State Resources for Seniors in Delaware

At PayingforSeniorCare, we understand that learning about and accessing the assistance you need isn’t easy. We created this guide to help seniors and their families learn about the available financial assistance options for senior living and senior care in your state so you can focus on what matters: finding the right senior care for your loved one. In the following resource guide, learn about the financial assistance options for senior care and senior living in your state, what benefits the different programs offer, who is eligible, and how to apply.
Delaware has a growing senior population, and according to the Delaware Population Consortium Annual Population Projections, more than 30% of the population is projected to be aged 60 or over by 2025. Older adults often find themselves requiring support either in the form of nursing home care or assisted living. These services can greatly improve a senior’s quality of life, but they’re costly, and many families worry about how they’ll cover that cost of care.

Medicare and Medicaid programs in Delaware help older adults access the care they need. These programs offer assistance with part or all of the cost of care for eligible seniors and can include personal care services, help with the activities of daily living and nursing care.

**Medicaid**

Delaware’s Medicaid program is known as the Diamond State Health Plan. The plan includes two elements covering short-term health care expenses, certain at-home care services and long-term care. For Medicaid to cover the cost of nursing home care, a senior must meet both financial and medical eligibility requirements.

**How to Apply**

Seniors can apply for the Diamond State Health Plan by completing the online form at Delaware ASSIST. Those who would prefer to discuss their application with someone over the telephone can call the Division of Medicaid and Medical Assistance at (800) 372-2022. Local Area Agencies on Aging also offer assistance with Medicaid applications.

**Eligibility**

To qualify for the Diamond State Health Plan, seniors must:
- Be a United States citizen
- Be aged 65 or over
- Reside in Delaware
- Meet any medical requirements for the plan in question
In addition to the above criteria, Medicaid has strict income and asset requirements. These are currently:

<table>
<thead>
<tr>
<th></th>
<th>Annual Income Limit</th>
<th>Annual Asset Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>$24,150</td>
<td>$2,000</td>
</tr>
<tr>
<td>Married</td>
<td>$24,150 per applicant</td>
<td>$3,000</td>
</tr>
</tbody>
</table>

These limits are correct as of May 2022. However, they’re reviewed regularly to keep them in line with changes to the federal poverty level. In addition to the $3,000 married couple allowance, there are asset protections in place for scenarios where one spouse is still living in the community but the other is applying for long-term care.

**Medicare**

Medicare is the federal health insurance program for older adults (65+) and some younger people with disabilities. Part A, which covers inpatient care, may also cover medically necessary care delivered in a skilled nursing facility.

**How to Apply**

To apply for Medicare online, visit the Social Security Administration website, agree to the terms of service and fill out the application. To apply by telephone, call (800) 772-1213. If you prefer to apply in person, use the SSA office locator to find a nearby Social Security office.

**Eligibility**

You may qualify for Medicare coverage if any of the following apply:
- You’re at least 65 years old.
- You have end-stage renal disease.
- You’re under age 65 and have a disability.

If you or your spouse worked and paid Medicare taxes for at least 10 years, you qualify for premium-free Part A coverage. You may also qualify for premium-free coverage if you’ve been receiving disability benefits for at least 24 months, you’re on kidney dialysis or you need a kidney transplant.
**Diamond State Health Plan - Plus**

The Diamond State Health Plan - Plus is a Medicaid waiver that covers long-term care options for seniors, including nursing home care. The state discontinued several other waivers for the elderly and disabled and created one simplified waiver to help seniors who require varying levels of care either in the community or in nursing facilities. This managed long-term care waiver is divided into two sub-programs, the Nursing Facility Program and the Long-Term Care Community Services Program.

While the program is for managed care, there’s still some scope for consumer-directed care. Seniors can choose providers for certain elements of their care, including hiring family members if desired.

**How to Apply**

Seniors can apply for the Diamond State Health Plan - Plus by contacting the Division of Medicaid and Medical Assistance at (800) 996-9969.

**Eligibility**

To qualify for the Diamond State Health Plan - Plus waiver, seniors must meet the income and asset limitations for the long-term care element of Medicaid. In addition, they must undergo a functional ability assessment. Only seniors who require or are at risk of requiring a nursing home level of care are eligible for this waiver.

