delaware first health

LTSS Companion Guide 2026

Focus on being healthy!

Use this booklet to help you understand your new health plan and benefits.

DFH_CCM_LTSSGuide State Approved 03232026, DE_10143

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Welcome to Delaware First Health — Here for our LTSS Community.

As your Medicaid insurance plan, Delaware First Health is here to help you get the best care you need to stay healthy, so you can live your life to the fullest. You're a member of our **Diamond State Health Plan (DSHP)** Plus Long-Term Services and Supports family. That means whether you need help with daily life, long-term planning, or staying connected to your community, we're committed to giving you the highest quality service.

In this guide, we'll give you all that you need to know about your health plan. You will learn how to:

- Find a doctor.
- Set up doctors' visits.
- Understand your LTSS benefits.
- Earn rewards and get the extras benefits we offer to our members.
- Make your healthcare journey simple and easy.

How to use this guide:

Use this guide to make sure you are getting the most out of your health plan. This guide is a "quick reference," helping you answer questions, keep track of information, provide you with resources and other helpful information. Make it your own by filling out the information you need.

Meeting your Case Management Team

Case Manager Support Coordinator (CMSC)

Your Case Manager Support Coordinator (CMSC) is an important part of your care team. They're here to help make sure you get the support and services you need to live safely and well.

A CMSC will call to welcome you to the program. They are a part of your case management team and a great contact. During this call, they'll complete a Health Risk Assessment (HRA) with you. This will help them to better understand your health needs, daily living, and any support you may need. If any urgent concerns come up, your CMSC will take steps to take care of them right away.

Your CMSC will keep checking in with you monthly to see how things are going. They'll ask about any changes in your health or situation, and make sure your services are meeting your needs. They're here by phone and are always ready to assist if new needs arise or if anything on your end changes.

Your CMSC is your partner in care. They are here to listen, support, and help set up services that keep you well.

Case Manager (CM)

When you qualify for Long-Term Services and Supports (LTSS), you'll be given a case manager who will work with you as a partner. They'll support your needs and help you meet your personal goals. Case managers are dedicated healthcare professionals who act on your behalf to support, guide, and set up your care.

Your case manager can help you:

- Understand your benefits and answer questions.
- Get the medical care and services you need.
- Meet goals that mean the most to you.
- Learn about your condition and medicines.
- Work with your physical health, behavioral health, and LTSS needs.
- Set up services.
- Remove barriers to get to needed services.
- Update your care plan when your needs change.

If your main case manager is not available, a backup case manager will be given to you to make sure your needs are still met, with no breaks in service. If you leave a message for your case manager, you can expect to hear back within one (1) business day.

Keep track of your case management team here.

Case Manager: _____

Phone Number: _____

Email: _____

CMSC: _____

Extension: _____

Hours of Operation: Monday- Friday 8 am - 5pm

Visit Schedule and Contact

Case Manager Visits with You:

- **If you live in the community,** your case manager will meet with you face-to-face at least once every 90 days (3 months), or sooner, if needed. During the first visit, they will complete a full assessment to better understand your needs. They will help you create a care plan that supports your goals.
    - In any month without a face-to-face visit, your case manager or support person will contact you, or your guardian, if you prefer. They will see if you're happy with our services and let us know about any changes or new needs.
- **If you reside in a nursing facility,** your case manager will meet with you face-to-face at least once every 180 days (6 months), or sooner if needed.
    - They will help you complete your assessments and discuss your goals and preferences. They will also explore your interest and ability to transition back into the community and talk with you about services available to support that move.
    - Additionally, your nursing facility case manager will attend your quarterly care conferences.
- After an inpatient hospital stay, your case manager will complete a face-to-face follow-up to review any changes in your condition or circumstances and to assess for new or ongoing needs.
- After an Emergency Department (ED) visit, your case manager or support coordinator will follow up to review changes in your condition, discharge plans, and any newly identified need. These follow-ups are intended to help prevent unnecessary future hospital visits.

Contact with Your Providers:

Your case manager will contact your primary care providers at least every 3 months, or more often if needed. They will coordinate your services, make referrals to new services as necessary, and advocate on your behalf when needed.

Start Earning *my* health pays® Reward Dollars

As a Delaware First Health member, we reward you for doing healthy activities. After you complete a healthy activity, we will add the reward dollars you have earned directly to your My Health Pays® Visa® prepaid card.

USE YOUR My Health Pays® REWARDS TO HELP PAY FOR:

- Utilities (like heat and lights).
- Transportation (like rides to your doctor).
- Telecommunications (phone bills).
- Childcare services.
- Education (taking classes or learning skills).
- Rent.
- Everyday items, when you shop in person at Walmart.*

This card may **not be used to buy alcohol, tobacco, or firearms products.*

You can earn rewards for doing things like completing certain forms, annual screenings, annual wellness visits, tests, and more. You can earn rewards from **$10 up to $50 per activity.**

Visit DelawareFirstHealth.com/VAB for More Details and a Full List of My Health Pays® Rewards

This card is issued by The Bancorp Bank, N.A., Member FDIC, pursuant to a license from Visa U.S.A. Inc. Card cannot be used everywhere Visa debit cards are accepted. See Cardholder Agreement for complete usage restrictions.

Funds expire 90 days after termination of insurance coverage or 365 days after date reward was earned, whichever comes first.

New Member Checklist

This checklist has important tasks for you to do in your **first 30 days** as a member. It will help you get started on your healthcare journey and make sure you get the most out of your health plan. You can also earn My Health Pays® rewards for completing these activities. For more information, visit our website, **DelawareFirstHealth.com**.

If you have any questions about the items on this checklist or need help, call Member Services at **1-877-236-1341** (TTY: **711**). You can also reach out to your Case Management Team at any time.

- ❑ **Set up your member portal.** You can get a **$10 reward** for creating an account. For further steps on how to set up your account, go to page 00. If you need help, you can call Member Services.
- ❑ **Sign up for new member orientation session.** You can sign up by visiting **DelawareFirstHealth.com/events**. These sessions happen every month, and you can join online or by phone.
- ❑ **Complete your Health Risk Assessment (HRA) and earn a $20 reward.** You can fill it out by:
  - ❍ Completing with your case management team
  - ❍ Logging into your online member portal account (under Health Screenings).
- ❑ **Confirm your Primary Care Provider (PCP).** This is a doctor or nurse who provides, plans, and/or helps you access healthcare services. You can earn **$15** for confirming your PCP.
- ❑ After you pick your PCP, **schedule your first appointment**, and **earn $15** for an adult well visit or **$20** for a child well visit (for children ages 2-18).
- ❑ **Sign up for the next Member Advisory Council (MAC) meeting.** You can register for the meeting at **DelawareFirstHealth.com/events** or by calling Member Services. You can go to the meeting in person, online, or by phone. Members who attend will get a **$50 gift card**.
- ❑ **Keep your Delaware First Health member ID card with you for all visits.** If you have not gotten your ID card in the mail, please call Member Services.
- ❑ Be on the lookout for a welcome call from your case manager. If you miss our call, you can call us back at **1-877-236-1341** (TTY: **711**). When you call, we will be able to update your contact information and make sure you can get important health details by phone and email.

Get the most out of your health plan the rest of the year and every year after.

After you complete your new member checklist, there are a lot of things you can do to get the most out of your health plan and to stay healthy and informed. This checklist has important healthy activities for you and your family to do year-round. You can earn My Health Pays® rewards for many of these activities.

Get rewarded for your health visits and vaccinations

- ❑ Annual adult well visit ($15)
- ❑ Annual child well visit ($20)
- ❑ Annual dental visit ($20)

Health screenings

- ❑ Cervical cancer ($15 for one screening every three years)
- ❑ Breast cancer ($15 for a screening every other year (age 40-74))
- ❑ Colorectal cancer ($15 for a screening every other year (age 50-75))
- ❑ Chlamydia
- ❑ Blood glucose test for adults with diabetes
- ❑ Annual HbA1c for adults with diabetes ages 18-75 ($20)
- ❑ Annual retinal exam for adults with diabetes ($20)

Vaccinations

- ❑ Annual Flu ($15)
- ❑ Pneumococcal (protects against bacterial infections like pneumonia)
- ❑ Td/Tdap (can prevent tetanus (T), diphtheria (D), and pertussis(a))
- ❑ Zoster (can prevent shingles)

If you have any questions about the items on this checklist or need help, you can call Member Services at **1-877-236-1341** (TTY: **711**).

Keep up to date.

