) and legislative/regulatory actions that might be recommended to control the cost of prescription drugs, protect consumers, and support independent pharmacies.

Medicaid Medical Director's Learning Network - Dr. Liz Brown, DMMA Medical Director attended the Medicaid Medical Director's Learning Network meeting in Washington, DC on September 18, 2019. The conference focused on maternal morbidity and mortality, and included sessions on learning from maternal mortality reviews, innovative models to treat neonatal abstinence syndrome, and the role of Medicaid in postpartum health.

Delaware Family Voices - DE Medicaid continues to support Delaware Family Voices. Caring for children with special needs is often complex, and Delaware Family Voices and the Family to Family Health Information Center is in the unique position to help. This organization states that "We help families of children with special needs become informed, experienced, and self-sufficient advocates for their children and themselves." DMMA and our managed care organizations, Highmark Health Options and AmeriHealth Caritas DE participate in these monthly calls assisting families to navigate the complex healthcare field. There were two monthly calls this quarter: August 13 and September 10, 2019. DMMA stays in regular contact with Delaware Family Voices outside of scheduled calls to assist any Medicaid family in need.

Medicaid Provider Bulletins

In the third quarter issue:

- Provider Portal Enhancements
- How-to-Corner
- Promoting Interoperability News
- Manual & Forms Updates
- Reminders
- DCTP
- Vaccines for Children
- Program Integrity
- Pharmacy Corner
- MCO Corner
- Dental News
- EPSDT
- PERM
- Need Assistance

III. Operational/Policy Developments/Issues

1115 Waiver Demonstration Extension and Substance Use Disorder (SUD) Amendment - On July 31, 2019, DHSS received CMS' approval of a five-year extension of the DSHP 1115 waiver and approval of SUD amendment request to permit IMDs as allowable Medicaid settings. DMMA focused on implementation of the new 1115 STCs, including budget neutrality reporting, development of the SUD Implementation Plan and the implementation of retroactive eligibility, as required by STC #22.

Support Act Grant - DMMA was awarded a $3.58 million planning grant from CMS to assess and expand our capacity to treat substance use disorder (SUD) in Medicaid. These funds will support an examination of our reimbursement system for SUD treatment providers, additional data analytic capacity to track SUD in the Medicaid population, and training for outpatient providers to increase the number of providers treating SUD.

Social Determinants of Health - DMMA has been developing a strategy to understand the social determinants of health and address social needs for our beneficiaries. Building off of information gathered during discussions with our managed care partners, providers in the community, and other state agencies, we have begun to implement a multi-pronged approach. DMMA will more explicitly require the MCOs to collect information on social determinants of health on health risk assessments include up-to-date information about community resources to address social needs in their resource directories.

As part of a DHSS-wide effort, DMMA is exploring what information we as a department have on social needs in the community and for our individual members, and are considering ways to use existing data to connect families with resources that may be preventing them from achieving optimal health. Finally, DMMA is in the planning stages of a pilot program that will provide incentives to the MCOs to develop deeper relationships with community based organizations and collaborate on a project to address problems with unstable housing or food insecurity in their population.

Medicaid Adult Dental Benefit – On August, Governor Carney signed S.S.1 for S.B. 92 into law, expanding Medicaid dental benefit to adults. DMMA is planning to submit a state plan amendment and 1115 waiver amendment in order to implement this benefit in April 2019.

Pharmaceutical and Therapeutics (P & T) - DMMA hosted the P&T meeting on September 19, 2019. The purpose of the meeting was to review the Preferred Drug List (PDL) for fiscal year 2020. Delaware Medicaid has a universal PDL for both managed care and fee for service programs. During the meeting, over 100 drug classes were reviewed by committee members. The board reviewed drug classes with keen focus on access to mental health treatment and substance use disorder prevention as well as treatment initiatives.

Prescription Monitoring Program Advisory Meeting (PMP) – Christina Ogunremi, DMMA Pharmacist attended the PMP quarterly meeting. Her role was that of the patients' rights representative. In

response to the provider community's feedback, there will be an enhanced prescriber report card comparing specialties and taxonomies on controlled substances.

Program Integrity - The Surveillance and Utilization Review Unit (SUR) continues its mission to reduce and prevent fraud, waste, and abuse in the Delaware Medicaid Program. In an effort to increase knowledge and stay abreast of current trends, the SUR team has participated in various trainings and conferences focused on program integrity efforts in Medicaid Programs. The team will utilize the skills and information gathered during these training opportunities to improve its ability to effectively address fraud, waste and abuse.

