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State Name: Delaware

State Plan Amendment (SPA) #17-006

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 #061320174108

August 24, 2017

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) 17-006. This amendment allows lactation counseling services as a separately reimbursed service.

Enclosed is a copy of the approved SPA pages and the signed CMS-179 form. The effective date of this amendment is June 2, 2017.

If you have any questions, you may contact Michael Cleary at (215) 861-4282.

Sincerely,



Francis T. McCullough
Associate Regional Administrator

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: SPA #17-006	2. STATE DELAWARE
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
4. PROPOSED EFFECTIVE DATE June 2, 2017		

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: 42 CFR §440.60, §440.130(c), §440.170, §440.210, §440.225, and §447 §1902(a) of the Social Security Act	7. FEDERAL BUDGET IMPACT: a. FFY <u>2017</u> \$ <u>31,069</u> b. FFY <u>2018</u> \$ <u>40,367</u>
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: ATTACHMENT 3.1-A Page 6 Addendum 1i ATTACHMENT 3.1-A Page 6 Addendum 1j ATTACHMENT 3.1-A Page 11 ATTACHMENT 3.1-A Page 11 Addendum ATTACHMENT 4.19-B Page 4 ATTACHMENT 4.19-B Page 8 ATTACHMENT 4.19-B Page 8a ATTACHMENT 4.19-B Page 9 ATTACHMENT 4.19-B Page 9a ATTACHMENT 4.19-B Page 9b	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): NEW NEW ATTACHMENT 3.1-A Page 11 ATTACHMENT 3.1-A Page 11 Addendum ATTACHMENT 4.19-B Page 4 ATTACHMENT 4.19-B Page 8 SUNSET ATTACHMENT 4.19-B Page 9 SUNSET SUNSET
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10. SUBJECT OF AMENDMENT: **Lactation Counseling Services**

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

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	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 Kara Odom Walker, MD, MPH, MSHS, Secretary, Delaware Health and Social Services	
15. DATE SUBMITTED:	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED: June 12, 2017	18. DATE APPROVED: August 24, 2017
PLAN APPROVED – ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: June 2, 2017	20. SIGNATURE OF REGIONAL OFFICIAL:
21. TYPED NAME: Francis McCullough	22. TITLE: Associate Regional Administrator

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: DELAWARE

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

13.c. Preventive Services Continued

Lactation Counseling

Lactation Counseling Services are provided in accordance with the preventive services benefit under 42 CFR 440.130(c). The U.S. Preventive Services Task Force (USPSTF) specifically recommends coordinated interventions throughout pregnancy, birth, and infancy to increase breastfeeding initiation, duration, and exclusivity.

(1.) Lactation Counseling Services

Comprehensive lactation counseling services must include:

- (a.) A face-to-face encounter with the mother and child lasting a minimum of thirty minutes,
- (b.) Comprehensive maternal, infant and feeding assessment related to lactation,
- (c.) Interventions including, but not limited to:
 - (i.) Observation of mother and child during breastfeeding,
 - (ii.) Instruction in positioning techniques and proper latching to the breast, and
 - (iii.) Counseling in nutritive suckling and swallowing, milk production and release, frequency of feedings and feeding cues, expression of milk and use of pump if indicated, assessment of infant nourishment and reasons to contact a health care provider.
- (d.) Information on community supports such as Women, Infant and Children (WIC) , and
- (e.) Evaluation of outcomes from interventions.

(2.) Limitations on Lactation Counseling Services

There is a limit of five counseling sessions per child, and each session can last up to ninety minutes. In accordance with Section 1905(r) of the Social Security Act this service limit may be exceeded based on medical necessity.

TN No. SPA #17-006
Supersedes
TN No. NEW

Approval Date: August 24, 2017
Effective Date June 2, 2017

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: DELAWARE

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

13.c. Preventive Services Continued

Lactation Counseling continued

(3.) Qualified Providers of Lactation Counseling Services

Lactation counseling services are permitted when:

- (a.) Provided by a Physician, Nurse Practitioner (NP) Physician Assistant (PA), Midwife (MW) or Registered Nurse (RN), operating within the scope of their professional license, and applicable state law and also certified as a Certified Lactation Consultant (CLC) or International Board Certified Lactation Consultant (IBCLC).
- (b.) A Certified Lactation Consultant (CLC) must be certified by the The Academy of Lactation Policy and Practice (ALPP). ALPP's certification includes obtaining a standard of competence in the field of lactation counseling; passing the CLC examination, a comprehensive examination based upon identified work-place competencies derived from job task analysis; and agreeing to comply with CLC program requirements.
- (c.) An International Board Certified Lactation Consultant (IBCLC) must be certified by the International Board of Certified Lactation Examiners (IBCLE). The IBCLE certification requires; 90 hours of education in human lactation and breastfeeding; lactation specific clinical experience hours, the number of hours are dependent upon previous experience; and passing the IBCLC examination. Five years after passing the exam, IBCLCs have the option to recertify by Continuing Education Recognition Points (CERPs). IBLCE requires that 75 CERPs be earned. One CERP is equal to 60 minutes of education. Recertification by exam is always an option for IBCLCs; however, re-examination is mandatory every 10 years.

