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Diamond State Health Plan

Section 1115 2020 Annual and 4th Quarterly Report

Demonstration Year 25 (1/1/2020 – 12/31/2020)

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Introduction

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

Through an amendment approved by CMS in 2012, Delaware was authorized to create the Diamond State Health Plan Plus (DSHP-Plus), which is Delaware's managed long-term services and supports (MLTSS) program. Additional state plan populations to receive services through MCOs, including:

- (1) individuals receiving care at nursing facilities (NF) other than intermediate care facilities for the mentally retarded (ICF/MR);
- (2) children in pediatric nursing facilities;
- (3) individuals who receive benefits from both Medicaid and Medicare (dual eligibles); and
- (4) workers with disabilities who buy-in for coverage.

This amendment also added eligibility for the following new demonstration populations:

- (1) individuals who would previously have been enrolled through the 1915(c) home and community based services (HCBS) waiver program for the Elderly and Disabled. This include those receiving services under the Money Follows the Person demonstration;
- (2) individuals who would previously have been enrolled through the 1915(c) HCBS waiver for Individuals with Human Immunodeficiency Virus and Acquired Immunodeficiency Syndrome (HIV/AIDS) Related Diseases;
- (3) individuals residing in NF who no longer meet the current medical necessity criteria for NF services; and
- (4) adults and children with incomes below 250 percent of the Supplemental Security Income Federal Benefit Rate who are at risk for institutionalization.

Additionally, this amendment expanded HCBS to include:

- (1) cost-effective and medically necessary home modifications;
- (2) chore services; and
- (3) home-delivered meals.

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

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

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

In July 2019, the demonstration was extended for an additional five years and an amendment approved to provide the state with authority to provide high-quality, clinically appropriate SUD treatment services for short-term residents in residential and inpatient treatment settings that qualify as an Institution for Mental Diseases (IMD).

Delaware submitted an amendment to the demonstration on August 11, 2020, to revise the budget neutrality expenditures to reflect the costs associated with the adult dental benefits that were recently added to the Medicaid state plan. Delaware requested this amendment because, although the dental services are authorized under state plan authority, they will be administered through the DSHP managed care delivery system, which is authorized by this demonstration. The amendment was approved effective January 19, 2021.

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

- Improving access to health care for the Medicaid population, including increasing options for those who need long-term care (LTC) by expanding access to HCBS;
- Rebalancing Delaware's LTC system in favor of HCBS;
- Promoting early intervention for individuals with, or at-risk, for having, LTC needs;
- Increasing coordination of care and supports;
- Expanding consumer choices;
- Improving the quality of health services, including LTC services, delivered to all Delawareans;
- Creating a payment structure that provides incentives for resources to shift from institutions to community-based LTSS services where appropriate;

- Improving coordination and integration of Medicare and Medicaid benefits for full-benefit dual eligibles;
- Improving overall health status and quality of life of individuals enrolled in PROMISE;
- Increasing and strengthening overall coverage of former foster care youth to improve health outcomes for this population;
- Increasing enrollee access and utilization of appropriate SUD treatment services; decrease use of medically inappropriate and avoidable high-cost emergency and hospital services; increase initiation of follow-up SUD treatment after emergency department discharge; and reduce SUD readmission rates; and
- Increasing access to dental services; decrease the percent of emergency department visits for non-traumatic dental conditions in adults; increase follow up with dentists after an emergency department visit for non-traumatic dental conditions in adults; and increase the number of adults with diabetes who receive an oral exam annually.

The DSHP demonstration includes five distinct components: 1) The DSHP Medicaid managed care program provides Medicaid state plan benefits through a comprehensive managed care delivery system to most recipients eligible under the state plan; 2) The DSHP Plus program provides long-term care services and supports (LTSS) to certain individuals under the State Plan, and to certain demonstration populations; 3) The PROMISE program provides enhanced behavioral health services fee-for-service (FFS) to Medicaid beneficiaries with a higher level of behavioral health needs and functional limitations who need HCBS to live and work in integrated settings; 4) Coverage for former foster care youth under age 26 who were in foster care under the responsibility of another state or tribe when they “aged out” of foster care at age 18 (or such higher age as elected by the state), were enrolled in Medicaid at that time, and are now residents in Delaware applying for Medicaid; and 5) Coverage for high-quality, clinically appropriate SUD treatment services for short-term residents in residential and inpatient treatment settings that qualify as IMDs.

In accordance with the STCs of the DSHP 1115 demonstration, the Delaware Division of Medicaid and Medical Assistance submits this fourth quarter report (for the quarter ending December 31, 2020) and annual report for Calendar Year 2020, Demonstration Year 25.

Enrollment Information and Enrollment Counts

Q4 Enrollment

Demonstration Populations	Current Enrollees (to date)	Disenrolled in Current Quarter
Population 1: Former AFDC Children less than 21 (DSHP TANF Children)	94,734	4
Population 2: Former AFDC Adults aged 21 and over (DSHP TANF Adult)	33,895	10
Population 3: Disabled Children less than 21 (DSHP SSI Children)	5,685	4
Population 4: Aged and Disabled Adults 21 and older (DSHP SSI Adults)	6,784	28
Population 5: Infants less than one year of age with income levels above 185 percent FPL through 200 percent FPL; optional targeted low income children (DSHP MCHIP)	N/A	N/A
Population 6: DSHP Adult Group	75,348	118
Population 7: DSHP-Plus State Plan	10,127	252
Population 8: DSHP-Plus HCBS	5,689	111
Population 9: DSHP TEFRA-Like	299	0
Population 10: PROMISE	1480	62
Population 11: Former Foster Care Youth	0	0

Definition: "Current Enrollees (to date) is an unduplicated count of clients in the MCO for at least one day in the October 1, 2020 to December 31, 2020 period based on capitation claims and for the MC and PROMISE enrollment and eligibility files. Clients who were in more than one eligibility category during the quarter are reported based on their last status (most recent month). Age calculated as of the first day of the most recent month of enrollment, consistent with reporting of member months.