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**Program of All-Inclusive Care for the Elderly**

The Program of All-Inclusive Care for the Elderly is available in some parts of Delaware but isn’t statewide. PACE doesn’t provide funds directly. Rather it simplifies the Medicare and Medicaid process, providing a single point of contact for all Medicare and Medicaid payments, claims and assessments.

**How to Apply**

Seniors can contact the Division of Medicaid and Medical Assistance to find their nearest PACE provider and request an assessment.

**Eligibility**

PACE is open to all Medicare and Medicaid beneficiaries who live in an area covered by the program. Seniors must be aged 55 or over to enroll, and the program is aimed at those who require a nursing home level of care.
Health Insurance & Prescription Drug Coverage for Seniors

Delaware Prescription Assistance Program

The Delaware Prescription Assistance Program offers support for individuals who are unable to cover the cost of prescription drugs themselves. The program is aimed at low-income individuals who have no prescription drug cover other than Medicare Part D and those who have an income below 200% of the federal poverty level.

This program is open to elderly or disabled individuals who cannot cover the cost of physician-prescribed drugs and those who are on a low income or whose prescription bills exceed 40% of their income.

Seniors who qualify for the program may receive support of up to $3,000 per year toward the cost of Medicare Part D premiums and certain prescription medications.

How to Apply

Seniors can call (844) 245-9580 to request an application form or speak to a representative for advice about the DPAP application process. It’s also possible to download an application form, and the completed document, along with copies of the required documentation, can be sent to the address at the top of the form.

Eligibility for DPAP

To be eligible for DPAP, seniors must be aged 65 or over or in receipt of Social Security benefits. In addition, they must be enrolled in Medicare Part D and Social Security’s Extra Help Program and meet one or both of the following criteria:

Income below 200% of the Federal Poverty Level
Prescription medication bills greater than 40% of their income

Medicaid

Medicaid includes some support for the cost of prescription medications, as well as doctor’s visits and preventative care. The program is open to low-income seniors and those living with disabilities.
How to Apply
Seniors can apply for Medicaid by calling the relevant department at (800) 996-9969.

Eligibility Table

<table>
<thead>
<tr>
<th></th>
<th>Income Limits*</th>
<th>Asset Limits*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Single Applicants</strong></td>
<td>$24,150</td>
<td>$2,000</td>
</tr>
<tr>
<td><strong>Married Applicants</strong></td>
<td>$24,500 per applicant</td>
<td>$3,000</td>
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</tbody>
</table>

*These limits are current as of 2022 but are reviewed annually

Medicare

Original Medicare consists of Part A, which covers services provided on an inpatient basis, and Part B, which covers outpatient services. For example, Part A covers nursing care provided during a hospital stay, while Part B covers things like doctor visits and durable medical equipment.

How to Apply

To apply for Medicare online, visit the Social Security Administration website and fill out the form. You can also apply by telephone or in person. Call (800) 772-1213 to speak with a representative or use the online locator to find a Social Security office near you.

Eligibility

To receive Medicare benefits, you must be at least 65 years old or have a qualifying disability or end-stage renal disease. Everyone pays a premium for Part B, but you may qualify for premium-free Part A coverage if you or your spouse worked and paid Medicare taxes for at least 10 years.

Medicare Advantage

Original Medicare is managed by the federal government, but Medicare Advantage Plans are sold by private insurance companies. Each plan must offer at least the same amount of coverage as Original Medicare, but many insurers offer extra benefits to make their plans more attractive to consumers.
How to Apply
Use the Find a Medicare Plan tool on Medicare.gov to compare Medicare Advantage Plans in your state. When you’re ready to enroll, call (800) 633-4227 or contact the plan provider directly.

Eligibility
If you’re eligible for Original Medicare, you are likely eligible for Medicare Advantage; however, confirm eligibility requirements with the plan provider.

Medicare Part D
Original Medicare doesn’t cover most prescription drugs, so you may want to enroll in Medicare Part D, a supplemental plan that pays for a wide range of medications. Each plan has a formulary that explains how much coverage is provided for each type of drug. Most Medicare Advantage Plans include prescription drug coverage, and you can’t enroll in Medicare Part D if you have a Medicare Advantage Plan that pays for prescription medications.

