



Delaware Health & Human Services System Market Profile: 2025



Health & Human Services System Market Profile Overview

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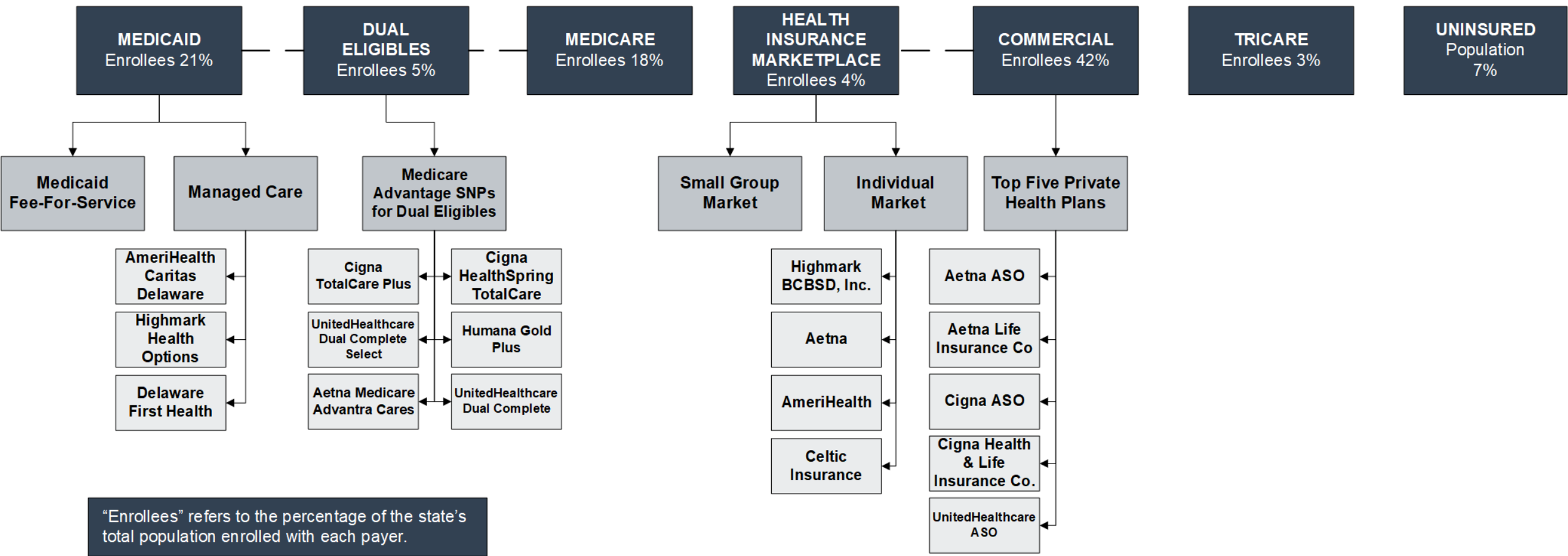
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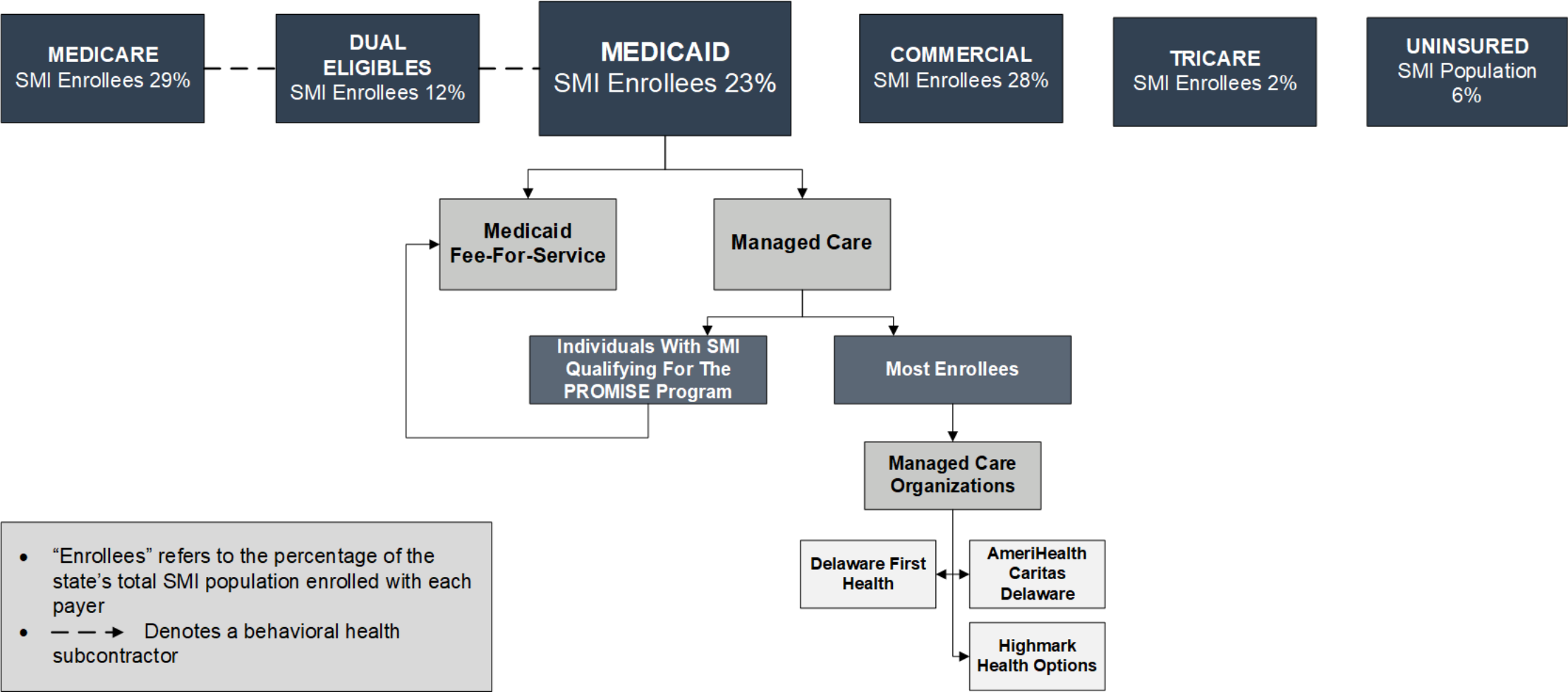
A. Executive Summary

A.1. Delaware Physical Health Care Coverage by Payer

Total Delaware Population- 1,031,890
Estimated SMI Population- 61,913



A.1. Delaware Behavioral Health Care Coverage by Payer



A.2. Medicaid Care Coordination Initiatives

Medicaid Care Coordination Entities For Chronic Care Populations (Including SMI)		
Care Coordination Entity	Active Program	Description
Managed Care Health Plan	✓	The health plans are responsible for care coordination.
Primary Care Case Management (PCCM)		None
Accountable Care Organization (ACO) Program	✓	The state currently operates four ACOs.
Affordable Care Act (ACA) Model Health Home	✓	Delaware operates health homes for individuals in need of SMI and I/DD related services.
Patient-Centered Medical Home (PCMH)		None
Dual Eligible Demonstration		None
Managed Long-Term Services and Supports (MLTSS)	✓	Yes, the health plans are responsible for most long-term services and supports (LTSS).
Certified Community Behavioral Health Clinics (CCBHC) Grant	✓	Delaware was awarded a CCBHC planning grant in 2023.
Other Care Coordination Initiatives	✓	DSAMH has formed an Opioid Response Team to provide strategic leadership and oversight to all opioid-related programs and activities throughout the Division.

A.3. Health Care Safety-Net Delivery System

State Agencies Responsible For Uninsured Citizens & Delivery System Model

Physical Health Services

- Delaware Health and Social Services, Division of Public Health provides safety-net services to uninsured individuals through Community Health Centers.

Mental Health Services

- The Division of Substance Abuse and Mental Health within Delaware Health and Social Services provides mental health treatment to the uninsured population through two state-operated community mental health centers and by contracting with private provider organizations.

Addiction Treatment Services

- The Division of Substance Abuse and Mental Health within Delaware Health and Social Services provides addiction treatment to the uninsured population through two state-operated community mental health centers and by contracting with private provider organizations.

B. Delaware Health Financing System Overview

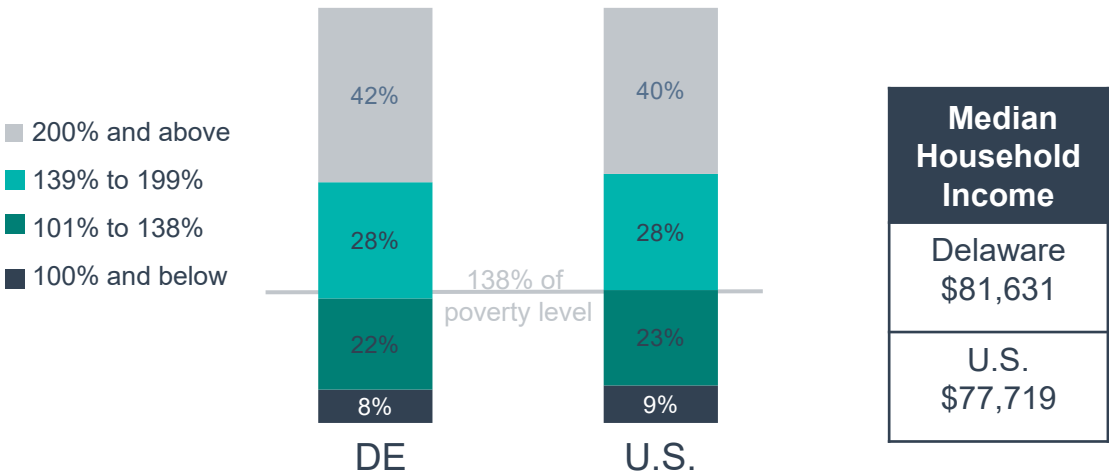
B.1. Population Demographics

Total Delaware Population- 1,031,890
Estimated SMI Population- 61,913



<1% of the
U.S. population

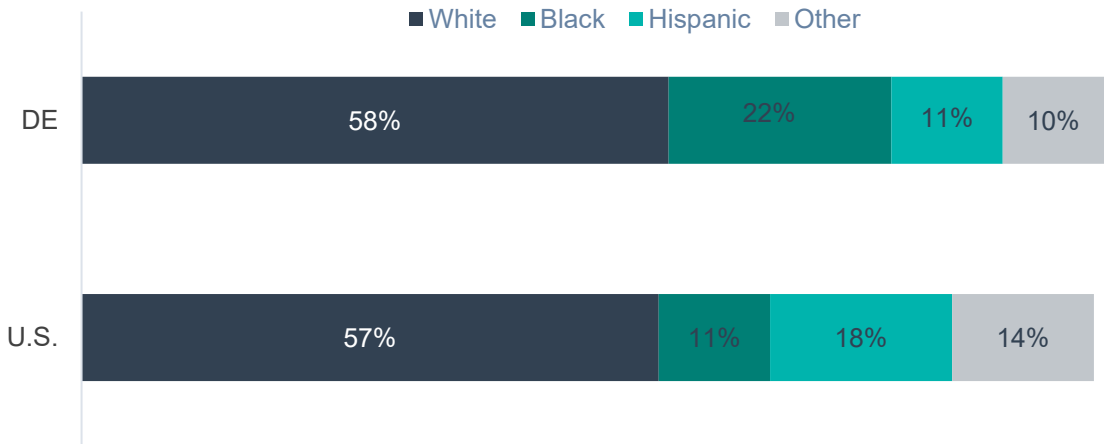
Population Distribution By Income To Poverty Threshold Ratio



Population Distribution By Age



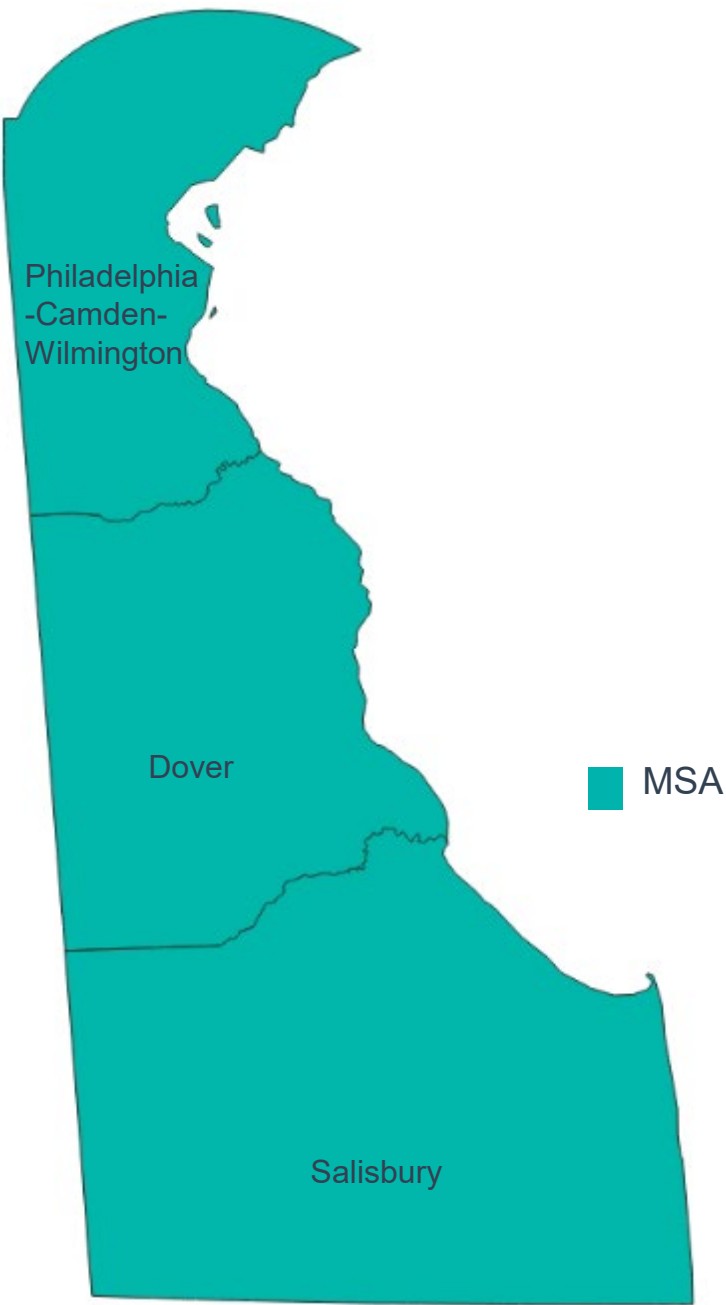
Delaware & U.S. Racial Composition



Totals may not equal 100% due to rounding

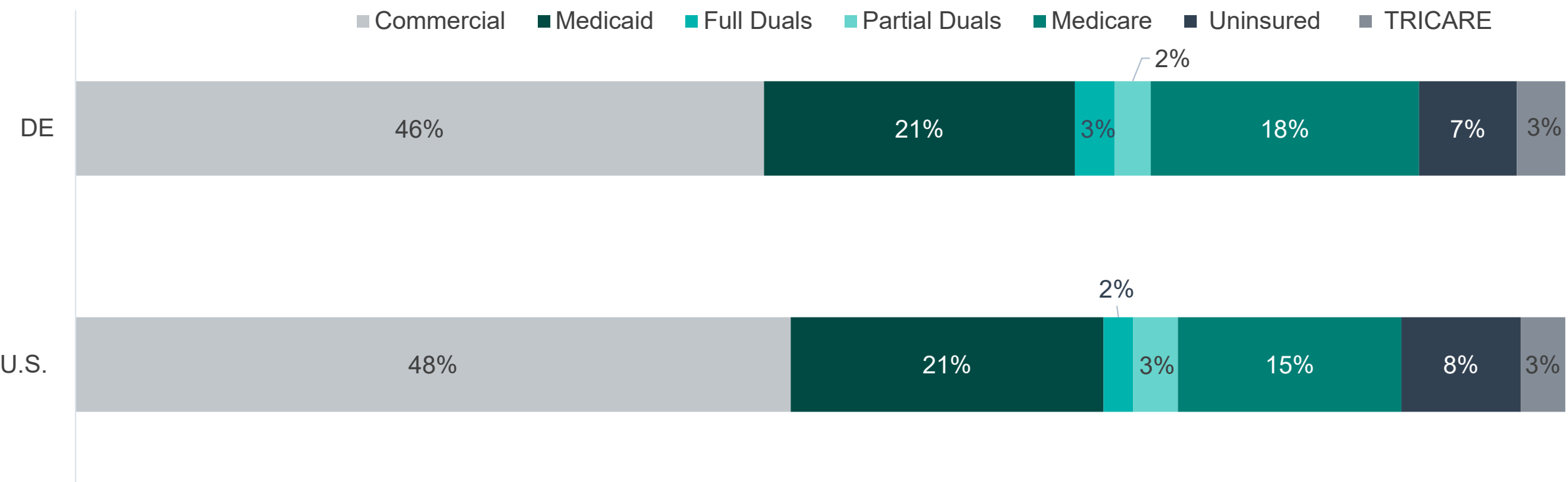
B.2. Population Centers

Metropolitan Statistical Areas (MSAs)		
MSA	MSA Residents	Percent of MSA
Total MSA Population	6,962,144*	N/A
Philadelphia-Camden-Wilmington, PA-NJ-DE-MD	6,330,422	N/A
Salisbury, MD-DE	439,032	43%
Dover, DE	192,690	19%