2020 Annual Enrollment

Demonstration Populations	Current Annual Enrollees (to date)
Population 1: Former AFDC Children less than 21 (DSHP TANF Children)	360,739
Population 2: Former AFDC Adults aged 21 and over (DSHP TANF Adult)	127,006
Population 3: Disabled Children less than 21 (DSHP SSI Children)	22,260
Population 4: Aged and Disabled Adults 21 and older (DSHP SSI Adults)	26,693
Population 5: Infants less than one year of age with income levels above 185 percent FPL through 200 percent FPL; optional targeted low income children (DSHP MCHIP)	N/A
Population 6: DSHP Adult Group	281,164
Population 7: DSHP-Plus State Plan	40,170
Population 8: DSHP-Plus HCBS	22,195
Population 9: DSHP TEFRA-Like	1,171
Population 10: PROMISE	5,792
Population 11: Former Foster Care Youth	199

Outreach and Innovative Activities

Q4 MCO and State Outreach Events, Special Topic Meetings and Workgroups

Expansion of Home-Delivered Meals – Under the Appendix K authority provided in the DSHP 1115 Waiver, DMMA continued providing additional home-delivered meals to vulnerable clients served in the DSHP Plus HCBS Program. Highmark Health Options and AmeriHealth Caritas DE performed extra outreach to DSHP Plus members to inform them of this extra benefit.

MCO Outreach – Due to the PHE, the MCOs suspended all in-person community-based outreach and transitioned to virtual outreach activities. Below are examples of virtual outreach conducted during Q4 by DMMA’s MCO partners.

- Highmark Health Options (HHO) Q4 Outreach Events

HHO instituted monthly virtual Member Advisory Committee (MAC) meetings which are facilitated by HHO member advocates. Guest speakers from different areas are asked to address the MAC with information that is pertinent to members. Examples have included how to access services, a demonstration of HHO’s new public website, behavioral health, telehealth and reporting fraud, waste and abuse to HHO. HHO continues to engage with their clinical team to identify new members for participation in the MAC.

- AmeriHealth Caritas Outreach Events

AmeriHealth Caritas DE participated in and supported the following virtual events with DMMA’s community partners:

- Participation with the Sussex County Health Coalition in support of “Delaware Goes Purple” during the National Substance Abuse Awareness Month (October 2020).
- Social media outreach to educate the community about substance abuse and available resources.
- The Champions for Children Week of Giving – Prevent Child Abuse November 16 - November 22 virtual fund raising event

Q4 DMMA Special Interest Meetings/Conferences

Delaware Family Voices – DMMA continues to support Delaware Family Voices. Caring for children with special needs is often complex, and Delaware Family Voices and the Family to Family Health Information Center is in the unique position to help. This organization states that “We help families of children with special needs become informed, experienced, and self-sufficient advocates for their children and themselves.” DMMA and our MCOs participate in these monthly calls assisting families to navigate the complex healthcare field. There were three monthly calls this quarter: October 13,

November 10, and December 8, 2020. DMMA stays in regular contact with Delaware Family Voices outside of scheduled calls to assist any Medicaid family in need.

Maternal Child Health – The new DMMA Maternal Child Health Clinical Lead, Dara Hall, had the opportunity to meet with AmeriHealth to review their Bright Starts program. This program is designed to improve prenatal care by promoting healthy behaviors and controlling risk factors during pregnancy. DMMA continues to work with the MCOs to increase collaboration related to maternal child health.

The Doula Taskforce under the Delaware Healthy Mother & Infant Consortium (DHMIC) also met during Q4. During the first meeting on October 14, 2020, the group addressed hospital COVID-19 procedures preventing access to doulas in hospital rooms (mothers were limited to one visitor and would be required to choose between a doula or support person). As of October 19, 2020, hospitals will now allow doulas in as a second visitor. The Taskforce has a long-term goal of incorporating doulas into overall care to improve outcomes for mothers.

Delaware has been accepted into NASHP technical assistance program on public insurance financing for home visiting programs. Training sessions will begin in January 2021 with members of maternal child health team in DPH. The team also began holding monthly meetings starting Dec. 15th to enhance communication and strengthen our partnership with the Division of Public Health MCH team.

Medicaid Evidence-Based Decisions (MED) Project - In October 2020, DMMA participated in the MED Project's presentation of the January-June 2021 Work Plan.

COVID-19 - On November 5, 2020, the DMMA Chief Medical Officer attended a Virtual Medicaid Director's Network meeting hosted by Academy Health. This meeting was co-sponsored by PCORI to discuss a research agenda related to Medicaid and COVID-19.

Center for Evidence Based Policy Fall Meeting - In October, DMMA staff attended the Center for Evidence-based Policy's Fall State Conference.

Advancing States Annual Conference – Several DMMA staff attended the December 2020 Advancing States HCBS Conference. DMMA attended and presented in multiple sessions, including:

- CMS Updates and Q & A
- Integrating HCBS Into The 1115 Waiver: Delaware's Experience
- Re-envisioning Long-Term Services and Supports: Three States Share Their Experiences
- Delaware's Commitment to Understanding Caring for Children with Medical Complexity

Post-award Public Forum

The next post-award public forum will be scheduled for June/July 2021 MCAC meeting.

2020 Annual Report on MCO and State Outreach Activities, Special Topic Meetings and Workgroups

MCO Outreach Activities_- Due to the COVID-19 Public Health Emergency (PHE), the MCOs suspended in-person outreach. Both MCOs increased their website information to include COVID-19 information, especially telehealth information and community resources, and transitioned to virtual outreach events.

DMMA Outreach Activities, Special Topics Meetings and Workgroups – Examples of DMMA's outreach activities in 2020 include:

- Regular calls with the MCOs and Family Voices, which represents children with special health care needs.
- Participation in Special Interest meetings, conferences, and learning collaboratives, including: the 2020 Advancing States Spring and Annual meetings; the Maternal Mortality Innovation Accelerator Program; the Doula Taskforce under the Delaware Healthy Mother & Infant Consortium (DHMIC); and the Medicaid Evidence-Based Decisions (MED) Project.

Q4 Innovative Activities and 2020 Annual Summary of Innovative Activities

Social Determinants of Health (SDOH) - As a result of the PHE, DMMA focused on addressing food insecurity in Medicaid. The first initiative focused on working with our MCOs and CMS (through Appendix K authority in the 1115 Waiver) to increase the availability of home-delivered meals to DSHP Plus members receiving HCBS services.

