

Delaware Strategies to **Medicaid Services and Immigrant Coverage**

Medicaid Administration

States design their Medicaid programs using different administrative structures and oversight mechanisms. Approaches may include the use of managed care, medical loss ratio requirements, site-neutral payment policies, vendor partnerships for enrollment, and coordination with Medicare. This section assesses how states administer Medicaid to balance efficiency, oversight, and consumer protections. Strategies examined in this section include:

- States Utilize Medicaid Managed Care

- States Partner with Vendors for Medicaid Enrollment and/or Eligibility

- Medicaid-Medicare Integration

Medicaid Covered-Services

State Medicaid programs vary in the range of services they cover beyond federal minimum requirements. Some states have expanded coverage to include fertility treatments, doula services, abortion care, gender-affirming services, hearing aids, vision care, and dental services. This section reviews the extent to which states provide enhanced benefits to improve access and health outcomes. Strategies examined in this section include:

- Medicaid Coverage for Fertility Services

- Medicaid Coverage for Doula Services

- Medicaid Coverage for Abortion Care

- Medicaid Coverage for Gender Affirming Care

- Medicaid Coverage for Hearing Aids

- Medicaid Coverage for Eye Exams and Glasses

- Medicaid Coverage for Dental Services



Medicaid Eligibility

Eligibility rules determine who can access Medicaid coverage and the scope of their benefits. States can expand eligibility through Medicaid expansion, extend postpartum coverage, provide continuous eligibility, and adjust asset and income rules for specific populations. Some states also provide coverage to individuals reentering the community after incarceration. This section examines how states structure Medicaid eligibility to promote access and continuity of care. Strategies examined in this section include:

- Medicaid Expansion

- Retroactive Medicaid

- Continuous Eligibility for Adults Enrolled in Medicaid

- 12-Month Postpartum Coverage

- Medicaid Coverage for Re-Entry Populations

- Expanded Asset Limits for Adults Enrolled in a Medicaid Aged, Blind, or Disabled Program

- Life Insurance Exemptions for Eligibility in Medicaid for Aged, Blind and Disabled Program

- Retirement Account Exemptions for Eligibility in Medicaid for Aged, Blind and Disabled Program

Immigrant Coverage

States may extend coverage to immigrants who are otherwise excluded from federal programs, such as undocumented children or adults. Additional policies include state-funded options for prenatal, postpartum, or child health coverage, as well as coverage for lawfully present immigrants without a five-year waiting period. This section evaluates state actions to close coverage gaps for immigrant populations. Strategies examined in this section include:

- Coverage Options for Pregnant Immigrants (FCEP and Postpartum Coverage)

- Coverage for Immigrant Children without a Five-Year Bar

- State-Funded Coverage Options for Undocumented Children

- State-Funded Coverage Options for Undocumented Adults



Medicaid Services and Immigrant Coverage

Medicaid Administration

Policy	Status as of June 2025	Summary
Medicaid Managed Care (MCO)	State partners with MCOs to operate their Medicaid program	Most Medicaid recipients are enrolled with an MCO. Recipients who are not enrolled with an MCO are: those eligible to enroll in Medicare (dual eligible), individuals who do not reside in the community, individuals covered under HCBS waivers, non-qualified non-citizens, individuals who have military health insurance and their dependents, individuals eligible for the Medicaid Breast and Cervical Cancer program, and presumptively eligible pregnant women.
Medicaid Vendor — Eligibility and Enrollment	State contracts with a vendor for Medicaid enrollment or eligibility	
Integrated Medicaid-Medicare	State does not integrate Medicare-Medicaid to coordinate care for the dually eligible population	

State Has Active Policy or Program

Policy or Program Partially Implemented

State Does Not Have an Active Policy or Program

No Source, or Limited Information Found

Medicaid Services and Immigrant Coverage

Medicaid Covered Services

Policy	Status as of June 2025	Summary
Medicaid Coverage for Fertility Services	 State Medicaid program does not cover infertility treatments or fertility preservation services	
Medicaid Coverage for Doula Services	 State Medicaid program actively reimburses for doula services	
Medicaid Coverage for Abortion Care	 State Medicaid program utilizes state-based funds to cover abortion care	
Medicaid Coverage for Transition-Related Care	 State Medicaid program explicitly covers any transition-related care for adults	
Medicaid Coverage for Hearing Aids	 State Medicaid program covers hearing aids for some, but not all, adults (see note)	Hearing aid coverage is dependent upon which MCO an individual is enrolled with.
Medicaid Coverage for Eye Exams and Glasses	 State Medicaid program covers only eye exams or eyeglasses but not both, or biannually or less frequently, or restricts coverage based on age or health condition (see notes)	Vision services are covered through Delaware's MCO. This includes one eye exam annually. Eyeglasses are available as an extra benefit at MCO's discretion.
Medicaid Coverage for Dental Services	 State Medicaid program covers some dental services for adults (see notes)	Delaware Medicaid does not offer coverage for crowns, root canals, dentures, or extractions.



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Policy or Program Partially Implemented



State Does Not Have an Active Policy or Program



No Source, or Limited Information Found

Medicaid Services and Immigrant Coverage

Medicaid Eligibility

Policy	Status as of June 2025	Summary
Medicaid Expansion	 State has expanded Medicaid eligibility to 138% of the federal poverty level (FPL)	
Retroactive Medicaid	 State retroactively extends Medicaid benefits 90 days prior to application date for all adult enrollees	Effective January 2025, all Medicaid-eligible residents are offered three months of retroactive coverage.
Adult Medicaid Continuous Eligibility	 State has not authorized 12-month continuous eligibility for non-pregnant adult Medicaid enrollees*	
12-Month Postpartum Coverage	 State has authorized 12-month postpartum Medicaid coverage	
Medicaid Available to People who are Incarcerated	 State has not authorized Medicaid coverage for justice-involved individuals while they are in a correctional setting*	
Medicaid Aged, Blind and Disabled (ABD) Asset Limits	 State has not expanded the asset limit for Medicaid for the Elderly and Disabled eligibility beyond \$2,000 for an individual applicant and \$3,000 for joint applicants	
Medicaid Aged, Blind and Disabled (ABD) Life Insurance Exemption	 Life insurance exemption limits do not exceed \$1,500	
Medicaid Aged, Blind and Disabled (ABD) Retirement Account Exemptions	 State exempts spouses', but not applicants', retirement savings from Medicaid eligibility determinations only	



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Policy or Program Partially Implemented



State Does Not Have an Active Policy or Program



No Source, or Limited Information Found

Medicaid Services and Immigrant Coverage

Immigrant Coverage

Policy	Status as of June 2025	Summary
From Conception to End of Pregnancy (FCEP)	 Does not cover pregnancy-related services through the CHIP From-Conception-to-End-of-Pregnancy (FCEP) Option or post-partum coverage	
Immigrant Children without a Five-Year Bar	 State offers coverage for lawfully residing immigrant children without a five-year bar	
Pregnant Immigrants without a Five-Year Bar	 Offers coverage for lawfully residing pregnant immigrants without a five-year bar	
State-Funded Coverage for Children Regardless of Citizenship Status	 Does not offer coverage for children regardless of immigration status	
State-Funded Coverage for Adults Regardless of Citizenship Status	 Does not offer coverage for adults regardless of immigration status	



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