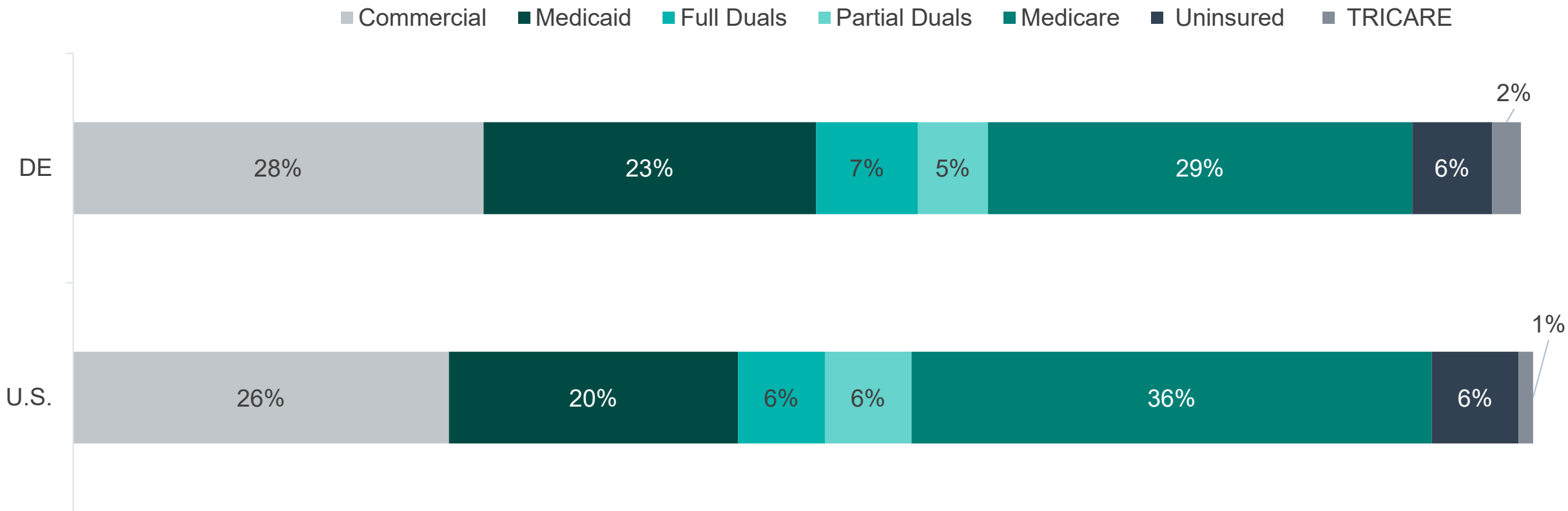


*MSA total exceeds state total due to MSA crossing state lines.

B.3. Population Distribution By Payer: National vs. State



B.3. SMI Population Distribution By Payer: National vs. State



Totals may not equal 100% due to rounding

B.4. Largest Delaware Health Plans By Enrollment

Plan Name	Plan Type	Enrollment*
Highmark Blue Cross Blue Shield of Delaware	Commercial administrative services organization (ASO)	305,088
Medicare Fee-for-service (FFS)	Medicare	165,378
Cigna ASO	Commercial ASO	140,765
Highmark Blue Cross Blue Shield Health Options	Medicaid managed care	135,121
Aetna ASO	Commercial ASO	69,008
AmeriHealth Caritas Delaware	Medicaid managed care	65,321
Medicaid FFS	Medicaid	39,838
TRICARE	Other public	35,032
UnitedHealthcare ASO	Commercial ASO	15,812
Highmark Blue Cross Blue Shield Health Options	Medicaid managed care	15,149

*Medicaid enrollment as of October 2023; TRICARE as of December 2023; Commercial as of September 2023; Medicare enrollment as of May 2024

B.4. Largest Delaware Health Plans By Estimated SMI Enrollment

Plan Name	Plan Type	Enrollment*	Estimated SMI Enrollment
Medicare FFS	Medicare	165,378	21,499
Highmark Blue Cross Blue Shield Delaware	Commercial ASO	305,088	14,949
Highmark Blue Cross Blue Shield Health Options	Medicaid managed care	135,121	11,891
Cigna ASO	Commercial ASO	140,765	6,897
AmeriHealth Caritas Delaware	Medicaid managed care	65,321	5,748
Medicaid FFS	Medicaid	39,838	3,506
Aetna ASO	Commercial ASO	69,008	3,381
Aetna Medicare	Medicare Advantage	12,776	1,661
TRICARE	Other public	35,032	1,576
Highmark Blue Cross Blue Shield Health Options CHIP	Medicaid managed care	15,149	1,333

*Medicaid enrollment as of October 2023; TRICARE as of December 2023; Commercial as of September 2023; Medicare enrollment as of May 2024

B.5. Health Insurance Marketplace

Health Insurance Marketplace	
Health Plan Marketplace Percentage	4%
Type of Marketplace	State & Federal run marketplace
Individual Enrollment Contact	https://www.healthcare.gov/
	1-800-318-2596
Small Business Enrollment Contact	No small group plans are available through the marketplace. Employers must purchase coverage directly from an insurance carrier or through an insurance broker.

2025 Individual Market Health Plans
1. Highmark BCBSD, Inc.
2. Aetna Health
3. AmeriHealth Caritas
4. Celtic Insurance Co.

2025 Small Group Market Health Plans
None

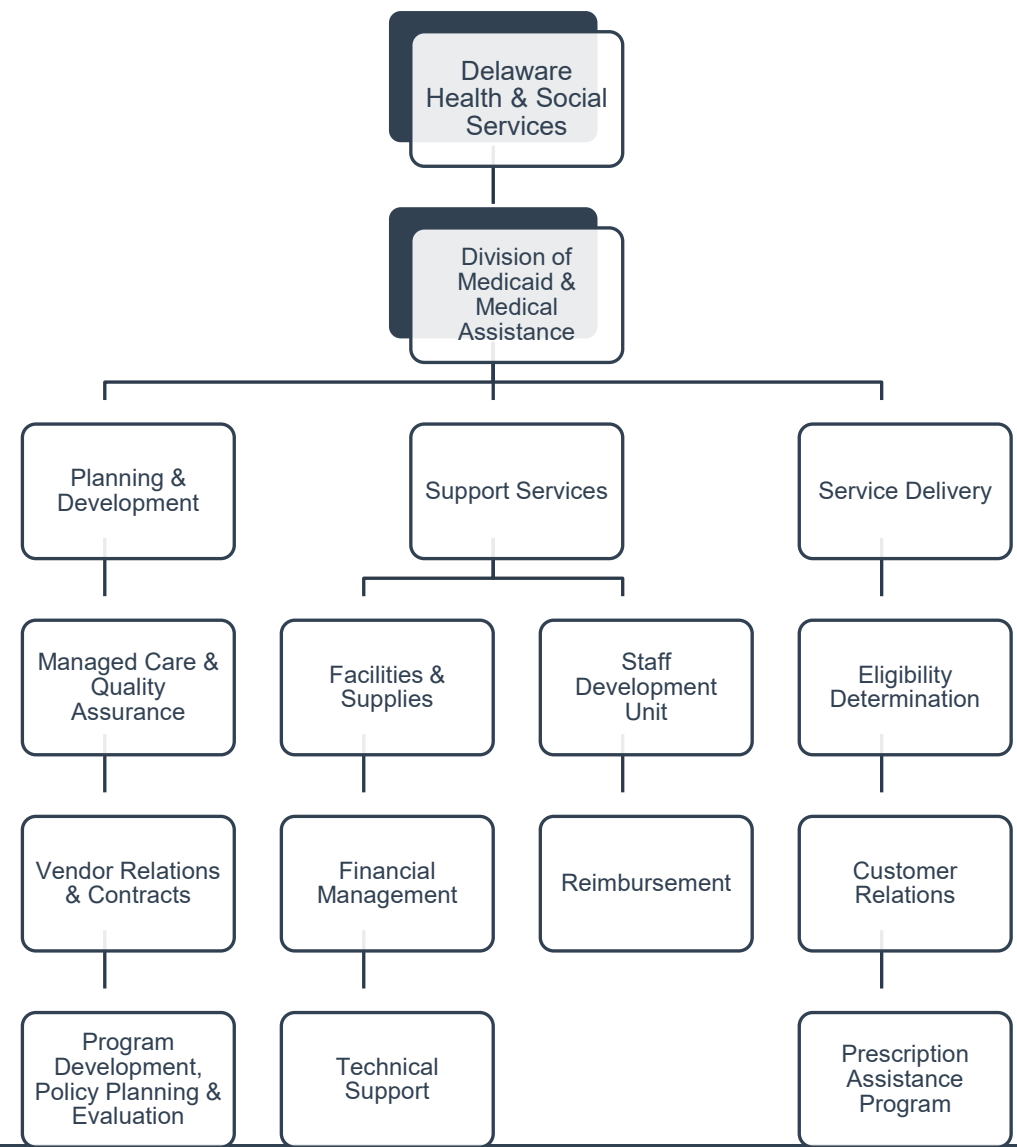
B.6. Accountable Care Organizations (ACOs)

Medicare Shared Savings ACOs	
1.	Aledade 200 Chesapeake MSSP Enhanced
2.	Crozer ACO
3.	Delaware Valley ACO
4.	eBrightHealth ACO
5.	On Belay Health Solutions
6.	Peninsula Regional Clinically Integrated Network, LLC
7.	Penn Medicine Healthcare Partners, LLC
8.	Privia Quality Network Delaware, LLC
9.	Responsive Care Solutions, LLC
10.	TEAM ACO
11.	Trinity Health Integrated Care
12.	UM ACO

Medicaid ACOs	
1.	Aledade Delaware ACO
2.	Delaware Care Collaboration
3.	Delaware Children's Health Network
4.	Delaware Medicaid Quality Partners ACO

C. Medicaid Administration, Governance & Operations

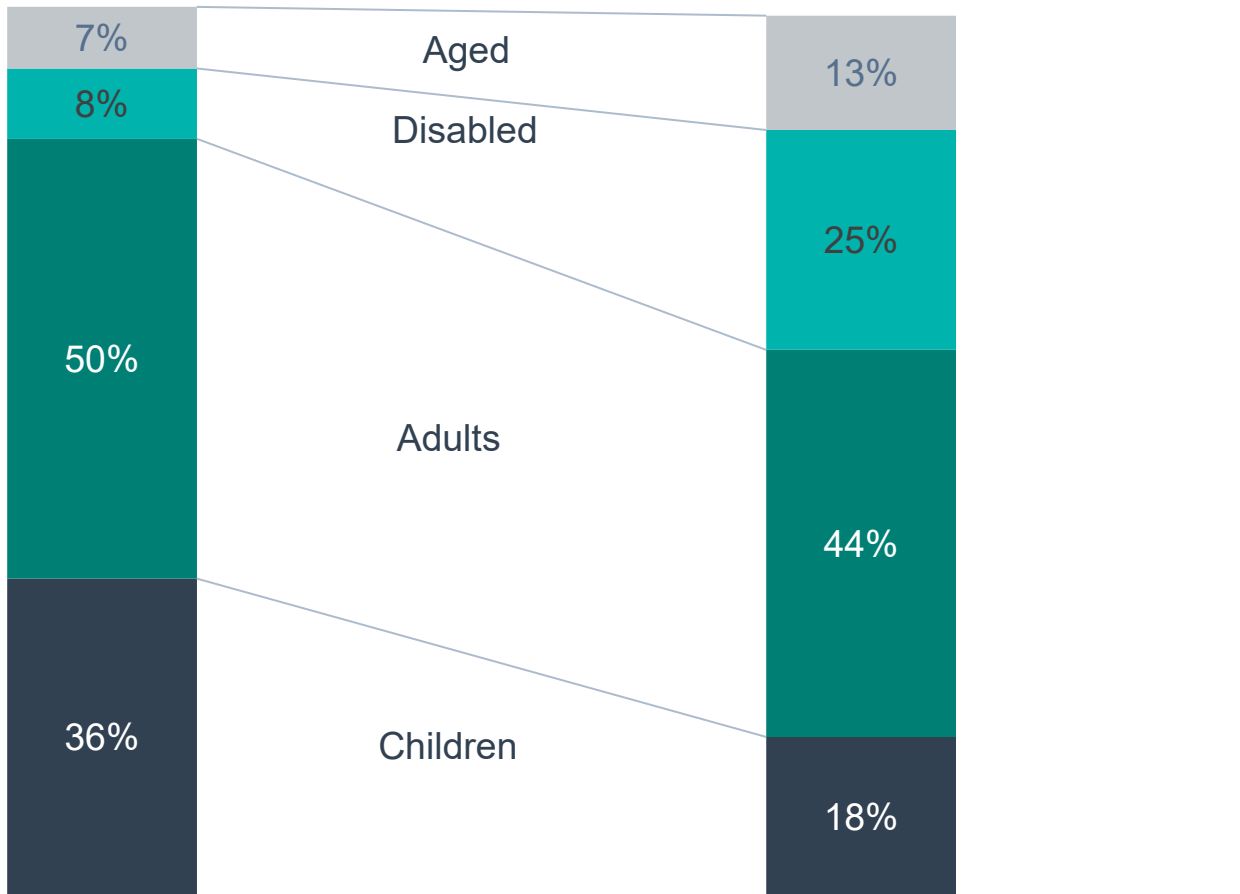
C.1. Medicaid Governance: Organization Chart



C.1. Medicaid Governance: Key Leadership

Name	Position	Department	Email
Christine Linke Young	Secretary	Department of Health and Social Services (DHSS)	Not available
Dava Newnam	Deputy Secretary	DHSS	dava.newnam@delaware.gov
Lisa Schieffert	Deputy Secretary	DHSS	lisa.schieffert2@delaware.gov
Andrew Wilson	Division Director	DHSS, Division of Medicaid and Medical Assistance (DMMA)	andrew.wilson@delaware.gov
Janneen Boyce	Deputy Director	DHSS, DMMA	janneen.boyce@delaware.gov
Lenora Miller	Chief of Policy Planning and Quality	DHSS, DMMA	lenora.miller@delaware.gov
Colleen Yezek	Chief of Managed Care Operations	DHSS, DMMA	colleen.yezek@delaware.gov
Staci Marvel	Chief of Training and Long-Term Care Eligibility and Services	DHSS, DMMA	SURreferrals@delaware.gov
Vacant	Chief of Financial Management	DHSS, DMMA	N/A