During 2020, DMMA also recognized the need to address food insecurity needs identified in the Medicaid population which were made more evident from the ongoing pandemic. In the summer of 2020, DMMA began planning for a partnership project including the Medicaid MCOs, our non-emergent medical transportation broker, our local Food Bank, and the hospitals to be able to deliver food boxes directly to the homes of women who are in their immediate postpartum period. These food boxes would provide a family with three days' worth of meals without the need to go to the grocery store or find another source of food right when they have multiple competing priorities. Throughout the second half of 2020, Dr. Brown, DMMA Medical Director, and Kathleen Dougherty, Managed Care Operations Chief, facilitated meetings with each partner to determine the roles and responsibilities in order to provide a seamless experience for those members and planned how DMMA could promote the program at the hospital after the delivery.

In Q4, DMMA made progress on planning for implementation of the food box partnership project by completing the reporting templates that would be required of the MCOs and their transportation broker to be able to track the outreach and engagement with the postpartum population as well as track the actual deliveries made. On October 29, 2020, DMMA held a joint planning meeting including the MCOs, the transportation broker, and the food bank to walk through the delivery process and

ensure all parties understood their responsibilities to be able to implement the project starting in first quarter of 2021.

Medicaid/CHIP Accountable Care Organization Program (Medicaid ACO Program) - DMMA, under the direction of DHSS, is developing a Medicaid ACO Program for the purpose of improving health outcomes while reducing costs through value based purchasing (VBP) arrangements which include downside financial risk for ACOs. The Medicaid ACO program is part of the strategies DMMA is pursuing to advance the adoption of participating Medicaid VBP models and total cost of care (TCOC) strategies. In the 4th quarter of 2019, DMMA developed an application to allow qualified provider organizations to apply to become Medicaid ACOs and subsequently contract directly with our Medicaid managed care organizations (MCOs) in a TCOC payment arrangement. These applications will be due by May 15, 2020. DMMA believes that by working together, Medicaid ACOs and MCOs can better coordinate care for Delaware's Medicaid and CHIP members, providing better health outcomes and lower costs.

Operational/Policy Developments/Issues

Q4 Operational and Policy Issues

Policy and Legislative developments

DMMA submitted Disaster SPAs to address payment for nursing facility COVID-19 isolation units and to address reimbursement for nursing facilities and school-based wellness centers during the PHE.

MCO Operational Issues

The MCOs continue their daily outreach to assist members during the COVID-19 crisis, with a strong emphasis on social determinants of health. COVID-19 Response Teams outreached to members identified using the DHIN (the Delaware HIE) analytics, member self-reporting, claims and utilization management. Care coordinators ensure access to care, address social determinants of health concerns, verify participation with Department of Public Health and provide assistance and education on coping during the pandemic. DSHP Plus (LTSS) HCBS members have been provided additional home-delivered meals as needed and additional check-ins are performed by case managers. Members unable to attend adult day or day habilitation programs had additional attendant care services and meals authorized in lieu of on-site services. Behavioral health, including SUD, continues to be a focus for the MCO's, especially the homeless members that are residing in hotels.

DSHP 1115 Waiver Administration

DMMA continued to work with CMS on approval of the SUD Evaluation Design Plans and Monitoring Plan.

Other Program Issues

Medicaid Adult Dental Benefit – DMMA began offering an adult dental benefit on October 1, 2020 under the managed care authority of the DSHP Waiver.

Support Act Grant - DMMA was awarded a \$3.58 million planning grant from CMS to assess and expand our capacity to treat substance use disorder (SUD) in Medicaid. These funds will support an examination of our reimbursement system for SUD treatment providers, additional data analytic capacity to track SUD in the Medicaid population, and training for outpatient providers to increase the number of providers treating SUD. During the fourth quarter of 2020, the SUPPORT Act Planning Grant Core Team continued to meet twice a month. The team participated in regular telephone calls with their CMS project officer and other relevant staff. Other significant achievements include the design of educational modules for the Office Based Opioid Treatment fellowship, continued progress on an analysis of the adequacy of our SUD-related Medicaid payments and rates, completion of an inventory of SUD care coordination models, completion of a MAT incentive model inventory, continued

engagement with stakeholders, and continued progress on our OUD/SUD prevalence study and treatment system gaps and capacity analysis.

Electronic Visit Verification – Delaware continued working toward implementation of EVV under the Good Faith extension from CMS.

Program Integrity - The Surveillance and Utilization Review Unit (SUR) worked diligently in the final quarter of 2020 to identify, correct, and prevent fraud waste and abuse in the Delaware Medicaid Program. These efforts included continuing to identify ways to utilize and analyze MCO encounter data to ensure proper payment of claims. The unit worked with Contractor IBM Watson to refine the audit process and to develop effective strategies for auditing encounter claims. IBM Watson will be providing ongoing statistician services and procedural guidance to the SUR team. The unit worked diligently to train new staff members including two new nurse reviewers and an auditor.

The SUR team used various data mining strategies to guide the post payment auditing and review efforts of the unit. Recent data mining projects have focused on chiropractic services, pharmacy claims and private duty nursing/personal care claims. The SUR data analysts collaborate regularly with both the MCOs and the MFCU to ensure that efforts are not duplicative but remain effective for fighting fraud. The unit continues to strengthen its relationship with NEMT provider LogistiCare (now Modivcare) by facilitating monthly collaborative meetings designed to discuss areas of the program that may be vulnerable to fraud, waste, or abuse.

Throughout 2020, the Program Integrity unit maintained its practice of holding monthly meetings with each MCO, as well as the joint quarterly sessions held in conjunction with our Medicaid Fraud Control Unit (MFCU). This practice continues to be effective in identifying aberrant billing patterns and provider misconduct within the Medicaid program. This collaborative approach is also helping to ease the transition of auditing encounter data, as MCO input is essential to the success of this effort.

2020 Annual Report on Operational and Policy Issues

COVID-19 Impacts

The nation faced the COVID-19 pandemic in March, the third month of the first quarter of DY 25. The Governor issued a State of Emergency declaration on March 12, 2020 that became effective on March 13, 2020 ordering Delawareans to stay at home whenever possible and closing all non-essential businesses in Delaware to help fight the spread of COVID-19 and the President and HHS Secretary declared a public health emergency. The PHE and State of Emergency declarations are still in place.

