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**State Name:** Delaware

**State Plan Amendment (SPA) #:** 13-0018

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

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 #030520144045

**SEP 18 2014**

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) 13-0018 to amend the reimbursement methodology for State Plan Medicaid Rehabilitative Services: Crisis Intervention Services, Substance Use Disorder Services and Other Licensed Behavioral Health Professionals.

Enclosed is a copy of the approved SPA pages and the signed CMS-179 form. The effective date of this amendment is July 1, 2014. This approval also authorizes Delaware to cease coverage and reimbursement for Community Support Services effective January 1, 2015.

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

Sincerely,

A large black rectangular redaction box covering the signature of Francis McCullough.

Francis McCullough

Associate Regional Administrator

Enclosures

## FOR: HEALTH CARE FINANCING ADMINISTRATION

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES4. PROPOSED EFFECTIVE DATE  
JULY 1, 2014

## 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:

\$1905 of the Social Security Act (a)(13), 42 CFR §440.130(d),  
42 CFR §440.60, 42 CFR §440.225, 42 CFR §440.20

## 7. FEDERAL BUDGET IMPACT:

a. FFY 2014 \$ 13,685,958.92  
b. FFY 2015 \$ 17,469,215.07

## 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A Page 3 Addendum  
Attachment 3.1-A Page 3.1 Addendum  
Attachment 3.1-A Page 4a Addendum  
Attachment 3.1-A Page 6a  
Attachment 3.1-A Pages 6k through 6z  
Attachment 4.19-B Page 3a Addendum  
Attachment 4.19-B Page 3a.1 Addendum  
Attachment 4.19-B Page 4a  
Attachment 4.19-B Page 4.a.1  
Attachment 4.19-B Page 5  
Attachment 4.19-B Page 5a  
Attachment 4.19-B Page 18 (Reserved for Future Use)9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):Attachment 3.1-A Page 3 Addendum  
NEW  
Attachment 3.1-A Page 4a Addendum  
Attachment 3.1-A Page 6a  
Attachment 3.1-A Pages 6a through 6f  
NEW  
NEW  
Attachment 4.19-B 4a  
NEW  
Attachment 4.19-B Page 5  
NEW  
Attachment 4.19-B Page 1810. SUBJECT OF AMENDMENT: Reimbursement Methodology for State Plan Medicaid Rehabilitative Services: Crisis Intervention (CI)  
Services, Substance Use Disorder (SUD) Services and Other Licensed Behavioral Health Professionals

## 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:

//Stephen M. Groff – signature//

## 13. TYPED NAME:

Stephen M. Groff, Director, Delaware Division of Medicaid and  
Medical Assistance14. TITLE: Designee for Rita M. Landgraf, Secretary, Delaware  
Health and Social Services

## 15. DATE SUBMITTED:

December 16, 2013

## 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:

12-16-2013

## 18. DATE APPROVED:

SEP 18 2014

## PLAN APPROVED – ONE COPY ATTACHED

## 19. EFFECTIVE DATE OF APPROVED MATERIAL:

7-1-2014

## 20. SIGNATURE OF REGIONAL OFFICIAL:

## 21. TYPED NAME:

Francis McCullough

## 22. TITLE:

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.b. Optometrists Services

These services are reimbursed:

1. For Medicaid-eligible individuals under age 21, as an EPSDT service (routine eye exams including refraction and provision of eyeglasses); or
2. For Medicaid-eligible individuals over age 21, medically necessary diagnostic and treatment services provided under the scope of optometric practice in State law for symptomatic Medicaid recipients (i.e. disease, injury, illness, or other medical disorder of the eyes), excluding routine eye exams or refractions related to the provision of eyeglasses and excluding coverage of eyeglasses.

6.d. Other Practitioners' Services

6.d.1. Licensed Midwife services are services permitted under scope of practice authorized by state law for the licensed midwife.

6.d.2. Licensed Behavioral Health Practitioner: A licensed behavioral health practitioner (LBHP) is a professional who is licensed in the State of Delaware to diagnose and treat mental illness or substance abuse acting within the scope of all applicable state laws and their professional license. A LBHP includes professionals licensed to practice independently:

- Licensed Psychologists
- Licensed Clinical Social Workers (LCSWs)
- Licensed Professional Counselors of Mental Health (LPCMHs)
- Licensed Marriage and Family Therapists (LMFTs)

TN No. SPA #13-0018

Supersedes

TN No. SPA #11-008

Approval Date SEPTEMBER 18, 2014

Effective Date July 1, 2014

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  
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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. In addition to individual provider licensure, service providers employed by addiction treatment services and co-occurring treatment services agencies must work in a program licensed by the Delaware Division of Substance Abuse and Mental Health (DSAMH) and comply with all relevant licensing regulations. Licensed Psychologists may supervise up to seven (7) unlicensed assistants or post-doctoral professionals in supervision for the purpose of those individuals obtaining licensure and billing for services rendered. Services by unlicensed assistants or post-doctoral professionals under supervision may not be billed under this section of the State Plan. Instead, those unlicensed professionals must qualify under the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program or rehabilitation sections of the State Plan or provide services under Home and Community-based authorities.

Inpatient hospital visits are limited to those ordered by the beneficiary's physician. Visits to a nursing facility are allowed for LBHPs if a Preadmission Screening and Resident Review (PASRR) indicates it is a medically necessary specialized service in accordance with PASRR requirements. Visits to Intermediate Care Facilities for Individuals with Mental Retardation (ICF/MR) are non-covered. All LBHP services provided while a person is a resident of an Institute for Mental Disease (IMD) such as a free standing psychiatric hospital or psychiatric residential treatment facility are part of the institutional service and not otherwise reimbursable by Medicaid. Evidence-based Practices require prior approval and fidelity reviews on an ongoing basis as determined necessary by Delaware Health and Social Services (DHSS) and/or its designee. A unit of service is defined according to the Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) approved code set consistent with the National Correct Coding Initiative unless otherwise specified.