C.2. Medicaid Program Spending By Eligibility Group



Percent of Total Medicaid Population

Percent of Total Medicaid Spending

Based on FY 2022 data

Totals may not equal 100% due to rounding

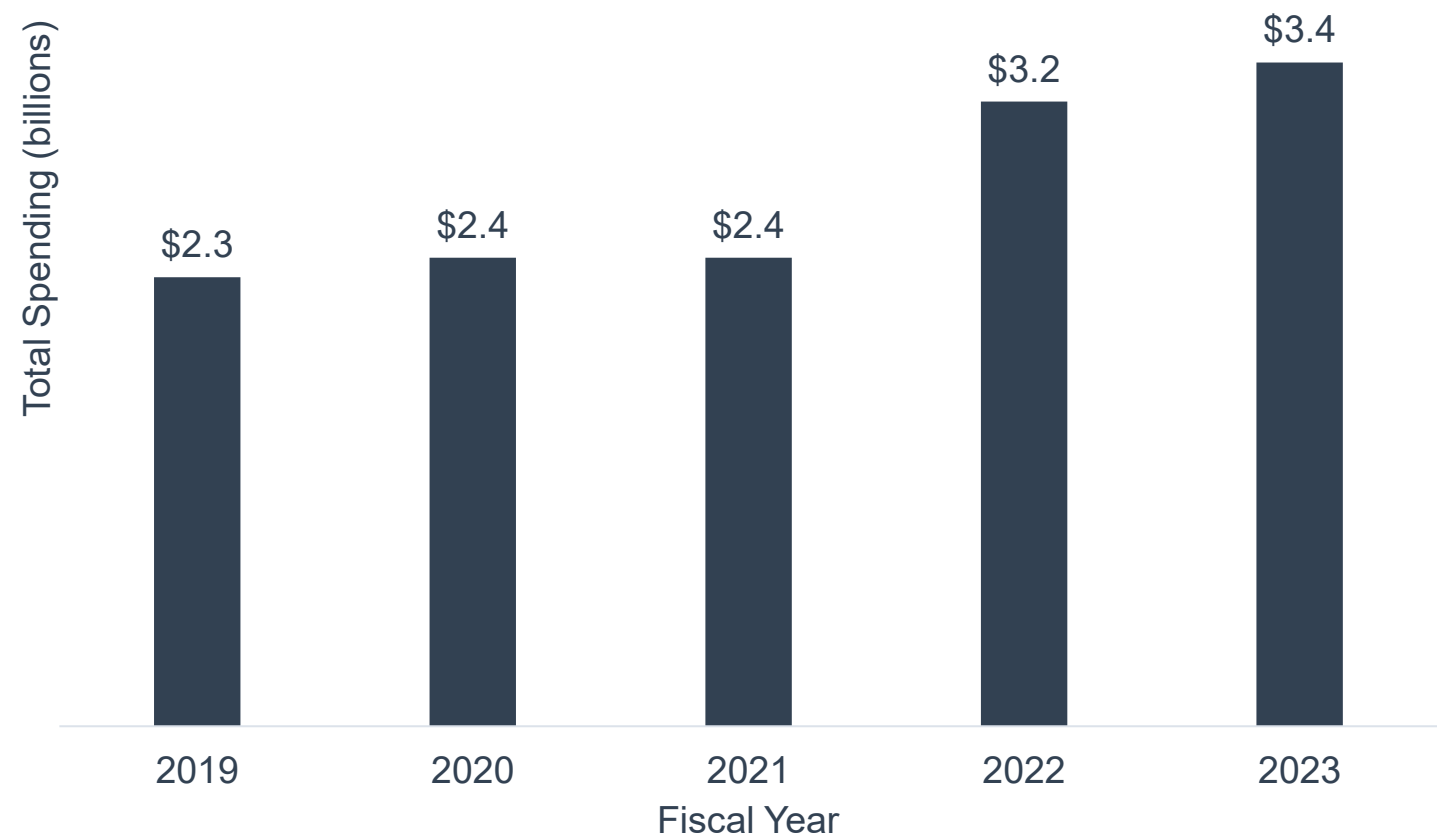
Medicaid Spending Per Enrollee, FY 2022		
	U.S.	DE
All populations	\$8,813	\$10,542
Children	\$3,786	\$5,271
Adults	\$5,443	\$9,025
Expansion adults	\$7,569	\$9,500
Blind and disabled	\$25,483	\$32,751
Aged	\$19,191	\$20,867

C.2. Medicaid Program Spending: Budget

Budget Item	SFY23 Est. Spending	Percent Of Budget
Managed care and premium assistance	\$2,688,000,000	80%
Home- and community-based LTSS	\$291,000,000	9%
Other acute services	\$124,000,000	4%
Hospital	\$77,000,000	2%
Medicare premiums and coinsurance	\$64,000,000	2%
Dental	\$63,000,000	2%
Institutional LTSS	\$56,000,000	2%
Physician	\$10,000,000	<1%
Clinic and health center	\$3,000,000	<1%
Other practitioner	\$1,000,000	<1%
Budget Total: \$3,377,000,000		

Federal & County Financial Participation	
FY 2025 Federal Medical Assistance Percentage (FMAP)	60.2%
CY 2025 Newly Eligible FMAP (expansion population)	88%
Counties contribute to state Medicaid share	No

C.2. Medicaid Program Spending: Change Over Time



C.3. Medicaid Expansion Status

Medicaid Expansion	
Participating In Expansion	Yes
Date Of Expansion	January 2014
Medicaid Eligibility Income Limit For Able-Bodied Adults	133% of the Federal Poverty Level (FPL) Note: The Patient Protection and Affordable Care Act (PPACA) requires that 5% of income be disregarded with determining eligibility.
Legislation Used To Expand Medicaid	House Bill 200, 147th General Assembly, which is the FY 2014 enacted budget.
Number Of Individuals Enrolled In The Expansion Group (June 2024)	70,019
Number Of Enrollees Newly Eligible Due To Expansion	10,051
Benefits Plan For Expansion Population	The alternative benefit plan contains all state plan benefits plus additional benefits, such as chiropractor benefits.

C.4. Medicaid Program Benefits

Federally Mandated Benefits

- 1. Inpatient hospital services other than services in an institution for mental disease (IMD)
- 2. Outpatient hospital services
- 3. Rural Health Clinic services
- 4. Federally Qualified Health Center (FQHC) services
- 5. Laboratory and x-ray services
- 6. Nursing facilities for individuals 21 and over
- 7. Early and Periodic Screening and Diagnosis and Treatment (EPSDT)
- 8. Family planning services and supplies
- 9. Free standing birth centers
- 10. Pregnancy-related and postpartum services
- 11. Nurse midwife services
- 12. Tobacco cessation programs for pregnant women
- 13. Physician services
- 14. Medical and surgical services of a dentist
- 15. Home health services
- 16. Nurse practitioner services
- 17. Non-emergency transportation to medical care

Delaware’s Optional Benefits

- 1. Podiatry services
- 2. Optometry services
- 3. Chiropractor services
- 4. Private duty nursing
- 5. Clinic services
- 6. Physical and occupational therapy
- 7. Services for individuals with speech, language, and hearing disorders
- 8. Prescribed drugs
- 9. Prosthetic devices
- 10. Diagnostic, preventive, and rehabilitative services
- 11. Services for individuals ages 65 or older in IMDs
- 12. Intermediate care facility services
- 13. Inpatient psychiatric facility services for individuals under age 22
- 14. Nursing facility services for consumers under age 21
- 15. Adult Dental Services

D. Medicaid Financing & Service Delivery System

D.1. Medicaid Financing & Service Delivery System

Medicaid System Characteristics		
Characteristics	Medicaid Fee-For-Service (FFS)	Medicaid Managed Care
Enrollment (June 2025)	39,838	210,296
SMI Enrollment	• Delaware does not specifically preclude individuals with SMI from enrolling in managed care; therefore, most of the SMI population is enrolled in managed care. • <i>OPEN MINDS</i> estimates 16% of the SMI population in FFS, 84% in managed care.	
Management	Division of Medicaid & Medical Assistance	• Physical health: Three health plans • Behavioral health for non-PROMISE members: Three health plans • Behavioral health for PROMISE eligible members: DMMA
Payment Model	FFS	• Physical health: Capitated rate • Behavioral health for non-PROMISE members: Capitated rate • Behavioral health for PROMISE eligible members: FFS
Geographic Service Area	Statewide	Statewide

Total Medicaid: 250,134 | Total Medicaid With SMI: 22,011

D.1. Medicaid System Overview

Medicaid Financial Delivery System Enrollment	
Total Medicaid population distribution	As of June 2025: 16% in fee-for-service (FFS), 84% in managed care
SMI population inclusion in managed care	• Delaware does not specifically preclude individuals with SMI from enrolling in managed care; therefore, most of the SMI population is enrolled in managed care. • Estimated 16% of population in FFS, 84% in managed care
Dual eligible population inclusion in managed care	• Managed care is mandatory for full benefit dual eligibles • Estimated 100% in managed care

Medicaid Financing & Risk Arrangements: Behavioral Health		
Service Type	FFS Population	Managed Care Population
Traditional behavioral health	Covered FFS by the state	• Managed care adults: All traditional and specialty mental health services are included in the health plan’s capitation rate, unless an individual qualifies for PROMISE services. PROMISE services are provided FFS by the state. • Managed care children: 30 outpatient visits are included in the health plan’s capitation rate. If the limit is exceeded, behavioral health services are provided FFS by the state, along with all behavioral health inpatient services.
Specialty behavioral health	Covered FFS by the state	
Pharmaceuticals	Covered FFS by the state	Included in the health plan’s capitation rate
Long-term services and supports (LTSS)	Covered FFS by the state	Included in the health plan’s capitation rate

D.1. Medicaid Care Coordination Initiatives

Medicaid Care Coordination Entities For Chronic Care Populations (Including SMI)		
Care Coordination Entity	Active Program	Description
Managed Care Health Plan	✓	The health plans are responsible for care coordination.
Primary Care Case Management (PCCM)		None
Accountable Care Organization (ACO) Program	✓	The state currently operates four ACOs.
Affordable Care Act (ACA) Model Health Home	✓	Delaware operates health homes for individuals in need of SMI and I/DD related services.
Patient-Centered Medical Home (PCMH)		None
Dual Eligible Demonstration		None
Managed Long-Term Services and Supports (MLTSS)	✓	Yes, the health plans are responsible for most long-term services and supports (LTSS).
Certified Community Behavioral Health Clinics (CCBHC) Grant	✓	Delaware was awarded a CCBHC planning grant in 2023.
Other Care Coordination Initiatives	✓	DSAMH has formed an Opioid Response Team to provide strategic leadership and oversight to all opioid-related programs and activities throughout the Division.

D.1. Medicaid Service Delivery System Enrollment By Eligibility Group

Population	Mandatory FFS Enrollment	Option To Enroll In FFS Or Managed Care	Mandatory Managed Care Enrollment
Parents and caretakers			✓
Children			✓
Blind and disabled individuals			✓
Aged individuals			✓
Dual eligibles	✓ (partial benefit)		✓ (full benefit)
Medicaid expansion			✓
Individuals residing in nursing homes			✓
Individuals residing in ICF/IDD			✓
Individuals in foster care			✓
Other populations	• Aliens eligible for emergency medical services only • Individuals enrolled in the Breast and Cervical Cancer program for uninsured women • Inmates of a public institution • Individuals in the PROMISE program	Individuals enrolled in the state’s I/DD HCBS waiver	

D.2. Medicaid FFS Program: Overview

- As of June 2025, FFS enrollment was 39,838.

D.2. Medicaid FFS Program: Behavioral Health Benefits

- All behavioral health benefits are covered FFS by the state.
- The state also provides additional benefits through the PROMISE program.

FFS Mental Health Benefits	
1.	Inpatient treatment
2.	Outpatient services
3.	Crisis intervention
4.	Residential rehabilitation services
5.	PROMISE services

FFS Addiction Treatment Benefits	
1.	Acute detoxification
2.	Crisis Intervention
3.	Outpatient services
4.	Residential services
5.	Medication assisted treatment (MAT)
6.	PROMISE Services

D.2. Medicaid FFS Behavioral Health Benefits: PROMISE Program

- Promoting Optimal Mental Health for Individuals Through Supports and Empowerment (PROMISE) was developed in response to an Olmstead Act. The program is part of the state’s section 1115 demonstration waiver, Diamond State Health Plan.
- To qualify for enrollment in the PROMISE program, individuals:
 - Must be over the age of 18;
 - Have a qualifying behavioral health diagnosis (i.e., schizophrenia, bipolar disorder, major depressive disorder); and
 - Meet needs-based criteria as established by the Delaware-Specific American Society for Addiction Medicine assessment tool that evaluates for both mental health and substance use disorder conditions.
- Anyone who meets the above criteria, regardless of insurance type, is eligible to voluntarily enroll in PROMISE.
 - For individuals with Medicaid, PROMISE services are reimbursed FFS by the state.

PROMISE Program Benefits	
1.	Care management
2.	Individual employment supports
3.	Short-term small group supported employment
4.	Financial coaching
5.	Benefits counseling
6.	Peer support
7.	Non-medical transportation
8.	Community-based residential supports (excluding assisted living)
9.	Nursing
10.	Community psychiatric support and treatment
11.	Psychosocial rehabilitation
12.	Respite
13.	Independent activities of daily living/chores
14.	Personal care
15.	Community transition services

D.2. Medicaid FFS Program: SMI Population

- Delaware does not specifically preclude individuals with SMI from enrolling in managed care based on a diagnosis of SMI; however, individuals with SMI may be enrolled in FFS based on other criteria.
- As of June 2025, *OPEN MINDS* estimates that 16% of the SMI population was enrolled in FFS.
- Individuals with SMI are eligible for PROMISE services.
- Individuals with SMI and I/DD may receive assertive community integration and support services through Delaware's health home program.

D.2. Medicaid FFS Program: Pharmacy Benefit

Delaware FFS Program Pharmacy Benefit & Utilization Restrictions	
State Uses Pharmacy Benefit Manager	No
Responsible For Financing General Pharmacy Benefit	Medicaid FFS
Responsible For Financing Mental Health Pharmacy Benefit	Medicaid FFS
State Uses A Preferred Drug List (PDL) For General Pharmacy	Yes
State Uses A PDL For Mental Health Drugs	Yes, antidepressants, antipsychotics, anxiolytics, and mood stabilizers are included on the pharmacy PDL.
State Uses A PDL For Addiction Treatment Drugs	Yes, opioid dependence related drugs are included on the pharmacy PDL.
Coverage Of Antipsychotic Injectable Medications	Antipsychotic injectable medications are covered as a pharmacy benefit.
Utilization Restrictions For Mental Health Or Addiction Treatment Drugs	Restrictions vary by drug and may be subject to prior authorization requirements, quantity limits, dosing limits, and age limits.
State Has A Pharmacy Lock-In Program Or Other Restriction Program	Individuals suspected of medication misuse may be enrolled in the lock-in program. Under the lock-in program, member's health records are closely monitored by a team of physicians, and members are restricted to one provider organization and one pharmacy for all of their medications.

D.3. Medicaid Managed Care Program: Overview

- As of June 2025, managed care enrollment was 210,296.
- Delaware operates two managed care programs:
 - Diamond State Health Plan (DSHP): Provides Medicaid state plan benefits to individuals who do not require LTSS.
 - Diamond State Health Plan Plus (DSHP-Plus): Provides Medicaid state plan benefits and LTSS to qualifying individuals and all dual eligibles, regardless of whether they qualify for LTSS. Individuals receiving SSI who are not eligible for Medicare may enroll in either program. The state does not cap the number of individuals who may receive home- and community-based services (HCBS).
- The managed care contract includes a requirement for the health plans to move 70% of all medical and service expenditures to value-based arrangements in calendar year 2025. In addition, at least 50% of all medical/service expenditures must be from a combination of only the VBPS.
 - Value-based arrangements include shared savings, bundled/episodic payments, total risk/capitation, and other innovative payment arrangements.
 - If the health plan does not meet the requirements, they forfeit up to 1% of total net revenue received from the state.
- The health plan is also responsible for meeting physical health performance measures. Failure to meet the benchmarks will result in a forfeit of 1% of total net revenue from the state.