In response, DMMA took actions that included, but were not limited to:

- Securing additional Federal authority flexibilities available under the PHE, including 1135 requests, Appendix K requests, Disaster SPA requests, and amendments to the DSHP 1115 Waiver;

- Waiving pharmacy copayments;
- Increasing support for telehealth through our MCOs;
- Assessing needs associated with food insecurity;
- Working with nursing facilities to better understand the impact of COVID-19 on these facilities and their needs;
- Extending prior authorization requests;
- Developing provider retainer payment policies;
- Implementing COVID-19 testing codes; and
- Monitoring the impact on NEMT.

During 2020, DMMA also focused on a number of priority operational and policy issues, including:

- Preparing for the successful start of an adult dental benefit on October 1, 2020;
- Implementing Medicaid retroactive eligibility for pregnant/post-partum women and children on July 1, 2020;
- Working with CMS towards the approval of the SUD Implementation Plan, Monitoring Plan, and Evaluation Design Plans and continuing work on the SUPPORT Act Grant;
- Working toward implementation of EVV requirements;
- Addressing food insecurity for DSHP Plus HCBS members through the provision of additional home-delivered meals; and
- Developing a plan to address food insecurity for certain new mothers through a partnership with our NEMT vendor and the Delaware Food Bank.

Expenditure Containment Initiatives

Q4 Expenditure Containment Initiatives and 2020 Annual Report on Expenditure Containment Initiatives

Medicaid/CHIP Accountable Care Organization Program (Medicaid ACO Program) –DMMA, under the direction of DHSS, developed a Medicaid ACO Program for the purpose of improving health outcomes while reducing costs through value based purchasing (VBP) arrangements which include downside financial risk for ACOs. The Medicaid ACO program is part of the strategies DMMA is pursuing to advance the adoption of participating Medicaid VBP models and total cost of care (TCOC) strategies. DMMA developed an application to allow qualified provider organizations to apply to become Medicaid ACOs and subsequently contract directly with our Medicaid MCOs in a TCOC payment arrangement. DMMA believes that by working together, Medicaid ACOs and MCOs can better coordinate care for Delaware's Medicaid and CHIP members, providing better health outcomes and lower costs. The applications were due by May 15, 2020, but due to the ongoing COVID-19 response and related activities, DMMA extended the due date to Tuesday, June 30, 2020. The State received five applications from interested ACO entities. After review and evaluation, DMMA approved four Medicaid ACOs. On September 22, DHSS released a public announcement of the four authorized Medicaid ACOs. Upon announcement, the ACOs are now authorized to negotiate and enter into agreements directly with the state's two Medicaid managed care organizations (MCOs) – AmeriHealth Caritas Delaware and Highmark Health Options. The MCO/ACO contracts will begin July 1, 2021. The inaugural group of Medicaid ACOs are authorized through December 31, 2024.

During the four quarter of 2020, DMMA updated the ACO application for release in March 2021. The application process will follow the process in 2020 with any new ACOs eligible for inclusion in Medicaid managed care contracts effective for calendar year 2022.

Financial/Budget Neutrality Development/Issues

Q4 Financial/Budget Neutrality/Issues

DMMA continued to work on preparing documentation, by quarter by demonstration year, to discuss potential adjustments with CMS for discussions to begin in early summer 2021.

2020 Annual Report on Financial/Budget Neutrality/Issues

During 2019, DMMA and CMS worked together to reach agreement on a new 5-year budget neutrality agreement for the demonstration extension. This agreement included a transitional phase-down of newly accrued savings, as described in State Medicaid Director Letter # 18-009. During the budget neutrality negotiations, DMMA identified an issue with budget neutrality reporting. Since DY 19 (01/01/14 through 12/31/2014), Delaware has not reported demonstration expenditures consistently to CMS through the CMS-64 reports, leading to significant discrepancies between the expenditures reported on budget neutrality monitoring spreadsheets and the CMS-64. DMMA has been working on

these budget neutrality reconciliation issues throughout 2019 and 2020. DMMA submitted to CMS the reconciliation work plan and timeline due to CMS by December 31, 2019 as described in STC 71 and as described above, has identified transactions that will require adjustments. DMMA is preparing documentation, by quarter by demonstration year, to discuss the potential adjustments with CMS and expects these meetings to begin in early summer 2021.

Member Month Reporting and With-Waiver PMPMs

Q4 2020 Member Months

Eligibility Group	Month 7 October 2020 Member Months	Month 8 November 2020 Member Months	Month 9 December 2020 Member Months	Total Quarter ending December 31, 2020
DSHP TANF CHILDREN	91,965	92,833	93,723	278,521
DSHP TANF ADULT	32,557	32,907	33,341	98,805
DSHP SSI CHILDREN	5,569	5,584	5,584	16,737
DSHP SSI ADULTS	6,585	6,599	6,607	19,791
DSHP MCHP (Title XIX match)*	0	0	0	0
DSHP ADULT GROUP	70,801	72,206	73,704	216,711
DSHP-Plus State Plan	9,906	9,923	9,911	29,740
DSHP-Plus HCBS	5,481	5,542	5,544	16,567
DSHP TEFRA-Like**	278	279	279	836
PROMISE	1,439	1,445	1,450	4,334

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

**These TEFRA counts are PROXY Counts compiled by taking 5% of total SSI Children (and reducing the SSI Children by that Amount)

Q4 2020 Member Months and WW PMPMs

Eligibility Group	Total Member Months for the Quarter	PMPM	Total Expenditures
DSHP TANF CHILDREN	278,521	\$334.78	\$93,243,270
DSHP TANF ADULT	98,805	\$569.39	\$56,258,674
DSHP SSI CHILDREN	15,392	\$1,927.87	\$29,673,705
DSHP SSI ADULTS	19,791	\$1,483.83	\$29,366,493
DSHP MCHIP (Title XIX match)	0	0	0
DSHP ADULT GROUP	216,711	\$694.26	\$150,454,244
DSHP-Plus State Plan	29,740	\$1,562.02	\$46,454,407
DSHP-Plus HCBS	16,567	\$6,625.25	\$109,760,462
DSHP TEFRA-Like	836	\$1,868.15	\$1,561,774
PROMISE	4,334	\$234.57	\$1,016,639

Information on the DSHP MCHIP (Title XXI match) (Information Only) Eligibility Group will be updated in the next quarterly report.