How to Apply
Use the Find a Medicare Plan tool on Medicare.gov to find a plan that meets your needs. When you’re ready to enroll, contact the plan directly for instructions on applying for coverage.

Eligibility
To qualify for Medicare Part D, you must be enrolled in Medicare Part A and Medicare Part B (Original Medicare) or one of the few Medicare Advantage Plans that doesn’t cover prescription drugs.

Medicare Savings Programs
Medicare Savings Programs provide low-income individuals with help toward the cost of Medicare Part B and Part D premiums. The amount of assistance varies depending on the individual’s income. Delaware offers the following three plans:

- **Qualified Medicare Beneficiary:** This MSP helps pay for Medicare Part A/Part B premiums, Part A/Part B deductibles and Part A/Part B coinsurance.
- **Specified Low-Income Medicare Beneficiary:** The SLMB program helps pay Medicare Part B premiums.
• **Qualified Individual**: The QI program also helps participants pay their Medicare Part B premiums, but it has higher income limits than the QMB and SLMB programs.

### How to Apply

Seniors can apply for Medicare Savings Programs and manage other aspects of their Medicare accounts using the Delaware ASSIST website. The Delaware ASSIST online service is an all-in-one portal that handles a variety of applications, including long-term care, food supplement programs and LIHEAP.

More information about the Qualified Medicare Beneficiary Program and other similar programs can be found on the DMMA website. Seniors can contact their nearest Area Agency on Aging or a local DMMA office for eligibility information and advice or use the online eligibility checker to see which programs they qualify for.

### Eligibility

To be eligible for the programs listed below, seniors must:
- Be eligible for Medicare Part B
- Reside in Delaware
- Be U.S. citizen
- Meet the following income and asset limitations

<table>
<thead>
<tr>
<th>Program</th>
<th>Single Income Limits</th>
<th>Married Income Limits</th>
<th>Single Asset Limits</th>
<th>Married Asset Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Qualified Medicare Beneficiary</td>
<td>$1,153</td>
<td>$1,546</td>
<td>$8,400</td>
<td>$12,600</td>
</tr>
<tr>
<td>Specified Low-Income Medicare Beneficiary</td>
<td>$1,379</td>
<td>$1,851</td>
<td>$8,400</td>
<td>$12,600</td>
</tr>
<tr>
<td>Qualified Individual</td>
<td>$1,549</td>
<td>$2,080</td>
<td>$8,400</td>
<td>$12,600</td>
</tr>
</tbody>
</table>
Cash assistance programs help pay for expenses not covered by health insurance, senior living programs and other forms of aid. These benefits can be used to pay for toiletries, public transportation, utilities and other necessities.

**Social Security**
Social Security is a source of income available to retirees and people who can no longer work because of a disability. The money for Social Security comes from a payroll tax levied on employers, employees and self-employed individuals. When you retire, you’ll receive monthly payments based on how much you earned when you were working.

**How to Apply**
To apply online, visit the Social Security website and fill out the application. You can also call (800) 772-1213.

**Eligibility**
To qualify for Social Security, you must earn at least 40 Social Security credits in your lifetime. Working and paying your portion of the Social Security payroll tax helps you earn these credits.

**Supplemental Security Income**
Supplemental Security Income is a tax-funded program that provides monthly payments to help aged, blind and disabled people meet their basic needs.

**How to Apply**
To apply for SSI, fill out the online application, call (800) 772-1213 or visit your local Social Security office.
Eligibility
SSI has the following eligibility requirements:

<table>
<thead>
<tr>
<th>Basic Requirements</th>
<th>Aged 65, blind or disabled.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Citizenship</td>
<td>U.S. citizen, U.S. national or resident alien.</td>
</tr>
<tr>
<td>Countable Resources</td>
<td>$2,000 for individuals/$3,000 for married couples.</td>
</tr>
<tr>
<td>Income</td>
<td>Countable income can’t exceed the federal benefit rate.</td>
</tr>
</tbody>
</table>