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State Name: Delaware

State Plan Amendment (SPA) #15-0006

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# 120720154022

January 25, 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) 15-0006 to amend the State Plan to revise and clarify the reimbursement methodology for private duty nursing services.

Enclosed is a copy of the approved SPA pages and the signed CMS-179 form. The effective date of this amendment is October 2, 2015. If you have any questions, you may contact Michael Cleary at (215) 861-4282.

Sincerely,


Francis McCullough
Associate Regional Administrator

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: SPA #15-0006	2. STATE DELAWARE
		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 OCTOBER 2, 2015	
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 XXX AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate Transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION: Section 1905(a)(8) of the Social Security Act 42 CFR §440.80		7. FEDERAL BUDGET IMPACT: a. FFY 2016 \$ 64,200.26 b. FFY 2017 \$ 66,126.27	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: ATTACHMENT 4.19-B PAGE 10		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): ATTACHMENT 4.19-B PAGE 10	
10. SUBJECT OF AMENDMENT: PRIVATE DUTY NURSING SERVICES			
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		XXX OTHER, AS SPECIFIED: Governor's comments under separate correspondence	
12. SIGNATURE OF STATE AGENCY OFFICIAL: //Stephen M. Groff – signature//		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 Rita M. Landgraf, Secretary, Delaware Health and Social Services			
15. DATE SUBMITTED: December 4, 2015			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: December 4, 2015		18. DATE APPROVED: January 25, 2016	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: October 2, 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 PRIVATE DUTY NURSING SERVICES
42 CFR 440.80

Private duty nursing (PDN) services provided to eligible Delaware Medical Assistance Program (DMAP) individuals are reimbursed using prospectively determined rates. The unit of service for agency providers is one (1) hour. A weekly maximum limit is established for each individual by the DMAP based on the authorized services.

Rates for agency services are reviewed annually. The rate will relate to the lowest prevailing usual and customary charge, as determined by a survey of all private duty nursing service agencies. Agencies will be reimbursed the lower of their usual and customary charges or the maximum rate.

Providers are not required to submit cost reports to the DMAP. There are no retrospective settlements on claims paid.

The baseline PDN reimbursement rate will normally represent services provided by one nurse to one individual. An adjusted reimbursement rate per individual will be established for medically necessary PDN services provided by a single nurse for up to three (3) clients. Maximum rates are established according to the following table:

One individual:	Rate for One =	100% of established baseline rate
Two individuals:	Rate for Each =	50% of 143% of baseline rate
Three individuals:	Rate for Each =	33% of 214% of baseline rate

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 2, 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-15-0006
Supersedes
TN No. SP - 404

Approval Date January 25, 2016
Effective Date October 2, 2015