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State Name: Delaware

State Plan Amendment (SPA) #16-002

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# 021120164032

May 10, 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) 16-002 to clarify existing rehabilitative substance use disorder services and reimbursement methodology language currently described in the State Plan by: defining the reimbursable unit of service; describing payment limitations; providing a reference to the provider qualifications per the State Plan; and publishing location to access State developed fee schedule rates.

Enclosed is a copy of the approved SPA pages and the signed CMS-179 form. The effective date of this amendment is July 1, 2016. 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	1. TRANSMITTAL NUMBER: SPA #16-002	2. STATE DELAWARE
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION		
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE JULY 1, 2016

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, 42 CFR §441 Subpart B, 42 CFR §440.60, 42 CFR §440.130 AND 42 CFR §447.205	7. FEDERAL BUDGET IMPACT: a. FFY 2016 \$ 0 b. FFY 2017 \$ 0
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: ATTACHMENT 3.1-A PAGE 6q through 6z ATTACHMENT 3.1-A PAGE 6aa through 6cc ATTACHMENT 4.19-B PAGE 19 ADDENDUM ATTACHMENT 4.19-B PAGE 19.1 ADDENDUM	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): ATTACHMENT 3.1-A PAGE 6q through 6z NEW ATTACHMENT 4.19-B PAGE 19 ADDENDUM NEW
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10. SUBJECT OF AMENDMENT: **MEDICAID REHABILITATIVE SERVICES - EARLY AND PERIODIC SCREENING, DIAGNOSIS, AND TREATMENT (EPSDT) SUBSTANCE USE DISORDER SERVICES**

11. GOVERNOR'S REVIEW (*Check One*):

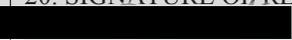
GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED **Governor's comments under separate
correspondence**
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

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:	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: February 11, 2016	18. DATE APPROVED: MAY 10, 2016
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PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2016	20. SIGNATURE OF REGIONAL OFFICIAL: 
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21. TYPED NAME: Francis McCullough	22. TITLE: Associate Regional Administrator
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23. REMARKS:

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***

4B. Residential Addiction Services Continued

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.

TN No. SPA #16-002
Supersedes
TN No. NEW

Approval Date May 10, 2016
Effective Date July 1, 2016

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***

4B. Residential Addiction Services Continued

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.

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.

TN No. SPA #16-002
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TN No. NEW

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

4. ***Substance Use Disorder (SUD) Treatment Services***

4B. Residential Addiction Services Continued

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

4. ***Substance Use Disorder (SUD) Treatment Services***

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 (MAT) when medically necessary, including the direct administration of medication.

TN No. SPA #16-002

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TN No. SPA #13-0018

Approval Date May 10, 2016

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PROVIDED TO THE CATEGORICALLY NEEDY

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

4. ***Substance Use Disorder (SUD) Treatment Services***

4A. Outpatient Addiction Services Continued

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 Delaware Health and Social Services (DHSS) or its designee. The setting will be determined by the goal which is identified to be achieved in the beneficiary's written treatment plan.

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 approved program guidelines and certifications approved by DHSS or its designee. 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), Licensed Chemical Dependency Professionals (LCDPs), and psychologists.

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STATE: DELAWARE

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

4. ***Substance Use Disorder (SUD) Treatment Services***

4A. Outpatient Addiction Services Continued

Any staff who is unlicensed and providing addiction services must be credentialed by DHSS or its designee and/or the credentialing board or, if a Certified Recovery Coach or Credentialed Behavioral Health Technician, be under the supervision of a qualified health professional (QHP) or Clinical Supervisor. Certified and Credentialed 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), and internationally certified co-occurring disorders professional (ICCDP), and internationally certified co-occurring disorders professional diplomate (ICCDP-D).

