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**State Name:** Delaware

**State Plan Amendment (SPA) #15-0005**

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**

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SWIFT# 120720154019

**February 2, 2016**

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

Dear Mr. Groff:

We are pleased to inform you of the approval of Delaware State Plan Amendment (SPA) 15-0005 to amend the State Plan to amend Physical Therapy, Occupational Therapy, and Services for Individuals with Speech, Hearing and Language Disorders in order to establish coverage criteria, provider qualifications, service limitations and reimbursement methodology for Hippotherapy.

Enclosed is a copy of the approved SPA pages and the signed CMS-179 form. The effective date of this amendment is October 1, 2015. If you have any questions, you may contact Michael Cleary at (215) 861-4282.

Sincerely,



Francis McCullough  
Associate Regional Administrator

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>  <b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		1. TRANSMITTAL NUMBER: <b>SPA #15-0005</b>	2. STATE <b>DELAWARE</b>
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE <b>October 1, 2015</b>	
5. TYPE OF PLAN MATERIAL ( <i>Check One</i> ):			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT ( <i>Separate Transmittal for each amendment</i> )			
6. FEDERAL STATUTE/REGULATION CITATION: <b>SECTION 1905(a)(11) OF THE SOCIAL SECURITY ACT</b> <b>42 CFR §440.110</b>		7. FEDERAL BUDGET IMPACT:	
		a. FFY <b>2016</b> \$ <b>-0-</b>	
		b. FFY <b>2017</b> \$ <b>-0-</b>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  <b>ATTACHMENT 4.19-B PAGE 21</b> <b>ATTACHMENT 4.19-B PAGE 21a</b>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ):  <b>ATTACHMENT 4.19-B PAGE 21</b>	
10. SUBJECT OF AMENDMENT: <b>PHYSICAL THERAPY, OCCUPATIONAL THERAPY, AND SERVICES FOR INDIVIDUALS WITH SPEECH, HEARING AND LANGUAGE DISORDERS - HIPPO THERAPY</b>			
11. GOVERNOR'S REVIEW ( <i>Check One</i> ):			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <b>Governor's comments under separate correspondence</b>	
12. SIGNATURE OF STATE AGENCY OFFICIAL: <b>//Stephen M. Groff – signature//</b>		16. RETURN TO:	
13. TYPED NAME: <b>Stephen M. Groff, Director, Division of Medicaid and Medical Assistance</b>		<b>Stephen M. Groff</b> <b>Director</b> <b>Division of Medicaid and Medical Assistance</b> <b>P.O. Box 906</b> <b>New Castle, Delaware 19720-0906</b>	
14. TITLE: <b>Designee for Rita M. Landgraf, Secretary, Delaware Health and Social Services</b>			
15. DATE SUBMITTED: <b>December 4, 2015</b>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: December 4, 2015		18. DATE APPROVED: February 2, 2016	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: October 1, 2015		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: DELAWARE

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES  
FOR PHYSICAL THERAPY AND RELATED SERVICES  
42 CFR 440.110

Physical therapy and related services are reimbursed as follows:

Physical and occupational therapists and speech/language pathologists who are individually enrolled with the Delaware Medical Assistance Program (DMAP) are reimbursed at a rate using Healthcare Common Procedure Coding System (HCPCS) procedure codes. Reimbursement rates shall be based on the Medicare Relative Value (RVU).

All necessary supplies and equipment used by the therapist in the course of treatment are included in the reimbursement visit and cannot be billed separately.

Services provided by an occupational therapy assistant, physical therapy assistance, and a speech/language pathology assistant are included in the reimbursement to the qualified therapist/pathologist.

Therapists that provide Hippotherapy must be certified by the American Hippotherapy Certification Board as a Hippotherapy Clinical Specialist (HCPS). Services provided during Hippotherapy are included in the reimbursement to the qualified therapist.

When billing for physical therapy, occupational therapy, and services for individuals with speech, hearing, and language disorders, providers shall use the appropriate Physical Medicine and Rehabilitation Current Procedural Terminology (CPT) codes and specify the diagnosis with accurate International Classification of Diseases, Clinical Modification (ICD-9-CM) codes.

When billing for services provided by a physical therapist, providers must specify the diagnosis that is being treated. For billing purposes, providers must include the medical diagnosis that may differ from the impairment-based diagnosis described in *The Guide to Physical Therapist Practice Patient/Client Management Model*.

TN No. SPA #15-0005

Supersedes

TN No. SP - 402

Approval Date February 2, 2016

Effective Date October 1, 2015

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: DELAWARE

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES  
FOR PHYSICAL THERAPY AND RELATED SERVICES  
42 CFR 440.110 - CONTINUED

Physical therapy and related services are reimbursed as follows:

The fee schedule and any annual/periodic adjustments to the fee schedule and effective dates are available on the Delaware Medical Assistance Program (DMAP) website at:  
<http://www.dmap.state.de.us/downloads/feeschedules.html>

The rates of service were set as of October 1, 2015 and are effective for services provided on or after that date.

Except as otherwise noted in the plan, payment for these services is based on State-developed fee schedule rates, which are the same for both governmental and private providers of freestanding inpatient rehabilitation hospital services.

TN No. SPA #15-0005

Supersedes

TN No. SP - 402

Approval Date February 2, 2016

Effective Date October 1, 2015