Table of Contents

State Name: Delaware

State Plan Amendment (SPA) #16-003

This file contains the following documents in the order listed:

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# 021120164031

August 24, 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) 16-003 to clarify existing rehabilitative substance use disorder services and reimbursement methodology language currently described in the State Plan by: defining the reimbursable unit of service; describing payment limitations; providing a reference to the provider qualifications per the State Plan; and publishing location to access State developed fee schedule rates.

Enclosed is a copy of the approved SPA pages and the signed CMS-179 form. The effective date of this amendment is July 1, 2016. If you have any questions, you may contact Michael Cleary at (215) 861-4282.

Sincerely,

[redacted]

Francis McCullough
Associate Regional Administrator

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER: **SPA #16-003**

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
JULY 1, 2016

5. TYPE OF PLAN MATERIAL *(Check One)*:

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN **XXX** AMENDMENT

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

6. FEDERAL STATUTE/REGULATION CITATION:
Section 1905(r) of the Social Security Act, 42 CFR §441 Subpart B, 42 CFR §440.60, 42 CFR §440.130 AND 42 CFR §447.205

7. FEDERAL BUDGET IMPACT:
a. FFY 2016 $ 195,802.39
b. FFY 2017 $ 837,865.32

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
ATTACHMENT 3.1-A PAGE 2c ADDENDUM
ATTACHMENT 3.1-A PAGE 2d ADDENDUM
ATTACHMENT 3.1-A PAGE 2e ADDENDUM through 2e.18 ADDENDUM

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:
ATTACHMENT 3.1-A PAGE 2c ADDENDUM
NEW (Pagination Correction)
NEW

10. SUBJECT OF AMENDMENT: **MEDICAID REHABILITATIVE SERVICES - EARLY AND PERIODIC SCREENING, DIAGNOSIS, AND TREATMENT (EPSDT) MENTAL HEALTH 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
XXX OTHER, AS SPECIFIED:
Governor's comments under separate correspondence

12. SIGNATURE OF STATE AGENCY OFFICIAL:
//Stephen M. Groff – signature//

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:
2/11/16

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

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
2/11/2016

18. DATE APPROVED: August 24, 2016

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
7/1/2016

20. SIGNATURE OF REGIONAL OFFICIAL:
[redacted]

21. TYPED NAME:
Francis McCullough

22. TITLE:
Associate Regional Administrator

23. REMARKS:

FORM HCFA-179 (07-92)

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

4.b. **Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services Continued**

2) School-Based Services Continued

With the exception of the EPSDT screening services, all services covered under this section shall be medically necessary and shall be prescribed in a written treatment plan signed by a licensed practitioner within the scope of practice as defined under state law or regulations and documented in the student's IEP/IFSP. These services are delivered by school providers, but are also available in the community from other providers.

Services must be provided by licensed qualified providers who meet the requirements of the regulations cited above in this section and other applicable state law and regulations as per 42 CFR 440.60. Unlicensed professionals may operate under the direction of a licensed practitioner who acts as supervisor and is responsible for the work, plans the work and methods, who regularly reviews the work performed and is accountable for the results. Supervision must adhere to the requirements of the practitioner's applicable licensing board. The licensed practitioner must co-sign documentation for all services provided by practitioners under his or her direction.

Providers must maintain all records necessary to fully document the nature, quality, amount and medical necessity of services furnished to Medicaid recipients.

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

4.b. **Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services Continued**

3) Medical Equipment and Supplies per 42 CFR 440.70

4) Orthotics and Prosthetics

5) Chiropractic Services

6) Any other medical or remedial care provided by licensed medical providers as authorized under 42 CFR 440.60. Unlicensed professionals may operate under the direction of a licensed practitioner who acts as supervisor and is responsible for the work, plans the work and methods, who regularly reviews the work performed and is accountable for the results. Supervision must adhere to the requirements of the practitioner's applicable licensing board. The licensed practitioner must co-sign documentation for all services provided by practitioners under his or her direction.

7) Any other services as required by §6403 of OBRA '89 as it amended §1902(a)(43), §1905(a)(4)(B) and added a new §1905(r) to the Act.