- ❑ Check out our events calendar to see what events are happening in your community.
- ❑ Read the quarterly Whole You member newsletters.
- ❑ Find community resources like food pantries, shelters, or job resources by visiting our resource registry at **DelawareFirstHealth.Findhelp.com**.
- ❑ Contact your case management team if your phone number or address changes.
- ❑ Fill out your Medicaid renewal form (also known as Redetermination) each year to keep your Medicaid coverage.
- ❑ Update your information with DHSS at **assist.dhss.delaware.gov** or call Customer Relations at **1-866-843-7212**.

Important Phone Numbers

For emergencies, call 911.

For support with Behavioral and Mental Health crisis, you can call:

- National Suicide Prevention Lifeline: **988**.
- Division of Substance Abuse and Mental Health (DSAMH) behavioral health crisis toll-free hotline(s):
  - Northern Delaware Hotline: **1-800-652-2929**.
  - Southern Delaware Hotline: **1-800-345-6785**.
  - Department of Services for Children, Youth & Their Families (DSCYF) 24/7 Youth Crisis Support: **1-800-969-4357**.
- Delaware First Health Behavioral Health Crisis Line: **1-877-236-1341** (TTY: **711**)

Call Member Services at **1-877-236-1341** (TTY: **711**) 8am-7pm EST for non-emergency member needs, such as:

  - Benefit questions.
  - Help changing or selecting a Primary Care Provider (PCP).
  - Vision services.
  - Dental services.
  - Pharmacy services.
  - Transportation.
  - Nurse Advice Line (24/7): Our Nurse Advice Line is ready to answer your health questions 24 hours a day, seven days a week — every day of the year.
  - Care Management: Care management and health coaching are part of your benefits and are provided to you at no cost.
    - If you can't reach your case manager but need LTSS support, please call **1-877-236-1341** and enter prompts 2 then 1 then 7 to be connected to the LTSS team.

How to Ask for More Info and Oral Translation

Delaware First Health can help if you need interpretation services for any of your healthcare services. Call us at **1-877-236-1341** (TTY: **711**).

You can ask us to:

- Send you this guide (or any other info about your health plan). It's at no cost to you.

- Give you more information or services, like someone to talk you through our health plan information so that you understand it better.
- Translate the info by phone, so you can better understand what you're reading.
- Set you up with other aids and services, give you written info in non-English, and written info in other formats.

Find Documents and Resources Online

Visit **DelawareFirstHealth.com** to see all your health plan benefits and to fill out important forms online. These benefits include medical, behavioral health, dental, vision, and more.

PROVIDER DIRECTORY

You can find the Delaware First Health Plan Provider Directory online. For the most current list of doctors, use our Find a Provider tool to search online. This list is updated daily.

MEMBER HANDBOOK

Your Delaware First Health Member Handbook can be found on our website under the Member section. It includes helpful information about your coverage and benefits.

PREFERRED DRUG LIST (PDL)/FORMULARY

You can find PDL/Formulary information on our website. This is a list of medication covered by Delaware First Health.

MEMBER NEWSLETTER

Delaware First Health provides a quarterly member newsletter on our website with details and tips to keep you healthy and informed.

EVENTS

Find information about any of our upcoming events including community baby showers, member advisory councils, new member orientations, and more.

Please call Member Services at **1-877-236-1341** (TTY: **711**) to request a printed copy of any of the items listed above. We will give you these materials at no cost to you.

IF YOU DO NOT HAVE INTERNET ACCESS, WE CAN HELP!

Member Services can send you papers, help you find a doctor, help you set up accounts, or answer any questions you have, all at no cost to you. Call Member Services at **1-877-236-1341** (TTY: **711**) or call your case manager.

Member Advocates

Delaware First Health has Member Advocates who can help you with a variety of services. The main role of a Member Advocate is to be a go-between for you, the health plan, providers, and community resources. Our Member Advocates can:

- Help you with scheduling medical appointments and transportation (ride) services.
- Educate you on plan benefits and community resources.
- Help you connect with resources on Find Help.
- Educate and assist you through the Appeals and Grievance process.

Even though you have a case manager you can reach out to a member advocate. To reach a Member Advocate, please call Delaware First Health at **1-877-236-1341** (TTY: **711**).

Know your Rights and Responsibilities

As a member of Delaware First Health, you have certain rights and responsibilities. Delaware First Health respects your rights. We will not discriminate against you for using your rights. We expect our providers to also respect your rights.

You have the right to:

- Dignity, respect, and privacy from the health plan and our providers.
- Have access to create and use an advance directive.
- Get information about the organization, its services, its practitioners and providers, and your member rights and responsibilities.
- Be given information about treatment options and care alternatives related to your health condition in a way you will understand.
- Partner with practitioners to make decisions about your care, including the right to refuse treatment.
- Be free from any form of restraint or seclusion by means of coercion, discipline, convenience, or retaliation.
- Request and get a copy of your medical records and be able to request amendments or corrections.
- Request and get a copy of our Practice Guidelines, which are followed by Delaware First Health and your providers and is based on your health needs.
- Amend your data in accordance with HIPAA (Health Insurance Portability and Accountability Act) and state law.
- Exercise your rights without impacting the way Delaware First Health, your providers, or the State of Delaware treats you.
- Get culturally and linguistically appropriate services free of charge.
- Have your personal and medical information kept private.
- File complaints (grievances) or appeals about us or the care we provide.
- Choose a representative to help with making care decisions.
- Have a candid discussion of appropriate or medically necessary treatment options for your conditions, regardless of cost or benefit coverage.
- Get a copy of member rights and responsibilities and the right to make recommendations regarding this policy.
- Ask for the Member Handbook and other member information and brochures in other formats, such as other languages, large print, audio CD, or Braille, free of charge.

Member Responsibilities:

- Tell Delaware Health and Social Services (DHSS) if:
  - You move out of the State of Delaware or have other address changes.

    - You get or have health coverage under another policy, other third party, or if there are changes to the coverage you have on file.
- Tell Delaware First Health when you go to the emergency room (ER) or have been in an auto accident.
- Tell Delaware First Health if your member ID card is lost or stolen.
- Learn about your health status, understand your health, and take part in your treatment goals.
- Talk to your providers about prior authorization of services they recommend.
- Provide Delaware First Health and participating providers with accurate and complete medical information they need in order to provide care.
- Follow the care plans and instructions that you have agreed to with your provider.
- Be aware of cost-sharing responsibilities and make payments that you are responsible for.
- Know Delaware First Health's procedures, coverage rules, and restrictions the best you can.
- Contact Delaware First Health if you need information or have a question.
- Ask your provider questions to help you understand your treatment. Be actively involved in your treatment. Learn about possible risks, benefits, and costs of treatment alternatives. Make care decisions after you have considered these things.
- Follow the grievance or appeal process if you have concerns about your care.

Do you also have Medicare?

The State of Delaware has put together care plans for people who are on both Medicaid and Medicare. This helps us to manage your care better. Wellcare is our Medicare Advantage plan for people who are eligible for a Wellcare Dual Eligible Special Needs Plan (D-SNP). D-SNPs are for members who have Medicare, plus their Medicaid plan.

If you are not a Wellcare member now and would like to learn more, you can check out our Wellcare Dual Eligible Special Needs Plan (D-SNP).

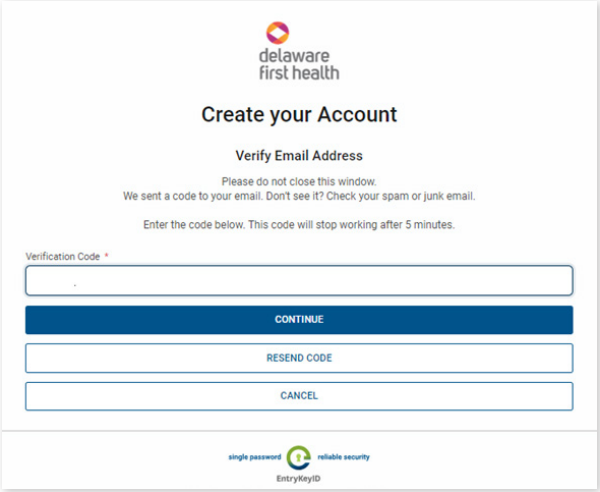
Visit **WellcareDE.com** or call **1-844-480-0680** (TTY: **711**), Sunday-Saturday, 8 a.m. to 8 p.m. You can also talk to your case manager. They can put you in touch with someone who can help you learn more about the D-SNP plans we offer.