TN No. SPA #13-0018

Supersedes

TN No. NEW

Approval Date SEPTEMBER 18, 2014

Effective Date July 1, 2014

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  
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9. Clinic Services

Clinic services are provided consistent with the provisions of 42 CFR 440.90, including the requirement that they be operated under the direction of a physician as described in the State Medicaid Manual section 4320, and include the following:

- Medical or rehabilitation clinics excluding Mental Health clinics, which require certification by the Division of Substance Abuse and Mental Health (DSAMH) as part of the Single State Agency for Medicaid) and
- State Licensed Free Standing Surgical Centers (FSSCs) which equate to federally defined Ambulatory Surgical Centers (ACSS) using related policies for ACSs described in Sections 2265 and 2266 of the Medicare Carriers Manual.
- School-based Wellness Center Clinic Services provide primary prevention, early intervention and treatment services, including physical examinations, treatment of acute medical conditions, community referrals, counseling and other supportive services to children in school settings.

TN No. SPA #13-0018  
Supersedes  
TN No. SPA #10-004

Approval Date SEPTEMBER 18, 2014  
Effective Date January 1, 2015

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: DELAWARELIMITATIONS ON AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE  
AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY**13.d. Rehabilitative Services: 42 CFR 440.130(d)**

On January 1, 2015, reimbursement and coverage of Community Support Services shall cease in the state plan.

Rehabilitative Services are limited to: 1) *community support services* for adults who would benefit from services designed for or associated with mental illness, alcoholism or drug dependence, excluding those services of an educational or vocational nature; and, 2) *day health and rehabilitation services* for adults who would benefit from services designed for or associated with the treatment of mental retardation or developmental disabilities; and, 3) *crisis intervention (CI) services* for adults with mental illness, alcoholism or drug dependence, excluding those services of an educational or vocational nature; and, 4) *substance use disorder (SUD) treatment services* for adults with alcoholism or drug dependence, excluding those services of an educational or vocational nature (Note: Services for children with mental illness, alcoholism or drug dependence are more expansive and are addressed in Section 4b of the Delaware Medicaid State Plan under the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program.

**1. *Community Support Services*****ELIGIBLE PROVIDERS**

Providers are organizations certified by the Division of Substance Abuse and Mental Health in accordance with the Delaware Medical Assistance Program Medicaid Provider Manual for Rehabilitative/Community Support Service Programs.

**DEFINITION OF COMMUNITY SUPPORT SERVICES**

Community support services are medically related treatment, rehabilitative and support services provided through self-contained programs by teams of clinicians, associate clinicians and assistant clinicians under the supervision of a physician.

**FREQUENCY, DURATION AND SCOPE**

Community support services are provided, as medically necessary subject to the limitations of the state plan, to assist eligible persons cope with the symptoms of their illnesses, minimize the effects of their disabilities on their capacity for independent living and prevent or limit periods of hospital treatment.

Eligible recipients are Medicaid recipients who would benefit from services designed for or associated with mental illness, alcoholism or drug addiction. The provider's physician must certify medical necessity for community support services based on a completed comprehensive medical/psycho-social evaluation.

**TN No. SPA #13-0018****Supersedes****TN No. SP-399****Approval Date SEPTEMBER 18, 2014****Effective Date July 1, 2014**



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

**13.d. Rehabilitative Services: 42 CFR 440.130(d)**

**2. *Day Health and Rehabilitation Services for Individuals with Conditions Associated with Mental Retardation Developmental Disabilities.***

ELIGIBLE PROVIDERS

Providers are organizations certified by the Division of Mental Retardation (DMR) in accordance with standards established by DMR and also accredited by the Commission for Accreditation of Rehabilitation Facilities (CARF).

DEFINITION OF DAY HEALTH AND REHABILITATION SERVICES

Day health and rehabilitation services shall provide individualized activities, supports, training prevocational habilitation, supervision, and transportation based on a written plan of care to eligible persons for two or more hours per day scheduled multiple times per week. These services are intended to improve the recipient's condition or to maintain an optimal level of functioning, as well as to ameliorate the recipient's disabilities or deficits by reducing the degree of impairment or dependency. Therapeutic consultation to service providers, family and friends of the client around implementation of the plan of care may be included as part of the services provided by the day health and rehabilitation program. The provider must be an approved provider of services and meet all applicable standards. Specific components of day health and rehabilitation services include the following as needed:

1. Self-care and hygiene skills;
2. Eating and toilet training skills;
3. Task learning skills;

TN No. SP-315

Supersedes

TN No. NEW PAGE

Approval Date March 9, 1993

Effective Date October 1, 1992



## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: DELAWARELIMITATIONS ON AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE  
AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY**13.d. Rehabilitative Services: 42 CFR 440.130(d)**

4. Community resource utilization skills (e.g., training in time, telephone, basic computation, money, warning sign recognition, and personal identification, etc.);
5. Environmental and behavior skills (e.g., training in punctuality, self-discipline, care of personal belongings and respect for property, and in wearing proper clothing for the weather, etc.);
6. Medication management;
7. Travel and related training to and from the training sites and service and support activities;
8. Prevocational habilitation skills;
9. Skills related to the above areas, as appropriate that will enhance or retain the recipient's functioning.

There would be two levels of Day Health and Rehabilitation Services based on functioning levels of clients served. One level will be for clients more medically involved in need of more intensive medical supports. Rates will be different between the two levels.

## FREQUENCY, DURATION AND SCOPE

Community Day Health and Rehabilitation services are provided as medically necessary subject to the limitations of the State Plan, to assist eligible persons cope with mental retardation and developmental disabilities, minimize the effects of their disabilities on their capacity for independent living and prevent or limit periods of institutional treatment.