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

4.b. **Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services Continued**

7. Rehabilitative Services - 42 CFR 440.130(d)
   The following explanations apply to all rehabilitative services, which include the following services:

   1. Community Psychiatric Support and Treatment
   2. Psychosocial Rehabilitation
   3. Crisis Intervention
   4. Family Peer Support Services
   5. Rehabilitative Residential Supports

These rehabilitative services must be recommended by a licensed behavioral health practitioner (Licensed Psychologist, Licensed Clinical Social Worker, Licensed Professional Counselor of Mental Health, or Licensed Marriage and Family Therapist), physician, nurse practitioner, or physician assistant who is acting within the scope of his/her professional license and applicable state law and furnished under the direction of one of the above listed licensed practitioners, to promote the maximum reduction of symptoms and restoration of an individual to his/her best age-appropriate functional level. These rehabilitative services are provided according to an individualized treatment plan, which is subject to prior approval. The activities included in the service must be intended to achieve identified treatment plan goals or objectives. The treatment plan should be developed in a person-centered manner with the active participation of the individual, family and providers and be based on the individual's condition and the standards of practice for the provision of these specific rehabilitative services. At a minimum, annual reevaluations of the treatment plan will occur. The reevaluation of the treatment plan should involve the individual, family and providers and include a reevaluation of plan to determine whether services have contributed to meeting the stated goals. A new treatment plan should be developed if there is no measureable reduction of disability or restoration of functional level. The new plan should identify a different rehabilitative strategy with revised goals and services.

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

4.b. **Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services Continued**

7. Rehabilitative Services - 42 CFR 440.130(d) Continued

EPSDT Rehabilitation Attestations: The State assures that all rehabilitative services are provided to, or directed exclusively toward the treatment of, the Medicaid eligible child in accordance with section 1902(a)(10)(A)(i) of the Act. Medically necessary services will be furnished to those under age 21 without limitation in accordance with 1905(r) of the Social Security Act. The State also assures that rehabilitative services do not include, and FFP is not available for, any of the following in accordance with section 1905(a) (13) of the Act:

A. Educational, vocational and job training services;

B. Room and board;

C. Habilitation services;

D. Services to inmates in public institutions as defined in 42 CFR §435.1010;

E. Services to individuals residing in institutions for mental diseases as described in 42 CFR §435.1010;

F. Recreational and social activities; and

G. Services that must be covered elsewhere in the Delaware Medicaid State Plan.

Provider Agency Qualifications: Any unlicensed practitioner providing behavioral health services must operate within an agency licensed, certified or designated by DHSS or its designee qualified to provide the supervision required of an unlicensed practitioner for that service. Any entity providing Substance Use Disorder (SUD) treatment services must be certified by Delaware Health and Social Service (DHSS) or its designee, in addition to any required scope of practice license required for the facility or agency to practice in the State of Delaware. The following Evidence-Based Practices (EBPs) require prior approval and fidelity reviews on an ongoing basis as determined necessary by DHSS or its designee: Multi-Systemic Therapy (MST), Functional Family Therapy (FFT), Dialectical Behavior Therapy (DBT), Parent-Child Interaction Therapy (PCIT), and Family –Based Mental Health Services. Additional EBP techniques not requiring on-going fidelity reviews, such as Trauma-Focused-Cognitive Behavior Therapy and Motivational Interviewing, may be integrated into rehabilitation services by providers without prior approval. The State will ensure, under 1905(r)(5) of the Social Security Act, that medically necessary and individually responsive EPSDT services reflecting the latest medical practices for children will be provided in a timely manner even if the EBP is not otherwise listed in the State Plan..