Set Up Your Online Member Account

FOLLOW THE STEPS BELOW TO CREATE YOUR ACCOUNT:

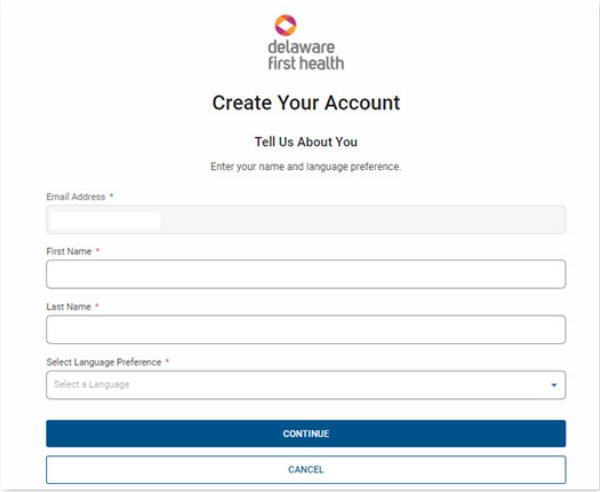
Getting your healthcare information online is easy. You can also earn a **$10 reward on your *My Health Pays*® rewards card**.

Here's how to get started:



- Go to **member.DelawareFirstHealth.com** and click "Create New Account" to make an account with EntryKeyID.
- Already have an EntryKeyID login? You can use the same email and password for the Delaware First Health member portal.

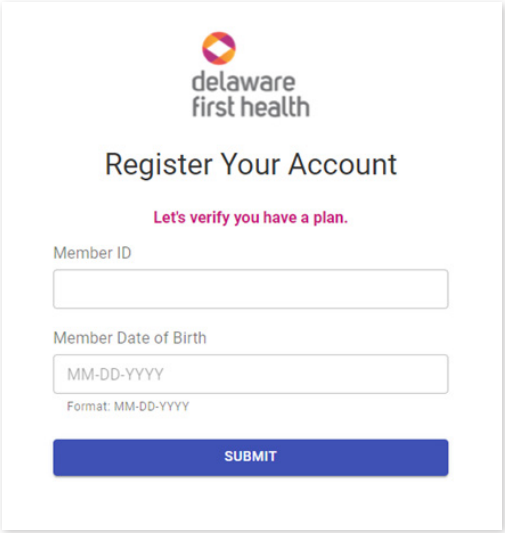
Need help setting up your account? You can find more information in the online member handbook. You can also call Member Services at **1-877-236-1341** (TTY: **711**).



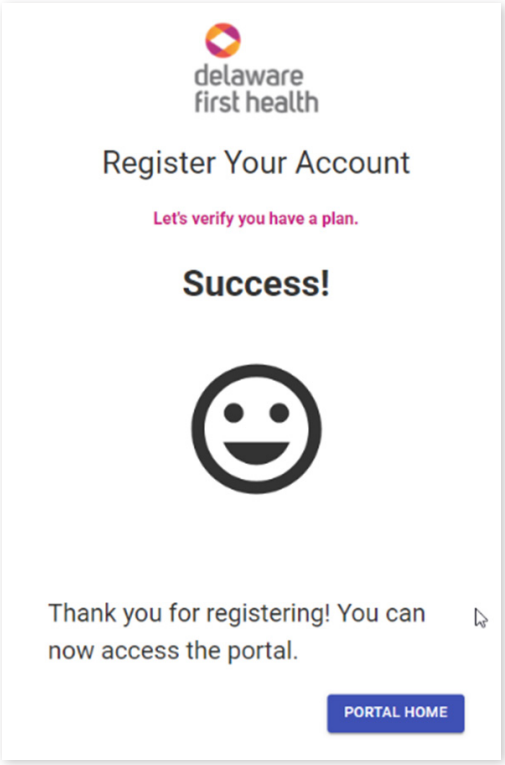
You will need these three (3) things to make an account:

- An email address.
- Your member ID. (This can be found on your membership card.)
- Your first name, last name, and date of birth.

Follow the steps on the screen to create your account and password. You will get a code by email to verify that your email address is correct.



After you log in, enter your member ID number and date of birth. This will link your new EntryKeyID.



Once your account is set up on the Delaware First Health member portal, you will be able to see your member ID card, health data, claims, risk assessments, and more.

Your EntryKeyID can also be used to look at your health data from third-parties that also allow patient access.

You can always get to your account on the member portal. Just go to **member.DelawareFirstHealth.com** and log in.

Your Member ID Card

When you enroll, Delaware First Health will mail you a member identification (ID) card. Bring your ID card with you to all your medical visits and show it to office staff when you check in.

Your Delaware First Health ID card for Diamond State Health Plan Plus LTSS will have the information below. Your actual card may look different from the card below.

Front:

delaware first health

MEMBER ID#: [0123456789012]

Member: [Member Full Name]

Member Portal

Plan: Diamond State Health Plan-Plus Long-Term Services and Support (LTSS)
Member Date of Birth: [MM/DD/YYYY]
PCP Name: [Physician Name]
PCP Phone: [1-XXX-XXX-XXXX]

Member Copays:	**Prescriptions:**
Provider Visit: [$0]	$10.00 or less = [$0.50]
Preventative Visit: [$0]	$10.01 to $25.00 = [$1.00]
<Adult Dental Visit: [$3]>	$25.01 to $50.00 = [$2.00]
Inpatient Hospital Stay: [$0]	$50.01 or more = [$3.00]

For a full list of copays and exceptions visit: www.DelawareFirstHealth.com.

RXBIN: [003858]
RXPCN: [DSHP]
RXGRP: [2ECA]

Back:

www.DelawareFirstHealth.com

Member Services	[1-877-236-1341] (TTY: 711)
Behavioral Health Line	[1-877-236-1341] (TTY: 711)
24/7 Nurse Line	[1-877-236-1341] (TTY: 711)
Dental	[1-877-236-1341] (TTY: 711)
Providers	[1-877-236-1341] (TTY: 711)
Pharmacy Services	[1-833-236-1887] (TTY: 711)

Plan: Diamond State Health Plan-Plus Long-Term Services and Support (LTSS)
Medical Claims: [Delaware First Health, P.O. Box 8001, Farmington, MO 63640]
Pharmacy Paper Claims: [Pharmacy Services, Member Reimbursements, P.O. Box 989000, West Sacramento, CA 95798]
FOR EMERGENCIES: Dial 911 or go to the nearest Emergency Room. After treatment, call your PCP within 24 hours or as soon as possible.

When you get your card, please confirm that your name and date of birth are correct.

Please check that the primary care provider (PCP) listed is the one that you chose. Your PCP is a doctor, nurse, or physician assistant (PA) who provides, plans, and/or helps you get healthcare services.

- If you picked a PCP when you enrolled in Medicaid, your PCP's info will be on your ID card.
- If you did not choose a PCP, you will have 30 calendar days from your Effective Date of Enrollment to pick a PCP.
- If you need help choosing a PCP, talk to your case manager or call Member Services at **1-877-236-1341** (TTY: **711**).
- You can also visit our secure member portal at **member.DelawareFirstHealth.com** to pick or change your PCP.

Note: If you do not choose a PCP within 30 calendar days, we'll choose one for you and mail you a new ID card.

Your member ID card is proof that you are a Delaware First Health member. Show this ID card every time you need care. This means use it for:

- Medical visits.
- Urgent care (like at a walk-in clinic).
- Vision (eye) visits.

- Behavioral health visits (like if you're being treated for stress or quitting smoking).
- Emergency department (ED) visits.
- Picking up prescriptions from the drugstore.

Remember: Anytime you get a new member ID card from us, please destroy your old one.

Lost your Delaware First Health member ID card or didn't get one?

We can replace it for you! Just visit the secure member portal on our website at **member.DelawareFirstHealth.com** or call Member Services at **1-877-236-1341** (TTY: **711**).

Keep your ID card with you and safe, at all times.

Make sure your card is not stolen or used by someone else. Delaware First Health coverage is for you only. It's up to you to protect your member ID card. No one else can use your member ID card. It's against the law to give or sell your member ID card to anyone.

Keep your ID card with you and safe, at all times.

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Your Primary Care Provider (PCP)

YOUR PRIMARY CARE PROVIDER IS YOUR MAIN, PERSONAL DOCTOR.

A primary care provider (PCP) is either a licensed doctor, or a high-level nurse. This nurse is called an Advanced Practice Registered Nurse (APRN). They directly provide or set up your healthcare services. A PCP is your main doctor that you'll see for checkups, health concerns, and health screenings. You'll also see your doctor when you need to follow up with a specialist for a health condition. Your PCP will also set up care with your other health providers.

Always contact your PCP when you feel sick or have any health questions. That way, you can get the best care.

When you become a Delaware First Health member, you must choose a PCP within 30 calendar days. If you do not choose a PCP, we will pick one for you. If you confirm your PCP within 30 days of enrollment, you can earn a $15 My Health Pays® reward. You can always change your PCP at any time.