Historically, the SUR unit has performed post payment reviews on the fee for service claims paid directly by the Delaware Medicaid Program. Recently the SUR unit has begun to shift its focus from post payment review of fee for service claims to preparing to review the encounter data submitted by the managed care organizations. This shift in focus has become necessary due to the growing changes in the service delivery model; however, it is not without its challenges. The program integrity unit along with contractor Mercer have embarked on an encounter validation project to support the unit's efforts to improve the quality and scope of its audits of MCO claims data.

Delaware Medicaid continues to facilitate productive working relationships with both managed care organizations providing services to Delaware Medicaid recipients. This is accomplished through meeting with each managed care organization individually on a monthly basis; as well as hosting joint quarterly sessions held in conjunction with our Medicaid Fraud Control Unit (MFCU). These collaborative efforts have proven beneficial in identifying vulnerable policy areas and provider misconduct within the Medicaid program. The consistent interaction with the MCOs and the law enforcement agency continues to have a positive impact on the process of establishing an effective procedure to audit and analyze MCO encounter data.

IV. Expenditure Containment Initiatives

See pharmacy initiatives under "Special Interest Meeting/Conference" section.

V. Financial/Budget Neutrality Development/Issues

DMMA has been working on the budget neutrality reconciliation issues associated with MBES Schedule C reporting. In particular, DMMA is reviewing MBES transactions for the period covering CY 2014 (DY 19) through CY 2019 (DY 23) to determine if there are any corrections that must be made. DMMA is developing the reconciliation work plan and timeline due to CMS by 12.31.19 and described in STC 71.

DMMA has identified adjustments that must be made through the MBES systems particularly related to drug rebate adjustments. DMMA will be scheduling meetings with CMS financial and waiver staff to discuss the adjustments that have been identified and developed a strategy to accurately and appropriately make those adjustments.

VI. Member Month Reporting

A. For use in budget neutrality calculations:

Eligibility Group	Month 1 July 2019	Month 2 Aug 2019	Month 3 Sept 2019	Total Quarter ending Sept 30, 2019
DSHP TANF CHILDREN	84,523	84,487	83,875	**252,885**
DSHP TANF ADULT	29,485	29,418	28,999	**87,902**
DSHP SSI CHILDREN	5,214	5,238	5,232	**15,684**
DSHP SSI ADULTS	6,219	6,226	6,218	**18,663**
DSHP MCHP (Title XIX match)*	0	0	0	**0**
DSHP Exp. Pop.	53,517	53,326	53,162	**160,005**
FP Expansion	0	0	0	**0**
DSHP-Plus State Plan	10,265	10,260	10,245	**30,770**
DSHP-Plus HCBS	4,968	5,029	5,089	**15,086**
DSHP TEFRA-Like	274	276	275	**825**
Newly Eligible Group	9,609	9,611	9,538	**28,758**

** This EG does not include children funded through title XXI. Please note within the report, if the state must use title XIX funds for other uninsured children meeting the definition specified in section 2110(b)(1) of the Social Security Act if the state exhausts title XXI funds*

Eligibility Group	Total Member Months for the Quarter	PMPM	Total Expenditures
DSHP TANF CHILDREN	252,885	$ 454.49	$114,932,558
DSHP TANF ADULT	87,902	$ 660.00	$58,015,008
DSHP SSI CHILDREN	15,864	$ 2,643.66	$41,463,117
DSHP SSI ADULTS	18,663	$ 1,818.16	$33,932,373

DSHP MCHP (Title XIX match)	0	0	0
DSHP Exp. Pop.	160,005	$ 775.96	$124,158,202
FP Expansion	0	0	0
DSHP-Plus State Plan	30,770	$2,033.55	$62,572,466
DSHP-Plus HCBS	15,086	$6,388.54	$96,377,524
DSHP TEFRA-Like	825	$2,645.17	$2,182,269
Newly Eligible Group	28,758	$544.67	$15,663,728

B. For Informational Purposes Only

Eligibility Group	Month 1 July 2019	Month 2 Aug 2019	Month 3 Sept 2019	Total Quarter ending Sept 30, 2019
DSHP MCHP (Title XXI match)	0	0	0	**0**

VII. Consumer Issues

DMMA provided updates on issues impacting Medicaid enrollees at the August 28, 2019 Medical Care Advisory Committee (MCAC). Updates included information on DMMA's planning for an adult dental benefit, the approval of the 1115 extension and SUD amendment, the establishment of Medicaid retroactive eligibility for children and certain adults, DMMA's Justice-Involved Populations Steering Committee, information on DMMA's Children with Medical Complexity initiative, and an update on DMMA's social determinants of health efforts. No public comments were received.