State regulations require supervision of Certified Recovery Coaches and Credentialed Behavioral Health Technicians by QHP meeting the supervisory standards established by DHSS or its designee. A QHP includes the following professionals who are currently registered with their respective Delaware board LCSWs, LPCMHs, and LMFTs, APNs, NPs, CADCS, LCDPs, medical doctors (MD and DO), and psychologists. Clinical Supervisors includes individuals who have a Bachelor's degree in chemical dependency, psychology, social work counseling, nursing or a related field and have either: 1) Five (5) years of related clinical experience or 2) full certification as a CADCs, ICADCs, CCDPs, ICCDPs, and ICCDP-Ds. All Clinical Supervisors must meet these requirements by January 1, 2018. The QHP or Clinical Supervisor provides clinical/administrative oversight and supervision of Certified Recovery Coaches and Credentialed Behavioral Health Technicians 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
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13.d Rehabilitative Services: 42 CFR 440.130(d) Continued:

4. ***Substance Use Disorder (SUD) Treatment Services***

4A. Outpatient Addiction Services Continued

- 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 level of care criteria.
- 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.

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

4. ***Substance Use Disorder (SUD) Treatment Services***

4A. Outpatient Addiction Services Continued

- 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 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.

TN No. <u>SPA #16-002</u>	Approval Date <u>May 10, 2016</u>
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TN No. <u>SPA #13-0018</u>	Effective Date <u>July 1, 2016</u>

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

4. ***Substance Use Disorder (SUD) Treatment Services***

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 (MAT) 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: 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***

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), Licensed Chemical Dependency Professionals (LCDPs), and psychologists. Any staff who is unlicensed and providing addiction services must be credentialed by DHSS or its designee and/or the credentialing board or, if a Recovery Coach or Credentialed Behavioral Health Technician, be under the supervision of a qualified health professional (QHP) or Clinical Supervisor.

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

4. ***Substance Use Disorder (SUD) Treatment Services***

4B. Residential Addiction Services Continued

State regulations require supervision of non-credentialed staff by the QHP or Clinical Supervisor meeting the supervisory standards established by DHSS or its designee. A QHP includes the following professionals who are currently registered with their respective Delaware board LCSWs, LPCMH, and LMFTs, APNs, NPs, CADCS, LCDPs, medical doctors (MD and DO), and psychologists. Clinical Supervisors includes individuals who have a Bachelor's degree in chemical dependency, psychology, social work counseling, nursing or a related field and have either: 1) Five (5) years of related clinical experience or 2) full certification as a CADCs, ICADCs, CCDPs, ICCDPs, and ICCDP-Ds. All Clinical Supervisors must meet these requirements by January 1, 2018. The QHP or Clinical Supervisor provides clinical/administrative oversight and supervision non-credentialed staff in a manner consistent with their scope of practice.

Certified and credentialed staff under Delaware State regulation or the regulation of the state in which the service is provided 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), and Internationally certified co-occurring disorders professional diplomate (ICCDP-D). The QHP provides clinical/administrative oversight and supervision of Certified Recovery Coaches and Credentialed Behavioral Health Technicians staff in a manner consistent with their scope of practice.

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

4. ***Substance Use Disorder (SUD) Treatment Services***

4B. Residential Addiction Services Continued

- Recovery coaches must be trained and certified in the State of Delaware or the state in which they provide services 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) level of care criteria.

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

4. ***Substance Use Disorder (SUD) Treatment Services***

4B. Residential Addiction Services Continued

- 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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TN No. SPA #13-0018

Approval Date May 10, 2016

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: DELAWARE

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

Early and Periodic Screening, Diagnostic and Treatment (EPSDT)
Rehabilitative Mental Health Services and Substance Use Disorder Services

Reimbursements for services are based upon a Medicaid fee schedule established by the Delaware Medical Assistance Program (DMAP).

The fee development methodology built fees considering each component of provider costs as outlined below. These reimbursement methodologies produced 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 is 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 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>.

TN No. <u>SPA #16-002</u>	Approval Date <u>May 10, 2016</u>
Supersedes	
TN No. <u>SP-369</u>	Effective Date <u>July 1, 2016</u>

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: DELAWARE

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES CONTINUED

Early and Periodic Screening, Diagnostic and Treatment (EPSDT)
Rehabilitative Mental Health Services and Substance Use Disorder 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. A unit of service is defined according to Healthcare Common Procedure Coding System (HCPCS) approved code set unless otherwise specified.

TN No. SPA #16-002

Supersedes

TN No. NEW

Approval Date May 10, 2016

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