



**DELAWARE HEALTH AND SOCIAL SERVICES**  
 Delaware Division of Medicaid & Medical Assistance

**Q&As from October Provider Stakeholder Sessions**

	Question	Response
<b>Transition</b>		
1	How long will it take to enroll with a contracted MCO?	This can vary, depending on each MCO. MCOs are committed to getting individuals enrolled as quickly as possible.
<b>Service authorization</b>		
2	These services will require MCO referral to the agency or FMS, as the MCO will determine medical need, correct?	Yes, that is correct.
3	Does respite have to be ordered by a doctor?	Eligibility for respite services will be determined based on medical necessity, which will involve input from a child's pediatrician.
4	What are some of the criteria for medical necessity for this service?	This is on a case-by-case basis and dependent on the specific needs of the child.
<b>Service limits</b>		
5	If they are qualified to have all three types of respite, the 285 hrs/yr is shared amongst all three?	Yes, the 285 hours per calendar year is a total limit for In-home Unskilled, In-home Skilled, and Out-of-Home Respite services.
<b>Self-direction</b>		
6	In the case of self-direction, are there any specifications around who the employer of the respite caregiver is to be? Would this be the parent/guardian? Or is this an agency with choice model?	The family is the employer but the FMS pays the provider.
7	If a family wants a provider to render self-directed skilled services, will the FMS need to collect documentation that the provider has relevant certification, or is that done at the MCO level or something else?	The FMS organization or the agency will need to confirm the provider qualifications.

	Question	Response
8	Please confirm if Delaware First Health will allow for self-direction of the new pediatric respite service.	All Medicaid MCOs, AmeriHealth Caritas, Highmark Delaware Health Options, and Delaware First Health, will allow for self-direction of the new pediatric respite service.
<b>Provider requirements</b>		
9	What kind of background checks will the individual respite provider need to undergo?	DMMA will look into this. Additional guidance will be provided at a later date.
10	I currently work in a school. Would I still need to go through the background check?	Yes.
11	Should providers obtain first aid and CPR certification on their own and provide documentation, and to whom should the documentation be provided?	DMMA will follow up on this. Documentation should be provided to the FMS organization or agency the provider works with. Additional guidance will be provided at a later date.
12	Will certified approved providers be issued a specific provider type that will allow them to be distinguished?	In order to provide respite services, providers must be registered through an agency or through an FMS organization.
<b>Paying providers</b>		
13	Do MCOs direct funds to FMS organizations, or does DMMA direct funds to the FMS?	FMS organizations are contracted with the MCOs. The MCOs pay the FMS organizations. Medicaid pays the MCOs.
14	What is the rate the MCOs will be paid?	MCOs are not paid a specific rate for a single service. They are paid a global amount for delivery of the comprehensive services a member needs.
15	Will DMMA direct the rates, or will they be decided by the MCOs or FMS organizations?	DMMA will not establish rates. Rates are determined by the agency or FMS organization a provider works with.
<b>DDDS respite service and collaboration with Medicaid new pediatric respite service</b>		
16	Are the new Medicaid respite pediatric services available in conjunction with the DDDS respite services?	DDDS respite services will continue to be an option available to families. Individuals will not be able to receive duplicative respite services through DDDS and Medicaid. Families will be able to choose which benefits best fits their needs. DMMA will work with DDDS to ensure a coordinated approach to supporting families and, as needed, a smooth transition between programs.

	Question	Response
<b>Resources for additional information</b>		
17	I am an occupational therapy assistant who would be a new provider. What do I need to do to get started?	If you are providing services under the self-directed option, contact one of the FMS organizations. If you are providing services through an agency, contact an MCO.
18	How do we get in contact with an MCO to set everything up?	There are currently two Medicaid MCOs: AmeriHealth Caritas and Highmark Delaware Health Options. Effective January 1, 2023, Delaware First Health will also be a Medicaid MCO operating in the state. Email addresses for each are as follows:  <a href="http://www.amerihealthcaritasde.com">www.amerihealthcaritasde.com</a> ; <a href="http://www.highmarkhealthoptions.com">www.highmarkhealthoptions.com</a> ; <a href="http://www.delawarefirsthealth.com">www.delawarefirsthealth.com</a> .
<b>Other</b>		
19	Can providers sign up with all three types of agencies — Personal Assistance Agencies, Home Health Aide Only, and Skilled Home Health Agencies?	Yes, providers can sign up with all three types of agencies.
20	Is there a mailbox for further questions?	A mailbox will be set up if needed. To be determined.
21	For residential care treatment facilities, will the MCOs be responsible for the room and board or just the personal care component?	DMMA will follow up on this. Additional guidance will be provided at a later date.