Three ways to choose or change your PCP:

1. Call your case manager, they can help you to understand more about this process.
2. Or use the secure member portal on our website at **member.DelawareFirstHealth.com**.
3. Or call Member Services at **1-877-236-1341** (TTY: **711**) for help. Ask to speak to an LTSS team member.

We'll send you a new Delaware First Health member ID card after you choose a new PCP.

Find A PCP or other service providers

- Visit **DelawareFirstHealth.com** to find the provider directory online.

OR

- Call us at **1-877-236-1341** (TTY: **711**). We can help you find a PCP.

You can also call us if you would like to know more about a PCP. We can tell you what language they speak and if they are in our network. We'll let you know where their office is and if they have easy ways to get into their office if you need help.

How do I know who my PCP is?

You can find your PCP by:

- Checking your member ID card.
- Logging into your member portal.
- Asking your case manager.
- Calling Member Services at **1-877-236-1341** (TTY: **711**).

LTSS Providers

In addition to your primary care doctor, you may get care from other professionals who are part of your Long-Term Services and Supports (LTSS) team. These can include:

- Specialists and related care providers.
- Personal emergency response providers and a way to reach them fast in a crisis.
- Adult day care staff.
- Meals prepped and delivered to your home.
- Providers that aid you with daily living.
- A respite care worker (to help you when your unpaid caregivers need time to rest).
- Others who can help.

Use the space below to keep track of your primary care doctor and other LTSS providers. Writing down their information helps ensure you can reach them fast when needed.

Your Primary Care Doctor

Name: | **Phone:**

Office Address:

YOUR ANNUAL WELLNESS EXAM

After you choose or confirm your PCP, call to set up your first visit.

A yearly checkup with your PCP is the best way for you to stay in-the-know about your health. You can also earn *My Health Pays*® rewards for going to your yearly checkups. **Adults can earn $15, and children ages 2-18 can earn $20.** Talk with your doctor about any health changes you've noticed or concerns you may have.

Your PCP may say that you need tests or other preventive care services to keep an eye on your health. These can include screenings for things like breast cancer, cervical cancer, or colorectal cancer. If screenings are talked about, use this time to ask any questions you may have.

If you need help setting up this visit, call us at **1-877-236-1341** (TTY: **711**).

Your LTSS Providers

Type of provider:

Name: | **Phone:**

Office Address:

Type of provider:

Name: | **Phone:**

Office Address:

Type of provider:

Name: | **Phone:**

Office Address:

Type of provider:

Name: | **Phone:**

Office Address:

Service Gaps

A service gap is when you do not get a service that you are approved to have. Please contact your case management team if there is a gap in your approved services. This can include when a provider does not show up to work. It is important to work with your case manager to have a good emergency and back-up plan in case of service gaps.

WHO IS YOUR BACKUP IN CASE OF A SERVICE GAP?

Name:	**Phone:**
Other contact:	

Comprehensive Needs Assessment

The first step in developing your Individual Member Plan (IMP) is completing a comprehensive needs assessment with your case manager. This "needs check" assesses or looks at all aspects of your life, including:

- Physical and behavioral health needs (like treatment for stress or quitting smoking).
- LTSS needs (e.g., personal care, home changes — that may help you move around better, or respite care, to help you when your unpaid caregivers need time to rest).
- Caregiver supports.
- Housing (how and where you live).
- Friends or family who can or do help you.
- Your personal likes and dislikes, goals, and strengths.

Planning Your Care

After your assessment, you and your case manager will work together to create your Individual Member Plan (IMP). You're the leader in this process, and your input shapes the services and supports you get!

Your care plan will:

- Show if you're eligible for LTSS services and what LTSS services are covered by Delaware First Health.
- Identify what (if any) needs of yours haven't been met. We'll then plan services to meet those needs.
- Refer you to housing, ride, value-added benefits, and other community-based supports.

- Look at both in-network and out-of-network covered services to meet your needs in the setting you like.
- Address your physical, behavioral, and long-term care needs.
- Set goals and go over what you hope to get out of your services.

Your Person-Centered Planning Team (PCPT)

You don't have to plan alone. Your case manager will help you identify the people you want to include in your Person-Centered Service Plan (PCSP). This team may include:

- Family and friends.
- Medical and behavioral health providers.
- Home and community-based services (HCBS) providers.
- Any other persons you trust or want involved.

Together, your team will support the planning of your care plan and make sure your needs are met in a way that respects your choices and likes.

Learn About Your Coverage

Delaware First Health offers a wide range of healthcare services.

We offer many benefits for our members. Some are listed below. For a full list of our benefits, please visit **DelawareFirstHealth.com/LTSS**. You can also scan the QR code to go directly to our Benefits List. You'll find the list in our member handbook as well.

MEDICAL SERVICES

- Provider office visits.
- Medication.
- Labs.
- X-rays.
- Home healthcare.
- Hospital admissions.
- Medical supplies.

BEHAVIORAL HEALTH SERVICES

- Inpatient/outpatient mental health services.
- Alcohol and substance abuse services.
- Rehabilitative (rehab) mental health services.
- Applied behavioral analysis services.

PHARMACY COVERAGE

- Call **1-877-236-1341** (TTY: **711**) for more details about your pharmacy coverage.

MATERNITY CARE

- For more details on coverage, see the Maternal and Child Health Benefits section in this guide.

VISION SERVICES FOR MEMBERS 21+ (VALUE-ADDED BENEFIT)

Eye care benefits are a **Value-added service** Delaware First Health provides for our members ages 21 and older. This is not available under standard benefits.

- Annual eye exam with refraction.
- Medically necessary eye exams are covered.
- Up to $160 for frames, lenses, and lens upgrades, or contacts (includes fitting) every year.
- No copays.

VISION SERVICES FOR MEMBERS UNDER 21 (MEDICAID COVERED BENEFIT)

- Annual eye exam with refraction, unlimited medically necessary exams.
- Annual eyeglasses or medically-necessary contacts.
- Replacement and repairs covered.
- Replacement eyewear, as needed, for any reason (eyeglasses or medically necessary contacts).
- No copays.

DENTAL SERVICES

- For members ages 20 and younger, dental services include: Cleanings, fluoride, sealants, care for cavities, root canals, exams by an orthodontist (a jaw and teeth specialist), and more.
- No copay.
- For members ages 21 and older, dental services include:
  - $1,000 of coverage per year for dental services (cleanings, X-rays, cavity fillings, and more).
  - Copay of $3, per visit.
  - Removal of bony impacted wisdom teeth for members of all ages.

DSHP Plus Long-Term Services and Support (LTSS) Services and Benefits

In addition to the benefits listed above, as a DSHP Plus LTSS member you get the following benefits if they are found to be medically necessary.

LTSS Benefits	Details
Adult day services	Offers supervised care and personal services during the day. These are overseen in a community-based setting. Therapies and meals may also be available.*
Attendant care	Helps members with daily tasks. These can include: bathing, getting dressed, other personal hygiene (cleanliness), moving from one place to another, going to the bathroom, and eating.*
Cognitive services	Offered to members and their families who have problems with those close to them. These can be issues like thinking, reasoning or remembering; cognitive problems that can follow a brain injury. These services include therapy or counseling and are limited to 20 visits per year with an assessment.*
Community-based residential alternatives	Home-like settings, such as assisted living, that have services to support your needs and offers programs for socializing and recreation.
Day habilitation	Services to help members learn and develop skills to live on their own, in and out of their home. These services take place away from the member's home. Day habilitation is for members who have problems with those close to them (also known as interpersonal conflict). They could also have issues with thinking, reasoning or remembering; cognitive deficits, that may follow a brain injury. In some cases, meals and therapies may be included.**
Home-delivered meals	Offers up to two meals per day, fit for a well-balanced diet and delivered to the member's home.*
Independent activities of daily living	Offers help with daily tasks, like light cleaning, meal preparation (cooking), shopping, and more.*

LTSS Benefits	Details
Minor home modification	Based on medical necessity, changes can be made to the member's home to help them be able to live on their own. Changes include things like widening doors for a wheelchair, tub cut outs, or putting in a wheelchair ramp or a grab bar. This benefit covers up to $6,000 per project, $10,000 per calendar year, and $20,000 per lifetime. Service providers must be approved by Delaware First Health.*
Nursing facility	A setting where members get skilled nursing care and other services, such as rehabilitation (rehab) services and health services.
Nutritional supplements for HIV/AIDS	Help with HIV/AIDS-related weight loss and malnutrition through oral supplements.*
Personal emergency response system (PERS)	An electronic device that is connected to the member's phone. This gives the member access to a 24-hour emergency response service. When the button on the device is pushed, it sends a signal to someone who is there to help the member.*
Respite care	Personal care given to members in their home or at a nursing or assisted living site. This gives unpaid caregivers time to rest.* The service is limited to 14 days per year. Please note: Assisted living facilities do not provide respite services.
Self-directed attendant care (SDAC) service	• This self-directed attendant care (SDAC) service supports and helps members manage money. • Members can choose a Fiscal Employer Agent through SDAC. • SDAC is when the member serves as the legal employer of a paid caregiver. • The member can also choose someone to fill this role for them (an Employer Representative). • The member's Fiscal Employer Agent takes care of taxes, payroll withholding, and paychecks for the employee. • They also help find and train an Attendant Care Employee (a worker to help the member with daily tasks).*
Specialized medical equipment	Help items for members who need them, like grabbers. This benefit covers only items that are not covered by the State.