Eligible recipients are Medicaid recipients who would benefit from services designed for, or associated with, the treatment of mental retardation and/or developmental disabilities. The amount, frequency, and necessity of services shall be documented by the interdisciplinary team based on a completed comprehensive medical/psycho-social evaluation.

TN No. SP-315

Supersedes

TN No. NEW PAGEApproval Date March 9, 1993Effective Date October 1, 1992

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

**13.d. Rehabilitative Services: 42 CFR 440.130(d)**

LIMITATIONS

Vocational counseling, vocational training at a classroom or job site, academic/remedial education services and services which are solely recreational in nature are not reimbursable by Medicaid.

Units of service with individuals other than the eligible clients are not reimbursable by Medicaid.

Services delivered by telephone are not reimbursable by Medicaid.

Services must be provided in accordance with the Medicaid State Plan.

Services provided in institutions for mental retardation are not reimbursable under this section of the Medicaid Plan.

Component services of community Day Health and Rehabilitation service programs may not be sub-contracted to independent provider organizations.

REIMBURSEMENT METHODOLOGY

For reimbursement methodology, see Attachment 4.19-B, Page 16.

TN No. SP-315

Supersedes

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Approval Date March 9, 1993

Effective Date October 1, 1992

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: DELAWARELIMITATIONS ON AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE  
AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY**13.d. Rehabilitative Services: 42 CFR 440.130(d)****3. *Crisis Intervention (CI) Services for Adults with Mental Illness, Alcoholism Or Drug Dependence***

Crisis Intervention (CI) Services are provided to a beneficiary who is experiencing a behavior health crisis, designed to interrupt and/or ameliorate a crisis experience including an assessment, immediate crisis resolution, and de-escalation, and referral and linkage to appropriate medically necessary behavioral health services to avoid, where possible, more restrictive levels of treatment. The goals of CI are symptom reduction, stabilization, and restoration to a previous level of functioning. All activities must occur within the context of a potential or actual behavioral health crisis. CI is a face-to-face intervention and can occur in a variety of locations, including community locations where the beneficiary lives, works, attends school, and/or socializes.

Specific activities include:

- A. An assessment of risk and mental status, as well as the need for further evaluation or other mental 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 an assessment and/or referral to other alternative mental health services at an appropriate level.
- B. Short-term CI including crisis resolution and de-briefing with the identified Medicaid beneficiary.
- C. Follow-up with the individual, and as necessary, with the beneficiary's caretaker and/or family member(s) including follow-up for the beneficiary who is in crisis and assessed in an emergency room prior to a referral to the CI team.
- D. Consultation with a physician or with other qualified providers to assist with the beneficiary's specific crisis.

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## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: DELAWARELIMITATIONS ON AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE  
AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY**13.d. Rehabilitative Services: 42 CFR 440.130(d) Continued:*****3. Crisis Intervention (CI) Services for Adults with Mental Illness, Alcoholism Or Drug Dependence Continued:***

Qualified staff shall assess, refer, and link all Medicaid beneficiaries in crisis. This shall include performing any necessary assessments; providing crisis stabilization and de-escalation; development of alternative treatment plans; consultation, training and technical assistance to other staff; consultation with the psychiatrist; monitoring of beneficiaries; and arranging for linkage, transfer, transport, or admission as necessary for Medicaid beneficiaries at the conclusion of the CI service. CI specialists shall provide CI counseling, on and off-site; monitoring of beneficiaries; assessment under the supervision of a certified assessor; and referral and linkage to appropriate medically necessary behavioral health services to avoid, where possible more restrictive levels of treatment. CI specialists who are nurses may also provide medication monitoring and nursing assessments. Psychiatrists in each crisis program perform psychiatric assessments, evaluation and management as needed; prescription and monitoring of medication; as well as supervision and consultation with CI program staff. Certified Peers may be utilized under clinical supervision for the activities of crisis resolution and de-briefing with the identified Medicaid beneficiary and follow-up (components B and C above).

**Beneficiary Participation Criteria**

These rehabilitative services are provided as part of a comprehensive specialized psychiatric program available to all Medicaid beneficiaries. CI services must be medically necessary. The medical necessity for these rehabilitative services must be recommended by a licensed practitioner of the healing arts who is acting within the scope of his/her professional license and applicable state law to promote the maximum reduction of symptoms and restoration of a beneficiary to his/her best age-appropriate functional level. Licensed practitioners of the healing arts include: Licensed Behavioral Health Practitioners (LBHPs), advanced practice nurses (APNs), nurse practitioners (NPs), and physicians. All beneficiaries who are identified 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.

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AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY**13.d. Rehabilitative Services: 42 CFR 440.130(d) Continued:****3. *Crisis Intervention (CI) Services for Adults with Mental Illness, Alcoholism Or Drug Dependence Continued:***

A beneficiary in crisis may be represented by a family member or other collateral contact who has knowledge of the beneficiary's capabilities and functioning. Beneficiaries 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. The assessment of risk, mental status, and medical stability must be completed by a credentialed mental health screener, Licensed Behavioral Health Practitioner (LBHP), advanced practice nurse (APN), nurse practitioner (NP), or physician with experience regarding this specialized mental health service, practicing within the scope of their professional license or certification. The crisis plan developed from this assessment and all services delivered during a crisis must be by qualified staff provided under a certified program. Crisis services cannot be denied based upon substance use. The CI specialist must receive regularly scheduled clinical supervision from a person meeting the qualifications of a LBHP, APN, NP, or physician with experience regarding this specialized mental health service. The beneficiary's chart must reflect resolution of the crisis which marks the end of the current episode. If the beneficiary has another crisis within twenty-four (24) hours of a previous episode, it shall be considered part of the previous episode and a new episode will not be allowed.

