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State Name: Delaware

State Plan Amendment (SPA) #10-004

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS-179
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
150 S. Independence Mall West
Suite 216, The Public Ledger Building
Philadelphia, Pennsylvania 19106-3499



Region III/Division of Medicaid and Children's Health Operations

10 February 2011

Rosanne Mahaney, Director
Division of Medicaid & Medical Assistance
Delaware Health and Social Services
1901 N. DuPont Highway
New Castle, Delaware 19720-0906

Dear Ms. Mahaney:

We have reviewed State Plan Amendment (SPA) 10-004, in which you propose to update the reimbursement methodology for School-Based Wellness Center Clinic Services. This SPA, as modified by your email notes dated January 4, 2011, January 11, 2011, and January 31, 2011 is acceptable. Therefore, we are approving SPA 10-004 with an effective date of October 1, 2010. Enclosed are the approved SPA pages and signed CMS-179 form.

If you have further questions about this SPA, please contact Melanie Benning at 215-861-4267.

Sincerely,

Ted Gallagher
Associate Regional Administrator

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:
SPA #10-004

2. STATE
Delaware

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
October 1, 2010

5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

7. FEDERAL BUDGET IMPACT:

a. FFY 2010 \$ -0-
b. FFY 2011 \$ -0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Attachment 3.1-A Page 4a Addendum and Page 4b Addendum
Attachment 4.19-B, Page 2 and Page 3

Attachment 3.1-A Page 4 Addendum
Attachment 4.19-B, Page 2 and Page 3

10. SUBJECT OF AMENDMENT: School-Based Wellness Center Clinic Services – Reimbursement Methodology

11. GOVERNOR'S REVIEW (Check One):

- GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:
Governor's comments under separate
correspondence

12. SIGNATURE OF STATE AGENCY OFFICIAL:

16. RETURN TO:

13. TYPED NAME:

Rosanne Mahaney, Director, Division of Medicaid and Medical
Assistance

Rosanne Mahaney
Director
Division of Medicaid and Medical Assistance
P.O. Box 906
New Castle, Delaware 19720-0906

14. TITLE: Designee for Rita M. Landgraf, Secretary, Delaware
Health and Social Services

15. DATE SUBMITTED:

December 8, 2010

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

12/8/2010

18. DATE APPROVED:

FEB 0 2011

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

10/1/2010

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Ted Gallagher

22. TITLE:

Associate Regional Administrator

23. REMARKS:

State: DELAWARE

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND
SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

9. Clinic Services

Clinic services are provided consistent with the provisions of 42 CFR 440.90, including the requirement that they be operated under the direction of a physician as described in the State Medicaid Manual Section 4320, and include the following:

- Medical or rehabilitation clinics (including Mental Health clinics which require certification by the Division of Substance Abuse and Mental Health (DSAMH) as part of the Single State Agency for Medicaid) and
- State Licensed Free Standing Surgical Centers (FSSCs) which equate to federally defined Ambulatory Surgical Centers (ASCs) using related policies for ASCs described in Sections 2265 and 2266 of the Medicare Carriers Manual.
- School-Based Wellness Center Clinics provide primary prevention, early intervention and treatment services, including physical examinations, treatment of acute medical conditions, community referrals, counseling and other supportive services to children in school settings. Medicaid services provided by the School-Based Wellness Centers include but are not limited to:
 - other laboratory and X-ray services (1905(a)(3), 42 CFR 440.30)
 - physicians' services (1905(a)(5), 42 CFR 440.50)
 - medical care, or any other type of remedial care recognized under State law, furnished by licensed practitioners with the scope of their practice as defined by State law (1905(a)(6), 42 CFR 440.170)
 - other diagnostic screening, preventive and rehabilitative services (1905(a)(13), 42 CFR 440.130)
 - primary care case management services (1905(a)(19), 42 CFR 440.168).

