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State Name: Delaware

State Plan Amendment (SPA) #17-001

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# 022120174001

May 3, 2017

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) 17-0001 to expand coverage and allow reimbursement for chiropractors' services for all Medicaid eligible individuals.

Enclosed is a copy of the approved SPA pages and the signed CMS-179 form. The effective date of this amendment is January 1, 2017. If you have any questions, you may contact Michael Cleary at (215) 861-4282.

Sincerely,



Francis T. McCullough
Associate Regional Administrator

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
SPA #17-001

2. STATE
DELAWARE

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 SERVICES

4. PROPOSED EFFECTIVE DATE
January 1, 2017

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(a)(6) and 1905(g) of the Social Security Act
42 CFR §440, Subpart C
42 CFR §440.60; §440.205; and §447.225**

7. FEDERAL BUDGET IMPACT:

a. FFY **2016** \$ **-0-**
b. FFY **2017** \$ **-0-**

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

**ATTACHMENT 3.1-A Page 3
ATTACHMENT 3.1-A Page 3 Addendum
ATTACHMENT 4.19-B Page 26**

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (*If Applicable*):

**ATTACHMENT 3.1-A Page 3
ATTACHMENT 3.1-A Page 3 Addendum
ATTACHMENT 4.19-B Page 26**

10. SUBJECT OF AMENDMENT: **Chiropractors' Services**

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:



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 Kara Odom Walker, MD, MPH, MSHS,
Secretary, Delaware Health and Social Services**

15. DATE SUBMITTED:

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

February 17, 2017

18. DATE APPROVED:

May 3, 2017

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

January 1, 2017

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:

Francis T. McCullough

22. TITLE:

Associate Regional Administrator

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: DELAWARE

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

6. Medical Care and other type of remedial care recognized under state law, furnished by licensed practitioners within the scope of their practice as defined by state law (continued).

b. Optometrists' Services

- Provided: No Limitations With Limitations*
 Not Provided

c. Chiropractors' Services

- Provided: No Limitations With Limitations*
 Not Provided

d. Other Practitioners' Services

- Provided: Identified on attached sheet with description of limitations, if any.
 Not Provided

7. Home Health Services

a. Intermittent or part-time nursing services provided by a home health agency or by a registered nurse when no health agency exists in the area.

- Provided: No Limitations With Limitations*

b. Home health aide services provided by a home health agency.

- Provided: No Limitations With Limitations*

c. Medical supplies, equipment, and appliances suitable for use in the home.

- Provided: No Limitations With Limitations*

* Description provided on attachment.

TN No. SPA #17-001
Supersedes
TN No. SP-302

Approval Date May 3, 2017

Effective Date January 1, 2017

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

6. Medical Care and other type of remedial care recognized under state law, furnished by licensed practitioners within the scope of their practice as defined by state law (continued).

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.c. Chiropractors' Services

Chiropractic services are furnished in accordance with 42 CFR 440.60(b) and include only services that are provided by a chiropractor who is licensed by the State, and consists of treatment by means of manual manipulation of the spine that the chiropractor is legally authorized by the State to perform. Services are provided as follows:

1. For Medicaid-eligible Individuals under age 21, as an EPSDT service, per 42 CFR §441 Subpart B, furnished upon medical necessity; or
2. For Medicaid-eligible individuals over age 21, furnished upon medical necessity and following the service utilization criteria below:
 - a. One (1) office visit per year;
 - b. One (1) set of X-rays per year, and
 - c. Twenty (20) manipulations per year.

Provider Qualifications: Qualified chiropractors must be licensed per Delaware licensure requirements codified in Chapter 7, Title 24 of the Delaware Administrative Code, Professions and Occupations.

6.d. Other Practitioners' Services

1. Licensed Midwife services are services permitted under scope of practice authorized by state law for the licensed midwife.
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 #17-001

Approval Date May 3, 2017

Supersedes

TN No. SPA #13-0018

Effective Date January 1, 2017

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: DELAWARE

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES (Continued)

28. CHIROPRACTIC SERVICES

Chiropractic services and qualified providers are defined per Attachment 3.1-A, Page 3 Addendum.

The reimbursement methodology is a “fee schedule” methodology. Under the fee schedule methodology, reimbursement services for chiropractic services is made at the lower of the provider’s billed charge for the services, the Resource Based Relative Value Scale (RBRVS) methodology used for physicians (which Delaware Medicaid currently pays at 98% of the Medicare rate), or the maximum allowable fee for chiropractic services under the Delaware Medicaid provider reimbursement fee schedule. The reimbursement rates are effective for dates of service on or after April 1, 2014.

Fee schedules for chiropractic services are available on the Delaware Medical Assistance Program (DMAP) website at <http://www.dmap.state.de.us/downloads/feeschedules.html>.

Except as otherwise noted in the Medicaid State Plan, State-developed fee schedule rates are the same for both governmental and private providers.

TN No. SPA #17-001

Supersedes

TN No. SPA #14-0003

Approval Date May 3, 2017

Effective Date January 1, 2017