A unit of service is defined according to the Healthcare Common Procedure Coding System (HCPCS) approved code set unless otherwise specified.

TN No. SPA #13-0018

Supersedes

TN No. SP-399Approval Date SEPTEMBER 18, 2014Effective Date July 1, 2014

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: DELAWARELIMITATIONS ON AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE  
AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY**13.d. Rehabilitative Services: 42 CFR 440.130(d) Continued:****3. *Crisis Intervention (CI) Services for Adults with Mental Illness, Alcoholism Or Drug Dependence Continued:***Provider Qualifications:

Individual practitioners may be licensed as:

- Psychiatrists, Board Certified Emergency Physicians, or a physician in another area of specialty. Board Certified Emergency Physicians must also complete a required informational training. Physicians in other areas of specialty must attend four (4) hours of training and be credentialed by the Delaware Division of Substance Abuse and Mental Health (DSAMH).
- Registered Nurse.
- Advanced Practice Nurse operating in collaboration with a Delaware licensed physician
- Licensed Behavioral Health Practitioner including:
  - Licensed Psychologist
  - Licensed Clinical Social Worker (LCSW)
  - Licensed Professional Counselor of Mental Health (LPCMH)
  - Licensed Marriage and Family Therapist (LMFT)
- Licensed Physician Assistant supervised by a licensed physician.

Individual practitioners may be certified as:

- Credentialed mental health screeners who are not licensed must meet all State requirements including having two (2) years of clinical and/or crisis experience; at least a bachelors or master's degree in a mental health related field; and completing forty (40) hours of crisis services in an employed position under direct supervision of a psychiatrist or credentialed mental health screener following completion of the mental health screener training and satisfactory score on the mental health screener credentialing examination.

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## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY**13.d. Rehabilitative Services: 42 CFR 440.130(d) Continued:*****3. Crisis Intervention (CI) Services for Adults with Mental Illness, Alcoholism Or Drug Dependence Continued:***

- A Certified Peer on a CI team 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 training provided/contracted by the Delaware Division of Substance Abuse and Mental Health (DSAMH) 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, knowledge about beneficiary rights and advocacy, as well as approaches to care that incorporate creativity. A Certified Peer must have at minimum a high school education or GED, (preferably with some college background) and be currently employed as a peer supporter in Delaware. Delaware state-approved standardized peer specialist training includes academic information as well as practical knowledge and creative activities. Each crisis program including certified peer 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 Crisis Intervention Specialist is an unlicensed mental health professional with a bachelors or master's degree in a mental health related field. The CI specialist must receive training and regularly scheduled clinical supervision from a person meeting the qualifications of a LBHP, APN, NP, or physician with experience regarding this specialized mental health service.

**Provider Qualifications Continued:**

Programs shall be certified by Medicaid and/or its designee. Each crisis program 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 licensed practitioner of the healing arts who is acting within the scope of his/her professional license and applicable state law (e.g., Licensed Behavioral Health Practitioner (LBHP), physician, nurse practitioner (NP) or advanced practice nurse (APN) is available for consultation and able to recommend treatment twenty-four (24) hours a day, seven (7) days a week to the CI program.

**TN No. SPA #13-0018****Supersedes****TN No. SP-399****Approval Date SEPTEMBER 18, 2014****Effective Date July 1, 2014**



STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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LIMITATIONS ON AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE  
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**13.d. Rehabilitative Services: 42 CFR 440.130(d) Continued:**

**3. *Crisis Intervention (CI) Services for Adults with Mental Illness, Alcoholism Or Drug Dependence Continued:***

Amount, Duration and Scope:

A unit of service is defined according to the Healthcare Common Procedure Coding System (HCPCS) approved code set unless otherwise specified. CI services by their nature are crisis services and are not subject to prior approval. CI services are authorized for no more than twenty-three (23) hours per episode. Activities beyond the twenty-three (23) hour period must be prior authorized by the State or its designee. Providers receiving referrals from emergency rooms will bill only the follow-up HCPCS codes. Service components that are not provided to, or directed exclusively toward the treatment of the Medicaid beneficiary are not eligible for Medicaid reimbursement.

The CI services should follow any established crisis plan already developed for the beneficiary, if it is known to the team, as part of an individualized treatment plan to the extent possible. The CI activities must be intended to achieve identified care plan goals or objectives.

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Supersedes  
TN No. SP-399

Approval Date SEPTEMBER 18, 2014  
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## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: DELAWARELIMITATIONS ON AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE  
AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY**13.d. Rehabilitative Services: 42 CFR 440.130(d) Continued:*****4. Substance Use Disorder (SUD) Treatment Services for Adults With Alcoholism Or Drug Dependence***

Addiction services include:

- 4A. Outpatient Addiction Services
- 4B. Residential Addiction Services

4A. Outpatient Addiction Services

Outpatient addiction services are community-based addiction services not provided in an outpatient hospital setting and include individual-centered activities consistent with the beneficiary's assessed treatment needs with a rehabilitation and recovery focus designed to promote skills for coping with and managing symptoms and behaviors associated with substance use disorders (SUD). These activities are designed to help beneficiaries achieve and maintain recovery from SUDs. Outpatient SUD services include medically necessary care according to assessed needs including the four (4) component activities: (1) Assessment and clinical treatment plan development – The purpose of the assessment is to provide sufficient information for problem identification, SUD treatment or referral for the beneficiary to gain access to other needed Medicaid SUD or mental health services. The treatment plan for Medicaid SUD or mental health services must be patient-centered and developed in collaboration with the patient; (2) Skill development for coping with and managing symptoms and behaviors associated with substance use disorders (SUD) such as the participant's perspective and lack of impulse control or signs and symptoms of withdrawal; (3) Counseling to address a beneficiary's major lifestyle, attitudinal, and behavioral problems. Counseling includes highly structured psychosocial therapy to address issues that have the potential to undermine the goals of treatment; (4) Medication Assisted Therapies when medically necessary, including the direct administration of medication.