2020 Annual Report on Budget Neutrality Calculations – Member Months

Eligibility Group	Q1 2020 Member Months	Q2 2020 Member Months	Q3 2020 Member Months	Q4 2020 Member Months	Total Year ending Dec 31, 2020
DSHP TANF CHILDREN	251,432	258,570	270,115	278,521	1,058,638
DSHP TANF ADULT	85,685	89,679	95,433	98,805	369,602
DSHP SSI CHILDREN	16,054	16,316	16,626	16,737	65,733
DSHP SSI ADULTS	19,392	19,579	19,802	19,791	78,564
DSHP MCHP (Title XIX match)*	0	0	0	0	0
DSHP ADULT GROUP	160,497	196,673	205,798	216,711	779,679
DSHP-Plus State Plan	29,963	29,590	29,448	29,740	118,741
DSHP-Plus HCBS	15,817	16,260	16,388	16,567	65,032
DSHP TEFRA-Like	845	859	876	836	3416
PROMISE	4,083	4,180	4,210	4,334	16,807

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

2020 Annual Report on Budget Neutrality Calculations - Member Months and WW PMPMs

Eligibility Group	Total Member Months for the Year	PMPM	Total Year Ending 12/31/2020
DSHP TANF CHILDREN	1,058,638	\$355.05	\$375,864,812
DSHP TANF ADULT	369,602	\$587.08	\$216,987,112
DSHP SSI CHILDREN	65,733	\$1,919.18	\$126,153,289
DSHP SSI ADULTS	78,564	\$1,595.63	\$125,358,947
DSHP MCHP (Title XIX match)	0	\$0.00	\$0.00
DSHP ADULT GROUP	779,679	\$726.51	\$566,440,987
DSHP-Plus State Plan	118,741	\$1,852.83	\$220,006,542
DSHP-Plus HCBS	65,032	\$6,755.82	\$439,344,611
DSHP TEFRA-Like	3416	\$1,943.63	\$6,639,440
PROMISE	16,807	\$124.17	\$2,086,885

Per STC #67(e), DMMA certifies to the accuracy of this member month information.

Consumer Issues

Q4 Consumer Issues

There were no notable complaints or problems consumers identified about the program in the current quarter.

HBM (Enrollment Broker) Update – Q4 2020 – Open Enrollment (OE) activities began in July with the preparation of materials for member mailings. The HBM conducted a 60-day open enrollment telephone notification campaign. They called member households informing them OE was starting October 1, 2020. A second telephone call campaign was done in September, reminding members about OE. This year, we also utilized social media to raise awareness of our open enrollment period and text message reminders were sent to any member who enrolled in the text notification system with our HBM.

The HBM successfully completed Open Enrollment. There were 936 member requests to change their

managed care organization during Open Enrollment.

Children with Medical Complexity Advisory Council – Q4 2020 – The Children with Medical Complexity Advisory Council (Advisory Council) meeting convened remotely on November 2, 2020. Under the direction of the Advisory Council, the Children with Medical Complexity website has been updated to include a resources link for families making it easier for them to navigate the healthcare landscape. Also, the Family Satisfaction Survey’s study instrument has been approved by the Advisory Council as well as DHSS’ Human Subject Research Board and will be mailed out to over 4,000 families of children with medical complexity. The Advisory Council has ensured accommodations for all families needing assistance with translations services or any other needs. The Advisory Council launched the Private Duty Nursing Workforce Capacity Study in the 3rd Quarter of the year and it is ongoing.

Medical Care Advisory Council (MCAC) – Q4 2020 –The MCAC met on December 9th, 2020. Discussion included the impact of the COVID-19 infection surge on hospital providers, vaccine planning, the status of EVV implementation, the successful implementation of an adult dental benefit, and DMMA’s efforts to provide additional food supports. DMMA heard from parents of children with medical complexities about the challenges created by a limited supply of private duty nurses. DMMA also heard about the challenges the current housing crisis are presenting for returning clients safely to their homes after a hospital stay.

2020 Annual Report on Consumer Issues

Due to the COVID-19 Public Health Emergency (PHE), all of DMMA forums for addressing consumer issues transitioned to a remote format.

- The CMCAC met remotely for the first time on April 15, 2020 and focused on the impact of the PHE on families, the Family Satisfaction Survey, and the Skilled Home Health Nursing Workgroup continued working to address challenges with private duty nursing services.
- Through DMMA’s work with the Children with Medical Complexity Advisory Committee (CMCAC), there have been concerns raised by members about Private Duty Nursing (PDN) care for their children. Families have identified issues with access to adequate and consistent nursing coverage for their children who require skilled nursing care for many hours of the day in order to safely remain in their homes and communities. DMMA is conducting a PDN Workforce Capacity Study that is expected to be completed in June 2021. DMMA has also been working with families and other stakeholders, including Delaware’s managed care organizations, nursing agencies, Delaware Family Voices, the Delaware Community Legal Aid Society, the Delaware Association for Home and Community Care, school nurses and others to better understand and address the issues and barriers associated with access to private duty nursing supports.
- Due to COVID-19, DMMA put on hold the work of the Justice-Involved Populations Steering Committee to have the MCOs coordinate care prior to the member’s release.
- The MCAC addressed issues of importance to consumers, including telehealth flexibilities, adult dental implementation, and DMMA’s efforts to address food insecurity through

additional home-delivered meals and planning for delivery of food boxes from the Delaware Food Bank.

- The HBM successfully completed the 2020 Open Enrollment. There were 936 member requests to change their managed care organization during Open Enrollment.

