

DELAWARE EMERGENCY MEDICAL DIABETES FUND Guidelines

Purpose

- To provide on an emergency need basis, diabetes or prediabetes services, medications and supplies to residents of Delaware.
- Provide payment for items directly related to the client's diabetes or prediabetes that will eliminate or alleviate the emergency condition

Eligibility**

- Individual has diabetes (type 1, type 2, gestational or other) or prediabetes
- Medical need is present that could result in serious impairment of health, prolonged hospitalization, complications, or death
- Individual must **not have** other insurance that will provide for services, medications and/or supplies requested

** Must be evaluated on case-by-case basis, using established Delaware State Service Center financial screening and other criteria. **

Process

Patient/Client:

- Referred to Emergency Services at State Service Center (SSC)
- Prior going to SSC, contact place providing medications, services, or supplies and asks if they accept state reimbursement, if so, request a printed cost estimate
- At SSC, ask for Emergency Services and the client should tell them they are there applying for funds from the Emergency Medical Diabetes Fund
- Client provides required data intake information to determine if need exists and meets qualifications
- Receives referral for needed medications, services, or supplies

Allowance

- The maximum total benefit is \$500 per client, per 12 consecutive months
- Eligible clients may receive up to the maximum total benefit within a period of 12 consecutive months, in accordance with established Medical Fund Guidelines

The allowance may be used for diabetes or prediabetes:

1. Medications (including those that may be indirectly in need to control their diabetes or prediabetes (i.e. blood pressure and cholesterol medications)
2. Services, or
3. Supplies (in addition, items such as orthopedic shoes, support socks, skin creams, eye drops)
 - The allowance may be exclusively for any one of the three above, or in some combination.

Who is excluded from EMDF?

Those who are not eligible for the program are those who don't have diabetes or prediabetes, cannot prove that they have a diabetes or prediabetes related medical emergency exists, have other insurance or have full Medical Assistance benefits that provide coverage for the services, medications or supplies requested.

NOTE: Payments are made directly to vendors. NO direct payments to clients are permitted. Clients MUST provide written, itemized documentation of the costs associated with the services, medications or supplies for which financial assistance is being requested through the Emergency Medical Diabetes Fund (EMDF). NOTE: Financial assistance is limited to diabetes or prediabetes and/or conditions directly by either of the two. No funding will be allocated for non-diabetes/prediabetes related services, medications, or supplies. For more information please call 302-744-1020.