D.3. Medicaid Managed Care Program: Health Plan Characteristics

AmeriHealth Caritas Delaware	
1.	Profit status: For-profit
2.	Parent company: Independence Health Group
3.	Behavioral health subcontractor: None
4.	Pharmacy benefits manager: PerformRx

Highmark Health Options	
1.	Profit status: Non-profit
2.	Parent company: Highmark Blue Cross Blue Shield of Delaware and Gateway Health
3.	Behavioral health subcontractor: None
4.	Pharmacy benefits manager: None

Delaware First Health	
1.	Profit status: For-profit
2.	Parent company: Centene
3.	Behavioral health subcontractor: None
4.	Pharmacy benefits manager: None

D.3. Medicaid Managed Care Program: Behavioral Health Overview

- Inpatient and outpatient behavioral health services for adults are included in the health plan's capitation rate, unless the individual is referred to the PROMISE program. PROMISE services are provided FFS by the state.
- Inpatient behavioral health services and psychiatric rehabilitation services for children are provided FFS by the state through the Department of Services for Children, Youth, and Their Families (DSCYF).
- Thirty outpatient visits for children are included in the health plan's capitation rate. If the limit is exceeded, the state provides behavioral health services on an FFS basis through DSCYF.
- Individuals with SMI and I/DD may receive assertive community integration and support services through Delaware's health home program.
- Pharmacy benefits are included in the health plan's capitation rate.

D.3. Medicaid Managed Care Program: Behavioral Health Benefits

Mental Health Benefits Provided By The Health Plans	
1.	Inpatient treatment
2.	Outpatient services
3.	Crisis intervention and stabilization
4.	Emergency services
5.	Psychiatric rehabilitation

Addiction Treatment Benefits Provided By The Health Plans	
1.	Inpatient detoxification
2.	Outpatient services
3.	Residential services
4.	Crisis intervention and stabilization
5.	Emergency services
6.	Medication assisted treatment

Managed Care Behavioral Health Benefits Provided FFS By The State	
1.	Licensed behavioral health practitioner services for persons enrolled in the PROMISE program
2.	For persons enrolled in the PROMISE program, addiction treatment services except for medically managed inpatient detoxification
3.	PROMISE program services
4.	Children’s inpatient services
5.	Children’s behavioral health outpatient visits after the 30 th visit

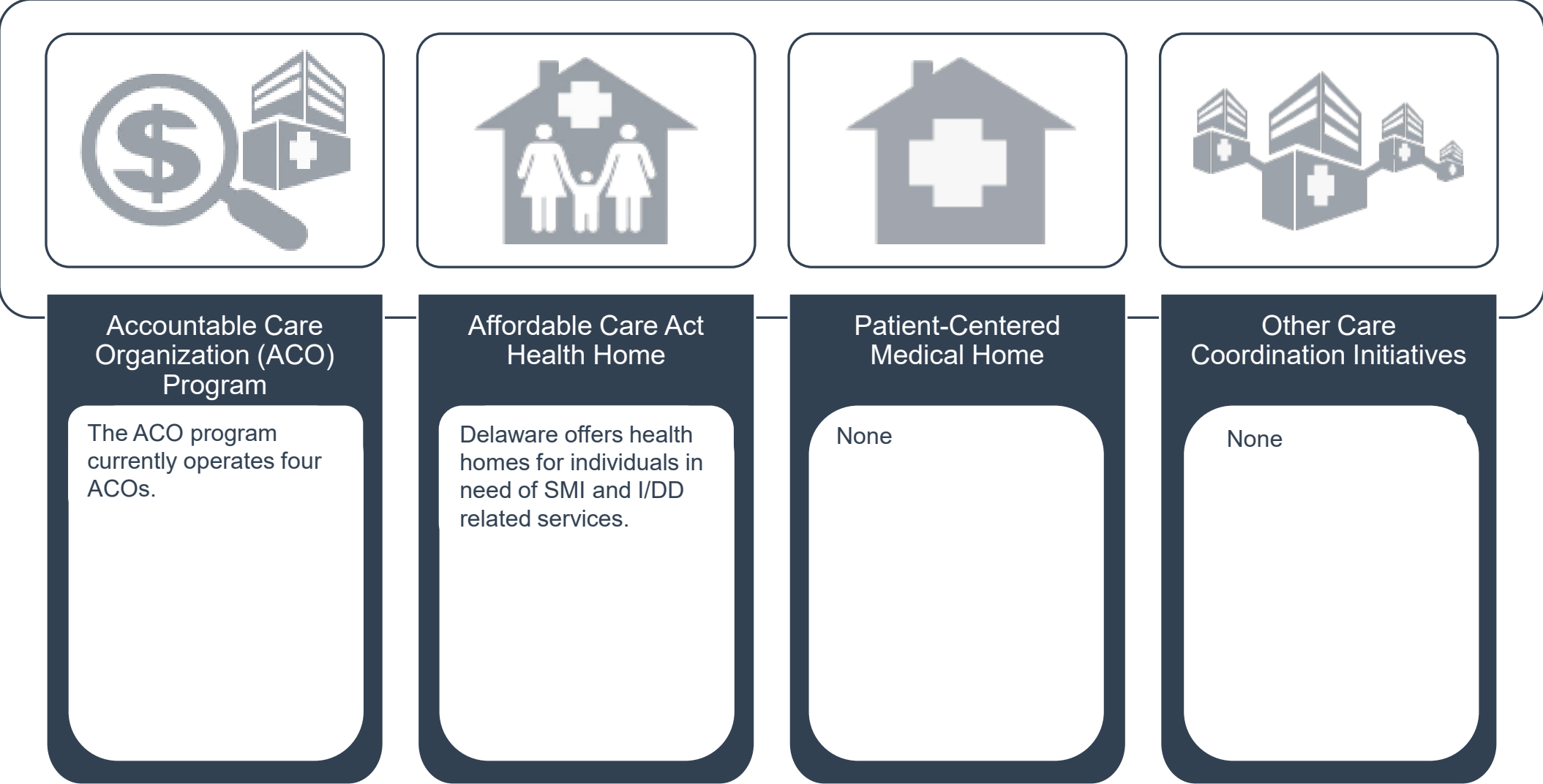
D.3. Medicaid Managed Care Program: SMI Population

- Delaware does not specifically preclude individuals with SMI from enrolling in managed care based on a diagnosis of SMI; however, individuals with SMI may be enrolled in FFS based on other criteria.
- As of June 2025, *OPEN MINDS* estimates that 86% of the SMI population is enrolled in managed care.
- Individuals with SMI are eligible for PROMISE services.
- Individuals with SMI and I/DD may receive assertive community integration and support services through Delaware's health home program.

D.3. Medicaid Managed Care Program: Pharmacy Benefit

Delaware Managed Care Program Pharmacy Benefit	
Responsible For Financing General Pharmacy Benefit	Health plan
Responsible For Financing Mental Health Pharmacy Benefit	Health plan
Health Plan Uses A Preferred Drug List (PDL) For General Pharmacy	Health plans may set their own PDL if it includes an appropriate selection of drugs from therapeutic classes that are accessible and are sufficient in amount, duration, and scope to meet the medical needs of members.
Health Plan Uses A PDL For Mental Health Drugs	
Health Plan Uses A PDL For Addiction Treatment Drugs	
Health Plan Use Of Utilization Restrictions For Mental Health & Addiction Treatment Drugs	The health plans may set their own utilization controls including, but not limited to, age/gender limits, quantity limits, and prior authorization.
Health Plan Allowed To Implement Pharmacy Lock-In Program	Health plans may, but are not required to, implement a pharmacy lock-in program. Under the lock-in program, members may be restricted to one provider organization and one pharmacy.

D.4. Medicaid Program: Care Coordination Initiatives



D.4. State Medicaid Health Home Characteristics

Delaware Health Homes Overview	
Target Population	Individuals with a diagnosis of SMI and individuals with a diagnosis of I/DD
Enrollment Model	- Members are referred to health home provider organizations with the option to opt-out of services. - Referrals may include, but are not limited to: Self-referral, community navigators, professionals that provide day or residential treatment services, medical and psychiatric professionals, hospitals, and psychiatric facilities. - Individuals are given the option to opt out of enrollment.
Geographic Service Area	Statewide
Care Delivery Model	- Health home services are provided by Assertive Community Integration Support Teams (ACIST). The ACIST teams are composed of a team leader (master’s level clinical professionals), prescriber (psychiatrist or psychiatric nurse practitioner), registered nurse, and a case manager to deliver comprehensive mental and physical health services. - Organizations eligible to act as health homes must have ACISTs and must be certified by the Division of Developmental Disabilities to serve as a qualified health home provider organization. - ACIST provider organizations are responsible for providing crisis intervention, intensive case management, behavior analysis, psychiatric supports, and medical monitoring. - Delivery of six core health home services.
Payment Model	- Health home services are provided FFS. - The per member per month (PMPM) rate is based on the cost to operate a full ACIST team.
Practice Performance & Improvement	- ER and hospital readmissions - Monitoring of quality and performance measures to the state annually - Health home standards established by the Centers for Medicare & Medicaid Services (CMS)

D.4. Medicaid Program: State Opioid Response (SOR) Initiative

- DSAMH's Opioid Response Team offers strategic leadership and oversight to opioid-related programs and activities, with a focus on the planning for and implementation of the State Opioid Response.
- The team includes subject matter experts from each bureau, who also serve as the main point of contact for all SOR associated contractors, awardees and collaborators as noted below.
- The goals of SOR are:
 - Decrease opioid overdoses statewide through development and expansion of programs and resources focused on low threshold access to treatment and targeted referral systems.
 - Improve understanding of and engagement and retention in OUD/STUD treatment for those currently accessing the system by enhancing and expanding current prevention, treatment, and recovery services for patients, families, and communities.
 - Identify and engage high risk populations in treatment through universal screening and direct, efficient referral of OUD/STUD patients and others affected by the illness to existing treatment and recovery services.
- DSCYF and Division of Prevention and Behavioral Health Services (DPBHS) awarded contracts to four providers for its State Opioid Response (SOR) Substance Misuse Prevention program.
 - The winning organizations were awarded a three-year contract from October 1, 2024, to September 30, 2027, with the possibility of additional years contingent upon performance and funding availability.
- Winning organizations are:
 - Cause the World, Inc.
 - Courageous Hearts, LLC
 - Impact Life, Inc.
 - The Team Approach Foundation

D.5. Medicaid Program: Demonstration & Care Management Waivers

Waiver Title	Waiver Description	Waiver Type	Enrollment Cap	Effective Date	Expiration Date
Delaware Diamond State Health Plan	Authorizes the provision of Medicaid state plan benefits and LTSS through a mandatory managed care delivery system and implements an enhanced behavioral health benefit package for individuals with SMI or addiction disorder.	1115	None	01/01/1996	12/31/2028
Pathways to Employment (DE-01)	Authorizes the state to offer individually-tailored employment support services for individuals with visual impairments, physical disabilities, I/DD and autism spectrum disorder who are between 14 and 25 years of age.	1915(b4)	None	12/31/2019	06/30/2024*

*This waiver is still listed as approved on the CMS site. No additional information is available.

D.5. Medicaid Program: Section 1915 (c) HCBS Waivers

Waiver Title	Target Population	2025 Enrollment Cap	Operating Unit	Concurrent Management Authority
DE DDDS Lifespan Waiver (0009.R09.00)	Individuals ages 12 and older that are diagnosed with autism or an intellectual disability.	3,136	Delaware Division of Developmental Disabilities Services	Yes, individuals enrolled in the DDDS Lifespan Waiver and living with their family can be concurrently enrolled in the 1115 Waiver under the Diamond State Health Plan to receive their acute care benefits.

D.6. Medicaid Program: New Initiatives

- There are no new or pending initiatives currently.

E. Medicare Financing & Service Delivery System

E.1. Medicare Financing & Service Delivery System

Medicare System Characteristics		
Characteristics	Traditional Medicare (FFS)	Medicare Advantage
Enrollment (February 2025)	166,441	81,603
SMI Enrollment	OPEN MINDS estimates 33% of the population in Medicare Advantage, 67% in Traditional Medicare.	
Management	• Part A: Inpatient hospital, skilled nursing facility care, nursing home care, hospice and home health care • Part B: Clinical research, ambulance services, durable medical equipment, mental health and limited outpatient prescription drugs	Medicare Advantage Plans provide Part A and Part B benefits, plus additional benefits based on plan chosen
Payment Model	Part A & B cover up to 80%, remaining costs can be paid out of pocket	Fixed amounts paid based on health plan chosen
Geographic Service Area	Statewide	Statewide

Total Medicare: 248,044 | Total Medicare With SMI: 32,246

E.1. Medicare Financing & Service Delivery System

Medicare Financial Delivery System Enrollment	
Total Medicare population distribution	As of February 2025: 33% Medicare Advantage, 67% in traditional Medicare.
SMI population inclusion in managed care	Estimated 33% of population in Medicare Advantage, 67% in traditional Medicare.
Medicare population inclusion in Chronic special needs plan or (C-SNP).	Estimated that less than 1% of the population enrolled in a C-SNP plan.
Medicare population inclusion in Institutional Special Needs Plan (I-SNP).	Estimated that less than 1% of the population enrolled in an I-SNP plan.

E.2. Medicare System: Overview

- Medicare enrollment as of February 2025 was 248,044.
- It is estimated around 18% of the state's total population is enrolled in Medicare, compared with about 19.5% of the U.S. population enrolled in Medicare.
 - *OPEN MINDS* estimates approximately 29% of the state's SMI population is enrolled in a Medicare plan.
- Nationwide, nearly 49% of Medicare beneficiaries have Medicare Advantage plans. *OPEN MINDS* estimates that 33% of the Medicare population is enrolled in a Medicare Advantage plan.
- For 2025, there are 39 insurers offering Medigap plans in Delaware.
- As of August 2025, 128,580 of those receiving Medicare benefits in Delaware were enrolled in stand-alone Medicare Part D prescription drug plans.
 - For 2025 Medicare Part D enrollment, there are 14 stand-alone Part D plans providing service in Delaware, with monthly premiums starting at \$0/month.
- Many Medicare beneficiaries receive financial assistance through Medicaid with the cost of Medicare premiums, prescription drug expenses, and services not covered by Medicare – such as long-term care.

E.3. Medicare ACOs

Medicare Shared Savings ACOs	
1.	Aledade 200 Chesapeake MSSP Enhanced
2.	Crozer ACO
3.	Delaware Valley ACO
4.	eBrightHealth ACO
5.	On Belay Health Solutions
6.	Peninsula Regional Clinically Integrated Network, LLC
7.	Penn Medicine Healthcare Partners, LLC
8.	Privia Quality Network Delaware, LLC
9.	Responsive Care Solutions, LLC
10.	TEAM ACO
11.	Trinity Health Integrated Care
12.	UM ACO

E.4. Medicare System: New Initiatives

- There are no new or pending initiatives currently.

F. Dual Eligible Financing & Service Delivery System

F.1. Dual Eligible Medicaid Financing & Service Delivery System

Dual Eligible* Medicaid System Characteristics		
Characteristics	Medicaid Managed Care	PACE
Enrollment (March 2024)	13,984	614
Estimated SMI Enrollment	2,937	129
Management	- Physical health: Three health plans - Behavioral health for non-PROMISE members: Three health plans - Behavioral health for PROMISE eligible members: Division of Medicaid & Medical Assistance	One program
Payment Model	- Physical health: Capitated rate - Behavioral health for non-PROMISE members: Capitated rate - Behavioral health for PROMISE eligible members: FFS	Blended capitated rate
Geographic Service Area	Statewide	Select ZIP codes in New Castle County

Total Dual Eligible Enrollment: 14,598 | Total Dual Eligible Enrollment With SMI: 3,066

*Unless otherwise noted, the term *dual eligibles* in this section refers to Medicare enrollees with full Medicaid benefits.