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

4.b. **Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services Continued**

7. Rehabilitative Services - 42 CFR 440.130(d) Continued

Rehabilitative services are defined as follows:

1. Community Psychiatric Support and Treatment (CPST) are goal directed supports and solution-focused interventions intended to achieve identified goals or objectives as set forth in the individual's individualized treatment plan. Solution focused interventions, emotional and behavioral management, and problem behavior analysis includes the implementation of interventions using evidence-based techniques, drawn from cognitive-behavioral therapy and/or other psychotherapeutic interventions that ameliorate targeted symptoms and/or recover the person's capacity to cope with or prevent symptom manifestation. CPST is a face-to-face intervention with the individual, family or other collaterals with all treatment and activities related directly to goals on the Medicaid beneficiary's rehabilitation treatment plan. CPST contacts may occur in community or residential locations where the person lives, works, attends school, and/or socializes. This service may include the following components:

   A. Assist the individual and family members or other collaterals to identify strategies or treatment options associated with the individual's mental illness, with the goal of minimizing the negative effects of mental illness symptoms or emotional disturbances or associated environmental stressors which interfere with the individual's life.

   B. Individual supportive counseling including solution focused interventions, emotional and behavioral management, and problem behavior analysis drawn from cognitive-behavioral therapy and/or other evidence-based psychotherapeutic interventions that ameliorate targeted symptoms and/or recover the person's capacity to cope with or prevent symptom manifestation. The goal is to assist the individual to acquire skills to minimize symptoms that interfere with the individual's ability to develop and maintain social, interpersonal, self-care, and independent living skills needed to improve and to restore stability and daily functioning within the individuals natural community settings.

   C. Participation in and utilization of strengths based planning and treatments which include assisting the individual and family members or other collaterals with identifying strengths and needs, resources, natural supports and developing goals and objectives to utilize personal strengths, resources, and natural supports to address functional deficits associated with their mental illness.

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

4.b. **Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services Continued**

7. Rehabilitative Services - 42 CFR 440.130(d) Continued

1. Community Psychiatric Support and Treatment (CPST) Continued

D. Assist the individual with effectively responding to or avoiding identified precursors or triggers that would risk the individual remaining in a natural community location, including assisting the individual and family members or other collaterals with identifying a potential psychiatric or personal crisis, developing a crisis management plan and/or as appropriate, seeking other supports to restore stability and functioning.

E. Assisting the individual to restore and enhance rehabilitative daily living skills including:
1. Coping with and managing psychiatric symptoms, trauma and substance use disorders;
2. Promoting wellness and recovery support;
3. Learning to independently navigate the service systems;
4. Setting personal goals; and
5. Enhancing community living skills specific to managing their own home including managing their money, medications, and using community resources and other self-care requirements;
6. Enhance resiliency/recovery-oriented attitudes such as hope, confidence and self-efficacy;
7. Improving Self-Advocacy, Self-Efficacy & Empowerment skill building to -
8. Develop, link to and facilitate the use of formal and informal resources, including connection to peer support groups in the community;
9. Serve as an advocate, mentor or facilitator for resolution of issues; and
10. Assist in navigating the service system.

The following are applicable to all components of the service CPST listed above A-E.

i. Provider qualifications: Must have a Bachelor of Arts/Bachelor of Science (BA/BS), Master of Arts/Master of Science (MA/MS) or doctorate degree in social work, counseling, psychology or a related human services field to provide all aspects of CPST including counseling. Other aspects of CPST except for counseling may otherwise be performed by an individual with BA/BS degree in social work, counseling, psychology or a related human services field or four years of equivalent education and/or experience working in the human services field. Certification in the State of Delaware to provide the service includes criminal, professional background checks, and completion of a State-approved standardized basic training program including: Mandatory Reporting of Child Abuse and Neglect; Risk Management and Safety Planning; Trauma Informed Care; Family Engagement; and Basic Child Development.

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

4.b. **Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services Continued**

7. Rehabilitative Services - 42 CFR 440.130(d) Continued

1. Community Psychiatric Support and Treatment (CPST) Continued

ii. Service Utilization: Under EPSDT there are no limitations on services to children. Service Utilization decisions are applied to CPST in its totality, not by each component, based on the medical necessity for that individual child.

The CPST provider must receive regularly scheduled clinical supervision from a person meeting the qualifications of a physician, nurse practitioner or licensed behavioral health practitioner (LBHP) with experience regarding this specialized mental health service.