Quality Assurance/Monitoring Activity

Q4 Quality Assurance/Monitoring Activity

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

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

QII Activity – During Q4:

- Over the course of the quarter, an internal workgroup has been meeting weekly to maintain momentum. We are on schedule to have a draft ready for public review by June 2021.
- DMMA actively participated in multiple opportunities for technical assistance and cross-state learning with CMS, Mathematica and AcademyHealth, including:
 - MAC QX: Sept. 24, 2020 Finding and Lessons Learned from the Medicaid and CHIP State Testing Collaborative. (NOTE: Delaware was one of the 5 pilot states that participated).
 - CMS QTAG: October 28, 2020 Quality Measurement, Improvement, and State Strategies to Support Children and Adults with Attention-Deficit/Hyperactivity Disorder (ADHD)
 - MAC QX: October 22, 2020: Improving Oral Health Quality of Care in Medicaid and CHIP
 - CMS QTAG: December 2, 2020 Managing Pneumonia Through Oral Health Care in Hospital and Long-Term Settings.
 - MAC QX: December 2020: Impact of COVID-19 on Medicaid Immunization Efforts; CDC's Call to Action on Childhood Vaccination Coverage, Update on Child Core Set reporting on childhood immunization status in Medicaid and CHIP and Impact of COVID-19 on

Medicaid Involvement with Immunization Information Systems (IIS) and the Immunization (IZ) Gateway.

The Quality Improvement Initiative (QII) Task Force held the quarterly meeting October 22nd, 2020. During this meeting, DMMA reported on an internal review of the critical incident reporting process; updates to the DMMA quality strategy; and QTAG discussion on recommended core set measure changes. Each MCO presented on their vaccine monitoring strategies and plans for the upcoming influenza season in the context of COVID-19.

Both MCOs submitted data to DMMA in Q4 on the CMS Adult and Child Core Set. DMMA worked to compile, analyze, and finalize Delaware's Core Set submission. Due to a technical challenge, we were unable to submit by the Dec. 31st deadline, but are on track for full submission in early 2021. DMMA communicated with the Mathematica team about the delay.

DMMA's Maternal Child Health Clinical Lead continues to provide DMMA with increased capacity to engage with other stakeholders, including the Delaware Healthy Mothers and Infants Consortium (DHMIC), Delaware Perinatal Quality Collaborative (DPQC), Maternal Mortality Review (MMR), and Fetal and Infant Mortality Review (FIMR). The position is working directly with the MCO quality teams on MCH initiatives. DMMA participated in the following MCH related meetings this quarter:

- FIMR:
 - New Castle County – November 10, 2020
 - Kent/Sussex County – November 12, 2020
- DPQC: October 15, 2020; December 17, 2020
- MMR: November 2020
- DHMIC: November 12, 2020
 - Doula Taskforce: October 14, 2020; October 21, 2020
- DPH/MCH Check-in: October 26, 2020; December 15, 2020

Case Management Oversight - Due to the COVID-19 PHE, MCO case management has been provided telephonically since March 2020. The MCOs submit weekly telephonic case management files for the DMMA clinical staff to review. DMMA communicates with the MCOs any areas of concern or need for improvement that our oversight team finds. Each week DMMA clinical staff review approximately 60 telephonic reviews which is a combination of care coordination and LTSS members.

The MCOs began offering virtual visits via Zoom/Microsoft teams in December 2020. DMMA staff attend these virtual visits with the MCOs and members. DMMA Q1 and Q2 case file reviews took place with the MCOs in October 2020.

DMMA/MCO Managed Care Meetings - The Bi-Monthly Managed Care meetings are a forum to discuss issues in a collaborative manner. The meetings are used to collaborate on common practices, identify issues, plan resolutions and establish connections to our sister agencies for coordination of care. We continued to work on Electronic Visit Verification with both MCOs. Many of the same

members of the MCO Managed Care Meetings attended the EVV meetings and trainings.

Incident Management System - DMMA worked with a contractor to complete a comprehensive review of its incident management processes for DSHP and DSHP-Plus. The goal of the review was to improve the overall performance of the incident management system, aligning practice and policy and integrating best practices. Activities included review and analysis of DMMA's current incident management regulations, policies, procedures, 1115 language and MCO contract language. In addition, interviews with staff were conducted in order to understand how incident management processes are operationalized. A literature review to identify best practices was completed and a gap analysis performed in order to identify areas of improvement. A series of recommendations were developed focusing on the areas of: policy and operations, data collection and reporting, training and IT systems. DMMA developed and is set to implement a multi-phase work plan to operationalize many of the recommendations.

2020 Annual Report on Quality Assurance/Monitoring Activity

QII Task Force – In 2020, the QII Taskforce:

- Focused on quality measurement and improvement during COVID-19. The group considered what measures are appropriate during a pandemic, what is scientifically acceptable, the feasibility of calculating the measure given the limitations of COVID-19, and how to implement quality improvement. The group also focused on revisions to the DSHP Quality Management approach. This work involves evaluating DMMA's processes, oversight and monitoring of critical incidents. It will also involve a full revision to the Quality Strategy and focusing on the quality improvement process and PIPs;
- Kicked off a comprehensive review and update of our quality strategy;
- Actively participated in multiple opportunities for technical assistance and cross-state learning with CMS, Mathematica and AcademyHealth;
- Reviewed the critical incident reporting process;
- Planned for vaccine monitoring strategies and plans in light of COVID-19; and
- Compiled, analyzed and worked on finalizing Delaware's Core Set submission. Due to a technical challenge, we were unable to submit by the Dec. 31st deadline, but are on track for full submission in early 2021.

Case Management Oversight - DMMA oversight staff completed 2002 telephonic/virtual visits with the MCOs which included Nursing Facilities and Community based settings. Due to COVID-19, DMMA and the MCOs began telephonic/virtual visits in lieu of face to face member visits beginning mid-March 2020. DMMA meets with each MCO quarterly to discuss joint telephonic/virtual member visit findings and collaborates on ways to improve. DMMA case management oversight staff completed quarterly virtual/onsite file reviews with Highmark Health Options and AmeriHealth Caritas. DMMA reviewed the findings with each MCO and discussed opportunities for improvement for our Medicaid members.

DMMA/MCO Meetings - During 2020, DMMA's bi-monthly meetings with the MCOs included topics such as the status of the justice-involved Medicaid member initiative, EVV, the impact of COVID-19 on members, providers and plan operations, and the enrollment of Lifespan 1915(c) Waiver members into managed care.

Quality Strategy Review - DMMA is updating the Quality Strategy and plans to release a draft for public comment in March 2021.