Outpatient activities are delivered on an individual or group basis in a wide variety of settings including site-based facility, in the community or in the beneficiary's place of residence. These services may be provided on site or on a mobile basis as defined by the Delaware Division of Substance Abuse and Mental Health (DSAMH). The setting will be determined by the goal which is identified to be achieved in the beneficiary's written treatment plan.

TN No. SPA #13-0018

Supersedes

TN No. SP-399Approval Date SEPTEMBER 18, 2014Effective Date July 1, 2014

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AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY**13.d. Rehabilitative Services: 42 CFR 440.130(d) Continued:*****4. Substance Use Disorder (SUD) Treatment Services for Adults With Alcoholism Or Drug Dependence Continued :******4A. Outpatient Addiction Services Continued***

Outpatient services may be indicated as an initial modality of care for a beneficiary whose severity of illness warrants this level of treatment, or when a beneficiary's progress warrants a less intensive modality of service than they are currently receiving. The intensity of the services will be driven by medical necessity. Medication-assisted therapies (MAT) should only be utilized when a beneficiary has an established SUD (e.g., opiate or alcohol dependence condition) that is clinically appropriate for MAT.

Provider qualifications: Outpatient addiction services are provided by licensed and unlicensed professional staff, who are at least eighteen (18) years of age with a high school or equivalent diploma, according to their areas of competence as determined by degree, required levels of experience as defined by state law and regulations and departmentally approved program guidelines and certifications. All outpatient substance use disorder (SUD) programs are licensed under state law. Licensed practitioners under Delaware state regulation are licensed by Delaware and include Licensed Clinical Social Workers (LCSWs), Licensed Professional Counselors of Mental Health (LPCMH), Licensed Marriage and Family Therapists (LMFTs), nurse practitioners (NPs), advanced practice nurses (APNs), medical doctors (MD and DO) and psychologists. Any staff who is unlicensed and providing addiction services must be credentialed by the Delaware Division of Substance Abuse and Mental Health (DSAMH) and/or the credentialing board and be under the supervision of a qualified health professional (QHP). Unlicensed staff under Delaware state regulation for SUD outpatient services include certified recovery coaches, credentialed behavioral health technicians, Registered Nurses and Licensed Practical Nurses, certified alcohol and drug counselor (CADC), internationally certified alcohol and drug counselor (ICADC), certified co-occurring disorders professional (CCDP), internationally certified co-occurring disorders professional (ICCDP), internationally certified co-occurring disorders professional diplomate (ICCDP-D) and licensed chemical dependency professional (LCDP).

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## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: DELAWARELIMITATIONS ON AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE  
AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY**13.d. Rehabilitative Services: 42 CFR 440.130(d) Continued:*****4. Substance Use Disorder (SUD) Treatment Services for Adults With Alcoholism Or Drug Dependence Continued:*****4A. Outpatient Addiction Services Continued**

State regulations require supervision of non-credentialed practitioners by QHP meeting the supervisory standards established by DSAMH. A QHP includes the following professionals who are currently registered with their respective Delaware board LCSWs, LPCMH, and LMFTs, APNs, NPs, medical doctors (MD and DO), and psychologists. The QHP provides clinical/administrative oversight and supervision of non-credentialed staff in a manner consistent with their scope of practice.

- Recovery coaches 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 program. Recovery coaches must self-identify as a present or former primary beneficiary of SUD services. **Note:** Recovery coaches within a licensed residential program must provide counseling as a component of outpatient addiction services (see component activity 3 above) consistent with an approved treatment plan. Medicaid will not reimburse for 12-step programs run by recovery coaches.
- Credentialed behavioral health technicians are unlicensed professional staff who are at least 18 years of age with a high school or equivalent diploma and trained in ASAM techniques.
- Licensed Chemical Dependency Professionals (LCDPs) are credentialed by the Delaware Department of State, Division of Professional Regulation.
  - If the LCDP holds a current Chemical Dependency Professional license in another jurisdiction, then the professional is granted reciprocity if the license has been held for a period of time or the license is found to be similar to the Delaware certification standards.
  - If the professional is not licensed in another jurisdiction but is applying for certification in Delaware and is currently certified by the Delaware Certification Board, Inc (DCB), or other national certification board such as the NAADAC as either a NCAC or MAC, then the applicant must also have a criminal history record check and verify any current or previous licensure and/or certification. Professionals who are certified must have documentation of a Master's degree with graduate semester courses in counseling or related education and post-Master's experience including supervised counseling in substance abuse counseling.

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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

**13.d. Rehabilitative Services: 42 CFR 440.130(d) Continued:**

***4. Substance Use Disorder (SUD) Treatment Services for Adults With Alcoholism Or Drug Dependence Continued :***

**4A. Outpatient Addiction Services Continued**

- All other unlicensed practitioners who are certified by a national body must meet the requirements for credentialed behavioral health technicians in addition to any requirements for their national certification

All providers listed may provide any component of the outpatient SUD services consistent with State law and practice act with two exceptions: recovery coaches cannot perform assessments and all programs with MAT interventions must comply with federal and state laws regarding controlled substance prescriber availability.