2. Psychosocial Rehabilitation (PSR) Services are designed to assist the individual compensate for or eliminate functional deficits and interpersonal and/or behavioral health barriers associated with his or her mental illness. Activities included must be intended to achieve the identified goals or objectives as set forth in the individual's individualized treatment plan. The intent of psychosocial rehabilitation is to restore the fullest possible integration of the individual as an active and productive member of his or her family, community, and/or culture with the least amount of ongoing professional intervention. These services provide the training and support necessary to ensure engagement and active participation of the child in the treatment planning process and with the ongoing implementation and reinforcement of skills learned throughout the treatment process. The structured, scheduled activities provided by this service emphasize the opportunity for the child to expand the skills and strategies necessary to move forward in meeting his or her personal life goals and to support his or her transition into adulthood. PSR is a face-to-face intervention with the individual present with all activities directly related to goals on the Medicaid individual's rehabilitation treatment plan. Services may be provided individually or in a group setting. PSR contacts may occur in community or residential locations where the individual lives, works, attends school, and/or socializes.

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

4.b. **Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services Continued**

7. Rehabilitative Services - 42 CFR 440.130(d) Continued

2. Psychosocial Rehabilitation (PSR) Services Continued

PSR components include:

A. Restoration, rehabilitation and support with the development of social and interpersonal skills to increase community tenure, enhance personal relationships, establish support networks, increase community awareness, develop coping strategies, and promote effective functioning in the individual's social environment including home, work and school.

B. Restoration, rehabilitation and support with the development of skills to improve self-management of the negative effects of psychiatric or emotional symptoms that interfere with the individual's daily functioning. Supporting the individual with enhancement and implementation of rehabilitative daily living skills and daily routines critical to remaining in the community.

C. Assistance with the implementation of rehabilitation interventions and learned skills as outlined in the treatment plan so the individual can remain in a natural community location.

D. Assistance with effectively responding to or avoiding identified precursors or triggers that result in functional impairments.

The following are applicable to all components of the service PSR listed above A-D.

i. Provider Qualifications: Must be at least 21 years old, and have a high school diploma or equivalent. Certification in the State of Delaware to provide the service includes criminal, professional background checks, and completion of a State-approved standardized basic training including: Mandatory Reporting of Child Abuse and Neglect; Risk Management and Safety Planning; Trauma Informed Care; Family Engagement; and Basic Child Development.

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

4.b. **Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services Continued**

7. Rehabilitative Services - 42 CFR 440.130(d) Continued

2. Psychosocial Rehabilitation (PSR) Services Continued

ii. Service Utilization: Under EPSDT there are no limitations on services to children. Service Utilization decisions are applied to PSR in its totality, not by each component, based on the medical necessity for that individual child. Prior authorization of the treatment plan is required for all PSR services. A child may have additional services authorized when medically necessary through prior authorization.

Supervision: The PSR provider must receive regularly scheduled clinical supervision from a professional meeting the qualifications of a physician, nurse practitioner or licensed behavioral health practitioner (LBHP) with experience regarding this specialized mental health service.

3. Crisis Intervention (CI) services are provided to an individual who is experiencing a psychiatric crisis, designed to interrupt and/or ameliorate a crisis experience including a preliminary assessment, immediate crisis resolution and de-escalation, and referral and linkage to appropriate community services to avoid more restrictive levels of treatment. The goals of Crisis Intervention are symptom reduction, stabilization, and restoration to a previous level of functioning. All activities must occur within the context of a potential, or actual, or perceived psychiatric crisis.

Crisis Intervention is a face-to-face intervention and can occur in a variety of locations, where the individual lives, works, attends school, and/or socializes.

Crisis Intervention activities include:

A. A preliminary assessment of risk, mental status, and medical stability and the need for further evaluation or other behavioral health services. Includes contact with the client, family members or other collateral sources (e.g., caregiver, school personnel) with pertinent information for the purpose of a preliminary assessment and/or referral to other alternative mental health services at an appropriate level.

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

4.b. **Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services Continued**

7. Rehabilitative Services - 42 CFR 440.130(d) Continued

3. Crisis Intervention Services, Activities Continued

B. Short-term crisis interventions including crisis resolution and de-briefing with the identified Medicaid eligible individual.

C. Follow-up with the individual, and as necessary, with the individual's caretaker and/or family members.

D. Consultation with a physician or with other qualified providers including nurse practitioners and licensed behavioral health practitioner (LBHP) as defined in 3.1-A Page 3 to assist with the individual's specific crisis.