Managed Care Reporting Requirements

Q4 and Annual QCMMR and QCMMR Plus Reporting

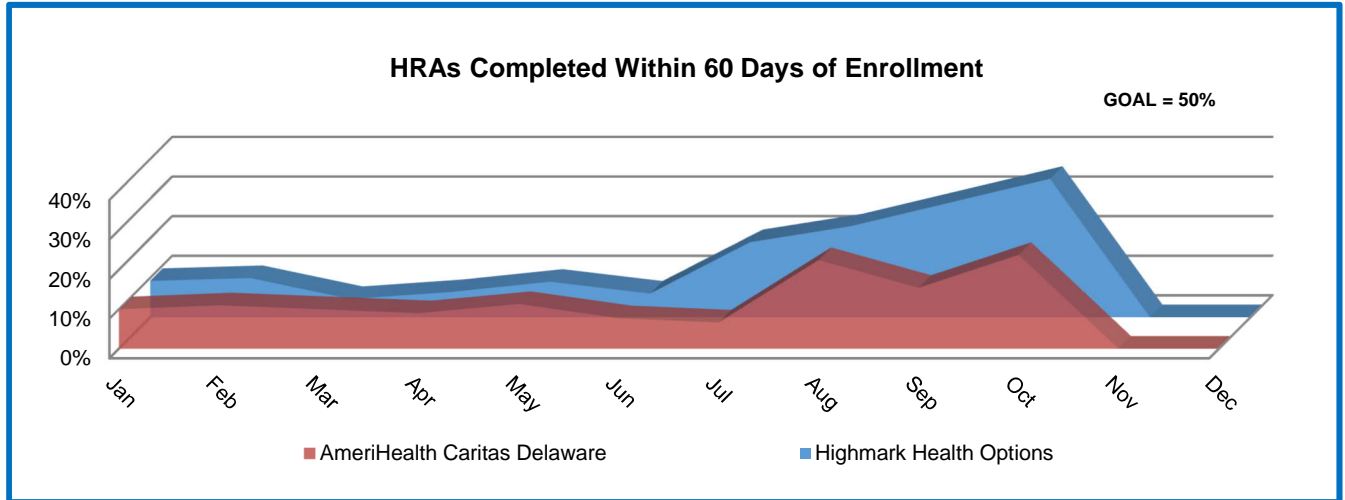
The Medical Management Managed Care Team has developed and refined our Quality and Care Management Measurement Reporting Templates (QCMMR) and QCMMR Plus. The QCMMR reports on the DSHP and CHIP Medicaid Populations while the QCMMR Plus reports on the DSHP Plus population. The Managed Care Operations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

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

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

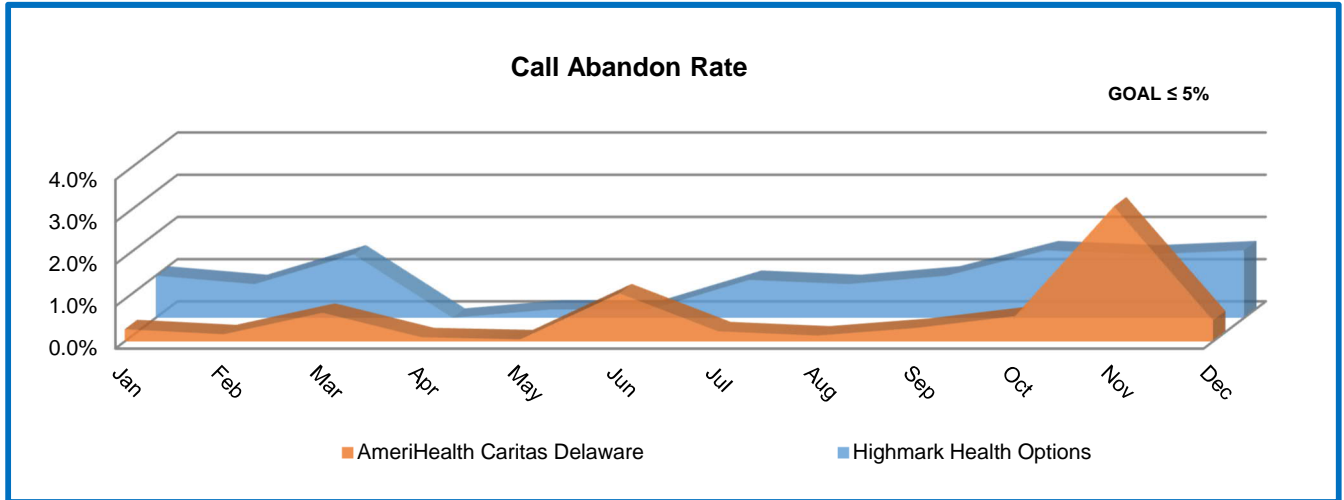
QCMMR Reporting Examples:

Health Risk Assessment (HRA) Completion Rate



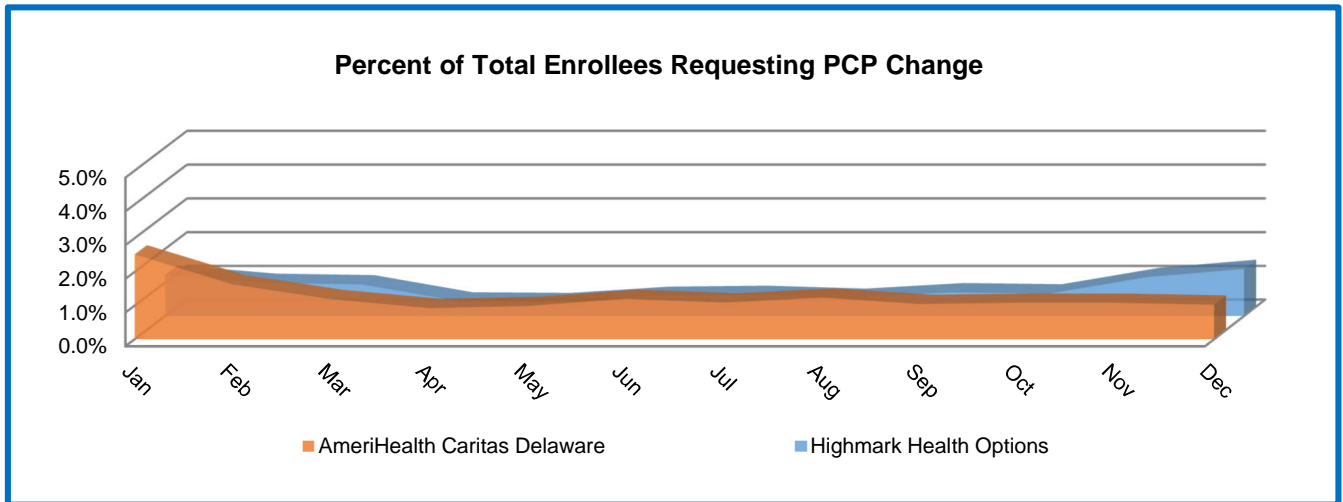
HRAs serve as a key to identifying and engaging members in need of services early in their experience with an MCO. The MCOs are contractually required to complete HRAs with at least 50% of their newly enrolled members within 60 days of enrollment. Both MCOs have fallen well short of that contractual obligation in Q4 and in 2020, but did see significant improvements in the period of August-October 2020.