TN No. <u>SPA #10-004</u>	Approval Date <u>FFR 10 2011</u>
Supersedes	
TN No. <u>SPA #08-001</u>	Effective Date <u>October 1, 2010</u>

State: DELAWARE

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND
SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

Health care professionals that provide the above services at the SBWCs include: physicians, nurse practitioners, licensed clinical social workers, certified and licensed drug and alcohol counselors, certified sexual assault counselors and registered dietitians. Licensure requirements for each practitioner type are specified in the Title 24 of the Delaware Code, Professions and Occupations and in the Delaware Administrative Code.

10. Dental Clinic Services are only available as ESPDT services to children under age 21.

TN No. SPA #10-004
Supersedes
TN No. SPA #08-001

Approval Date FEB 10 2010
Effective Date October 1, 2010

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: DELAWARE

Medical/Dental free-Standing Clinics are paid either a negotiated flat rate or as physicians are paid (see above).

School-Based Wellness Center (SBWC) Clinic Services:

1. **Payment Methodology:** SBWC Clinic Services are reimbursed based on a prospective single visit per day for each day on which a medical service is provided effective for dates of service on or after October 1, 2010. The visit rate shall be calculated by dividing provider costs for the prior year by actual visits for the prior year submitted in a format specified by the Medicaid agency. The State-developed prospective visit rates for this service are the same for both governmental and private providers of this service.
2. **UPL Calculation:** Payments for clinic services will not exceed the upper payment limits set forth in 42 CFR 447.321. Providers will complete the Delaware Medicaid SBWC Cost Report annually within four months after the close of each fiscal year. The Medicaid SBWC Cost Report is based on the Medicare FQHC Cost Report (CMS 222) adjusted to account for the difference in the operating period for the SBWCs from a full year clinic. The actual annual visits as reported on the Cost Report shall be used as the denominator to calculate a visit rate that approximates a Medicare rate. The Medicare rate will be multiplied by the annual aggregate Medicaid visits for dates of service in the applicable state fiscal year to approximate the Medicare payment which will be compared to the actual payments for the fiscal year to determine whether the upper payment limit test is met.

EPSDT Services are reimbursed as follows:

See Page 19

Family Planning Clinic Services are reimbursed a flat fee per service. The fee schedule is established as of October 1 of each year. Family Planning providers are notified of the rates for family planning services. Except as otherwise noted in the plan, State developed fee schedule rates are the same for both governmental and private providers of family planning services and the fee schedule is available to providers upon request.

TN No. <u>SPA #10-004</u>	Approval Date <u>10/1/2010</u>
Supersedes	
TN No. <u>SPA #08-001</u>	Effective Date <u>October 1, 2010</u>

AMENDED STATE PLAN

ATTACHMENT 4.19-B

Page 3

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: DELAWARE

Transportation Services are reimbursed as follows:

1. **Emergency transportation is reimbursed** a flat rate for any trip up to the first 10 miles and an additional amount for each additional mile.
2. **The broker is reimbursed** a monthly capitated rate for each Medicaid client residing in the State.

Optometrists and Opticians are reimbursed a set fee for examinations and another set fee for stock lenses. The reimbursement for non-stock lenses is made by prior approval by the Medicaid agency's Optometric Consultant. The agency's rates were set as of March 1 of each year and are effective for services on or after that date.

Except as otherwise noted in the plan, State-developed fee schedule rates are the same for both governmental and private providers of optometrist and optician services and the fee schedule and any annual/period adjustments to the fee schedule are available to providers upon request.

Out-of-State Services, for which Delaware has established a universal rate or cap, will be reimbursed at the provider's usual and customary charge or Delaware's rate/cap, whichever is lower.

Where there is no universal rate/cap (i.e., providers are paid a provider-specific rate), Delaware Medicaid will established a rate or cap that is consistent with the reimbursement methodology defined in other sections of ATTACHMENT 4.19-B for that specific service, and pay the provider the lower of that rate/cap or their usual and customary charge.

Extended Services to Pregnant Women will be reimbursed at a unit rate for individual services.

TN No. SPA #10-004
Supersedes
TN No. SPA #08-001

Approval Date FEB 13, 2010
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