Provider Qualifications: Unlicensed staff must be at least 21 years old and have an Associate of Arts/Associate of Science (AA/AS) degree in social work, counseling, psychology or a related human services field or two years of equivalent education and/or experience working in the human services field. Certification in the State of Delaware to provide the service, which includes criminal and professional background checks, and completion of basic training in topics including recovery resiliency, cultural competency, safety, care coordination, risk management and suicide prevention, post-intervention, person-centered care, and de-escalation techniques.

Service Utilization: All individuals who self-identify as experiencing a seriously acute psychological/emotional change which results in a marked increase in personal distress and which exceeds the abilities and the resources of those involved to effectively resolve it are eligible. An individual in crisis may be represented by a family member or other collateral contact that has knowledge of the individual's capabilities and functioning. Individuals in crisis who require this service may be using substances during the crisis. Substance use should be recognized and addressed in an integrated fashion as it may add to the risk increasing the need for engagement in care.

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

4.b. **Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services Continued**

7. Rehabilitative Services - 42 CFR 440.130(d) Continued

3. Crisis Intervention Services Continued

The crisis plan developed by the unlicensed professional from the assessment and all services delivered during a crisis must be provided under the supervision of a physician, nurse practitioner, or licensed behavioral health practitioner (LBHP) with experience regarding this specialized mental health service and as such must be available at all times to provide back up, support, and/or consultation. Crisis services may require a medical clearance if substance use is suspected to ensure that the individual is not a danger to himself or others. A medical clearance ensures in an emergent situation that there is not a risk to the individual by means of overdose, withdrawal, etc. where a hospital or another service would better meet the needs of the child.

Crisis Intervention – Emergent is authorized up to (six) 6 hours per episode. However, this may be exceeded based on medical necessity per EPSDT. Ongoing is authorized up to seventy-two (72) hours per episode. An episode is defined as the initial face to face contact with the individual until the current crisis is resolved, not to exceed seventy-two (72) hours without prior authorization by DHSS or its designee. The individual's chart must reflect resolution of the crisis, which marks the end of the current episode. If the individual has another crisis within seven (7) calendar days of a previous episode, it shall be considered part of the previous episode and not a new episode. Initial authorizations can be exceeded in all instances where it is medically necessary to do so through prior authorization.

4. Family Peer Support Services (FPSS) are an array of formal and informal services and supports provided to families caring for/raising a child who is experiencing social, emotional, medical, developmental, substance use and/or behavioral challenges in their home, school, placement, and/or community. FPSS provide a structured, strength-based relationship between a Family Peer Advocate (FPA) and the parent/family member/caregiver for the benefit of the child.

Family is defined as the primary caregiving unit and is inclusive of the wide diversity of primary caregiving units in our culture. Family is a birth, foster, adoptive or self-created unit of people residing together or those with a significant relationship outside the home, consisting of adult(s) and/or child(ren), with adult(s) performing duties of parenthood/care-giving for the child(ren).

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

4.b. **Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services Continued**

7. Rehabilitative Services - 42 CFR 440.130(d) Continued

4. Family Peer Support Services Continued

Activities included must be intended to achieve the identified goals or objectives as set forth in the individual's treatment plan. FPSS is a face-to-face intervention, recommended by a physician, nurse practitioner or licensed behavioral health practitioner (LBHP), operating within the scope of his or her practice with the child, family/caregiver or other collateral supports.

FPSS can be provided through individual and group face-to-face contact and can occur in a variety of settings including community locations where the individual lives, works, attends school, engages in services and/or socializes. Components of FPSS include:

A. Outreach and Information: Empower families to make informed decisions regarding the nature of medical supports and services for themselves and their child.

B. Engagement, Bridging and Transition Support: Provide a bridge between families and Medicaid service providers, support a productive and respectful partnership by assisting the families to express their strengths, needs and goals.

C. Self-Advocacy, Self-Efficacy and Empowerment: Coach and model shared decision-making and skills that support collaboration including educating families about the diagnosis of the child and resources available to empower the family to fully participate and better engage and self-advocate in treatment and service delivery to the eligible child.