TN No. SPA #17-006
Supersedes
TN No. NEW

Approval Date August 24, 2017

Effective Date June 2, 2017

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: DELAWAREAMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE
AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

25. (i) Licensed or Otherwise State-Approved Freestanding Birthing Center Services

Provided: No limitations With limitations* None licensed or approvedPlease describe any limitations: *See ATTACHMENT 3.1-A Page 11 Addendum*25. (ii) Licensed or Otherwise State-Recognized covered professionals providing services in the
Freestanding Birth CenterProvided: No limitations With limitations Not Applicable (there are no licensed or State approved Freestanding Birth Centers)Please describe any limitations: *See ATTACHMENT 3.1-A Page 11 Addendum*Please check all that apply: (a) Practitioners furnishing mandatory services described in another benefit category and otherwise covered under the State plan (i.e., physicians and certified nurse midwives). (b) Other licensed practitioners furnishing prenatal, labor and delivery, or postpartum care in a freestanding birth center within the scope of practice under State law whose services are otherwise covered under 42 CFR 440.60 (e.g., lay midwives, certified professional midwives (CPMs), and any other type of licensed midwife). * (c) Other health care professionals licensed or otherwise recognized by the State to provide these birth attendant services (e.g., doulas, lactation consultant, etc.).**

*For (b) and (c) above, please list and identify below each type of professional who will be providing birth center services:

See ATTACHMENT 3.1-A Page 11 Addendum

TN No. SPA #17-006 Supersedes TN No. SPA #13-0018	Approval Date <u>August 24, 2017</u> Effective Date <u>June 2, 2017</u>
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: DELAWARE

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

25. (i) Limitations on Licensed or Otherwise State-Approved Freestanding Birth Center Services
- (a) Subject to the specifications, conditions, limitations, and requirements established by the single state agency or its designee, birth center facility services, under this State Plan, are limited to birth centers licensed by the State of Delaware and in compliance with regulations found in the Delaware Administrative Code or other legally authorized licensing authority under applicable state laws.
 - (b) Birth center facility services are those services determined by the attending physician (MD or DO), ~~or~~ certified nurse-midwife (CNM), or licensed midwife to be reasonable and necessary for the care of the mother and newborn child following the mother's pregnancy. The center and attending physician, certified nurse-midwife, or licensed midwife must be licensed at the time and place the services are provided. Reimbursable services are limited to services provided by the birthing center during the labor, delivery, and postpartum periods.
25. (ii) Limitations on Licensed or Otherwise State-Recognized covered professionals providing services in the Freestanding Birthing Center
- (a) Services provided by a physician, certified nurse-midwife, licensed midwife, or certified lactation consultant, which are described in another benefit category and otherwise covered under the State plan, are not considered to be birth center services by the Delaware Medical Assistance Program.

TN No. SPA #17-006
Supersedes
TN No. SPA #13-0018

Approval Date August 24, 2017

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: DELAWARE

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

PREVENTIVE SERVICES

Lactation Counseling

Lactation counseling services are reimbursed using the billing fee schedule for lactation counseling services found on the Delaware Medical Assistance Program (DMAP) website. The fee schedule rate was set as of June 2, 2017 and is effective for services provided on or after that date.

Except as otherwise noted in the plan, fee schedule rates are the same for both governmental and private providers of these services. The fee schedule and any annual periodic adjustments to these rates are published on the Delaware Medical Assistance Program (DMAP) website at: <https://medicaid.dhss.delaware.gov/provider>

Lactation counseling services and qualified providers are defined per Attachment 3.1-A, Page 6 Addendum 1i and Attachment 3.1-A, Page 6 Addendum 1j.

TN No. SPA #17-006
Supersedes
TN No. SPA #15-003

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: DELAWARE

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

(PAGE RESERVED FOR FUTURE USE)

TN No. SPA #17-006
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TN No. SP #370

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: DELAWARE

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

(SUNSET PAGE)

TN No. SPA #17-006
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TN No. SP-370

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: DELAWARE

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

(PAGE RESERVED FOR FUTURE USE)

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: DELAWARE

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

(SUNSET PAGE)

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: DELAWARE
METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE

(SUNSET PAGE)

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