F.2. Largest Dual Eligible Health Plans By Estimated SMI Enrollment

Health Plans	Parent Company	Plan Type	January 2024 Enrollment	Estimated SMI Enrollment
UnitedHealthcare Dual Complete	UnitedHealthcare	Medicare Advantage D-SNP	4,696	986
Humana Gold Plus	Humana, Inc	Medicare Advantage D-SNP	2,176	457
Cigna-HealthSpring TotalCare	Cigna, Inc	Medicare Advantage D-SNP	1,998	420
Aetna Medicare Advantra Cares	Aetna/CVS Health	Medicare Advantage D-SNP	908	191
Saint Francis LIFE	Trinity Health – Saint Francis Medical Center	PACE	614	129
UnitedHealthcare Dual Complete Select	UnitedHealthcare	Medicare Advantage D-SNP	568	119
Cigna TotalCare Plus	Cigna, Inc	Medicare Advantage D-SNP	41	9

F.3. Dual Eligible Medicaid Financing & Delivery System: Overview

- As of March 2024, dual eligible enrollment was 14,598.
- Medicare covers most acute services (which may include psychiatric care), while Medicaid, the payer of last resort, covers LTSS and non-physician behavioral health services.
- All full benefit dual eligibles that do not select a D-SNP are enrolled in Diamond State Health Plan Plus (DSHP-Plus), the state Medicaid managed care program, to receive Medicaid services.
- D-SNP enrollment as of January 2024 was 10,387, SMI enrollment for D-SNP was 2,181.

F.4. Dual Eligible Medicaid Financing & Delivery System: New Initiatives- D-SNP Changes

- Effective January 1, 2026, Delaware will require that beneficiaries of Dual Eligible Special Needs Plans must be “exclusively aligned”.
- By January 1, 2026, to operate a D-SNP in Delaware, Medicare companies with D-SNPs must also have been awarded a Medicaid Managed Care Organization (“MCO”) contract by the State.
 - In other words, to offer a D-SNP moving forward, the Medicare company offering the D-SNP must also own or share the same parent company as the Medicaid company. For example, members enrolled in a Wellcare D-SNP must also be enrolled with Delaware First Health’s Medicaid plan.
- D-SNPs currently operating in the Delaware market whose company or parent company was not awarded a Medicaid MCO contract by the State (i.e., United, Aetna, Cigna, etc.) will be permitted to operate for an optional one-year grace period in 2025.
 - This will allow a smoother transition for those D-SNPs and give time for their enrollees to consider other options. Those D-SNPs will also be prohibited from enrolling new dually eligible members in 2025.
- What this means is that current D-SNP beneficiaries who are enrolled in a D-SNP that is not affiliated with a Medicaid MCO must switch to an aligned plan, likely during the annual open enrollment period. People who become dually eligible in 2025 can join an aligned plan now.

G. Long-Term Services & Supports Financing & Service Delivery System

G.1. LTSS Financing & Service Delivery System

LTSS Medicaid System Characteristics	
Characteristics	Medicaid Managed Care
Enrollment (June 2025)	16,921
Estimated SMI Enrollment	3,553
Management	- Physical health and TBH: Two health plans - Specialty behavioral health: Division of Medicaid & Medical Assistance
Payment Model	- Physical and TBH: Blended capitation - Specialty behavioral health: FFS
Geographic Service Area	Statewide

Total LTSS Enrollment: 16,921 | Total LTSS Enrollment With SMI: 3,553

G.1. Medicaid LTSS Service Delivery System Enrollment By Eligibility Group

Population	Mandatory FFS Enrollment	Option To Enroll In FFS Or Managed Care	Mandatory Managed Care Enrollment
Disabled adults			✓
Disabled children			✓
Blind individuals			✓
Aged individuals			✓
Dual eligibles	✓ (Partial Benefit)		✓
Individuals with I/DD			✓
Individuals residing in nursing homes			✓
Individuals residing in ICF/IDD			✓
Other HCBS Recipients			✓
Other populations	• Aliens eligible for emergency medical services only • Individuals enrolled in the Breast and Cervical Cancer program for uninsured women • Inmates of a public institution	Individuals enrolled in the state’s I/DD HCBS waiver	

G.2. LTSS Medicaid Financing & Delivery System: Overview

- Diamond State Health Plan Plus (DSHP-Plus): Provides Medicaid state plan benefits and LTSS to qualifying individuals and all dual eligibles, regardless of whether they qualify for LTSS. Individuals receiving SSI who are not eligible for Medicare may enroll in either program. The state does not cap the number of individuals who may receive home- and community-based services (HCBS).
- Two of the three managed care health plans serve the DSHP-Plus populations:
 - AmeriHealth Caritas Delaware
 - Highmark Health Options
- The managed care contract requires health plans to move 70% of all medical and service expenditures to value-based arrangements in calendar year 2025. In addition, at least 50% of all medical/service expenditures must be from a combination of only the VBPS.
 - Value-based arrangements include shared savings, bundled/episodic payments, total risk/capitation, and other innovative payment arrangements.
 - If the health plan does not meet the requirements, they forfeit up to 1% of total net revenue received from the state.
- The health plan is also responsible for meeting physical health performance measures. Failure to meet the benchmarks will result in a forfeit of 1% of total net revenue from the state.

G.3. Medicaid LTSS Program: Health Plan Characteristics

AmeriHealth Caritas Delaware

- 1. **Profit status:** For-profit
- 2. **Parent company:** Independence Health Group
- 3. **Behavioral health subcontractor:** None
- 4. **Pharmacy benefits manager:** PerformRx

Highmark Health Options

- 1. **Profit status:** Non-profit
- 2. **Parent company:** Highmark Blue Cross Blue Shield of Delaware and Gateway Health
- 3. **Behavioral health subcontractor:** None
- 4. **Pharmacy benefits manager:** None

G.4. Medicaid LTSS Program: Program Benefits

Mental Health Benefits Provided By The Health Plans	
1.	Inpatient treatment
2.	Outpatient services
3.	Crisis intervention and stabilization
4.	Emergency services
5.	Psychiatric rehabilitation

Addiction Treatment Benefits Provided By The Health Plans	
1.	Inpatient detoxification
2.	Outpatient services
3.	Residential services
4.	Crisis intervention and stabilization
5.	Emergency services
6.	Medication assisted treatment

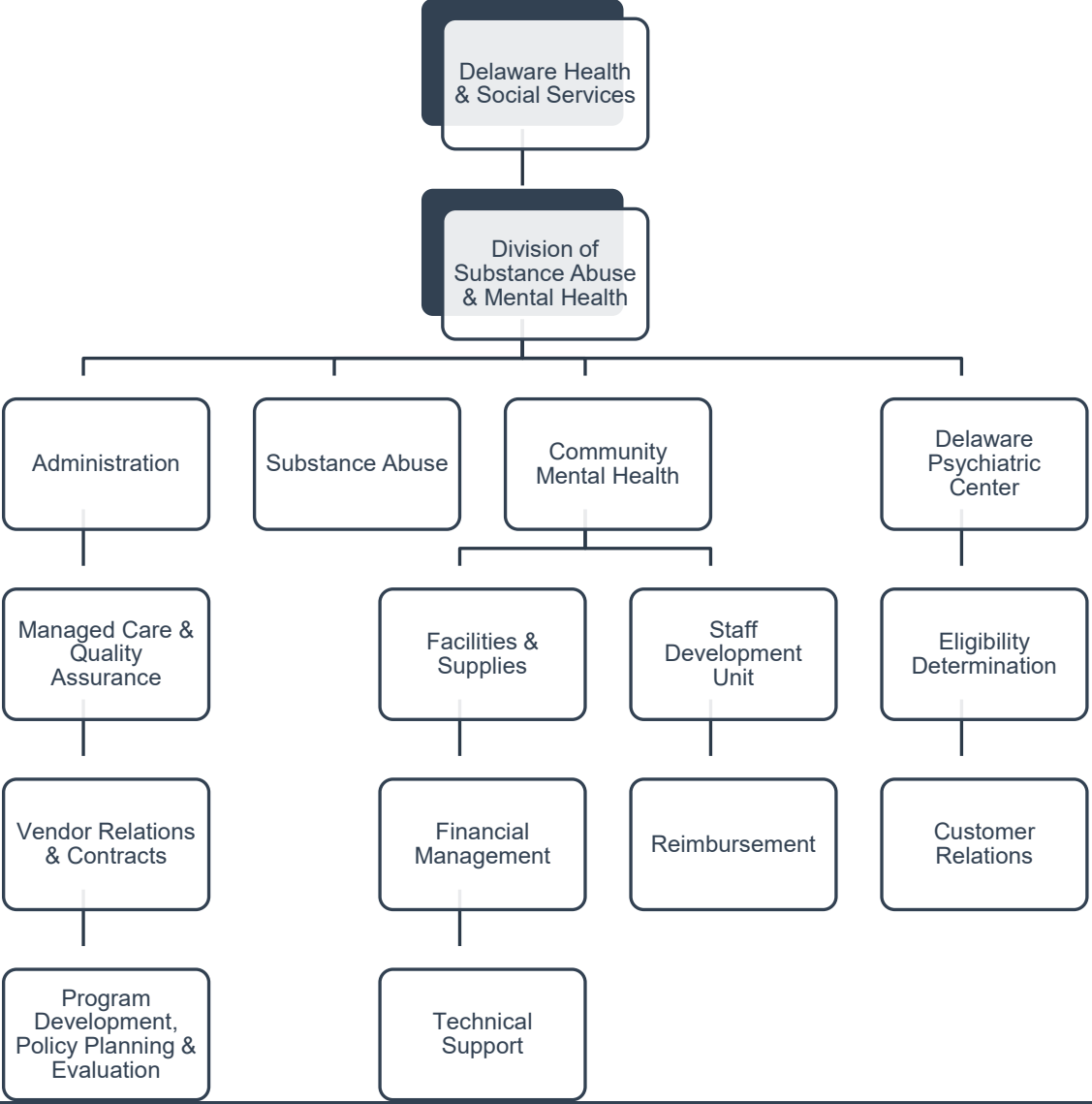
Managed Care Behavioral Health Benefits Provided FFS By The State	
1.	Licensed behavioral health practitioner services for persons enrolled in the PROMISE program
2.	For persons enrolled in the PROMISE program, addiction treatment services except for medically managed inpatient detoxification
3.	PROMISE program services
4.	Children’s inpatient services
5.	Children’s behavioral health outpatient visits after the 30 th visit

G.5. LTSS Medicaid Financing & Delivery System: New Initiatives

- Delaware does not currently have any new initiatives related to their MLTSS program.

H. State Behavioral Health Administration & Finance System

H.1. Division Of Substance Abuse & Mental Health: Organization Chart



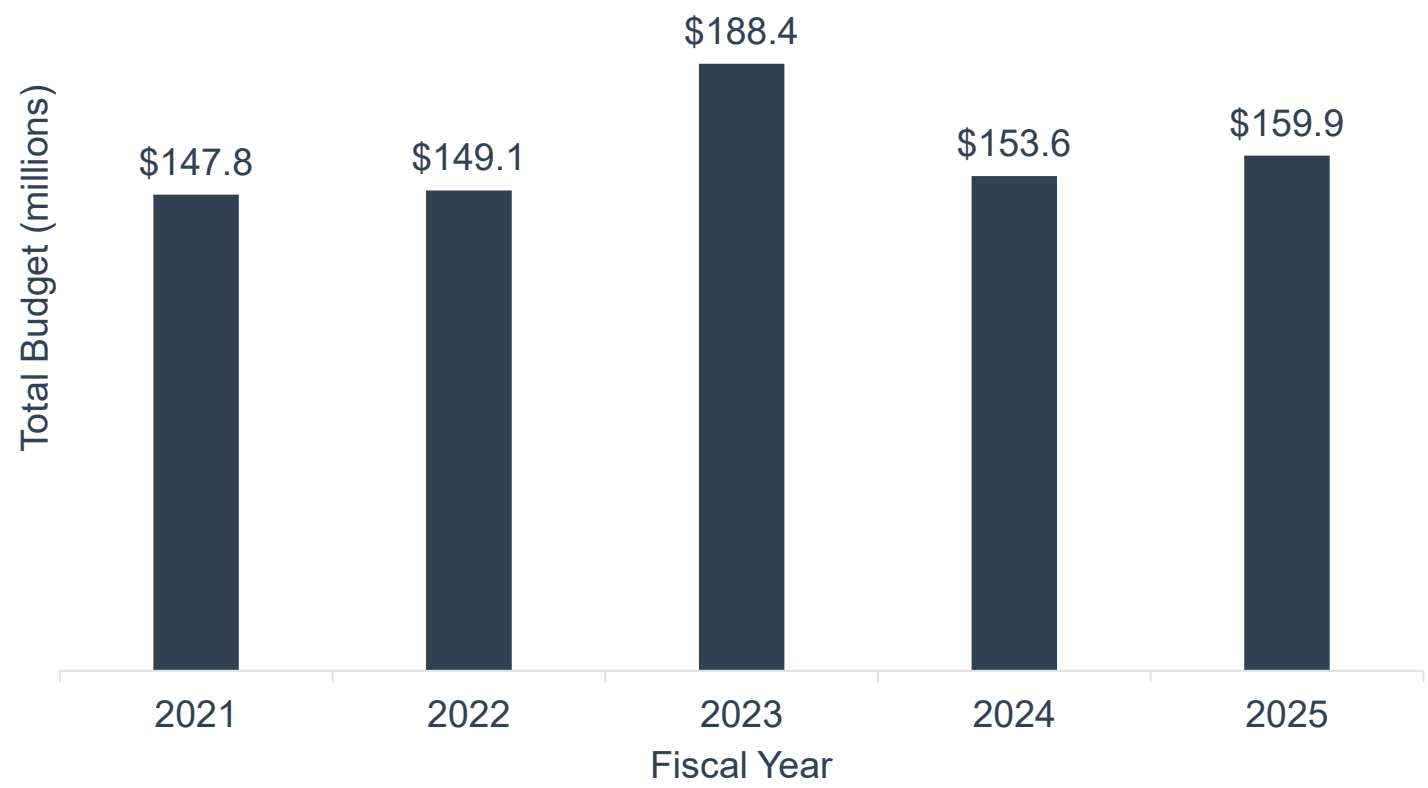
H.1. Division Of Substance Abuse & Mental Health: Key Leadership

Name	Position	Department	Email
Christine Linke Young	Secretary	Department of Health and Social Services (DHSS)	Not available
Dava Newnam	Deputy Secretary	DHSS	dava.newnam@delaware.gov
Lisa Schieffert	Deputy Secretary	DHSS	lisa.schieffert2@delaware.gov
Joanna Champney	Director	DHSS, Division of Substance Abuse and Mental Health (DSAMH)	joanna.champney@delaware.gov
Heather Doncaster	Deputy Director	DHSS, DSAMH	heather.doncaster@delaware.gov
Frances Marti	Deputy Director	DHSS, DSAMH	frances.marti@delaware.gov

H.2. Division Of Substance Abuse & Mental Health: Budget

Budget Item	SFY 2025 Budget Request	Percent Of Budget
Community mental health	\$61,322,400	38%
Substance abuse	\$44,772,300	28%
Delaware Psychiatric Center	\$44,519,000	28%
Administration	\$9,367,900	6%
Total Budget: \$159,981,600		

H.2. Division Of Substance Abuse & Mental Health: Budget Over Time



H.3. State Psychiatric Institutions

State Psychiatric Institutions			
Institution	Location	Beds	Average Daily Census (2025)
Delaware Psychiatric Center	New Castle	124	115

H.4. Behavioral Health Safety-Net Delivery System

- The Division of Substance Abuse and Mental Health within the Department of Health and Social Services is responsible for coordinating safety-net services for the uninsured population.
- Behavioral health services are delivered through a network of provider organizations, including the state's two community mental health centers (CMHCs), New Castle County CMHC and Kent/Sussex CMHC.
- Individuals with and without insurance are able to access PROMISE services.
- The state operates the “Projects for Assistance in Transition from Homelessness” (PATH) for individuals who are homeless that have a serious mental illness.