D. Parent/guardian/caregiver Psychoeducation: Support the efforts of families in caring for and strengthening their child(ren)'s behavioral health needs directly related to maintaining or improving the child's diagnosed medical condition.

E. Community Connections and Natural Supports: Enhance the quality of life by supporting the integration of families into their own communities through skill redevelopment with medical supports and services.

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

4.b. **Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services Continued**

7. Rehabilitative Services - 42 CFR 440.130(d) Continued

4. Family Peer Support Services Continued

Provider Qualifications: A Family Peer Advocate is an individual who has self-identified as a beneficiary or survivor of mental health and/or substance use disorder (SUD) services, is at least 21 years of age, and meets the qualifications set by the state including specialized peer specialist training, certification and registration. The Family Peer Advocate must have training in the general training requirements required by DHSS or its designee. The training provided/contracted by DHSS or its designee shall be focused on the principles and concepts of peer support and how it differs from clinical support.

The training will also provide practical tools for promoting wellness and recovery, academic information on recovery and resiliency, knowledge about beneficiary rights and advocacy, as well as approaches to care that incorporate creativity. A Family Peer Advocate must have at minimum a high school education or General Educational Development (GED) (preferably with some college background). Each crisis team that includes a Family Peer Advocate staff is supervised by a licensed practitioner of the healing arts who is acting within the scope of his/her professional license and applicable state law.

A Family Peer Advocate is certified by DHSS or its designee. Family Peer Advocates must be trained and certified in the State of Delaware to provide services. The certification includes criminal, abuse/neglect registry and professional background checks, and completion of a State-approved standardized basic training.

Family Peer Advocate may be utilized under clinical supervision for the activities of crisis resolution and debriefing with the identified Medicaid child's family/caregiver. A candidate with provisional credentials may provide this service while completing certification.

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

4.b. **Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services Continued**

7. Rehabilitative Services - 42 CFR 440.130(d) Continued

4. Family Peer Support Services Continued

Supervisor Qualifications: The Family Peer Advocate must receive regularly scheduled supervision from a competent mental health professional meeting the qualifications of either:

A. A Licensed Behavioral Health Practitioner (LBHP), or

B. A FPSS supervisor who is an individual working as a Family Peer Advocate for a minimum of five (5) years, in which two (2) years should have been as a credentialed Family Peer Advocate or its equivalent including specialized training and/or experience as a supervisor or alternate credentialing such as reciprocity in another jurisdiction.

Agency Qualifications:

A. The agency may have an administrative supervisor separate from the clinical supervisor.

B. The competent mental health professional providing consultation, guidance, mentoring, and on-going training need not be employed by the same agency. Supervision of these activities may be delivered in person or by distance communication methods.

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

4.b. **Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services Continued**

7. Rehabilitative Services - 42 CFR 440.130(d) Continued

5. Rehabilitative Residential Treatment (RRT) provides community-based rehabilitative residential supports in a setting of no greater than sixteen (16) beds under the supervision and oversight of a licensed behavioral health practitioner (LBHP) (including Psychiatrists, Physicians, Advanced Registered Nurse Practitioners, Psychologists, Licensed Clinical Social Workers, Licensed Professional Counselors of Mental Health, and Licensed Marriage and Family Therapists). The treatment should be targeted to support the restoration of adaptive and functional behaviors that will enable the child to return to and remain successfully in his/her home and community, and to regularly attend and participate in work, school or training. RRTs deliver rehabilitative supports through an array of clinical and related activities including psychiatric supports, integration with community resources and skill-building. RRT treatment must target reducing the severity of the behavioral health issue that was identified as the reason for admission. Most often, targeted behaviors will relate directly to the child ability to function successfully in the home and school environment (e.g., compliance with reasonable behavioral expectations; safe behavior and appropriate responses to social cues and conflicts).

   Rehabilitative Residential Treatment must:

   A. Focus on reducing the behavior and symptoms of the psychiatric and/or behavioral disorder that necessitated the removal of the child from his/her usual living situation.

   B. Decrease problem behavior and increase developmentally-appropriate, normative and pro-social behavior in children who are in need of out-of-home placement.