HBM (Enrollment Broker) Highlights for the Third Quarter 2019

Summary of Outreach Accomplishments

Following a successful procurement DMMA hired a new Health Benefits Manager, HBM. The new vendor is Automated Health Systems, AHS. AHS started enrolling our members on July 1, 2019, into one of our two managed care organizations. The new outreach coordinator has been visiting and getting to know DSS, DMMA staff and Medicaid members at our State Service Centers. The Outreach Coordinator visited all sixteen Delaware State Service Centers. She distributed and posted Open Enrollment Flyers in all locations, as well as distributing MCO comparison sheets so everyone would be prepared for Open Enrollment in October.

VIII. Quality Assurance and Monitoring Activity

The Delaware Quality Strategy (QS) incorporates quality assurance (QA) monitoring and ongoing quality improvement (QI) processes to coordinate, assess and continually improve the delivery of quality care. The Quality Improvement Initiative (QII) Task Force, whose membership includes a multi-disciplinary statewide group of external contractors and state agencies, participates in oversight and monitoring of quality plans and improvement activities of Medicaid and Title XXI DSHP-funded programs based upon the goals identified in the QS. The QII Task Force assists in monitoring the goals of the DSHP 1115 demonstration.

The QS goals serve as a basis for guiding QII Task Force activities for all Task Force membership. The QII Task Force guiding values and principles are to: seek to achieve excellence through on- going QII activities; employ a multi-disciplinary approach to identify, measure and access timeliness and quality of care of services to members; hold providers of care accountable; identify collaborative activities; achieve cultural sensitivity; link the community and other advocacy and professional groups; create a forum for communication and open exchange of ideas.

QII Activity

During the 3rd quarter of this monitoring period, the QII Task force reviewed Goal # 2 of the Quality Strategy:

Goal #2: To improve quality of care and services provided to DSHP, DSHP Plus and CHIP members.

Programs such as the Adult Preventive Screening Program and the outcomes measurement monitoring of the HEDIS data collection of the Comprehensive Diabetes Care (CDC) — Hemoglobin A1c Adequate Control < 8% were reviewed. Strategies and interventions were discussed with the group surrounding barriers to care. Barriers such as: Members' lack of knowledge and adherence to diabetes management and treatment plans, transportation challenges, appointment scheduling and appointment availability based on the member's schedule, providers' limitations or lack of tracking and reminder systems for follow-up visits or CDC screenings, were reviewed. In addition, it was felt that providers may not be aware of the HEDIS CDC specifications or diabetes clinical practice guidelines and recommendations. There was healthy discussion amongst the participants on how to improve the scores and interventions to assist with barriers identified.

Case Management Oversight

In the 3rd quarter 2019, DMMA oversight staff completed approximately 210 joint visits with the MCO's which included Nursing Facilities and Community based settings. The addition of new staff increased the number of joint visits during this quarter. DMMA meets with each MCO quarterly to discuss joint visit findings and collaborates on ways to improve.

DMMA case management oversite staff completed 3rd quarter onsite file reviews with Highmark Health Options and AmeriHealth Caritas. DMMA reviewed the findings with each MCO and discussed

opportunities for improvement for our Medicaid members.

Managed Care Meeting

The Bi-Monthly Managed Care meetings are a forum to discuss issues in a collaborative manner. The meeting is used to collaborate on common practices, identify issues, plan resolutions and establish connections to our sister agencies for coordination of care.

DMMA did not have a joint Managed Care meeting this quarter. We were on sight at both MCOs participating in the annual External Quality Review done by our EQRO. We meet monthly with each MCO to discuss issues.