Customer Service: Call Abandon Rate



Both MCOs met the goal for call abandon rate during Q4 and 2020.

Percent of Enrollees Requesting a Change in Primary-Care Provider



Access in Q4 – For DSHP, MCOs report in alternating quarters on the timely appointments metric. For Q4, the reporting MCO met the goal of 100% access in all of the 20 areas measured related to timely appointments.

For DSHP Plus, the number of providers for Home Health, Day Service and Behavioral Health for both MCOs are similar with a few exceptions. For Home and Community-Based Services (HCBS) and Atypical Service providers, one MCO has more than double the number of providers than the second MCO.

Behavioral health services data is on a 90-day lag resulting in Q3 data being submitted during the Q4 reporting period. The rate of Plus members that are receiving behavioral health services is comparable, with one MCO at 14.3% and the second MCO at 18.5%.

Q4 Grievances – For DSHP, there were 229 grievances. The breakdown across areas is described below:

- Access and availability: 14
- Benefits: 3
- Billing and/or claims: 35
- Cultural competency: 3
- MCO staff issue: 5
- Quality of care: 68
- Quality of service: 79
- Transportation to medical appointment: 5
- Other: 17

For DSHP Plus, there were 85 grievances for Q4. The breakdown across areas is described below:

- Access and availability: 3
- Benefits: 1
- Billing and/or claims: 9
- Cultural competency: 0
- MCO staff issue: 2
- Quality of care: 21
- Quality of service: 29
- Transportation to medical appointment: 5
- Other: 10
- Case management HCBS and institutional experience: 5

Q4 Appeals- Appeals are documented in the month in which they are filed, and any appeals resolved should be reported within the month in which they have been resolved. The overall number of appeals is low, with one MCO reporting 18 appeals during Q4 2020 (5 of which were overturned) and the second MCO reporting 10 appeals (5 of which were overturned). For appeals upheld, one MCO had 3 during Q4 2020 while the second MCO had one. The remainder of appeals were withdrawn.

Q4 Critical Incident Reporting – For Q4, there were 22 total critical incidents (CIs). The distribution of CIs heavily concentrates on HCBS versus institutional services. Listed below are the categories for CIs for Q4:

- Unexpected deaths: 2

- Physical, mental, sexual abuse or neglect: 15
- Theft or exploitation: 9
- Severe injury: 3
- Medication error: 0
- Unprofessional provider: 2

Q4 External Quality Review (EQR) Reporting

- Annual EQR was held with AmeriHealth Caritas DE on September 29- October 1, 2020. EQR was held with Highmark Health Options on October 6-8, 2020. The annual review is conducted by our EQRO vendor (Mercer). AmeriHealth Caritas and Highmark Health Options were asked to submit information to the EQRO, which included their Policy and Procedures along with case files and claims data. The EQRO takes the information and performs a desk audit to review all information to assure the MCO is performing per CMS Regulations and DMMA Master Service Agreement requirements. This is a Corrective Action Review year, which means the MCOs have spent the last year addressing findings from their full EQR review in 2018.
- DMMA has no additional updates to report from the EQRO for Q4. The EQRO is on track to submit the 2020 annual technical report to CMS in April 2021.

2020 Annual External Quality Review Reporting

During 2020, Delaware's EQRO:

- Prepared and submitted to DMMA the 2019 Annual EQR technical report for the two DSHP MCOs. The annual technical report was submitted to CMS on April 30, 2020 and is available on DMMA's website.
- Conducted a readiness review of the two DSHP MCOs to assure they were ready to provide a new adult benefit to members on October 1, 2020.
- Provided technical assistance with QCMMR. The QCMMR acts as an early alert system to address potential, emerging concerns about the quality, access and timeliness of care management operations of the State-contracted MCOs.
- Provided technical assistance on DMMA's Quality Strategy.
- Conducted 2020 external quality review activities, including Information Systems Capabilities Assessments (ISCAs), and began preparation of the 2020 annual technical report.

2020 Annual Critical Incident Reporting

For 2020, there were 125, total critical incidents, down from 156 in 2019, and heavily weighted toward HCBS. DMMA regularly works with the DSHP MCOs to understand the nature of each incident, how the issues were resolved, and if there are opportunities for improvement. As noted earlier, DMMA has completed a comprehensive review of its incident management processes for DSHP and DSHP-Plus. The goal of the review was to improve the overall performance of the incident management system, aligning practice and policy and integrating best practices.

Demonstration Evaluation

Q4 Demonstration Evaluation Activities and 2020 Annual Report on Demonstration Evaluation Activities

Q4 Demonstration Evaluation Activities

DMMA and its independent evaluator continued to work with CMS in response to feedback on the draft evaluation design plans for the 1115 demonstration and SUD component.

2020 Annual Report on Demonstration Evaluation Activities

The draft evaluation design plans for the 1115 demonstration and the SUD component were initially submitted to CMS on May 29, 2020. In response to CMS feedback, both plans were revised and resubmitted to CMS in September 2020. As of the end of the reporting period, both evaluation design plans were under review with CMS. The SUD Implementation Plan also remained under review by CMS.

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