

AMENDED STATE PLAN PAGE

ATTACHMENT 3.1-A
Page 9 Addendum

LIMITATIONS

24.a Transportation for medical services is provided in two ways:

- (a) As an optional medical service through contractual arrangements /intradepartmental agreements. Transportation provided as a medical service includes:
 - i. Non-Emergency transportation through contractual broker arrangements.
- (b) As an optional medical service through direct vendor payment. Transportation provided as an optional medical service includes:
 - i. Emergency transportation, and
 - ii. Services provided outside the broker's contractual obligation.

24.f. Personal Care Services

Eligible recipients of personal care are Medicaid recipients who are disabled by mental illness, alcoholism, or drug addiction as defined in the Medicaid Provider Manual for Community Support Service Programs.

Persons eligible to provide personal care services are those who are qualified as an Assistant Clinician as defined in the Medicaid Provider Manual for Community Support Service Programs.

The recipient's physician must certify medical necessity for personal care services based on a completed comprehensive medical/psycho-social evaluation and treatment plan as defined in the Medicaid Provider Manual for Community Support Service Programs.

TN No. SPA #10-002
Supersedes
TN No. SP-392

Approval Date NOV 04 2010
Effective Date July 1, 2010

NEW STATE PLAN PAGES

(Revised Template)

Revision: CMS
OMB No.

ATTACHMENT 3.1-A
Page 9a

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT MEDICAL ASSISTANCE PROGRAM

State/Territory DELAWARE

SECTION 3 – SERVICES: GENERAL PROVISIONS

3.1 Amount, Duration, and Scope of Services

Medicaid is provided in accordance with the requirements of sections 1902(a), 1902(e), 1903(i), 1905(a), 1905(p), 1905(r), 1905(s), 1906, 1915, 1916, 1920, 1925, 1929, and 1933 of the Act; section 245A(h) of the Immigration and Nationality Act; and 42 CFR Parts 431, 440, 441, 442, and 483.

A. Categorically Needy

24. Any other medical care, and any other type of remedial care recognized under State law, specified by the Secretary (in accordance with section 1905(a)(28) of the Social Security Act and 42 CFR 440.170).

a. Transportation (provided in accordance with 42 CFR 440.170 as an optional medical service) excluding “school-based” transportation.

Not Provided:

Provided without a broker as an optional medical service:

(If state attests “Provided without a broker as an optional medical service” then insert supplemental information.)

Describe below how the transportation program operates including types of transportation and transportation related services provided and any limitations. Describe emergency and non-emergency transportation services separately. Include any interagency or cooperative agreements with other Agencies or programs.

Non-emergency transportation is provided through a brokerage program as an optional medical service in accordance with 1902(a)(70) of the Social Security Act and 42 CFR 440.170(a)(4).

TN No. SPA #10-002
Supersedes
TN No. N/A

Approval Date

NOV 04 2010

Effective Date July 1, 2010

AMENDED STATE PLAN PAGE

STATE PLAN UNDER TITLE XIX UNDER THE SOCIAL SECURITY ACT
ESTABLISHMENT AND MAINTENANCE OF STATE AND FEDERAL
STANDARDS

STATE OF DELAWARE

ATTACHMENT 3.1-D

METHODS OF PROVIDING TRANSPORTATION

Transportation is provided statewide through a brokerage program as an optional medical service in accordance with 1902(a)(70) of the Social Security Act, 42 CFR 440.170(a)(4) and all other requirements relating to Medicaid services.

TN No. SPA #10-002

Supersedes

TN No. SP-392

Approval Date

NOV 9 4 2010

Effective Date

July 1, 2010

STATE: DELAWARE

D. The procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53 (b) are described below:

Exclusions from cost sharing requirements are programmed into the Medicaid Management Information System and the Point-of-Sale (POS) System.