IX. Managed Care Reporting Requirements

External Quality Review Reporting

DMMA posted the 2018 EQR Medicaid Managed Care Performance Organization Performance Report. This report can be found at:
https://dhss.delaware.gov/dhss/dmma/files/2018_eqro_compliance_report.PDF

QCMMR and QCMMR Plus Reporting

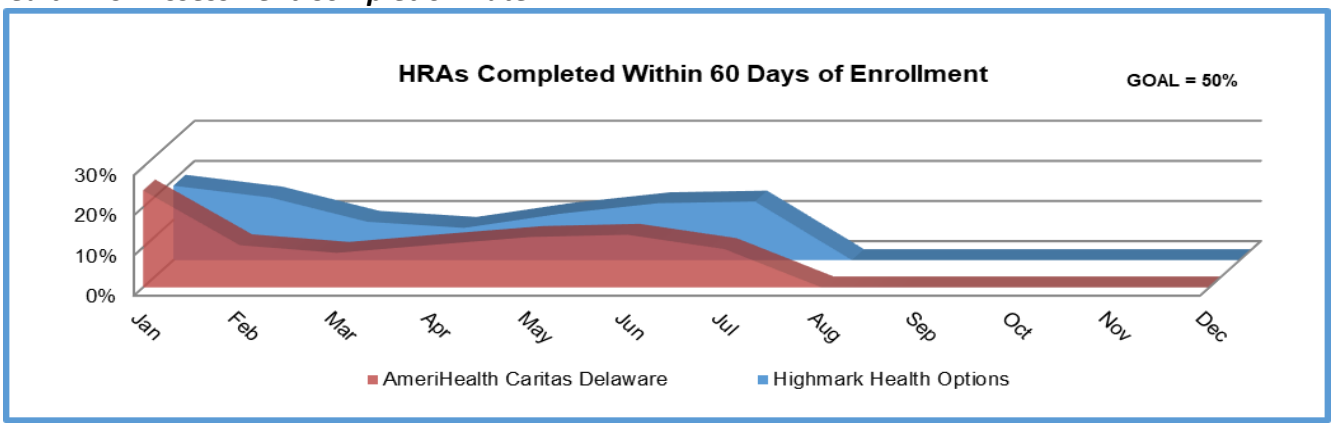
The Medical Management Managed Care Team has developed and refined our **Quality and Care Management Measurement Reporting Templates (QCMMR) and QCMMR Plus**. The QCMMR reports on the DSHP and CHIP Medicaid Populations while the QCMMR Plus reports on the DSHP Plus population. The Managed Care Operations Team worked in conjunction with Mercer, our EQRO contractor and the MCOs in developing the guidelines and reporting templates. The QCMMR and QCMMR Plus was developed as a method to specify the metrics to be reported monthly, compare metrics for the two commercial health plans, monitor the results at the State level, and roll up the results quarterly and annually for executive level reporting on the managed care program. The metrics or measures flow from contractual requirements or federal or state regulations contained in the Managed Care program contract.

DMMA Managed Care Operations unit developed the full circle approach to the QCMMR and QCMMR Plus reporting. The reports are reviewed by the Managed Care Operations team and an agenda is developed for our monthly meeting with each MCO to discuss the findings from the reports. Manage Care Operation's goal is to establish a partnership with the MCOs to improve quality of care for our Medicaid population.

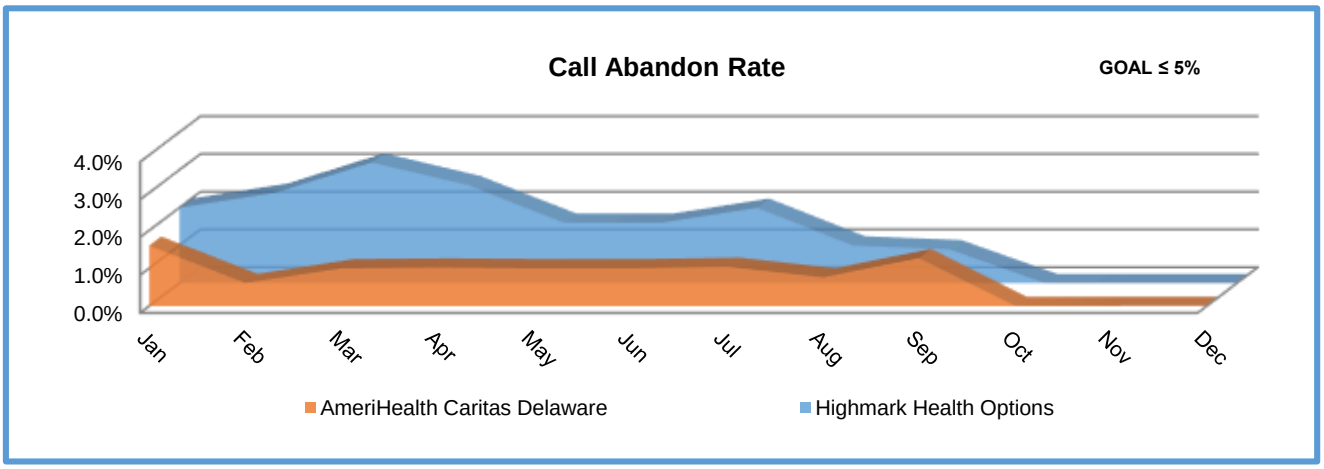
DMMA continues to evaluate the QCMMR reports for both DSHP and DSHP Plus populations. DMMA has been working in conjunction with the MCOs to redefine and modify the reporting template to assure both MCOs are pulling and reporting the same data. Data historically reported to CMS in quarterly reports is provided below. DMMA is in the process of developing a new format for additional QCMMR data to be reported to CMS as part of the quarterly and annual reports.