H.5. Behavioral Health System: New Initiatives – Care Coordination Platform

- A new statewide platform in Delaware aims to change the game when it comes to behavioral healthcare.
- After the state launched an electronic referral system in 2018, they wanted to expand its efforts with a broader care coordination platform.
- In September 2025 Delaware launched DTRN350. Developed with health tech company Baboo Health, the platform connects providers with real-time patient data to improve care transitions and communication.
- The new platform will integrate into provider workflows to help identify the next best step in care, managing referrals – including to social services – and view shared treatment history.
- There are currently over 180 organizations participating in the new platform. DTRN360 has already facilitated over 250,000 referrals to appropriate care sites with 80% of follow-up appointments kept.
 - Data also indicate that organizations are responding more quickly to referrals.
- In addition to supporting daily workflows, the platform offers the state an analytics tool. Early referral data indicate where people were going and where gaps exist.
- Next steps for the platform will be expanding adoption, deepening integration with health systems and strengthening data exchange to support value-based care and population health management. The vision is to continue to evolve the platform as a national model for the work.

I. Appendices

I.1. OPEN MINDS Estimates For Share Of SMI Consumers Per Payer/Plan

Enrollment Category	Serious Mental Illness (SMI) Prevalence Estimate	Source
Commercial	4.9% of the commercially insured population over age 18	Substance Abuse and Mental Health Services Administration. (2024). Results from the 2023 National Survey on Drug Use and Health: Mental Health detailed Tables. Retrieved December 2024 from https://www.samhsa.gov/data/sites/default/files/reports/rpt47100/NSDUHDetailedTabs2023_v1/NSDUHDetailedTabs2023_v1/2023-nsduh-detailed-tables-toc.htm
Medicaid	8.8% of persons enrolled in traditional Medicaid	Substance Abuse and Mental Health Services Administration. (2024). Results from the 2023 National Survey on Drug Use and Health: Mental Health detailed Tables. Retrieved December 2024 from https://www.samhsa.gov/data/sites/default/files/reports/rpt47100/NSDUHDetailedTabs2023_v1/NSDUHDetailedTabs2023_v1/2023-nsduh-detailed-tables-toc.htm
Medicare	13% of persons in the Medicare population, not dually eligible for Medicaid	Figuroa, J. F., Phelan, J., Orav, E. J., Patel, V., & Jha, A. K. (2020). Association of mental health disorders with health care spending in the Medicare population. Retrieved August 2025 from https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2762948#:~:text=Results%20Of%204%20358%20975,had%20no%20known%20mental%20illness

I.1. OPEN MINDS Estimates For Share Of SMI Consumers Per Payer/Plan

Enrollment Category	Serious Mental Illness (SMI) Prevalence Estimate	Source
Medicare-Medicaid Dual Eligibility	21% of persons in the Medicare population dually eligible for full Medicaid benefits	ATI Advisory. (2022). A Profile of Medicare-Medicaid Dual Beneficiaries. Retrieved March 2023 from https://atiadvisory.com/wp-content/uploads/2022/06/A-Profile-of-Medicare-Medicaid-Dual-Beneficiaries.pdf
Other Public	4.5% of persons served by the Veterans Administration health care system or the TRICARE military health system	U.S. Census Bureau (2022). Table HHI-01. Health Insurance Coverage Status and Type of Coverage--All Persons by Sex, Race and Hispanic Origin: 2017 to 2021. Retrieved March 2023 from https://www2.census.gov/programssurveys/demo/tables/health-insurance/time-series/hic/hhi01.xlsx
No Health Care Insurance	6.7% of uninsured persons over age 18	Substance Abuse and Mental Health Services Administration. (2024). Results from the 2023 National Survey on Drug Use and Health: Mental Health detailed Tables. Retrieved December 2024 from https://www.samhsa.gov/data/sites/default/files/reports/rpt47100/NSDUHDetailedTabs2023_v1/NSDUHDetailedTabs2023_v1/2023-nsduh-detailed-tables-toc.htm

I.2. Glossary Of Terms

Word	Abbreviation	Definition
Alternative Benefit Plan	ABP	State designed benefit package for the Medicaid expansion population (childless adults with income below 138% of the FPL). The benefit package must include the ten essential benefits as laid out in the PPACA. The Medicaid expansion population deemed medically frail (including those with SMI) are exempt from receiving benefits through the ABP.
Accountable Care Organizations	ACO	ACOs are groups of provider organizations—such as physicians and hospital systems—that form an agreement to coordinate care for a set group of individuals. If the ACO delivers high quality care—measured through performance metrics—and lowers the cost of providing care against a baseline, then the organization receives a portion of the savings generated. ACOs can exist alongside all payment structures (fee-for-service and managed care delivery systems) and payers (Medicare, Medicaid, commercial).
Administrative Services Organization	ASO	An arrangement in which an organization hires a third party to deliver administrative services to the organization, such as claims processing and billing. The ASO is not at-risk.
Capitation		A set amount of money paid per enrollee per month to a health care entity to cover the cost of health care services. Capitation can cover the cost of all health care services or subset of services, such as care coordination or home- and community-based services.
Carve-out		A carve-out is a Medicaid managed care financing model where some portion of Medicaid benefits—dental services, pharmacy services, behavioral health services, etc.—are separately managed and/or financed. Carve-out services can be financed on an at-risk basis by another organization or retained by the state Medicaid agency on a fee-for-service basis.
Certified Community Behavioral Health Clinic	CCBHC	Behavioral health clinics specially certified in a demonstration established by section 223 of the Protecting Access to Medicare Act of 2014. The clinics are designed to provide community-based mental health and addiction treatment services, to advance the integration of behavioral health with physical health care, and to provide care coordination across the full spectrum of health services.

I.2. Glossary Of Terms

Word	Abbreviation	Definition
Community Mental Health Center	CMHC	An organization that can demonstrate that it is actively providing all services in section 1913(c)(l) of the Public Health Services Act, including a.) Outpatient services, including specialized outpatient services for children, the elderly, individuals who are chronically mentally ill, and residents of the CMHC’s mental health service area who have been discharged from inpatient treatment at a mental health facility; b.) 24 hour-a-day emergency care services; c.) Day treatment, or other partial hospitalization services, or psychosocial rehabilitation services; and d.) Screening for patients being considered for admission to state mental health facilities to determine the appropriateness of such admission. Additionally, the organization must meet the specifications for the state where it provides services.
Dual Eligible		An individual who is eligible for Medicare (Part A and B) and Medicaid. Medicare serves as the individual’s primary insurance, and Medicaid acts as a supplement. Dual eligibles are sometimes referred to as Medicare-Medicaid enrollees (MMEs).
Federal Poverty Level	FPL	The U.S. Department of Health and Human Services sets a standard level of income that is used to determine eligibility for services and benefits, including Medicaid. In 2025, the FPL is \$15,060 for an individual and \$31,200 for a family of four.
Fee-For-Service	FFS	A system where the payer, in this case Medicaid, contracts directly with provider organizations and pays for providing care on a unit-by-unit basis. Health plans may also reimburse provider organizations on a FFS basis meaning they pay for each unit of care or test.
Health Home		A “whole person” care coordination model that specifically targets populations with chronic conditions including those with SMI. Health homes provide six essential functions: 1.) Comprehensive care management; 2.) Care coordination and health promotion; 3.) Comprehensive transitional care from inpatient to other settings, including appropriate follow-up; 4.) Individual and family support; 5.) Referral to community and social support services; 6.) Use of health information technology to link services. Health homes were originally developed as a Medicaid program but have been adopted by other payers. For a state to have an official health home program they must have an approved state plan amendment.

I.2. Glossary Of Terms

Word	Abbreviation	Definition
Health Insurance Marketplace	HIM	Created by the PPACA, the health insurance marketplace is an online platform where individuals and small businesses can purchase health insurance. The federal government subsidizes coverage purchased on the marketplace through premium tax credits for individuals with income up to 400% of the FPL.
Home- & Community-Based Services	HCBS	Long-term services and supports provided in the home or community in order to avoid institutionalization. Traditionally provided through 1915(c) waivers, HCBS services are usually limited to specific populations and a specific number of people. HCBS services include skilled nursing care, personnel care services, assistance with activities of daily living, and custodial care.
Institutions For Mental Disease	IMD	A hospital, nursing facility, or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, including addiction. Federal financial participation is available for Medicaid IMD services for individuals under the age of 21 and age 65 and over. In recent years, CMS has relaxed the rules prohibiting payments in IMDs for individuals ages 21-64. Medicaid health plans may provide up to 15 days of IMD services per month in lieu of state plan services if medically appropriate, cost effective, and consented to by the individual. Additionally, states may be granted a 1115 waiver authority to allow individuals to receive addiction and mental health treatment in IMDs.
Long-Term Services & Supports	LTSS	Services provided in the home, community, or institutional setting to those who experience difficulty living independently and completing activities of daily living as a result of cognitive disabilities, physical impairments, disabling chronic conditions, and/or age.
Managed Care		A health care delivery and financing system designed to manage cost, utilization, and quality. In Medicaid, states generally implement managed care through contracts with health plans, which provide a limited set of benefits to enrollees through a capitated or per person per month (PMPM) rate. The health plans generally assumes full-risk for the cost of treatment, and therefore contracts with a network of provider organizations to provide care at the most efficient rate possible while still maintaining member health.

I.2. Glossary Of Terms

Word	Abbreviation	Definition
Medicaid		Medicaid is a joint federal-state program that provides health coverage to economically disadvantaged populations, such as low-income adults, children, and aged, blind, and disabled (ABD) individuals. States establish their own eligibility standards, benefit packages, provider payment policies, and administrative structures under broad federal guidelines. Financing is a shared responsibility of the federal government and the states.
Medicaid Waiver		Granted by CMS, waivers allow states to make temporary changes to their Medicaid program in order to test out new ways to deliver health coverage.
Medicaid Waiver Section 1115	1115 waiver	Known as research and demonstration waivers, states can apply for program flexibility to test new or existing approaches to financing and delivering Medicaid and CHIP.
Medicaid Waiver Section 1915(b)	1915(b) waiver	States can apply for waivers to provide services through managed care delivery systems, or otherwise limit an individual's choice of health plan or provider organization.
Medicaid Waiver Section 1915(c)	1915(c) waiver	States can apply for waivers to provide long-term care services in home- and community-based settings, rather than institutional settings.
Medical Home		A medical home is not a physical place, but a model for care coordination. Medical homes provide primary care services, care coordination, enhanced access to care, and care that is culturally and linguistically appropriate. Medical homes exist across multiple payers.
Medicare		Federal health insurance for individuals over the age of 65, individuals with certain disabilities, and individuals with end stage renal disease. Medicare covers most acute care services (which may include psychiatric care), but does not cover LTSS or non-physician behavioral health services.
Medicare Advantage	MA	Medicare Part C - also known as Medicare Advantage - is a program which allows individuals who are eligible for Medicare Parts A and B to elect a private health plan to provide their Medicare coverage. The federal government pays the plan's premiums up to a set level, and individuals are responsible for the difference.

I.2. Glossary Of Terms

Word	Abbreviation	Definition
Medicare Advantage Special Needs Plan	SNP	A special type of Medicare Advantage plan that is designed to provide targeted coordinated care to individuals who are a) institutionalized; b) dual eligible; and/or c) meet the severe chronic disabled conditions set forth by CMS. Plans emphasize improved care primarily through continuity of care and care coordination.
Medicare Part A		Hospital Insurance: Covers hospital, skilled nursing care, hospice, and home health care for most eligible individuals at no cost. Financed through payroll tax and deductibles, copayments are only charged if a stay becomes long-term.
Medicare Part B		Supplementary Medical Insurance: Covers most outpatient services, and consumers pay a premium based on income level.
Medicare Part C		Medicare Part C - also known as Medicare Advantage - is a program which allows individuals who are eligible for Medicare Parts A and B to elect a private health plan to provide their Medicare coverage. The federal government pays the plan's premiums up to a set level, and individuals are responsible for the difference.
Medicare Part D		Outpatient Prescription Drug Benefit: Private plans contract with Medicare to provide coverage for prescription drugs. Most consumers pay premiums based on their income.
Metropolitan Statistical Area	MSA	An urbanized area with a population of at least 50,000 plus adjacent territory that has a high degree of social and economic integration as measured by commuting ties.
Patient-Centered Medical Home	PCMH	See Medical Home.
Patient Protection & Affordable Care Act	PPACA or ACA	U.S. health care reform signed into law in 2010. The legislation regulates certain aspects of private and public health insurance programs and authorizes an individual mandate to secure essential health coverage, premium tax credits for the purchase of private health insurance, and increased insurance coverage of preexisting conditions. In 2012 the Supreme Court ruled that state participation is optional for provisions of the law expanding Medicaid coverage to adults ages 18 to 64 with incomes under 138% of the FPL. In 2017, Congress repealed the tax penalties associated with the individual mandate essentially ending the mandate.

I.2. Glossary Of Terms

Word	Abbreviation	Definition
Primary Care Case Management	PCCM	A health care delivery system model with limited utilization and cost control. Under the PCCM model, Medicaid enrollees choose a primary care physician who acts as a gatekeeper for more intensive services. The primary care physician generally receives a per person per month (PMPM) fee for care coordination and is reimbursed fee-for-service for all medical services provided.
Program Of All Inclusive Care For The Elderly	PACE	PACE serves populations over the age of 55 who are eligible for skilled nursing home care by utilizing a comprehensive delivery system of social, medical, and long-term care services to keep enrollees in the community for as long as possible. PACE is an optional state Medicaid program, and may only be available in certain states, or regions within states.
Serious Mental Illness	SMI	A mental, behavioral, or emotional disorder that lasts for a sufficient duration of time and causes impairment of major life activities. Serious mental illnesses include major depression, schizophrenia, bipolar disorder, obsessive compulsive disorder (OCD), panic disorder, post traumatic stress disorder (PTSD), and borderline personality disorder.
Supported Employment		Provides services and supports to help individuals with disabilities become employed in an integrated or competitive work environment and retain that employment.
Supported Housing		Housing provided for as long as needed at little or no cost to individuals with mental illness, or other vulnerable populations who are homeless or at-risk for homelessness. Mental health and social services are offered to participants but are not a condition for participation in the program. The goal is to allow individuals to live as self-sufficient, independent lives as possible.
Value-Based Reimbursement	VBR	Reimbursement model in which payers financially reward or penalize health care provider organizations for performance on quality and cost of care. VBR payment mechanisms include P4P; capitation; shared savings models; shared risk models; and payments based on clinically-defined episodes, called episodes of care or bundled payments.