Providers are informed about applicable service and amount; and, the prohibition of service denial if client is unable to meet the co-pay amount by the following methods: (1) provider manuals, which are distributed to all providers; (2) DMAP website; and (3) provider newsletters.

Co-payment requirements are set forth in provider manuals, which are distributed, to all providers. The billing instructions are updated and transmitted to providers via the Provider Newsletter. These instructions are incorporated in the billing instruction section of the provider manuals, which are given to all providers.

E. Cumulative maximums on charges. See descriptions below:



For Pharmacy Services Co-payment, cumulative maximums have been established as described below:

\$15.00 cumulative monthly maximum co-payment amount aggregated for pharmacy services. Once a client has met the individual monthly maximum co-payment for his or her prescriptions, the Point of Sale (POS) System will NOT indicate a co-payment is due. Medicaid will keep track of the cumulative number of prescriptions for a client with co-payments. Any prescriptions dispensed after the cumulative maximum monthly co-payment amount is met are not subject to a co-payment. Reversal of a previously filled prescription with a co-payment will require a refund of the co-payment to the individual, and will cause the next prescription filled for that client to be adjudicated with a co-payment.

TN No. SPA #10-002
Supersedes
TN No. SP - 406

Approval Date July 1, 2010

Effective Date July 1, 2010

AMENDED STATE PLAN PAGE

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: DELAWARE

A. The following charges are imposed on the categorically needy for services other than those provided under section 1905 (a) (1) through (5) and (7) of the Act:

Service	Type of Charge			Amount and Basis for Determination										
	Deductible	Coinsurance	Co-payment											
Pharmacy	-0-	-0-	X	<p>This co-payment is effective January 10, 2005 and is based upon the cost of the drug as follows:</p> <table border="1"> <thead> <tr> <th>Medicaid Payment for the Drug</th> <th>Co-payment</th> </tr> </thead> <tbody> <tr> <td>\$10.00 or less</td> <td>\$.50</td> </tr> <tr> <td>\$10.01 to \$25.00</td> <td>\$1.00</td> </tr> <tr> <td>\$25.01 to \$50.00</td> <td>\$2.00</td> </tr> <tr> <td>\$50.01 or more</td> <td>\$3.00</td> </tr> </tbody> </table>	Medicaid Payment for the Drug	Co-payment	\$10.00 or less	\$.50	\$10.01 to \$25.00	\$1.00	\$25.01 to \$50.00	\$2.00	\$50.01 or more	\$3.00
Medicaid Payment for the Drug	Co-payment													
\$10.00 or less	\$.50													
\$10.01 to \$25.00	\$1.00													
\$25.01 to \$50.00	\$2.00													
\$50.01 or more	\$3.00													

TN No. SPA #10-002
Supersedes
TN No. SP - 406

Approval Date NOV 04 2010

Effective Date July 1, 2010

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: DELAWARE

B. The method used to collect cost sharing charges for categorically needy individuals:

Providers are responsible for collecting the cost sharing charges from individuals.

The agency reimburses providers the full Medicaid rate for services and collects the cost sharing charges from individuals.

C. The basis for determining whether an individual is unable to pay the charge, and the means by which such an individual is identified to providers, is described below:

Pharmacy Services Co-payment

The Pharmacy (Pharmacist) Provider will be advised via the Point-of-Sale System regarding the client's liability for the drug co-payment and the amount of the co-payment. When a client advises a pharmacy of an inability to pay the applicable co-payment amount at the time the prescription is filled, the pharmacy cannot refuse to fill the prescription and must dispense the drug as prescribed.

The client will remain liable for reimbursement of the co-payment amount and will be responsible for paying the pharmacy when financially able. Medicaid will not pay the co-payment amount to the pharmacy where a client declares an inability to pay. Provider payment will continue to be that sum which is the Medicaid fee minus the applicable client co-payment amount.

TN No. SPA #10-002
Supersedes
TN No. SP - 406

Approval Date APR 21 2010

Effective Date July 1, 2010