LTSS Benefits	Details
Nursing facility transition (NFT) services	Offers help with moving costs from a nursing site to a community setting like assisted living or a home. These costs can include food, furniture, security deposit, phone/internet fees, etc. Other benefits may be available under Delaware First Health's value-added benefits (see below).

*These services are not available for members in assisted living or nursing facilities.
**Not offered to members living in non-acquired brain injury (ABI) assisted living or nursing facilities.

2026 VALUE-ADDED BENEFITS

As a Delaware First Health member, you can get extra benefits in addition to your standard Medicaid coverage. These are called value-added benefits (VABs).

We are always working to add extra benefits and update our current ones. If you have questions or need more information about current or new benefits, visit **DelawareFirstHealth.com/VAB** or call Member Services at **1-877-236-1341** (TTY: **711**).

Service	Overview
Pharmacy OTC	**$120 each year** (per household) to spend on over-the-counter (OTC) products like diapers, cold remedies, laundry soap, shampoo, period products, and more.
Community-based wellness programs	Stay healthy with our partner programs. Members can choose one program per year: • All Members (age 5+): **YMCA.** Requires yearly wellness visit. • Kids (ages 5-18): **Boys & Girls Clubs.** • Adults (age 18+ with BMI of 25 or higher): **LEAN** (Lifelong Essentials for Activity & Nutrition Program). 12 weekly, 90-minute in-person sessions that include guided talks on healthy eating and more, as well as small-group workouts. Includes 4-month YMCA membership. • Adults (age 60+): **Senior center membership and programs.**
GED tutoring & testing	**Up to $200** in select GED testing and tutoring help for members age 16+ who are not enrolled in school.
My Health Pays® rewards	Earn rewards for select healthy activities. These include your yearly wellness visit, flu shot, screenings, and more. Members can earn $10 to $50 per activity. Visit our website for a full list of rewards.
Cell phone	Free cell phone for high-needs members in Care Coordination or Case Management.

Service	Overview
Adult vision benefit	Adults (age 21+) get routine eye exams and **$160 every year for eyewear**.
Tutoring for kids	**Up to six hours** of tutoring per year for members in grades K-12 who are at risk of falling behind on one or more core subject areas.
Housing transition allowance	**Up to $2,500 (per lifetime) in housing resources** for eligible members who are: • Working with a Case Manager or Care Coordinator, • And are homeless or need help moving from a facility* or foster care to independent living. *This is in addition to the State's Long-Term Services and Supports (LTSS) transition benefit.

Home-based asthma support	**Up to $250 per year** in home-based asthma support.
	• For members with an asthma diagnosis.
	• For non-clinical, in-home supports such as:
	  ○ Hypoallergenic bedding
	  ○ Air purifiers
	  ○ Pest control
	• Provider form needed.

Post-discharge home meal delivery	Members leaving the hospital or inpatient facility who need help with food can get post-discharge home meal delivery. • For members 18+ not in LTSS • Three meals a day for seven days • Meals must be ordered within two weeks of discharge • Up to 42 meals per year
Behavioral health support app	A mobile app that helps manage stress, anxiety, chronic pain, and more. For members age 13+.
Whole health transportation	Transportation (rides) to value-added benefits (GED testing, etc.) and some services and events, like Delaware First Health events or Member Advisory Council meetings.
Practice dental visit	Practice dental visits with a new dentist to meet the dental team, discuss concerns, and learn what happens in a dental visit. For members who are: • Age 20 or younger. • Adults age 21+ with an intellectual or developmental disability (IDD).
Diabetes prevention program	Program focused on healthy eating and physical activity for members age 18+ who are at risk of diabetes.

Service	Overview
Extra prenatal doula visits	Get two extra prenatal (before birth) doula visits. • For members who have already used three covered prenatal doula visits.
Senior healthy food benefit	**$150 per year** for members age 65+ to buy select healthy foods.
Blood pressure self-monitoring program	16-week program to help lower and manage blood pressure. • For eligible members age 18+ with a diagnosis of high blood pressure or hypertension, or who are taking antihypertensive medicine. • This program is online or in-person at select Delaware YMCAs.

As an LTSS member, you can get services from any in-network provider you choose. That way you can make sure you get the right care, when and where you need it.

WE ALSO OFFER THESE FREE BENEFITS:

- Coordination of care with programs and services in your community through your case manager.
- Member Advocate team that will help you understand your benefits, make and get to appointments, and help with the grievance (complaint) and appeals process.
- 24/7 Nurse Advice Line for immediate advice about any health-related problems.

Call **1-877-236-1341** (TTY: **711**) to access these services.

Delaware State Medicaid provides free transportation (rides) to medical appointments. Call **1-866-412-3778**. Please call 72 hours in advance to set up a ride.

PRIOR AUTHORIZATION

Some services, outside of your LTSS benefits, must be approved by Delaware First Health before they can be provided. This is called prior authorization. Check to see if a prior authorization is needed by visiting **DelawareFirstHealth.com**. You can find the list under "Benefits and Services" and by clicking on "Prior Authorization/Referral." You can also get this information by calling Member Services at **1-877-236-1341** (TTY: **711**).

MEDICALLY NECESSARY HEALTHCARE SERVICES

You must get "medically necessary" healthcare services through participating providers. There are some exceptions, like emergency care. You can call us if you have questions about any services. Call Member Services at **1-877-236-1341** (TTY: **711**).

Using Your Benefits and Coverage as an LTSS Member

Home- and Community-Based Services (HCBS)

Home- and community-based services can help you live at home or in another community setting, like assisted living. Home- and community-based services include attendant care, chore services, respite care, and other services to give you support for your everyday needs and keep you safe. Your case manager will help you get the services you need.

Self-Directed Home- and Community-Based Services

As a DSHP Plus LTSS member, you may opt to self-direct your attendant care, chore, or respite services.

- Self-directed attendant care (SDAC) allows you to choose and hire your personal caregiver(s). You can also create a personal, quality care plan to meet your needs.
- After a self-assessment, your case manager may find that you need help directing your services. In this case, you'll need to name someone to perform the employer role on your behalf. An Employer Representative Agreement will be signed by your chosen person and yourself.
- Self-directed home- and community-based services (HCBS) is only an option. You can choose to join or stop your self-directed HCBS at any time.

If you choose self-directed care, you will have decision-making authority over self-directed employees. This includes, but is not limited to:

- Recruiting (seeking out) SDAC employees.
- Choosing SDAC employees.
- Hiring SDAC employees.
- Making sure that SDAC employees are qualified.
- Getting a criminal background check of SDAC employees.
- Including any special skills based on your needs and choices.
- Testing SDAC employee performance.
- Required Electronic Verification Visit (EVV) items, including making sure of time worked and okaying time sheets.
- Discharging SDAC employees (ending their employment).

The minimum qualifications required for the intended employee include:

- Must be at least 18 years of age.

- Must have the skills needed to do the required services.
- Must have a valid Social Security number (SSN).
- Must be willing to submit to a criminal background check.

You will have the choice of a Financial Management Service (FMS) provider. This will help you choose your SDAC caregiver. The role and responsibilities of the FMS provider are to:

- Complete the initial and ongoing training of SDAC employees.
- Maintain a roster (list) of SDAC employees.
- Help with completing forms related to employers.
- Do and pay for the criminal background check.
    - FMS will provide a copy to you when asked. In the event the person does not pass the background check, you will be told about the risk of hiring the person. You also must sign a risk agreement.
- Provide information on employer/employee relations.
- Help with solving problems.
- Help carry out the member's back-up plan.

We'll work together to make sure you're getting the services you need. This will include:

- Quality of service delivered with the health, safety, and welfare of members electing SDAC top of mind.
- Care is provided according to the member's plan of care, in all matters.
- Follow-through on the back-up plan by the member or vendor.
- Member joining in the program.
- The success of the member within the program.
- Patterns within the program that need attention by the case manager.