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## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: DELAWARELIMITATIONS ON AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE  
AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY**13.d. Rehabilitative Services: 42 CFR 440.130(d) Continued:****4. *Substance Use Disorder (SUD) Treatment Services for Adults With Alcoholism Or Drug Dependence Continued :*****4B. Residential Addiction Services**

Residential services include individual-centered residential services consistent with the beneficiary's assessed treatment needs, with a rehabilitation and recovery focus designed to promote skills for coping with and managing substance use disorder symptoms and behaviors. These services are designed to help beneficiaries achieve changes in their substance use disorder behaviors. Services should address the beneficiary's major lifestyle, attitudinal, and behavioral problems that have the potential to undermine the goals of treatment. Residential SUD services include medically necessary care according to assessed needs including the four (4) component activities: (1) Assessment and clinical treatment plan development – The purpose of the assessment is to provide sufficient information for problem identification, SUD treatment or referral for the beneficiary to gain access to other needed Medicaid SUD or mental health services. The treatment plan for Medicaid SUD or mental health services must be patient-centered and developed in collaboration with the patient; (2) Skill development for coping with and managing symptoms and behaviors associated with substance use disorders (SUD) such as the participant's perspective and lack of impulse control or signs and symptoms of withdrawal; (3) Counseling to address a beneficiary's major lifestyle, attitudinal, and behavioral problems. Counseling includes highly structured psychosocial therapy to address issues that have the potential to undermine the goals of treatment; (4) Medication Assisted Therapies when medically necessary, including the direct administration of medication. Residential services are delivered on an individual or group basis in a wide variety of settings including treatment in residential settings of sixteen (16) beds or less designed to help beneficiaries achieve changes in their substance use disorder behaviors.

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## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: DELAWARELIMITATIONS ON AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE  
AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY**13.d. Rehabilitative Services: 42 CFR 440.130(d) Continued:*****4. Substance Use Disorder (SUD) Treatment Services for Adults With Alcoholism Or Drug Dependence Continued :*****4B. Residential Addiction Services Continued**

Provider qualifications: Services are provided by licensed and unlicensed professional staff, who are at least eighteen (18) years of age with a high school or equivalent diploma, according to their areas of competence as determined by degree, required levels of experience as defined by state law and regulations and departmentally approved program guidelines and certifications. All residential programs are licensed under state law per Delaware Administrative Code Title 16.6001. The licensure applies to all programs providing services to beneficiaries in need of programs and services for diagnosed substance use and/or mental disorders. The licensure at a minimum requires: documentation of all insurance coverage required in regulation; the maximum client capacity requested; and a copy of the agency's Delaware business license and home state license, when applicable. The licensure also requires a description of the services to be provided by the program, including a statement of the program philosophy, goals and objectives, and a description of the methodology for each service element; and organization charts of showing incumbent names, positions, degrees and credentials (e.g., license, certification); all vacant positions; and illustrating direct and indirect reporting and supervisory relationships.

Licensed practitioners under Delaware State regulation are licensed by Delaware and include Licensed Clinical Social Workers (LCSWs), Licensed Professional Counselors of Mental Health (LPCMH), Licensed Marriage and Family Therapists (LMFTs), nurse practitioners (NPs); advanced practice nurses (APNs), medical doctors (MD and DO) and psychologists. Any staff who is unlicensed and providing addiction services must be credentialed by the Delaware Division of Substance Abuse and Mental Health (DSAMH) and/or the credentialing board and be under the supervision of a qualified health professional (QHP). State regulations require supervision of non-credentialed practitioners by QHP meeting the supervisory standards established by DSAMH. A QHP includes the following professionals who are currently registered with their respective Delaware board LCSWs, LPCMH, and LMFTs, APNs, NPs, medical doctors (MD and DO), and psychologists. The QHP provides clinical/administrative oversight and supervision of non-credentialed staff in a manner consistent with their scope of practice.

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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

**13.d. Rehabilitative Services: 42 CFR 440.130(d) Continued:**

***4. Substance Use Disorder (SUD) Treatment Services for Adults With Alcoholism Or Drug Dependence Continued :***

**4B. Residential Addiction Services Continued**

Provider Qualifications Continued

Unlicensed staff under Delaware State regulation for SUD residential treatment include certified recovery coaches, credentialed behavioral health technicians, Registered Nurses and Licensed Practical Nurses, certified alcohol and drug counselor (CADC), internationally certified alcohol and drug counselor (ICADC), certified co-occurring disorders professional (CCDP), internationally certified co-occurring disorders professional (ICCDP), Internationally certified co-occurring disorders professional diplomate (ICCDP-D) and licensed chemical dependency professional (LCDP).

- Recovery coaches must be trained and certified in the State of Delaware to provide services. Recovery coaches are at least eighteen (18) years old, and have a high school diploma or equivalent. The certification includes criminal, abuse/neglect registry and professional background checks, and completion of a State-approved standardized basic training program. Recovery coaches must self-identify as a present or former primary beneficiary of SUD services. **Note:** Recovery coaches within a licensed residential program must provide counseling as a component of outpatient addiction services (see component activity 3 above) consistent with an approved treatment plan. Medicaid will not reimburse for twelve-step programs run by recovery coaches.
- Credentialed behavioral health technicians are unlicensed professional staff who are at least eighteen (18) years of age with a high school or equivalent diploma and trained in American Society of Addiction Medicine (ASAM) techniques.

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State: DELAWARE

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

**13.d. Rehabilitative Services: 42 CFR 440.130(d) Continued:**

***4. Substance Use Disorder (SUD) Treatment Services for Adults With Alcoholism Or Drug Dependence Continued :***

**4B. Residential Addiction Services Continued**

Provider Qualifications Continued

- Licensed Chemical Dependency Professionals (LCDPs) are credentialed by the Delaware Department of State, Division of Professional Regulation.
- If the LCDP holds a current Chemical Dependency Professional license in another jurisdiction, then the professional is granted reciprocity if the license has been held for a period of time or the license is found to be similar to the Delaware certification standards.
- If the professional is not licensed in another jurisdiction but is applying for certification in Delaware and is currently certified by the Delaware Certification Board, Inc (DCB), or other national certification board such as the NAADAC as either a NCAC or MAC, then the applicant must also have a criminal history record check and verify any current or previous licensure and/or certification. Professionals who are certified must have documentation of a Master's degree with graduate semester courses in counseling or related education and post-Master's experience including supervised counseling in substance abuse counseling.
- All other unlicensed practitioners who are certified by a national body must meet the requirements for credentialed behavioral health technicians in addition to any requirements for their national certification.

