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State Name: Delaware

State Plan Amendment (SPA) #: 14-0011

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 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

SWIFT #090520144028

DEC 02 2014

Mr. Stephen M. Groff, Director
Division of Medicaid and Medical Assistance
P.O. Box 906
New Castle, DE 19720-0906

Dear Mr. Groff:

We are pleased to inform you of the approval of Delaware State Plan Amendment (SPA) 14-0011 to amend the standards for coverage of organ transplant services by adding "Intestinal transplant" to the list of transplant procedures to reflect long-standing practice. Also, this amendment updates SPA language to reflect current terms and usage, to incorporate citations, to clarify text to reflect current policy and to reconcile state plan and provider manual policies.

Enclosed is a copy of the approved SPA pages and the signed CMS-179 form. The effective date of this amendment is August 1, 2014. If you have any questions, you may contact Michael Cleary at (215) 861-4282.

Sincerely,



Francis McCullough
Associate Regional Administrator

Enclosures

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

1. TRANSMITTAL NUMBER:
SPA #14-0011

2. STATE
DELAWARE

FOR: HEALTH CARE FINANCING ADMINISTRATION

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
AUGUST 1, 2014

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:

**Section 1903(i) of the Social Security Act, *Payment to States, State
Plan Requirement, Organ Transplant Procedures*
42 CFR 441.35, *Organ Transplants*
State Medicaid Manual Section 4210, *Organ Transplants*
Section 1138 of the Social Security Act, *Hospital Protocols for Organ
Procurement and Standards for Organ Procurement Agencies*
42 CFR Subpart G, *Requirements for Certification and Designation and
Conditions for Coverage: Organ Procurement Organizations***

7. FEDERAL BUDGET IMPACT:

a. FFY **2014** **\$0**
b. FFY **2015** **\$0**

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

**ATTACHMENT 3.1-E PAGE 1
ATTACHMENT 3.1-E PAGE 2**

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

**ATTACHMENT 3.1-E PAGE 1
NEW**

10. SUBJECT OF AMENDMENT: **STANDARDS FOR THE COVERAGE OF ORGAN AND TISSUE TRANSPLANT SERVICES**

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:

//Stephen M. Groff - signature//

16. RETURN TO:

**Stephen M. Groff
Director
Division of Medicaid and Medical Assistance
P.O. Box 906
New Castle, Delaware 19720-0906**

13. TYPED NAME:

**Stephen M. Groff, Director, Division of Medicaid and Medical
Assistance**

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

15. DATE SUBMITTED:

September 5, 2014

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

September 5, 2014

18. DATE APPROVED:

NOV 26 2014

19. EFFECTIVE DATE OF APPROVED MATERIAL:

August 1, 2014

PLAN APPROVED - ONE COPY ATTACHED

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Francis McCullough

22. TITLE:

Associate Regional Administrator

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: DELAWARE

STANDARDS FOR THE COVERAGE OF ORGAN AND TISSUE TRANSPLANT SERVICES

Coverage of Transplant Services

The following types of medically necessary organ and tissue transplantation procedures are covered as specified in the Delaware Medical Assistance Program (DMAP) Provider Specific Policy Manuals:

- Heart
- Heart/Lung
- Liver
- Pancreas
- Kidney
- Intestinal (small bowel)
- Cornea
- Bone Marrow and Peripheral Blood Stem Cell
- Any other transplants Delaware Medicaid determine to be added to the list of medically necessary organ and tissue transplantation procedures.

Coverage is limited to transplant services that are specified in the Delaware Medical Assistance Program (DMAP) Provider Specific Policy Manuals. Additionally, the criteria for determining a recipient's clinical eligibility for transplantation are specified in the DMAP Manuals, as well. The Delaware Medical Assistance Program Provider Specific Policy Manuals, including all updates to the manuals, are available on the DMAP website at: <http://www.dmap.state.de.us/downloads/manuals.html>.

Experimental and/or Investigational Services

Services considered experimental and/or investigational are not a benefit of the Delaware Medical Assistance Program.

Transplant Criteria

Reimbursement will be made for medically necessary transplant services provided to an eligible Delaware Medicaid recipient.

Prior Authorization

All transplants require prior authorization. Specific prior authorization requirements, including the Prior Authorization Request Form, may be found in the Delaware Medical Assistance Program Provider Manuals located on: <http://www.dmap.state.de.us/downloads/manuals.html>.

TN No. SPA #14-0011

Supersedes

TN No. SP-250

Approval Date NOV 26 2014

Effective Date August 1, 2014

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: DELAWARE

STANDARDS FOR THE COVERAGE OF ORGAN AND TISSUE TRANSPLANT SERVICES CONTINUED

Standards for Coverage of Organ and Transplant Services

The following standards and criteria must be met before transplantation services are payable under the Delaware Medical Assistance Program:

Facility - The transplant facility must meet the requirements contained in Section 1138 of the Social Security Act, Hospital Protocols for Organ Procurement and Standards for Organ Procurement Agencies. The transplant facility performing the transplant must have approval for performing the surgery through the Certification of Need (CON) process and must supply supporting documentation of this.

In accordance with Section 4201 of the State Medicaid Manual, the Delaware Medical Assistance Program shall apply the following standards for coverage for all transplantation services:

1. Transplants services are provided only when medically necessary;
2. Similarly situated individuals are treated alike;
3. Any restriction, on the facilities or practitioners which may provide such procedures, is consistent with the accessibility of high quality care to individuals eligible for the procedures under the State plan; and,
4. Services are reasonable in amount, duration, and scope to achieve their purpose.

TN No. <u>SPA #14-0011</u>	Approval Date <u>NOV 26 2014</u>
Supersedes	
TN No. <u>NEW PAGE</u>	Effective Date <u>August 1, 2014</u>