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State Name: Delaware

State Plan Amendment (SPA)#: 17-0012

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) One (1) SPA Page

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850



Financial Management Group

JAN 26 2018

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

RE: State Plan Amendment 17-0012

Dear Mr. Groff:

We have completed our review of State Plan Amendment (SPA) 17-0012. This SPA modifies Attachment 4.19-A of Delaware's Title XIX State Plan. Specifically, the SPA amends the reimbursement to out-of-state facilities to include a negotiated rate and removes dental, vision, laboratory, and diagnostic/radiology from the per diem rate effective January 1, 2019.

We conducted our review of this SPA according to the statutory requirements at sections 1902(a)(3), 1902(a)(13), 1902(a)(30), 1903(a), and 1923 of the Social Security Act (the Act) and the regulations at 42 CFR 447 Subpart C. We are approving state plan amendment 17-0012 effective October 1, 2017. We are enclosing the HCFA-179 and the amended plan pages.

If you have any questions, or require additional information, please call Gary Knight at (304) 347-5723.

Sincerely,

/S/

Kristin Fan
Director

Enclosures

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

FOR: HEALTH CARE FINANCING ADMINISTRATION

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

1. TRANSMITTAL NUMBER:
SPA # 17-012

2. STATE
DELAWARE

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

4. PROPOSED EFFECTIVE DATE
October 1, 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:

- Section 1905(r) of the Social Security Act, Early and Periodic Screening, Diagnostic, and Treatment Services
- Section 1905(a)(16), Inpatient Psychiatric Hospital Services for Individuals under Age 21
- 42 CFR §441 Subpart B, Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) of Individuals under Age 21
- 42 CFR §440.60, Medical or other remedial care provided by licensed practitioners
- 42 CFR §440.130, Diagnostic, screening, preventive, and rehabilitative services
- 42 CFR §447.205, Public notice of changes in statewide methods and standards for setting payment rates
- State Medicaid Manual, Section 5010, Early and Periodic Screening, Diagnostic, and Treatment Services

7. FEDERAL BUDGET IMPACT:

- a. -0-
- b. -0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-A3

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

Attachment 4.19-A3

10. SUBJECT OF AMENDMENT: **Inpatient Psychiatric Hospital Services for Individuals under Age 21**

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:

/S/

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:

12/8/17

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED

18. DATE APPROVED:

JAN 26 2018

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

OCT 01 2017

20. SIGNATURE OF REGIONAL OFFICIAL:

/S/

21. TYPED NAME:

Kristen Fan

22. TITLE:

Director, FMCO

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
 State: DELAWARE

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
 INPATIENT PSYCHIATRIC HOSPITAL SERVICES FOR UNDER AGE 21

1. Psychiatric Residential Treatment Facility (PRTF) Reimbursement

Reimbursement for services are based upon a Medicaid fee schedule established by the State of Delaware. Psychiatric residential treatment facilities will be reimbursed the lesser of:

- The Delaware Medicaid per diem reimbursement rate for activities in the per diem plus additional fee-for-service reimbursement using the Delaware Medicaid fee schedule for activities on the plan of care but not in the per diem;
- The facility’s usual and customary charge to privately insured or private-pay beneficiaries; or
- If an out of state facility, the lesser of a negotiated per diem reimbursement rate, the facility’s usual and customary charge, or the Delaware Medicaid per diem rate. For plan of care activities not included in the per diem, additional fee-for-service reimbursement using the Delaware Medicaid fee schedule is available.

Except as otherwise noted in the State Plan, the State-developed fee schedule is the same for both governmental and private individual providers and the fee schedule and any annual/periodic adjustments to the fee schedule are published in the Delaware Register of Regulations. The Agency’s fee schedule rate was set as of July 1, 2016 and is effective for services provided on or after that date. All rates are published on the Delaware Medical Assistance Program (DMAP) website at <http://www.dmap.state.de.us/downloads/feeschedules.html>.

- A. Delaware Medicaid per diem PRTF reimbursement rate includes the following covered inpatient psychiatric residential treatment facility (PRTF) activities for individuals under twenty-one years of age when included on the patient’s inpatient psychiatric active treatment plan of care:
- a. Behavioral Health care by staff who are not physicians
 - b. Occupational Therapy / Physical Therapy / Speech Therapy
 - c. Laboratory
 - d. Transportation
 - e. Dental
 - f. Vision
 - g. Diagnostics/radiology (x-ray)

Starting on 1/1/2019, dental, vision, laboratory, and diagnostics/radiology are excluded from this rate and paid through EPSDT under authority of the 21st Century Cures Act.

TN No. SPA# <u>17-012</u>	Approval Date <u>JAN 26 2018</u>
Supersedes	
TN No. SPA# <u>16-004</u>	Effective Date <u>October 1, 2017</u>