All providers listed may provide any component of the residential SUD services consistent with State law and practice act with two exceptions: recovery coaches cannot perform assessments and all programs with MAT interventions must comply with federal and state laws regarding controlled substance prescriber availability.

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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

**13.d. Rehabilitative Services: 42 CFR 440.130(d) Continued:**

***4. Substance Use Disorder (SUD) Treatment Services for Adults With Alcoholism Or Drug Dependence Continued :***

4B. Residential Addiction Services Continued

Provider Qualifications Continued

State regulations require supervision of non-credentialed counselors by QHP meeting the supervisory standards established by the Delaware Division of Substance Abuse and Mental Health (DSAMH). A QHP includes the following professionals who are currently registered with their respective Delaware board LCSWs, LPCMH, and LMFTs, APNs, NPs, medical doctors (MD and DO), and psychologists. The QHP provides clinical/administrative oversight and supervision of non-credentialed staff.

Addiction Services Limitations:

All addiction services are provided as part of a comprehensive specialized program available to all Medicaid beneficiaries with significant functional impairments resulting from an identified substance use disorder (SUD) diagnosis. Services are subject to prior approval, must be medically necessary and must be recommended by a licensed practitioner or physician, who is acting within the scope of his/her professional license and applicable state law, to promote the maximum reduction of symptoms and restoration of the beneficiary to his/her best age-appropriate functional level according to an individualized treatment plan.

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 beneficiary, family, and providers and be based on the beneficiary's condition and the standards of practice for the provision of rehabilitative services. The treatment plan should identify the medical or remedial services intended to reduce the identified condition as well as the anticipated outcomes of the individual. The treatment plan must specify the frequency, amount, and duration of services. The treatment plan must be signed by the licensed practitioner or physician responsible for developing the plan with the beneficiary (or authorized representative) also signing to note concurrence with the treatment plan.

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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

**13.d. Rehabilitative Services: 42 CFR 440.130(d) Continued:**

**4. *Substance Use Disorder (SUD) Treatment Services for Adults With Alcoholism Or Drug Dependence Continued :***

**4B. Residential Addiction Services Continued**

The development of the treatment plan should address barriers and issues that have contributed to the need for substance use disorder (SUD) treatment. The plan will specify a timeline for reevaluation of the plan that is at least an annual redetermination. The reevaluation should involve the beneficiary, 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 rehabilitation strategy with revised goals and services.

Providers must maintain medical records that include a copy of the treatment plan, the name of the beneficiary, dates of services provided, nature, content and units of rehabilitation services provided, and progress made toward functional improvement and goals in the treatment plan. Components that are not provided to, or directed exclusively toward the treatment of the Medicaid beneficiary are not eligible for Medicaid reimbursement.

Services provided at a work site must not be job task oriented and must be directly related to treatment of a beneficiary's behavioral health needs identified in the treatment plan. Any services or components of services, the basic nature of which are to supplant housekeeping, homemaking, or basic services for the convenience of a beneficiary receiving covered services (including housekeeping, shopping, child care, and laundry services), are non-covered. Services cannot be provided in an institution for mental disease (IMD) with more than sixteen (16) beds. Room and board is excluded from addiction services rates. Delaware residential placement under the American Society of Addiction Medicine (ASAM) criteria requires prior approval and reviews on an ongoing basis as determined necessary by the State Medicaid Agency or its designee to document compliance with the placement standards.

A unit of service is defined according to the Healthcare Common Procedure Coding System (HCPCS) approved code set per the national correct coding initiative unless otherwise specified for licensed practitioners to utilize the Current Procedural Terminology (CPT) code set.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: Delaware

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

REHABILITATIVE SERVICES

Crisis Intervention Behavioral Health Services

Reimbursement for crisis intervention services as outlined per Attachment 3.1-A, page 6a is paid based upon a Medicaid fee schedule established by the State of Delaware.

If a Medicare fee exists for a defined covered procedure code, then Delaware will pay Psychologists at 100% of the Medicaid physician rates as outlined under Attachment 4.19-B, item 5. If a Medicare fee exists for a defined covered procedure code, then Delaware will pay Licensed Clinical Social Workers (LCSWs), Licensed Professional Counselors of Mental Health (LPCMH), Licensed Marriage and Family Therapists (LMFTs) at 75% of the Medicaid physician rates as outlined under Attachment 4.19-B, item 5.

Where Medicare fees do not exist for a covered code, the fee development methodology will build fees considering each component of provider costs as outlined below. These reimbursement methodologies will produce rates sufficient to enlist enough providers so that services under the State Plan are available to beneficiaries at least to the extent that these services are available to the general population, as required by 42 CFR 447.204. These rates comply with the requirements of Section 1902(a)(3) of the Social Security Act and 42 CFR 447.200, regarding payments and consistent with economy, efficiency, and quality of care. Provider enrollment and retention will be reviewed periodically to ensure that access to care and adequacy of payments are maintained. The Medicaid fee schedule will be equal to or less than the maximum allowable under the same Medicare rate, where there is a comparable Medicare rate. Room and board costs are not included in the Medicaid fee schedule.

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 October 2, 2013 and is effective for services provided on or after that date. All rates are published on the Delaware Medical Assistance Program (DMAP) website at [www.dmap.state.de.us/downloads/hcpcs.html](http://www.dmap.state.de.us/downloads/hcpcs.html).

