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State Name: Delaware

State Plan Amendment (SPA) #15-008

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

SWIFT# 121120154061

February 29, 2016

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) 15-008 to remove coverage and reimbursement methodology for the Personal Care Services (PCS) option from the Delaware Medicaid State Plan as those services will now be delivered through the Home Health Services benefit.

Enclosed is a copy of the approved SPA pages and the signed CMS-179 form. The effective date of this amendment is December 31, 2015. If you have any questions, you may contact Michael Cleary at (215) 861-4282.

Sincerely,



Francis McCullough
Associate Regional Administrator

Enclosures

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| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION | 1. TRANSMITTAL NUMBER: SPA #15-008 | 2. STATE DELAWARE |
| | 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) | |

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| TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES | 4. PROPOSED EFFECTIVE DATE December 31, 2015 (Sunset Date) |
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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*)

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| 6. FEDERAL STATUTE/REGULATION CITATION: 1902(a)(24) of the Social Security Act, Personal Care Services Section 4480 of the State Medicaid Manual, Personal Care Services 42 CFR 440.167, Personal care services | 7. FEDERAL BUDGET IMPACT: a. FFY 2016 \$ -0- b. FFY 2017 \$ -0- |
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| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A Page 9 Addendum Attachment 4.19-B Page 15 | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Attachment 3.1-A Page 9 Addendum Attachment 4.19-B Page 15 |
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10. SUBJECT OF AMENDMENT: **STATE PLAN PERSONAL CARE SERVICES - COVERAGE AND REIMBURSEMENT METHODOLOGY**

11. GOVERNOR'S REVIEW (*Check One*):

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED **Governor's comments under separate**
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL **correspondence**

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| 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: December 10, 2015 | |

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| FOR REGIONAL OFFICE USE ONLY | |
| 17. DATE RECEIVED: December 10, 2015 | 18. DATE APPROVED: 2/29/2016 |

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| PLAN APPROVED – ONE COPY ATTACHED | |
| 19. EFFECTIVE DATE OF APPROVED MATERIAL: December 31, 2015 | 20. SIGNATURE OF REGIONAL OFFICIAL:  |
| 21. TYPED NAME: Francis McCullough | 22. TITLE: Associate Regional Administrator |

23. REMARKS:

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

ATTACHMENT 3.1-A
Page 9 Addendum
OMB No.: 0938

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: DELAWARE

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

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

- a) As an administrative service through contractual arrangements /intradepartmental agreements. Transportation provided as an administrative 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

Coverage for Personal Care Services (PCS) described below will sunset on December 31, 2015 as coverage of PCS will be provided under the Home Health Services benefit.

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.

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| TN No. <u>SPA #15-008</u> | Approval Date <u>2/29/2016</u> |
| Supersedes | |
| TN No. <u>SPA #10-002</u> | Effective Date <u>December 31, 2015</u> |

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: DELAWARE

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES –
OTHER TYPES OF CARE

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

STATE PLAN PERSONAL CARE SERVICES

Personal Care Services

The payment methodology for Personal Care Services described below will sunset on December 31, 2015 as coverage of PCS will be provided under the Home Health Services benefit.

Payment for personal care services is based on a fee-for-service, the rate for which is set by a rate setting committee (including representatives of the Department of Health and Social Services' Division of Social Services, Management Services, and Alcohol, Drug Abuse and Mental Health) on an annual and provider specific basis.

TN No. SPA #15-008

Supersedes

TN No. SP-305

Approval Date 2/29/2016

Effective Date December 31, 2015