   C. Transition child from RRT to home or community based living with outpatient treatment (e.g., individual and family therapy) including generalizing skills learned in the RRT setting.

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

4.b. **Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services Continued**

7. Rehabilitative Services - 42 CFR 440.130(d) Continued

5. Rehabilitative Residential Treatment Continued

RRT is organized and staffed to provide both general and specialized residential (e.g., non-institutional, non-hospital) interdisciplinary services twenty-four (24) hours a day, seven (7) days a week for individuals with behavioral health disabilities or co-occurring disabilities. RRT services are organized to provide environments in which the individuals reside and receive services from personnel who are trained in the delivery of services for individuals with behavioral health disorders or related problems. RRT may be provided in freestanding, nonhospital-based facilities. RRTs may include nonhospital addiction treatment centers or other residential non-institutional settings.

The State Medicaid agency or its designee must have determined that less intensive levels of rehabilitative treatment are unsafe, unsuccessful or unavailable. The child must require treatment that would not be able to be provided at a less restrictive level of care than is being provided on a twenty-four (24)-hour basis with direct supervision/oversight by professional behavioral health staff. The setting must be ideally situated to allow ongoing participation of the child's family with the exception of specialty facilities that are not available locally. The child may attend a school in the community (e.g., a school integrated with children not from the group home and not on the grounds of the group home). Education services may be provided on site for children that cannot attend their community school but are not Medicaid reimbursable.

Service Utilization: Under EPSDT there are no limitations on services to children. Service Utilization decisions are applied to RRT in its totality, not by each component, based on the medical necessity for that individual child.

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

4.b. **Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services Continued**

7. Rehabilitative Services - 42 CFR 440.130(d) Continued

5. Rehabilitative Residential Treatment Continued

The following components are included under the Rehabilitation Authority and in the RRT service:

A. Individual and Group Interventions to :

1. Ensure restoration of skills through interventions outlined on the child's treatment plan including rehabilitative supports through an array of clinical and related activities including psychiatric supports, integration with community resources and skill-building.

2. Enhance compliance with reasonable behavioral expectations; safe behavior and appropriate responses to social cues and conflicts.

3. Interventions drawn from cognitive-behavioral therapy and/or other evidence-based psychotherapeutic interventions that ameliorate targeted symptoms and/or recover the person's capacity to cope with or prevent symptom manifestation and focus on reducing the behavior and symptoms of the psychiatric and/or behavioral disorder that necessitated the removal of the child from his/her usual living situation.

4. Structured interventions to decrease problem behavior and increase developmentally-appropriate, normative and pro-social behavior in children who are in need of out-of-home placement.

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

4.b. **Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services Continued**

7. Rehabilitative Services - 42 CFR 440.130(d) Continued

5. Rehabilitative Residential Treatment Continued

A. Individual and Group Interventions Continued

Practitioner qualifications: Direct care staff must be at least 21 years old, and have a high school diploma or equivalent, certification in the State of Delaware or the state in which the facility is located to provide the service, which includes criminal, professional background checks, and completion of a State-approved standardized basic training including: Mandatory Reporting of Child Abuse and Neglect; Risk Management and Safety Planning; Trauma Informed Care; Family Engagement; and Basic Child Development.

Supervisor qualification: RRT staff must be supervised by a licensed behavioral health practitioner (LBHP). A licensed behavioral health practitioner (LBHP), or other staff as required by the facility's accrediting body, must provide twenty-four (24) hour, on-call coverage seven (7) days a week. The LBHP must see the client at least once, prescribe the type of care provided, and, if the services are not time-limited by the prescription, review the need for continued care in accordance with the requirements of their accrediting body.

B. Medication Management – The RRT is required to utilize psychotropic medications with specific target symptoms identification, with medical monitoring and twenty-four (24) hour medical availability, when appropriate and relevant; however, the coverage for those medications is under the Medicaid pharmacy authority in the State Plan.