I.3. Sources

A. Executive Summary

1. Information compiled from sources provided throughout the profile.

B.1. Population Demographics

1. United States Census Bureau. (2022). 2023 American Community Survey 1-Year Estimates S0101 Population By Age and Sex. Retrieved August 2025 from <https://data.census.gov/cedsci/table?q=S0101>
2. United States Census Bureau. (2022). 2023 Current Population Survey Annual Social and Economic Supplement POV-46 Poverty Status By State. Retrieved August 2025 from <https://data.census.gov/cedsci/table?q=S1701>
3. United States Census Bureau. (2022). 2023 American Community Survey 1-Year Estimates S1901 Median Income In the Past 12 Months. Retrieved August 2025 from <https://data.census.gov/cedsci/table?q=S1901>
4. Kaiser Family Foundation. (2022). 2023 Population Distribution by Race/Ethnicity. Retrieved August 2025 from <https://data.census.gov/cedsci/table?q=Race%2FEthnicity&g=0100000US.04000.001&tid=ACSDP1Y2019.DP05&hidePreview=false>

B.2. Population Centers

1. Federal Reserve Bank of St Louis. (2024, March) US Regional Data, MSAs. Retrieved January 2025 from <https://fred.stlouisfed.org>
2. U.S. Census Bureau. (2021). 2021 TIGER/Line® Shapefiles: Core Based Statistical Areas. Retrieved August 2025 from <https://www.census.gov/cgi-bin/geo/shapefiles/index.php?year=2021&layergroup=Core+Based+Statistical+Areas>
3. U.S. Census Bureau. (2020). 2019 TIGER/Line® Shapefiles: Core Based Statistical Areas. Retrieved August 2025 from <https://www.census.gov/cgi-bin/geo/shapefiles/index.php?year=2019&layergroup=Core+Based+Statistical+Areas>
4. U.S. Census Bureau. (2020). 2019 TIGER/Line® Shapefiles: States (and equivalent). Retrieved August 2025 from <https://www.census.gov/cgi-bin/geo/shapefiles/index.php?year=2019&layergroup=States+%28and+equivalent%29>
5. United States Census Bureau. (2020). 2019 Annual Estimates of Residential Population-Metropolitan and Micropolitan Statistical Area GCT-PEPANNRES. Retrieved August 2025 from <https://www.census.gov/data/tables/time-series/demo/popest/2010s-total-metro-and-micro-statistical-areas.html>

I.3. Sources

B.3. Population Distribution By Payer: National vs. State

1. OPEN MINDS. (2025). Serious Mental Illness Prevalence Estimates.
2. Tricare, 2023 Beneficiaries. Retrieved December 2022. <https://www.health.mil/I-Am-A/Media/Media-Center/Patient-Population-Statistics/Patient-Numbers-By-State>
3. CMS, MMCO Statistical & Analytic Reports, Quarterly Release (September 2024). Retrieved August 2025. <https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Analytics>
4. Kaiser Family Foundation, Health Coverage & Uninsured, Health Insurance Coverage of the Total Population (2023). Retrieved August 2025. <https://www.kff.org/other/state-indicator/health-insurance-coverage-of-the-total-population-cps/?dataView=1¤tTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>

B.3. SMI Population Distribution By Payer: National vs. State

1. OPEN MINDS. (2025). Serious Mental Illness Prevalence Estimates.

B.4. Largest State Health Plans By Enrollment

1. OPEN MINDS. (2025, March). Health Plans Database.
2. TRICARE. (2023, December). Beneficiaries by Location. Retrieved August 2025 from <https://health.mil/Military-Health-Topics/Access-Cost-Quality-and-Safety/Health-Care-Program-Evaluation/Annual-Evaluation-of-the-TRICARE-Program>
3. Health Plans USA. (2025). Subscription Database. Available from <http://www.markfarrah.com/>

B.4. Largest State Health Plans By Estimated SMI Enrollment

1. OPEN MINDS. (2025, March). Health Plans Database.
2. TRICARE. (2023, December). Beneficiaries by Location. Retrieved August 2025 from <https://health.mil/Military-Health-Topics/Access-Cost-Quality-and-Safety/Health-Care-Program-Evaluation/Annual-Evaluation-of-the-TRICARE-Program>
3. Health Plans USA. (2025). Subscription Database. Available from <http://www.markfarrah.com/products/>

B.5. Health Insurance Marketplace

1. United States Department of Health and Human Services. (2024, November). PY2025 Individual Medical Landscape. Retrieved August 2025 from <https://data.healthcare.gov/dataset/735facd9-1df8-400e-b650-da881c728a2b>
2. United States Department of Health and Human Services. (2025, November). QHP Landscape PY2025 SHOP Market Medical. Retrieved August 2025 from <https://data.healthcare.gov/dataset/2ffb5a20-8b08-48cb-b0ba-115de4381ca1>
3. Health Insurance. Delaware health insurance marketplace: history and news of the state's exchange. Retrieved August 2025 from <https://www.healthinsurance.org/health-insurance-marketplaces/delaware>

I.3. Sources

B.6. Accountable Care Organizations

1. OPEN MINDS. (2022). ACO Database.
2. Centers for Medicare & Medicaid Services. (2025, January) Accountable Care Organization Participants. Retrieved January 2025 from <https://data.cms.gov/medicare-shared-savings-program/accountable-care-organization-participants>

C.1. Medicaid Governance: Organizational Chart

1. Delaware Department of Health and Social Services. DHSS Divisions. Retrieved August 2025 from <https://dhss.delaware.gov/dhss/>
2. Delaware Department of Health and Social Services. Medicaid and Medical Assistance Sections and Programs. Retrieved August 2025 from <https://www.dhss.delaware.gov/dhss/dmma/sections.html>

C.1. Medicaid Governance: Key Leadership

1. Delaware Department of Human and Social Services. Office of the Secretary Contacts. Retrieved August 2025 from <https://www.dhss.delaware.gov/dhss/admin/contact.html>
2. Delaware Department of Human and Social Services. Division of Medicaid and Medical Assistance Contact Information. Retrieved August 2025 from <https://www.dhss.delaware.gov/dhss/dmma/contact.html>

C.2. Medicaid Program Spending By Eligibility Group

1. Centers for Medicare and Medicaid Services. (2024, December). MACStats: Medicaid and CHIP Data Book. Retrieved August 2025 from <https://www.macpac.gov/macstats/>
2. Centers for Medicare and Medicaid Services. (2023, December). MACStats: Medicaid and CHIP Data Book. Retrieved August 2025 from <https://www.macpac.gov/macstats/>

C.2. Medicaid Program Spending: Budget

1. Centers for Medicare and Medicaid Services. (2024, December). MACStats: Medicaid and CHIP Data Book. Retrieved August 2025 from <https://www.macpac.gov/macstats/>
2. United States Government Printing Office. (2024, November 28). Federal Medical Assistance Percentages FY 2025. Retrieved August 2025 from <https://www.federalregister.gov/documents/2018/11/28/2018-25944/federal-financial-participation-in-state-assistance-expenditures-federal-matching-shares-for>
3. Centers for Medicare and Medicaid Services. (2023, December). MACStats: Medicaid and CHIP Data Book. Retrieved August 2025 from <https://www.macpac.gov/macstats/>
4. Centers for Medicare and Medicaid Services. (2013, March 29). Increased Federal Medical Assistance Percentage Through the Affordable Care Act of 2010. Retrieved August 2025 from <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2013-Fact-sheets-items/2013-03-29.html>

I.3. Sources

C.2. Medicaid Program Spending: Change Over Time

1. Centers for Medicare and Medicaid Services. (2024, December). MACStats: Medicaid and CHIP Data Book. Retrieved August 2025 from <https://www.macpac.gov/macstats/>
2. Centers for Medicare and Medicaid Services. (2023, December). MACStats: Medicaid and CHIP Data Book. Retrieved August 2025 from <https://www.macpac.gov/macstats/>
3. Centers for Medicare and Medicaid Services. (2022, December). MACStats: Medicaid and CHIP Data Book. Retrieved August 2025 from <https://www.macpac.gov/macstats/>
4. Medicaid and CHIP Payment and Access Commission. (2021, December). MACStats: Medicaid and CHIP Data Book. Retrieved August 2025 from <https://www.macpac.gov/wp-content/uploads/2018/12/December-2018-MACStats-Data-Book.pdf>
5. Medicaid and CHIP Payment and Access Commission. (2020, December). MACStats: Medicaid and CHIP Data Book. Retrieved August 2025 from <https://www.macpac.gov/publication/macstats-archive/>
6. Medicaid and CHIP Payment and Access Commission. (2019, December). MACStats: Medicaid and CHIP Data Book. Retrieved August 2025 from <https://www.macpac.gov/publication/macstats-archive/>
7. Medicaid and CHIP Payment and Access Commission. (2018, March). MACStats: Medicaid and CHIP Program Statistics. Retrieved August 2025 from <https://www.macpac.gov/publication/macstats-archive/>
8. Medicaid and CHIP Payment and Access Commission. (2017, March). MACStats: Medicaid and CHIP Program Statistics. Retrieved August 2025 from <https://www.macpac.gov/wp-content/uploads/2015/03/March-2014-MACStats.pdf>

C.3. Medicaid Expansion Status

1. Centers for Medicare and Medicaid Services. (2024, December). MACStats: Medicaid and CHIP Data Book. Retrieved August 2025 from <https://www.macpac.gov/macstats/>
2. Centers for Medicare and Medicaid Services. (2023, December). MACStats: Medicaid and CHIP Data Book. Retrieved August 2025 from <https://www.macpac.gov/macstats/>
3. Centers for Medicare and Medicaid Services. (2025, January). Medicaid Enrollment Data Collected Through MBES. Retrieved August 2025 from <https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-enrollment-data/enrollment-mbes/index.html>
4. Centers for Medicare and Medicaid Services. (2020, October). Medicaid, Children's Health Insurance Program & Basic Health Program Eligibility Levels. Retrieved August 2025 from <https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-eligibility-levels/index.html>
5. US Government Publishing Office. (2011, October 1). Code of Federal Regulations Title 42. Retrieved August 2025 from <https://www.gpo.gov/fdsys/granule/CFR-2011-title42-vol4/CFR-2011-title42-vol4-sec440-315>

C.4. Medicaid Program Benefits

1. Medicaid and CHIP Payment and Access Commission. Mandatory and Optional Benefits. Retrieved August 2025 from <https://www.macpac.gov/subtopic/mandatory-and-optional-benefits/>
2. Delaware Department of Health and Social Services. Delaware Medicaid State Plan. Retrieved August 2025 from https://www.dhss.delaware.gov/dhss/dmma/state_plan.html

I.3. Sources

D.1. Medicaid Financing & Service Delivery System

1. Delaware Department of Health and Human Services. Medicaid & Medical Assistance Division. Retrieved August 2025 from <https://dhss.delaware.gov/dhss/dmma/>
2. Delaware Open Data. Medicaid Enrollment. Retrieved August 2025 from <https://data.delaware.gov/Health/Medicaid-Enrollment/xhfg-cwx7>

D.1. Medicaid Service Delivery System Enrollment By Eligibility Group

1. Delaware Department of Health and Social Services. (2018). Division of Medicaid and Medical Assistance Medicaid Managed Care Contract. Retrieved August 2025 from https://www.dhss.delaware.gov/dhss/dmma/mco_procurement.html

D.2. Medicaid FFS Program: Overview

1. Delaware Department of Health and Human Services. Medicaid & Medical Assistance Division. Retrieved August 2025 from <https://dhss.delaware.gov/dhss/dmma/>
2. Delaware Open Data. Medicaid Enrollment. Retrieved August 2025 from <https://data.delaware.gov/Health/Medicaid-Enrollment/xhfg-cwx7>

D.2. Medicaid FFS Program: Behavioral Health Benefits

1. Delaware Department of Health and Social Services. Delaware Medicaid State Plan. Retrieved August 2025 from https://www.dhss.delaware.gov/dhss/dmma/state_plan.html

D.2. Medicaid FFS Behavioral Health Benefits: PROMISE Program

1. Centers for Medicare and Medicaid Services. (2021, April 2). Diamond State Health Plan. Retrieved August 2025 from <https://www.medicare.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/de/de-dshp-ca.pdf>
2. Delaware Department of Health and Social Services. PROMISE Program. Retrieved August 2025 from <https://dhss.delaware.gov/dhss/dsamh/promise.html>
3. Delaware Department of Health and Social Services. PROMISE Eligibility and Enrollment Unit. Retrieved August 2025 from https://dhss.delaware.gov/dhss/dsamh/eeu_home.html
4. Delaware Department of Health and Social Services. PROMISE Services and Supports. Retrieved August 2025 from <https://dhss.delaware.gov/dhss/dsamh/files/promiseservices.pdf>

D.2. Medicaid FFS Program: SMI Population

1. Delaware Department of Health and Human Services. Medicaid & Medical Assistance Division. Retrieved August 2025 from <https://dhss.delaware.gov/dhss/dmma/>
2. OPEN MINDS. (2025). SMI Estimates.

I.3. Sources

D.2. Medicaid FFS Program: Pharmacy Benefits

1. Delaware Department of Health and Social Services. Pharmacy Corner. Retrieved August 2025 from <https://medicaid.dhss.delaware.gov/provider/Home/PharmacyCornerLanding/tabid/2096/Default.aspx>
2. Delaware Department of Health and Social Services. (2024). Pharmacy PDL. Retrieved August 2025 from https://medicaidpublications.dhss.delaware.gov/docs/DesktopModules/Bring2mind/DMX/API/Entries/Download?Command=Core_Download&EntryId=940&language=en-US&PortalId=0&TabId=94
3. Delaware Department of Health and Social Services. (2021). Pharmacy Provider Manual. Retrieved August 2025 from https://medicaidpublications.dhss.delaware.gov/docs/DesktopModules/Bring2mind/DMX/API/Entries/Download?Command=Core_Download&EntryId=885&language=en-US&PortalId=0&TabId=94
4. Delaware Department of Health and Social Services. (2024). General Policy Manual. Retrieved August 2025 from https://medicaidpublications.dhss.delaware.gov/docs/Search?Command=Core_Download&EntryId=897

D.3. Medicaid Managed Care Program: Overview

1. State of Delaware. (2023) Contract Status Details for Medicaid Managed Care Organizations. Retrieved August 2025 from <https://mmp.delaware.gov/Contracts/Details/5647>
2. Delaware Department of Health and Social Services. (2018). Division of Medicaid and Medical Assistance Medicaid Managed Care Contract. Retrieved August 2025 from https://www.dhss.delaware.gov/dhss/dmma/mco_procurement.html
3. Delaware Department of Health and Social Services. Delaware Medicaid State Plan. Retrieved August 2025 from https://www.dhss.delaware.gov/dhss/dmma/state_plan.html
4. AmeriHealth Caritas. (2024). Diamond State Health Plan and Delaware Healthy Children Program Member Handbook. Retrieved August 2025 from <https://www.amerhealthcaritasde.com/assets/pdf/member/eng/member-handbook-dshp.pdf>
5. AmeriHealth Caritas. Diamond State Health Plan-Plus Member Handbook. Retrieved August 2025 from <https://www.amerhealthcaritasde.com/assets/pdf/member/eng/member-handbook-dshp-plus.pdf>
6. Highmark Delaware Health Options. Long Term Care Diamond State Health Plan Plus. Retrieved August 2025 from <https://www.highmark.com/health-options-de/medicaid/benefits-programs/ltss-benefits>

I.3. Sources

D.3. Medicaid Managed Care Program: Health Plan Characteristics

1. Delaware Department of Health and Social Services. (2018). Division of Medicaid and Medical Assistance Medicaid Managed Care Contract. Retrieved August 2025 from https://www.dhss.delaware.gov/dhss/dmma/mco_procurement.html
2. Delaware Department of Health and Social Services. Delaware Medicaid State Plan. Retrieved August 2025 from https://www.dhss.delaware.gov/dhss/dmma/state_plan.html
3. AmeriHealth Caritas. (2024). Diamond State Health Plan and Delaware Healthy Children Program Member Handbook. Retrieved August 2025 from <https://www.amerhealthcaritasde.com/assets/pdf/member/eng/member-handbook-dshp.pdf>
4. AmeriHealth Caritas. Diamond State Health Plan-Plus Member Handbook. Retrieved August 2025 from <https://www.amerhealthcaritasde.com/assets/pdf/member/eng/member-handbook-dshp-plus.pdf>
5. Highmark Delaware Health Options. Long Term Care Diamond State Health Plan Plus. Retrieved August 2025 from <https://www.highmark.com/health-options-de/medicaid/benefits-programs/ltss-benefits>

D.3. Medicaid Managed Care Program: Behavioral Health Overview

1. Delaware Department of Health and Social Services. (2018). Division of Medicaid and Medical Assistance Medicaid Managed Care Contract. Retrieved August 2025 from https://www.dhss.delaware.gov/dhss/dmma/mco_procurement.html
2. Delaware Department of Health and Social Services. Delaware Medicaid State Plan. Retrieved August 2025 from https://www.dhss.delaware.gov/dhss/dmma/state_plan.html
3. AmeriHealth Caritas. (2024). Diamond State Health Plan and Delaware Healthy Children Program Member Handbook. Retrieved August 2025 from <https://www.amerhealthcaritasde.com/assets/pdf/member/eng/member-handbook-dshp.pdf>
4. AmeriHealth Caritas. Diamond State Health Plan-Plus Member Handbook. Retrieved August 2025 from <https://www.amerhealthcaritasde.com/assets/pdf/member/eng/member-handbook-dshp-plus.pdf>
5. Highmark Delaware Health Options. Long Term Care Diamond State Health Plan Plus. Retrieved August 2025 from <https://www.highmark.com/health-options-de/medicaid/benefits-programs/ltss-benefits>

I.3. Sources

D.3. Medicaid Managed Care Program: Behavioral Health Benefits

1. Delaware Department of Health and Social Services. (2018). Division of Medicaid and Medical Assistance Medicaid Managed Care Contract. Retrieved August 2025 from https://www.dhss.delaware.gov/dhss/dmma/mco_procurement.html
2. Delaware Department of Health and Social Services. Delaware Medicaid State Plan. Retrieved August 2025 from https://www.dhss.delaware.gov/dhss/dmma/state_plan.html
3. AmeriHealth Caritas. (2024). Diamond State Health Plan and Delaware Healthy Children Program Member Handbook. Retrieved August 2025 from <https://www.amerihealthcaritasde.com/assets/pdf/member/eng/member-handbook-dshp.pdf>
4. AmeriHealth Caritas. Diamond State Health Plan-Plus Member Handbook. Retrieved August 2025 from <https://www.amerihealthcaritasde.com/assets/pdf/member/eng/member-handbook-dshp-plus.pdf>
5. Highmark Delaware Health Options. Long Term Care Diamond State Health Plan Plus. Retrieved August 2025 from <https://www.highmark.com/health-options-de/medicaid/benefits-programs/ltss-benefits>

D.3. Medicaid Managed Care Program: SMI Population

1. Delaware Department of Health and Human Services. Medicaid & Medical Assistance Division. Retrieved August 2025 from <https://dhss.delaware.gov/dhss/dmma/>
2. *OPEN MINDS*. (2025). SMI Estimates.