QCMMR Reporting Examples:

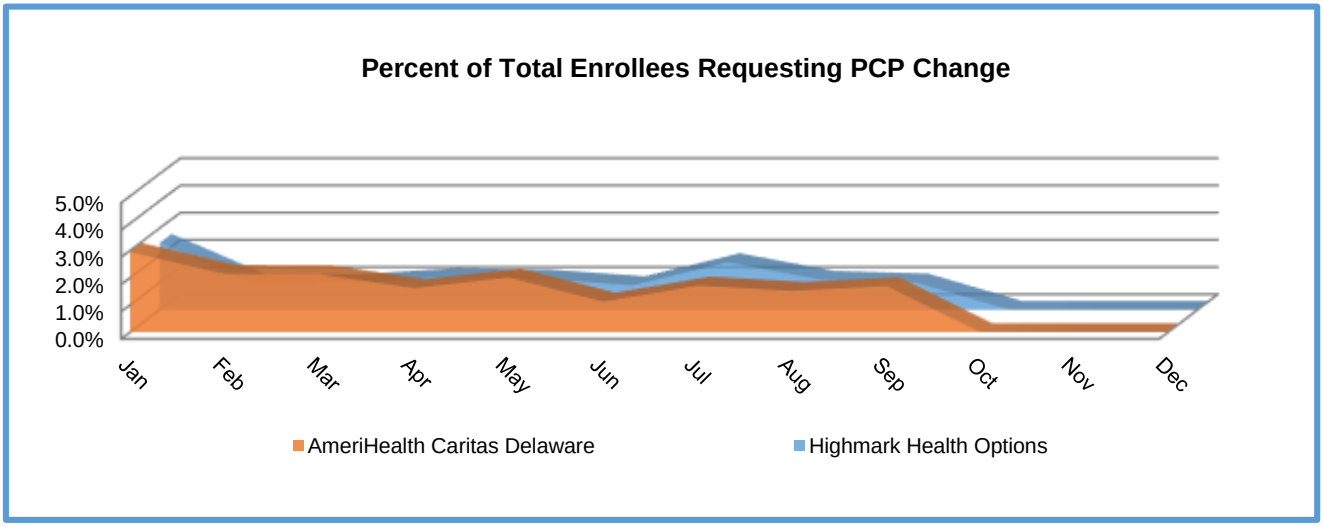
Health Risk Assessment Completion Rate



Customer Service: Call Abandon Rate



Percent of Enrollees Requesting a Change in Primary-Care Provider



X. Demonstration Evaluation

Consistent with STC #88, DMMA is in the process of identifying an Independent Evaluator and developing the draft evaluation design.

Enclosures/Attachments

None

State Contacts

Kathleen Dougherty
Social Service Chief Administrator
DSHP/DSHP-Plus Operations
Division of Medicaid and Medical Assistance
Delaware Health and Social Services
1901 N. DuPont Highway, Lewis Building
New Castle, DE 19720
Phone: 302-255-9937
Fax: 302-255-4481
Kathleen.dougherty@state.de.us

Glyne Williams
Social Service Chief Administrator
Policy, Planning & Quality
Division of Medicaid and Medical Assistance
Delaware Health and Social Services
1901 N. DuPont Highway, Lewis Building
New Castle, DE 19720
Phone: 302-255-9628
Fax: 302-255-4481
glyne.williams@state.de.us

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