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State/Territory Name: **Delaware**

State Plan Amendment (SPA) #: **24-0008**

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



Medicaid and CHIP Operations Group

September 9, 2024

Andrew Wilson
Medicaid Director
Division of Medicaid and Medical Assistance
Delaware Health and Social Services
P.O. Box 906
New Castle, DE 19720-0906

Re: Delaware State Plan Amendment (SPA) 24-0008

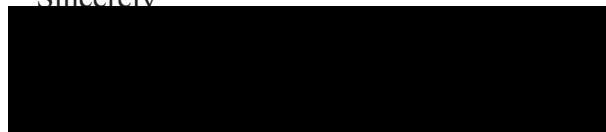
Dear Medicaid Director Wilson:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0008. This amendment proposes to add the role of pharmacist as a provider type.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act. This letter is to inform you that Delaware Medicaid SPA 24-0008 was approved on September 9, 2024, with an effective date of September 1, 2024.

If you have any questions, please contact Talbatha Myatt at 215-861-4259, or via email at Talbatha.Myatt@cms.hhs.gov.

Sincerely



Division of Program Operations

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 4 — 0 0 0 8

2. STATE

DE

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT



XIX



XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

09/01/2024

5. FEDERAL STATUTE/REGULATION CITATION
Sections 1905(a)(6) and (12) of the Act and 42 CFR 440.60 and 120(a)
DE Code Title 24, Ch 25, subchapter 1, § 2502, 42 CFR 440, 42 CFR

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2024 \$ 48,750
b. FFY 2025 \$ 145,000

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-A page 3.1 Addendum
Attachment 3.1-A page 5 Addendum
Attachment 3.1 A page 9
Attachment 3.1 B page 2a
Attachment 4.19-B page 1

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Attachment 3.1-A page 3.1 Addendum
Attachment 3.1-A page 5 Addendum
Attachment 3.1 A page 9
Attachment 3.1 B page 2a
Attachment 4.19-B page 1

9. SUBJECT OF AMENDMENT

Pharmacists as Providers

10. GOVERNOR'S REVIEW (Check One)



GOVERNOR'S OFFICE REPORTED NO COMMENT



OTHER, AS SPECIFIED:



COMMENTS OF GOVERNOR'S OFFICE ENCLOSED



NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

11. SIGNATURE OF STATE AGENCY OFFICIAL

[Redacted Signature]

12. TYPED NAME
Andrew Wilson

13. TITLE
Director

14. DATE SUBMITTED
7/8/2024 | 1:14 PM EDT

15. RETURN TO

Andrew Wilson, Director, DMMA, P.O. Box 906 New Castle, DE19720

FOR CMS USE ONLY

16. DATE RECEIVED
07/08/2024

17. DATE APPROVED
09/09/2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
09/01/2024

19. SIGNATURE
[Redacted Signature]

20. TYPED NAME OF APPROVING OFFICIAL
James G. Scott

21. TITLE OF APPROVING OFFICIAL
Director, Division of Program Operations

22. REMARKS

8-28-24- The state requested pen and ink changes to update Box 5 to reflect Sections 1905(a)(6) and (12) of the Act and 42 CFR 440.60 and 120(a) and to remove Attachment 3.1-A page 9 and Attachment 3.1-B page 2a from Box 7 & 8.

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

6.d. 2. Licensed Behavioral Health Practitioner Continued:

Services which exceed the initial pass-through authorization must be approved for re-authorization prior to service delivery.

6.d.3

Licensed Delaware pharmacist providers may provide services within a scope of practice and Delaware state regulations.

Criteria for Medicaid Coverage of Pharmacist Provider Services means that the services are:

- 1) Provided in accordance with their scope of practice as defined by the state law.
- 2) Service provided by pharmacy interns are provided under the supervision of a licensed and registered pharmacist.

TN No. SPA # <u>24-0008</u>	Approval Date: <u>09/09/2024</u>
Supersedes	
TN No. SPA <u>13-0018</u>	Effective Date: <u>September 1, 2024</u>

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE/TERRITORY: **DELAWARE**

LIMITATIONS

12.a. Prescribed Drugs Continued:

2. Delaware uses utilization management controls to promote efficient delivery of care and to control costs. Quantity limits exist for select categories of drugs. A complete list of the select drugs with limits can be viewed in the agency's provider manual.
3. Duration of therapy
 - a. Nicotine cessation products are limited to the duration that has been approved by the FDA.
 - b. Palivizumab-6 months during the high viral period of the year.
4. Prescriptions are limited to a quantity not to exceed the greater of 100 dosing units or a 34-day supply except for drugs selected and received through mail order.

Prior Authorization

1. Prior authorization requirements may be established for certain drug classes or particular drugs, or a medically accepted indication for uses and doses.
2. The Drug Utilization Review Board (DUR) determines which drugs may require prior authorization. The Board assesses data on drug use in accordance with predetermined standards. The predetermined standards shall be monitoring for therapeutic appropriateness:
 - a. overutilization and underutilization
 - b. appropriate use of generic products
 - c. therapeutic duplication
 - d. drug-disease contraindications
 - e. drug-drug interactions
 - f. incorrect drug dosage or duration of drug treatment
 - g. clinical efficacy
 - h. safety
 - i. medical necessity

TN No. SPA 24-0008

Approval Date: 09/09/2024

Supersedes

TN No. SP #13-001

Effective Date: September 1, 2024

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

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

Physicians, podiatry and independent radiology services shall be reimbursed based on CPT codes and definitions. Reimbursement rates shall be based on the Medicare Relative Value (RVU), adjusted by Geographic Practice Cost Indices (GPCI) representing the medical economic conditions specific to Delaware. Each CPT code has a unique RVU consisting of a Work Unit (WRVU), an Overhead Unit (ORVU), and a Malpractice Unit (MRVU). Delaware Medicaid may adjust the weight of each RVU up to, but not to exceed, 100% of the Medicare value.

Laboratories are reimbursed their usual and customary charge or a maximum fee for their service, whichever is lower. The maximum fee for each procedure will be reviewed annually. If such review indicates that fees should be modified, an inflation factor will be considered to apply to the fees which are currently in place; in addition, other aspects of the fee structure will be examined in light of usual and customary charges and other pertinent considerations to develop appropriate rates for the year.

Physician Assistant services, provided under the supervision, control, and direction of one or more physicians, are billed under a supervising physician's provider number, with the Physician Assistant's provider number included as the rendering provider. Physician Assistant's may not bill Medicaid directly.

This reimbursement methodology applies to services delivered on or after January 1, 1995. The fee schedule and any annual/periodic adjustments to the fee schedule are available on the Delaware Medical Assistance Program (DMAP) website at:

<https://medicaidpublications.dhss.delaware.gov/docs/search?EntryId=1080>

Pharmacist Provider Services:

Payments for Pharmacist Provider Services covered under Attachment 3.1-A.1 are equal to the lower of the submitted charge or the appropriate fee from the Provider Services Fee Schedule. All rates are published on the website at:

<https://medicaidpublications.dhss.delaware.gov/docs/search?EntryId=1080>

Pharmacist Provider Services are reimbursed at 100 percent of the Medicaid Physician Services Fee Schedule in effect.

TN No. SPA #24-0008

Approval Date: 09/09/2024

Supersedes

TN No. SPA #19-002

Effective Date: September 1, 2024