D.3. Medicaid Managed Care Program: Pharmacy Benefits

1. Delaware Department of Health and Social Services. (2021). Division of Medicaid and Medical Assistance Medicaid Managed Care Contract. Retrieved August 2025 from https://www.dhss.delaware.gov/dhss/dmma/mco_procurement.html
2. Highmark Delaware Health Option. Pharmacy and Medication Information. Retrieved August 2025 from <https://www.highmarkhealthoptions.com/members/pharmacy-information.html>
3. AmeriHealth Caritas. Pharmacy Services. Retrieved August 2025 from <https://www.amerihealthcaritasde.com/provider/pharmacy/index.aspx>

D.4. Medicaid Program: Care Coordination Initiatives

1. Derived from information throughout profile

I.3. Sources

D.4. Medicaid Program Health Home Characteristics

1. Centers for Medicare and Medicaid Services. (2019, January 15). State Plan Amendment #18-006 Health Homes. Retrieved August 2025 from <https://www.medicaid.gov/State-resource-center/Medicaid-State-Plan-Amendments/Downloads/DE/DE-18-0006.pdf>
2. Centers for Medicare and Medicaid Services. (2024, March) State-by-State Health Home State Plan Amendment Matrix. Retrieved August 2025 from <https://www.medicaid.gov/resources-for-states/downloads/state-hh-spa-at-a-glance-matrix-mar-2024.pdf>

D.4. Medicaid Program: State Opioid Response (SOR) Initiative

1. Delaware Department of Health and Social Services. (2024) Delaware State Opioid Response(SOR) Initiative. Retrieved August 2025 from <https://www.dhss.delaware.gov/dhss/dsamh/startexp.html>
2. Delaware Department of Health and Social Services. (2024) State Opioid Response Grant. Retrieved August 2025 from <https://atrc.dhss.delaware.gov/sor-grant>
3. GovTribe. (2024, July 31). State Opioid Response (SOR) Substance Misuse Prevention. Retrieved August 2025 from <https://govtribe.com/opportunity/state-local-contract-opportunity/state-opioid-response-sor-substance-misuse-prevention-cyf2406opioid>
4. OPEN MINDS. (2024, August 1) Delaware Seeks State Opioid Response (SOR) Substance Misuse Prevention Services. Retrieved August 2025 from <https://openminds.com/rfp/delaware-seeks-state-opioid-response-sor-substance-misuse-prevention-services/>

D.5. Medicaid Program: Demonstration & Care Management Waivers

1. Centers for Medicare and Medicaid Services. Demonstrations and Waivers. Retrieved August 2025 from https://www.medicaid.gov/medicaid-chip-program-information/by-topics/waivers/waivers_faceted.html

D.5. Medicaid Program Section 1915 (c) HCBS Waivers

1. Centers for Medicare and Medicaid Services. Demonstrations and Waivers. Retrieved August 2025 from https://www.medicaid.gov/medicaid-chip-program-information/by-topics/waivers/waivers_faceted.html

D.6. Medicaid Program Initiatives: New Initiatives

1. Derived from information throughout this section.

I.3. Sources

E.1 Medicare Financing & Service Delivery System

1. OPEN MINDS. (2025, March). Health Plans Database.
2. OPEN MINDS. (2025). SMI Estimates.
3. Centers for Medicare & Medicaid Services. (2025, February) Medicare Monthly Enrollment. Retrieved December 2024 from <https://data.cms.gov/summary-statistics-on-beneficiary-enrollment/medicare-and-medicaid-reports/cms-program-statistics-medicare-total-enrollment>

E.1. Medicare Financing & Service Delivery System

1. OPEN MINDS. (2025, March). Health Plans Database.
2. OPEN MINDS. (2025). SMI Estimates.
3. Centers for Medicare & Medicaid Services. (2025, February) Medicare Monthly Enrollment. Retrieved December 2024 from <https://data.cms.gov/summary-statistics-on-beneficiary-enrollment/medicare-and-medicaid-reports/cms-program-statistics-medicare-total-enrollment>

E.2. Medicare System Overview

1. Healthinsurance.org (2024, December) Medicare in Delaware. Retrieved December 2024 from <https://www.healthinsurance.org/medicare/delaware>

E.3. Medicare ACOs

1. OPEN MINDS. (2022). ACO Database.
2. Centers for Medicare & Medicaid Services. (2025, January) Accountable Care Organization Participants. Retrieved January 2025 from <https://data.cms.gov/medicare-shared-savings-program/accountable-care-organization-participants>

E.4. Medicare System: New Initiatives

1. Derived from information throughout this section.

F.1. Dual Eligible Medicaid Financing & Service Delivery System

1. Centers for Medicare and Medicaid Services. (2024, December). Plan Directory for MA, Cost, PACE, and Demo Organizations. Retrieved August 2025 from <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAdvPartDEnrolData/MA-Plan-Directory.html>
2. Centers for Medicare and Medicaid Services. (2024, December). Special Needs Plan (SNP) Data. Retrieved August 2025 from <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAdvPartDEnrolData/Special-Needs-Plan-SNP-Data.html>

I.3. Sources

F.2. Largest Dual Eligible Health Plans By Estimated SMI Enrollment

1. Centers for Medicare and Medicaid Services. (2024, December). Plan Directory for MA, Cost, PACE, and Demo Organizations. Retrieved August 2025 from <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAdvPartDEnrolData/MA-Plan-Directory.html>
2. Centers for Medicare and Medicaid Services. (2024, December). Special Needs Plan (SNP) Data. Retrieved August 2025 from <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAdvPartDEnrolData/Special-Needs-Plan-SNP-Data.html>

F.3. Dual Eligible Medicaid Financing & Delivery System: Overview

1. Delaware Department of Human and Social Services. Programs of All-Inclusive Care for the Elderly. Retrieved August 2025 from https://dhss.delaware.gov/dhss/dmma/pace_home.html

F.4. Dual Eligible Medicaid Financing & Delivery System: New Initiatives- D-SNP Changes

1. Delaware First Health. (2025, May 9). Changes Are Coming For Delawareans Enrolled In Both Medicaid and Medicare. Retrieved August 2025 from <https://www.delawarefirsthealth.com/members/medicaid/resources/medicaid-news/delaware-first-health-featured-in-delaware-business-magazine.html>

G.1. LTSS Financing & Service Delivery

1. Delaware Department of Health and Human Services. Medicaid & Medical Assistance Division. Retrieved August 2025 from <https://dhss.delaware.gov/dhss/dmma/>
2. Delaware Open Data. Medicaid Enrollment. Retrieved August 2025 from <https://data.delaware.gov/Health/Medicaid-Enrollment/xhfg-cwx7>

G.1. LTSS Service Delivery System Enrollment By Eligibility Group

1. Delaware Department of Health and Social Services. (2018). Division of Medicaid and Medical Assistance Medicaid Managed Care Contract. Retrieved August 2025 from https://www.dhss.delaware.gov/dhss/dmma/mco_procurement.html

I.3. Sources

G.2. LTSS Financing & Service Delivery System: Overview

1. Delaware Department of Health and Social Services. (2018). Division of Medicaid and Medical Assistance Medicaid Managed Care Contract. Retrieved August 2025 from https://www.dhss.delaware.gov/dhss/dmma/mco_procurement.html
2. Delaware Department of Health and Social Services. Delaware Medicaid State Plan. Retrieved August 2025 from https://www.dhss.delaware.gov/dhss/dmma/state_plan.html
3. AmeriHealth Caritas. (2024). Diamond State Health Plan and Delaware Healthy Children Program Member Handbook. Retrieved August 2025 from <https://www.amerhealthcaritasde.com/assets/pdf/member/eng/member-handbook-dshp.pdf>
4. AmeriHealth Caritas. Diamond State Health Plan-Plus Member Handbook. Retrieved August 2025 from <https://www.amerhealthcaritasde.com/assets/pdf/member/eng/member-handbook-dshp-plus.pdf>
5. Highmark Delaware Health Options. Long Term Care Diamond State Health Plan Plus. Retrieved August 2025 from <https://www.highmarkhealthoptions.com/members/long-term-care-dshp-plus.html>
6. Centers for Medicare and Medicaid Services. (2021, April 2). Diamond State Health Plan. Retrieved August 2025 from <https://www.medicare.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/de/de-dshp-ca.pdf>

G.3. LTSS Health Plan Characteristics

1. Delaware Department of Health and Social Services. (2018). Division of Medicaid and Medical Assistance Medicaid Managed Care Contract. Retrieved August 2025 from https://www.dhss.delaware.gov/dhss/dmma/mco_procurement.html
2. Delaware Department of Health and Social Services. Delaware Medicaid State Plan. Retrieved August 2025 from https://www.dhss.delaware.gov/dhss/dmma/state_plan.html
3. AmeriHealth Caritas. (2024). Diamond State Health Plan and Delaware Healthy Children Program Member Handbook. Retrieved August 2025 from <https://www.amerhealthcaritasde.com/assets/pdf/member/eng/member-handbook-dshp.pdf>
4. AmeriHealth Caritas. Diamond State Health Plan-Plus Member Handbook. Retrieved August 2025 from <https://www.amerhealthcaritasde.com/assets/pdf/member/eng/member-handbook-dshp-plus.pdf>
5. Highmark Delaware Health Options. Long Term Care Diamond State Health Plan Plus. Retrieved August 2025 from <https://www.highmark.com/health-options-de/medicaid/benefits-programs/ltss-benefits>

I.3. Sources

G.4. LTSS Program: Health Benefits

1. Delaware Department of Health and Social Services. (2021). Division of Medicaid and Medical Assistance Medicaid Managed Care Contract. Retrieved August 2025 from https://www.dhss.delaware.gov/dhss/dmma/mco_procurement.html
2. Delaware Department of Health and Social Services. Delaware Medicaid State Plan. Retrieved August 2025 from https://www.dhss.delaware.gov/dhss/dmma/state_plan.html
3. AmeriHealth Caritas. (2024). Diamond State Health Plan and Delaware Healthy Children Program Member Handbook. Retrieved August 2025 from <https://www.amerihealthcaritasde.com/assets/pdf/member/eng/member-handbook-dshp.pdf>
4. AmeriHealth Caritas. Diamond State Health Plan-Plus Member Handbook. Retrieved August 2025 from <https://www.amerihealthcaritasde.com/assets/pdf/member/eng/member-handbook-dshp-plus.pdf>
5. Highmark Delaware Health Options. Long Term Care Diamond State Health Plan Plus. Retrieved August 2025 from <https://www.highmark.com/health-options-de/medicaid/benefits-programs/ltss-benefits>

G.4. LTSS Program: New Initiatives

1. Derived from information throughout profile

H.1. Public Behavioral Health System Governance: Organization Chart

1. Delaware Department of Health and Social Services. Contact Information. Retrieved August 2025 from <https://dhss.delaware.gov/dhss/main/contacts.htm>

H.1. Public Behavioral Health System Governance: Key Leadership

1. Delaware Department of Health and Social Services. Contact Information. Retrieved August 2025 from <https://dhss.delaware.gov/dhss/main/contacts.htm>

H.2. Division Of Substance Abuse & Mental Health: Spending

1. Delaware Office of Management and Budget. (2024). FY 25 Governor's Recommended Operating Budget Department of Health and Social Services. Retrieved August 2025 from <https://budget.delaware.gov/budget/fy2025/documents/operating/dhss.pdf>

I.3. Sources

H.2. Division Of Substance Abuse & Mental Health: Spending Over Time

1. Delaware Office of Management and Budget. (2024). FY 25 Governor's Recommended Operating Budget Department of Health and Social Services. Retrieved August 2025 from <https://budget.delaware.gov/budget/fy2025/documents/operating/dhss.pdf>
2. Delaware Office of Management and Budget. (2023). FY 24 Governor's Recommended Operating Budget Department of Health and Social Services. Retrieved August 2025 from <https://budget.delaware.gov/budget/fy2024/documents/operating/dhss.pdf>
3. Delaware Office of Management and Budget. (2022). FY 23 Governor's Recommended Operating Budget Department of Health and Social Services. Retrieved August 2025 from <https://budget.delaware.gov/budget/fy2023/documents/operating/dhss.pdf>
4. Delaware Office of Management and Budget. (2022). FY 22 Governor's Recommended Operating Budget Department of Health and Social Services. Retrieved August 2025 from <https://budget.delaware.gov/budget/fy2022/documents/operating/dhss.pdf>
5. Delaware Office of Management and Budget. (2020). FY 21 Governor's Recommended Operating Budget Department of Health and Social Services. Retrieved August 2025 from <https://budget.delaware.gov/budget/fy2021/documents/operating/dhss.pdf>

H.3. State Psychiatric Institutions

1. Delaware Office of Management and Budget. (2024). FY 25 Governor's Recommended Operating Budget Department of Health and Social Services. Retrieved August 2025 from <https://budget.delaware.gov/budget/fy2025/documents/operating/dhss.pdf>
2. Delaware Department of Human and Social Services. Delaware Psychiatric Center. Retrieved August 2025 from <https://dhss.delaware.gov/dhss/dsamh/dpc.html>
3. Treatment Advocacy Center. (2023) Delaware. Retrieved August 2025 from <https://www.treatmentadvocacycenter.org/wp-content/uploads/2023/10/Delaware-State-Hospital-System-2023.pdf>

H.4. State Behavioral Health Safety-Net Delivery System

1. Delaware Department of Health and Social Services. Division of Substance Abuse and Mental Health. Retrieved August 2025 from <https://dhss.delaware.gov/dhss/dsamh/index.html>
2. Delaware Department of Health and Social Services. PROMISE Program. Retrieved August 2025 from <https://dhss.delaware.gov/dhss/dsamh/promise.html>
3. Delaware Department of Health and Social Services. (2019, September 26). DHSS Awarded \$3.58 Million Federal Grant to Increase Addiction Treatment Capacity Among Medicaid Providers. Retrieved August 2025 from <https://news.delaware.gov/2019/09/26/dhss-awarded-3-58-million-federal-grant-to-increase-addiction-treatment-capacity-among-medicaid-providers/>
4. Centers for Medicare and Medicaid Services. (2021, April 2). Diamond State Health Plan. Retrieved August 2025 from <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/de/de-dshp-ca.pdf>
5. Delaware Department of Health and Social Services. Services for the Homeless. Retrieved August 2025 from <https://dhss.delaware.gov/homeless/>

I.3. Sources

H.5. Behavioral Health System: New Initiatives – Care Coordination Platform

1. Fierce Healthcare. (2025, October 6). Delaware sees results following recent launch of behavioral health coordination platform. Retrieved October 2025 from <https://www.fiercehealthcare.com/health-tech/delaware-launches-behavioral-health-coordination-platform-bamboo-health>
2. Bamboo Health. (2025, September 10). Delaware and Bamboo Health Announce Official Rollout of DTRN360, a Statewide Behavioral Health Care Coordination Platform. Retrieved October 2025 from <https://bamboohealth.com/press-release/delaware-and-bamboo-health-announce-official-rollout-of-dtrn360-a-statewide-behavioral-health-care-coordination-platform/>