We'll support your choice of Self-Directed HCBS. We'll do this by helping you select someone to help you with this process. There is a choice of agencies available to help with the onboarding process of your employees. If you would like help managing your employees, you can choose someone you trust to represent you. That person can help to manage the tasks for you. Please speak to your case manager to learn more about Self-Directed HCBS.

Note: Delaware First Health reserves the right to disenroll members from Self-Directed HCBS if member's health, safety, or welfare needs are not met through the program. Members may be disenrolled if they are unable to carry out tasks needed to self-direct services or if there is fraudulent use of Medicaid funds through this program.

Electronic Visit Verification

Some services are subject to electronic visit verification (EVV). These include:

- Attendant care through agencies or through the self-directed option.
- In-home respite (rest) services (if your caregivers need a break).
- Chore services (if you need help with cleaning, food shopping, cooking, etc.).

EVV is a web-based system that verifies when provider visits happen. It:

- Documents the exact time services begin and end.
- Makes sure that you get approved services.
- Doesn't impact the amount, type, and length of services, or your choice of provider.
- Captures details of home visits and services provided by caregivers through the Self-Directed HCBS option.

It's your role to make sure the employee(s) are present during the times they are clocking in and out of the EVV system. You also must make sure that you're getting the services approved. Contact your case manager with any questions or concerns.

Nursing Facility Services

Nursing facility services include skilled nursing care and related services, rehabilitation (rehab), and health-related long-term care. Short-term skilled care and/or rehab is when the plan is for you to return home. A prior authorization request would be submitted by your primary care provider (PCP), specialist, or the hospital. Prior authorization must be given prior to admission.

Long-term custodial care in a nursing facility is a covered benefit when you do not have skilled nursing needs, but you need help with activities of daily living.

Nursing Facility Transition (NFT)

We want you to have the right care, at the right time, and in the setting of your choice. If you are able and want to move from a facility to a community setting, your case manager will tell you about the nursing facility transition program (NFT).

The NFT program is here to help you move from an eligible long-term care facility (nursing home, intermediate care facility for developmental disabilities, or state hospital) to an eligible residence in the community.

You can get home and community-based services to support you. Your choice is important to make sure your move is a success!

Your case manager will work with you to fill out a form with information to make sure that where you choose to live meets your needs and provides you with access to your community.

You may be able to get help with transition costs, up to $5,000. This money is provided by the State of Delaware and may be used for housing application fees, security deposits, and/or making sure your home is set up with daily living needs. These items include furniture, kitchen items, personal items, and other needed items to support you and keep you safe.

Your case manager will work with you and those who support you to get everything ready for you before you move. That may include minor home fixes, services, providers, medicines, and more.

Talk to your case manager or call Delaware First Health at **1-877-236-1341** (TTY: **711**) to learn more about NFT services.

Patient Liability

You may have to pay for part of the cost of your care in a nursing home or assisted living facility. This is called "patient liability." The facility may not let you live there if you refuse to pay. The amount you pay depends on your income. Talk to your case manager if you have questions or concerns.

Informed Consent

It's important for seniors and disabled persons who use LTSS services to know what's going on with their healthcare. This helps to make decisions.

Informed consent means you have the right to know (and understand) all of the important details about your care. This includes any medical treatment, procedure, or service before you agree to it, namely:

- Knowing what the treatment or service is for and how it may help you.
- Making you aware of any potential risks or side effects, as well as any other options you might have.
- Being able to ask questions to make sure you understand everything before you decide whether or not to go ahead with a certain treatment or service. Your consent shows that you agree to the treatment or service after having all of this information.

Here's a breakdown of what it involves:

Understanding of Information

- You must be given clear, detailed, and accessible details about the nature, benefits, risks, and alternatives of the proposed treatment, procedure, or action.
- Information should be presented in a way that is understandable, considering any cognitive or sensory impairments. (This means any inability to think clearly, remember, or understand what you're being told, or if you may be sight or hearing impaired.)

Capacity to Decide

- The person must have the mental capacity to understand the information provided. They must fully grasp the result of their decisions.
- This is very important for seniors and disabled persons. Conditions like dementia, brain issues, or mental health concerns may impact their ability to give informed consent.

Voluntariness

- Consent must be given voluntarily (of your own choosing), without any form of coercion (force), undue influence, or pressure. You should feel free to ask questions and take time to consider the options.
- This is important for seniors and disabled persons, who may not have the ability to resist strong opinions from caregivers, family members, or healthcare providers.

Communication and Support

- Enough support will be provided to make sure that you can voice your choices. This may include the use of medical devices (aids to help you), interpreters, or simple explanations that are easier to understand.
- Family members, legal guardians, or advocates (persons who may speak on your behalf) may be involved, but the focus should remain on the person's own singular choices.

Ongoing Process

- Informed consent is not a one-time event; it should be an ongoing talk. This is especially true if the person's condition changes over time. A regular relook at the person's understanding and willingness is needed.

Legal and Ethical Considerations

- For those who are not capable of giving informed consent, a legal guardian or power of attorney may be needed to make decisions on their behalf. The person's best interest is top priority.
- Healthcare providers must stick to legal standards and ethical guidelines. Doing so makes sure that consent is valid (true) and respects the rights and dignity of seniors and disabled persons.

This process is to protect the autonomy (self-rule) and rights of seniors and disabled persons, making sure that they are fully informed and actively part of choices that affect their lives.

Advance Directive (Living Will)

Planning Your Living Will

You are the most important person who will ever be involved in your care. You have the right to make choices about your care, including the right to accept or refuse medical or surgical treatment. We want you to be active in all your healthcare choices.

It is an unpleasant thought, but what if you became too sick to tell your provider what you want your care to be? An advance directive (also known as a living will) is a way to make sure that your wishes are known. You can make choices about your care in advance or name someone (known as a medical power of attorney) to make those choices if you cannot.

Making Your Living Will

Delaware First Health recommends that all members make a living will, designate a power of attorney, and provide their advance directive to their PCP.

Once you have completed your advance directive, ask your doctor to put the form in your file. You can also talk to your doctor about the decision-making process of creating your living will or advance directive. Together, you can make choices that will set your mind at ease.

You can change your advance directive at any time. You should make sure others know that you have an advance directive. You may also choose to designate a medical power of

attorney. That person should be made aware of your advance directive or living will as well.

With an advance directive, you can be sure that you are cared for as you wish, at a time when you cannot give the information.

You can access this form online through a link at **dhss.delaware.gov/dsaapd/advance1**. For more information, you can also call the Delaware Aging and Disability Resource Center at **1-800-223-9074**.

For more information about advance directives or to file a complaint if your wishes have not been followed, you can call the Division of Services for Aging and Adults with Physical Disabilities (DSAAPD) at **1-800-223-9074**.

Living will

Document location: _____

Document contact name: _____ **Phone:** _____

Power Of Attorney

Name: _____

Phone: _____ **Cell:** _____ **Work:** _____

Agent Address: _____

Agent Work Address: _____

Document Location: _____

Document contact name: _____ **Phone:** _____

Member Advisory Council

Delaware First Health's Member Advisory Council (MAC) is diverse and inclusive. It is our main space for member input, and that includes participation from LTSS members and stakeholders. Our MAC represents a broad cross- section of Delaware First Health's membership with respect to race, ethnicity, gender, sexual orientation, gender identity, primary language, geographic location, age, disability, and health status. The MAC meets quarterly and rotates the location of its meetings among Delaware's three counties, with the option for attendees to attend in person, by phone, or via webinar. The MAC will ask for direct feedback from members to shape Delaware First Health's programs, materials, and communications.

Call Delaware First Health at **1-877-236-1341** (TTY: **711**) to learn more about the MAC or talk with your case manager.

Know Where to Go for Care

GET THE RIGHT CARE AT THE RIGHT PLACE

Make sure you know where to get medical care when you need it. If you get sick or hurt, you have many options for the care you need.

PRIMARY CARE PROVIDER (PCP)

Your PCP is a doctor or nurse who provides, plans, and/or helps you access healthcare services. Call the office to set up a visit if you don't need immediate medical care. Call Member Services at **1-877-236-1341** (TTY: **711**) to choose a PCP. You can also log in to your member portal account.

See your PCP if you need:

- Help with colds, flu, and fevers.
- Care for ongoing health issues, like asthma or diabetes.
- An annual wellness exam.
- Vaccinations (shots).
- General advice about your overall health.

TELEHEALTH (VIRTUAL DOCTOR VISIT)

Telehealth is a virtual visit with an in-network doctor via video chat. After you set up your account, you can set up your visit within the app. Then, you and a doctor will meet to talk about your health issue or questions.

With telehealth, you have 24-hour access to in-network providers for non-emergency health issues.

You can also visit **DelawareFirstHealth.com/telehealth** to learn more.