Practitioner qualifications: Medication Management must be performed by an individual with credentials permitting medication management under State law including an RN or an LPN. The credentialed professional must be at least 21 years old be licensed in the State of Delaware or the state in which the facility is located to provide the service, have passed criminal, professional background checks, and completion of a State-approved standardized training including: Medication self-administration, Mandatory Reporting of Child Abuse and Neglect; Risk Management and Safety Planning; Trauma Informed Care; Family Engagement; and Basic Child Development.

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

4.b. **Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services Continued**

7. Rehabilitative Services - 42 CFR 440.130(d) Continued

5. Rehabilitative Residential Treatment Continued

C. Care Coordination – The RRT staff must transition the child from RRT to home or community based living with outpatient treatment (e.g., individual and family therapy) including generalizing skills learned in the RRT setting. The child may attend a school in the community (e.g., a school integrated with children not from the group home and not on the grounds of the group home). If the child attends school in the community, the RRT staff must coordinate care at school and in the RRT.

Practitioner qualifications: Direct care staff must be at least 21 years old, and have a high school diploma or equivalent, certification in the State of Delaware or the state in which the facility is located to provide the service, which includes criminal, professional background checks, and completion of a State-approved standardized basic training including: Mandatory Reporting of Child Abuse and Neglect; Risk Management and Safety Planning; Trauma Informed Care; Family Engagement; and Basic Child Development.

Supervisor qualifications: RRT staff must be supervised by a licensed behavioral health practitioner (LBHP). A licensed behavioral health practitioner (LBHP), or other staff as required by the facility's accrediting body, must provide twenty-four (24) hour, on-call coverage seven (7) days a week. The LBHP must see the client at least once, prescribe the type of care provided, and, if the services are not time-limited by the prescription, review the need for continued care in accordance with the requirements of their accrediting body. .

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

4.b. **Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services Continued**

7. Rehabilitative Services - 42 CFR 440.130(d) Continued

5. Rehabilitative Residential Treatment Continued

RRTs provide twenty-four (24) hours/day, seven (7) days/week structured and supportive living environment. Integration with community resources is provided to plan and arrange access to a range of educational and therapeutic services. An assessment is required to document and to track progress and revise the treatment plan to address any lack of progress and to monitor for current medical problems and concomitant substance use issues. The individualized, strengths-based services and supports:

A. Are identified in partnership with the child and the family and support system, to the extent possible, and if developmentally appropriate;

B. Are based on both clinical and functional assessments;

C. Are clinically monitored and coordinated, with twenty-four (24) hour availability;

D. Are implemented with oversight from a licensed mental health professional;

E. Assist with the development of skills for daily functioning and support success in community settings, including home and school.

The RRT is required to coordinate with the child's community resources including Medicaid community-based behavioral health treatment when possible, with the goal of transitioning the child out of the RRT as soon as possible and appropriate. Discharge planning begins upon admission with concrete plans for the child to transition back into the community beginning within the first fifteen (15) days of admission with clear action steps and target dates outlined in the treatment plan. The treatment plan must include behaviorally-measurable discharge goals.

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

4.b. **Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services Continued**

7. Rehabilitative Services - 42 CFR 440.130(d) Continued

5. Rehabilitative Residential Treatment Continued

Provider Agency qualifications: A RRT must be accredited and licensed as residential treatment facility by DHSS or its designee and may not exceed sixteen (16) beds. RRT staff must be supervised by a licensed behavioral health practitioner (LBHP). Licensed psychologists and licensed behavioral health practitioners are covered separately under the approved State Plan for Other Licensed Practitioners. The RRT must have at least one (1) personnel member immediately available at all times who is trained in: First aid; Cardiopulmonary resuscitation (CPR); and the use of emergency equipment. RRT facilities may specialize and provide care for sexually abusive behaviors, substance abuse, or dually diagnosed individuals (e.g., either mental health/developmentally disabled or mental health/substance use disorder). If a RRT provides care to any of these categories of child, the RRT must submit documentation regarding the appropriateness of the research-based, trauma-informed assessment and programming and training for the specialized treatment needs of the client. The RRT must ensure that medically necessary care not provided by the RRT including medical services and pharmaceutical services are provided without delay for the health of the child by appropriate providers in the community. For RRT, there is at least a quarterly review of client's treatment plan; goals and progress toward goals must be completed.