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: Delaware

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

REHABILITATIVE SERVICES

**Crisis Intervention Behavioral Health Services Continued:**

The fee development methodology will primarily be composed of provider cost modeling, through Delaware provider compensation studies, cost data, and fees from similar State Medicaid programs may be considered, as well. The following list outlines the major components of the cost model to be used in fee development.

- Staffing Assumptions and Staff Wages
- Employee-Related Expenses – Benefits, Employer Taxes (e.g., Federal Insurance Contributions Act (FICA), unemployment, and workers compensation)
- Program-Related Expenses (e.g., supplies)
- Provider Overhead Expenses
- Program Billable Units

The fee schedule rates will be developed as the ratio of total annual modeled provider costs to the estimated annual billable units.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: Delaware

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

REHABILITATIVE SERVICES

Addiction Services Rehabilitative Health Services

Reimbursement for outpatient addiction services as outlined per Attachment 3.1-A, page 6g and residential treatment services as outlined per Attachment 3.1-A page 6i are paid based upon a Medicaid fee schedule established by the State of Delaware.

If a Medicare fee exists for a defined covered procedure code, then Delaware will pay Psychologists at 100% of the Medicaid physician rates as outlined under 4.19-B, item 5. If a Medicare fee exists for a defined covered procedure code, then Delaware will pay Licensed Clinical Social Workers (LCSWs), Licensed Professional Counselors of Mental Health (LPCMH), Licensed Chemical Dependency Professionals (LCDPs), Licensed Marriage and Family Therapists (LMFTs) at 75% of the Medicaid physician rates as outlined under 4.19-B, item 5.

Where Medicare fees do not exist for a covered code, the fee development methodology for both outpatient and residential rates will build fees considering each component of provider costs as outlined below. These reimbursement methodologies will produce rates sufficient to enlist enough providers so that services under the plan are available to **beneficiaries** at least to the extent that these services are available to the general population, as required by 42 CFR 447.204. These rates comply with the requirements of Section 1902(a)(3) of the Social Security Act and 42 CFR 447.200, regarding payments and consistent with economy, efficiency, and quality of care. Provider enrollment and retention will be reviewed periodically to ensure that access to care and adequacy of payments are maintained. The Medicaid fee schedule will be equal to or less than the maximum allowable under the same Medicare rate, where there is a comparable Medicare rate. Room and board costs are not included in the Medicaid fee schedule.

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 October 2, 2013 and is effective for services provided on or after that date. All rates are published on the Delaware Medical Assistance Program (DMAP) website at [www.dmap.state.de.us/downloads/hcpcs.html](http://www.dmap.state.de.us/downloads/hcpcs.html).

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## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: Delaware

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

## REHABILITATIVE SERVICES

## Addiction Services Rehabilitative Health Services Continued:

The fee development methodology will primarily be composed of provider cost modeling, through Delaware provider compensation studies, cost data, and fees from similar State Medicaid programs may be considered, as well. The following list outlines the major components of the cost model to be used in fee development.

- Staffing assumptions and staff wages.
- Employee-related expenses — benefits, employer taxes (e.g., Federal Insurance Contributions Act (FICA), unemployment, and workers compensation).
- Program-related expenses (e.g., supplies).
- Provider overhead expenses.
- Program billable units.

The fee schedule rates will be developed as the ratio of total annual modeled provider costs to the estimated annual billable units.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: Delaware

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

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STATE: Delaware

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

**Other Licensed Behavioral Health Practitioners**

Reimbursements for services are based upon a Medicaid fee schedule established by the State of Delaware.

If a Medicare fee exists for a defined covered procedure code, then Delaware will pay Psychologists at 100% of the Medicaid physician rates as outlined under Attachment 4.19-B, item 5. If a Medicare fee exists for a defined covered procedure code, then Delaware Medicaid will pay Licensed Clinical Social Workers (LCSWs), Licensed Professional Counselors of Mental Health (LPCMH), Licensed Marriage and Family Therapists (LMFTs) at 75% of the Medicaid physician rates as outlined under Attachment 4.19-B, item 5.

Where Medicare fees do not exist for a covered code, the fee development methodology will build fees considering each component of provider costs as outlined below. These reimbursement methodologies will produce rates sufficient to enlist enough providers so that services under the State Plan are available to beneficiaries at least to the extent that these services are available to the general population, as required by 42 CFR 447.204. These rates comply with the requirements of Section 1902(a)(3) of the Social Security Act and 42 CFR 447.200, regarding payments and **[are]** consistent with economy, efficiency, and quality of care. Provider enrollment and retention will be reviewed periodically to ensure that access to care and adequacy of payments are maintained. The Medicaid fee schedule will be equal to or less than the maximum allowable under the same Medicare rate, where there is a comparable Medicare rate. Room and board costs are not included in the Medicaid fee schedule.

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 October 2, 2013 and is effective for services provided on or after that date. All rates are published on the Delaware Medical Assistance Program (DMAP) website at [www.dmap.state.de.us/downloads/hcpcs.html](http://www.dmap.state.de.us/downloads/hcpcs.html).

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: Delaware

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

Other Licensed Behavioral Health Practitioners Continued:

The fee development methodology will primarily be composed of provider cost modeling, through Delaware provider compensation studies, cost data, and fees from similar State Medicaid programs may be considered, as well. The following list outlines the major components of the cost model to be used in fee development.

- Staffing Assumptions and Staff Wages
- Employee-Related Expenses – Benefits, Employer Taxes (e.g., Federal Insurance Contributions Act (FICA), unemployment, and workers compensation)
- Program-Related Expenses (e.g., supplies)
- Provider Overhead Expenses
- Program Billable Units

The fee schedule rates will be developed as the ratio of total annual modeled provider costs to the estimated annual billable units.

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