24/7 NURSE ADVICE LINE

Our 24/7 Nurse Advice Line is a free health information phone line. Medical professionals are available to answer questions about your health. They can also help decide if you should see your PCP and help with setting up your appointment.

Call our 24/7 Nurse Advice Line at **1-877-236-1341** (TTY: **711**) if you need:

- Help knowing if you should see your PCP.
- Help caring for a sick child.
- Answers to questions about your health.

URGENT CARE CENTER

Urgent care centers help diagnose and treat illnesses or injuries that aren't life threatening but can't wait until the next day. If your PCP's office is closed, an urgent care center can give you fast, hands-on care. Urgent care centers can also offer shorter wait times than an emergency room (ER).

Go to an in-network urgent care center for:

- Sprains.
- Ear infections.
- High fevers.
- Flu symptoms with vomiting.

EMERGENCY DEPARTMENT (ED)

Anything that could endanger your life (or your unborn child's life if you're pregnant) without immediate (fast) medical care is an emergency. Emergency services treat accidental injuries or the onset of what appears to be a medical condition.

Note: Emergency services do not require prior authorization.

In case of an emergency, call 911 or go to the closest ER. After treatment, call your PCP within 24 hours or as soon as possible.

Go to the ED if you have:

- Broken bones.
- Bleeding that won't stop.
- Labor pains or other bleeding (if you're pregnant).
- Severe chest pains or heart attack symptoms.
- Shock symptoms (sweat, thirst, dizziness, pale skin, etc.).
- Convulsions or seizures.
- Trouble breathing.
- The sudden inability to see, move, or speak.

Avoid the ED and reach out to your PCP or make a telehealth visit if you have:

- Flus, colds, sore throats, or earaches.
- Sprains or strains.
- Cuts or scrapes that don't require stitches.
- Needs for more medicine or prescription refills.
- Diaper rash.

Be Prepared

BEHAVIORAL HEALTH CRISIS

Delaware First Health case managers can help you find local mental health services and community resources. This will help to lower your risk of going to the hospital or other things that can happen due to your mental health. Your case manager can help by asking you questions about risky behaviors (things you may be thinking or doing that puts your health at risk). Your case manager will also help find shelters, food, and other needs that may be adding to your risky behaviors. If needed, your case manager will refer you to doctors or specialists and help set up visits with local providers to help lower risky behaviors and get you the help you need. You also have a right to tell us about changes you think we should make. You always have a choice of providers.

Call Member Services at **1-877-236-1341** (TTY: **711**) to get more information and share your ideas. You can also reach out to your case manager.

EMERGENCY PREPAREDNESS

Being prepared can reduce fear, anxiety, and losses that go hand-in hand with disasters. Communities, families, and persons should know what to do in the event of a natural disaster and where to seek shelter during a powerful storm.

CRITICAL INCIDENTS

Delaware First Health members can report critical incidents to Delaware First Health Member Services at **1-877-236-1341** (TTY: **711**). These incidents can occur in nursing facilities, inpatient behavioral health centers, and in home- and community-based service delivery areas like your home or an adult day care center.

Critical incidents include but are not limited to the following:

- Unexpected death of a member.
- Suspected physical, mental, or sexual mistreatment, abuse and/or neglect of a member.
- Suspected theft or financial exploitation of a member.
- Severe injury to a member when source of injury is unknown, and injury is suspicious, or injury requires transfer to acute care.
- Medication or treatment error or omission (meds or treatment left out) that may impact a member's health or safety.
- Inappropriate (wrong)/unprofessional conduct by a provider involving a member.

INTERPERSONAL VIOLENCE CRISIS AND PREVENTION

Interpersonal violence is a pattern of behavior where one person tries to gain power or control over another person in a family or intimate relationship.

There are many different types of interpersonal abuse (abuse between people). These include mental and physical/violent abuse. Some examples include:

- Emotional abuse.
- Physical violence.
- Stalking.
- Sexual violence.
- Financial (money-related) abuse.
- Verbal abuse.
- Elder (senior) abuse.
- Intimate partner violence later in life.
- Intimate partner abuse.
- Interpersonal violence.

There are many different names used to talk about interpersonal violence. It can be called: abuse; domestic violence; battery; intimate partner violence; or family, spousal, relationship or dating violence. If any of these things are happening to you, or have happened, or you are afraid of your partner, you may be in an abusive relationship.

Interpersonal violence is a crime, and legal protections are available to you. Leaving a violent relationship is not easy, but you can get help.

WHERE TO GET HELP:

National Domestic Violence Hotline

1-800-799-7233 (SAFE)
TTY: **1-800-787-3224**

Delaware Coalition Against Domestic Violence

The services provided to interpersonal violence victims include: crisis intervention, counseling, going along to police, medical, and court appointments, and temporary emergency shelter for victims and their dependent children. Prevention and educational programs are also provided to lower the risk of interpersonal violence in the community.

24 Hour Hotlines

New Castle County	**302-762-6110**
Kent & Sussex Counties	**302-422-8058**
Abriendo Puertas	**302-745-9874**

SEXUAL VIOLENCE AND RAPE CRISIS

Sexual violence includes any type of unwanted sexual contact, words or actions of a sexual nature that is against a person's will. A person may use force, threats, manipulation, or persuasion to commit sexual violence. Sexual violence can include:

- Rape.
- Sexual assault.
- Incest (sex between family members).
- Child sexual assault.

- Date and acquaintance (someone you may know) rape.
- Grabbing or groping.
- Sexting without permission.
- Ritual abuse.
- Commercial sexual exploitation (like prostitution).
- Sexual harassment.
- Anti-LGBTQIA+ bullying.
- Exposure and voyeurism (the act of being viewed, photographed, or filmed in a place where one would expect privacy).
- Forced joining in the production of pornography.

Survivors of sexual violence can have physical, mental or emotional reactions to the experience. A survivor of sexual violence may feel alone, scared, ashamed, and fear that no one will believe them. Healing can take time, but healing can happen.

Where to get help:

National Sexual Assault Hotline	**YWCA Delaware Sexual Assault Response Center**	**ContactLifeline**
1-800-656-4673	**1-800-773-8570** (New Castle/Kent/Sussex County)	**1-800-262-9800** Rape Crisis Service: Kent/Sussex County Crisis Helpline: Statewide

HELP WITH PROBLEMS BEYOND MEDICAL CARE

It can be hard to focus on your health if you have problems with housing, getting a job, education, or if you worry about having enough food to feed your family. Delaware First Health can connect you to resources in your community. These can help you manage issues beyond your medical care. We also have specialists on our team who can help.

Talk to your case manager or call Member Services at **1-877-236-1341** (TTY: **711**) if you:

- Worry about your housing or living conditions.
- Have trouble getting enough food to feed yourself or your family.
- Need help with getting a job or finding education resources.
- Need rides to get to medical visits, the drugstore, job interviews, and more.
- Feel unsafe or are experiencing domestic or community violence. If you are in immediate danger, call 911.

You can also search for community resources throughout the state of Delaware by visiting **DelawareFirstHealth.Findhelp.com**.

Safety Check

AT-HOME SAFETY CHECKLIST

ALL ROOMS AND HALLWAYS

- ❑ Rooms and hallways, kitchen, bathroom, stairs, and bedroom electrical cords out of the way and secured to walls.
- ❑ Walkways free of furniture and clutter.
- ❑ Carpeting and rugs secured with non-slip backing.
- ❑ All light bulbs and switches working.

BATHROOM

- ❑ Grab bars mounted in shower and near toilet, if needed.
- ❑ Shower/bath has non-slip bathmat, secured with suction.
- ❑ Nightlight.
- ❑ Bathroom rug or mat with non-slip backing.
- ❑ Free of clutter with enough room to move around.
- ❑ Shower bench or chair.

BEDROOM

- ❑ Bedside table with a secured lamp.
- ❑ Clear walkway from bed to bathroom.
- ❑ Sturdy chair to sit in while dressing.

KITCHEN

- ❑ All needed items reachable without using a stool.
- ❑ Place to sit when making food.
- ❑ No cracks or edges in kitchen floor.
- ❑ Electrical cords away from water sources.

STAIRS

- ❑ Free of clutter.
- ❑ Room to move at top of stairs.
- ❑ All carpeting secured on steps.
- ❑ Handrails secured and at the right height.
- ❑ Well-lit stairways with switches at top and bottom.

OTHER SAFETY TIPS

- ❑ When not in use, store clothing, bedding, and other items where they can be reached with ease.
- ❑ Place brightly colored tape on the edge of each step. This will signal you're at the drop-off point.
- ❑ Make sure all floorboards are even.
- ❑ Make sure the water is set at a safe temperature (120°F or lower).
- ❑ Put a liquid soap dispenser in the shower. Slips and falls can happen when trying to pick up a dropped bar of soap.
- ❑ Make sure items used often are placed within reach.
- ❑ Lock up cleaning supplies or flammable liquids.
- ❑ Keep a first aid kit in an easy place to find it.

