This bulletin updates and clarifies Delaware’s efforts to ensure that individuals who receive health care via Medicaid receive the same access to treatment of substance abuse disorders as individuals who receive health care via private insurance.

Medicaid health plans must use the full set of American Society of Addiction Medicine criteria when determining whether “medical necessity” exists for the placement, continued stay, and transfer/discharge of patients with a substance use disorder in treatment programs. Additionally, this Act aligns protections relating to services, specifically 5 days of treatment in detox centers and 30 days of treatment in Intensive Outpatient Programs, with a residential treatment option.

Per Senate Bill 109, prior authorization must not be a barrier to these services. Members must be provided coverage for these services, when medically necessary, using the full set of American Society of Addiction Medicine criteria, for drug and alcohol dependencies in all health benefit plans.