STAY INFORMED AND UP TO DATE

Delaware First Health Member Services: 1-877-236-1341 (TTY:711)

Call this number for all Member Service needs, such as:

- **Benefits questions**
- **Scheduling transportation**
- **Assistance changing or selecting a primary care provider (PCP)**
- **Vision**
- **Dental**
- **Pharmacy services**

Nurse Advice Line (24/7): Our Nurse Advice Line is ready to answer your health questions 24 hours a day, seven days a week - every day of the year.

Care Management: Care management and health coaching are part of your benefits and are provided to you at no cost.

If you are experiencing a medical emergency, please call 911.

NEED HELP?

Through our DFH Findhelp website, **DelawareFirstHealth.Findhelp.com**, you can find community resources in your area. These resources include:

- Food pantries
- Education and housing assistance
- Housing assistance
- Financial assistance
- Other free to reduced cost programs

If you would like more help or you want to connect with our Community Connections Teams, call Member Services at **1-877-236-1341** (TTY: **711**).

Social Spotlight

Learn more about your Health Plan's rewards and benefits, resources, events, and more. Stay informed and discover helpful insights through our social media channels for the latest updates!

Facebook
@DEFirstHealth

LinkedIn
@delaware-first-health

Statement of Non-Discrimination

Delaware First Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity). Delaware First Health does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity).

Delaware First Health:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Member Services at **1-877-236-1341** (TTY:**711**).

If you believe that Delaware First Health has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity) you can file a grievance with:

1557 Coordinator
P.O. Box 31384
Tampa, FL 33631
Phone: **1-855-577-8234** (TTY: **711**)
Fax: **1-866-388-1769**
Email: **SM_Section1557Coord@centene.com**

You can file a grievance in person or by mail or fax. If you need help filing a grievance, our **1557 Coordinator** is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf** or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW., Room 509F, HHH Building
Washington, DC 20201
Phone: **1-800-368-1019**, **1-800-537-7697** (TDD)

Complaint forms are available at **https://www.hhs.gov/ocr/complaints/index.html.**

This notice is available at Delaware First Health website:
https://www.delawarefirsthealth.com/non-discrimination.html.

Delaware First Health: **1-877-236-1341** (TTY: **711**)

English: If you need this in another language, or need auxiliary aids and services, large font, oral translation, or other alternative formats, we can provide them to you free of charge. Call **Delaware First Health**: **1-877-236-1341** (TTY: **711**).
Español (Spanish): Si necesita esta información en otro idioma o necesita ayudas y servicios auxiliares, letra grande, interpretación oral u otros formatos alternativos, podemos proporcionarlos para usted de manera gratuita. Llame a **Delaware First Health**: **1-877-236-1341** (TTY: **711**).
中文 (Chinese): 如您需要以其他語言，或需要輔助工具和服務、較大的字型、口譯服務或其他替代格式檢閱此資訊，我們可以免費提供給您。請致電 **Delaware First Health**：**1-877-236-1341** (TTY：**711**)。
Kreyòl Ayisyen (Haitian Creole): Si ou bezwen sa nan yon lòt lang, oswa si ou bezwen aparèy ki bay asistans ak sèvis oksilyè, dokiman ki ekri ak gwo lèt, tradiksyon nan bouch, oswa lòt fòma altènatif, nou kapab ba ou yo gratis. Rele **Delaware First Health**: **1-877-236-1341** (TTY: **711**).
ગુજરાતી (Gujarati): જો તમને બીજી ભાષામાં આની જરૂર હોય અથવા સહાયક સહાય અને સેવાઓ, મોટા ફૉન્ટ, મૌખિક અનુવાદ અથવા અન્ય વૈકલ્પિક ફોર્મેટની જરૂર હોય, તો અમે તમને તે મફતમાં પ્રદાન કરી શકીએ છીએ. **Delaware First Health**ને આના પર કૉલ કરો: **1-877-236-1341** (TTY: **711**).

Français (French): Si vous avez besoin de ce document dans une autre langue, d'aides et de services auxiliaires, de polices de caractères plus grandes, d'une traduction orale ou d'autres formats, nous pouvons vous les fournir gratuitement. Contactez **Delaware First Health** : **1-877-236-1341** (TTY : **711**).
한국어 (Korean): 다른 언어, 보조 도구 및 서비스, 큰 글씨, 구두 번역 또는 기타 대체 형식으로 필요한 경우 무료로 제공해 드릴 수 있습니다. **Delaware First Health**: **1-877-236-1341**(TTY: **711**)로 전화해 주십시오.
Kiswahili (Swahili): Ikiwa unahitaji hii katika lugha nyingine, au unahitaji usaidizi na huduma za usaidizi, fonti kubwa, ukalimani, au maumbizo mengine mbadala, tunaweza kuzitoa bila malipo. Pigia **Delaware First Health**: **1-877-236-1341** (TTY: **711**).
Yorùbá (Yoruba): Bí o bá nílò èyí ní èdè mìíràn, tàbí o nílò àwọn ìrànwọ́ arannilọ́wọ́ àti àwọn iṣẹ́, létà kíkọsílẹ̀ títóbi, ìtumọ̀-èdè aláfẹnusọ, tàbí àwọn ònà ìkọsílẹ̀ àfirọ́pò mìíràn, a leè pèsè wọn fún ọ lọ́fẹ̀ẹ́ láaìsan owó rárá. Pe **Delaware First Health**: **1-877-236-1341** (TTY: **711**).
Deutsch (German): Wenn Sie diese Informationen in einer anderen Sprache oder zusätzliche Unterstützung und Dienstleistungen wie Großdruck, Verdolmetschung oder alternative Formate benötigen, stellen wir Ihnen dies kostenfrei zur Verfügung. Wenden Sie sich dazu an **Delaware First Health** unter: **1-877-236-1341** (TTY: **711**).
Tagalog (Tagalog): Kung kailangan ninyo ito sa ibang wika, o kung kailangan ninyo ng mga karagdagang tulong at serbisyo, malalaking font, o iba pang alternatibong format, maibibigay namin sa inyo ang mga ito nang libre. Tawagan ang **Delaware First Health**: **1-877-236-1341** (TTY: **711**).

हिंदी (Hindi): अगर आपको यह किसी अन्य भाषा में चाहिए या सहायक साधन और सेवाओं, बड़े फ़ॉन्ट, मौखिक अनुवाद, या अन्य वैकल्पिक फ़ॉर्मेट की आवश्यकता है, तो हम उन्हें आपको निःशुल्क प्रदान कर सकते हैं। **Delaware First Health** को इस पर कॉल करें: **1-877-236-1341** (TTY: **711**)।
اردو (Urdu): اگر آپ کو یہ کسی دوسری زبان میں چاہیے، یا معاون امداد اور خدمات، بڑے فونٹ، زبانی ترجمہ، یا دیگر متبادل فارمیٹس کی ضرورت ہے، تو ہم انہیں آپ کو مفت فراہم کر سکتے ہیں۔ **Delaware First Health** کو اس پر کال کریں: **1-877-236-1341** (TTY: **711**)۔
العربية (Arabic): إذا كنت بحاجة إلى ذلك بلغة أخرى، أو إذا كنت بحاجة إلى مساعِدات وخدمات إضافية أو ملف بخط كبير أو ترجمة شفهية أو تنسيقات بديلة أخرى، فيمكننا تزويدك بذلك مجانًا. اتصل بـ **Delaware First Health** على الرقم: **1-877-236-1341** (TTY: **711**).
తెలుగు (Telugu): మీకు ఇది మరొక భాషలో కావాలంటే లేదా సహాయక టూల్‌లు మరియు సేవలు, పెద్ద ఫాంట్, మౌఖిక అనువాదం లేదా ఇతర ప్రత్యామ్నాయ ఫార్మాట్‌లు అవసరమైతే, మీకు ఎలాంటి ఛార్జీలు లేకుండా ఉచితంగా మేము వాటిని అందించగలము. ఈ నంబర్‌లో **Delaware First Health** కి కాల్ చేయండి: **1-877-236-1341** (TTY: **711**).
Nederlands (Dutch): Als u dit in een andere taal nodig hebt, of aanvullende hulpmiddelen en diensten, een groot lettertype, gesproken vertaling of een ander formaat nodig hebt, kunnen wij deze gratis leveren. Bel **Delaware First Health**: **1-877-236-1341** (TTY: **711**).

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DelawareFirstHealth.com.

Member Services: **1-877-236-1341** (TTY: **711**)

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