

## **Table of Contents**

**State Name:** Delaware

**State Plan Amendment (SPA) #17-009**

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  
801 Market Street  
Suite 9400  
Philadelphia, PA 19107-3134



**Region III/Division of Medicaid and Children's Health Operations**

SWIFT #092720174026

**April 27, 2018**

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) 17-009. This amendment reduces Delaware Medicaid reimbursement rates for dental services by 14%.

Enclosed is a copy of the approved SPA pages and the signed CMS-179 form. The effective date of this amendment is July 1, 2017.

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

Sincerely,

A solid black rectangular box used to redact the signature of the Associate Regional Administrator.

Associate Regional Administrator

Enclosures

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

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:  
**SPA #17-009**

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  
**July 1, 2017**

5. TYPE OF PLAN MATERIAL (*Check One*):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN **XXX** AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION:

**42 CFR 447.205**  
**42 CFR 440.100**  
**42 CFR 447.201**

7. FEDERAL BUDGET IMPACT:

**a. FFY 2018 \$ -4,147,273**  
**b. FFY 2019 \$ -4,209,482**

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

**Attachment 4.19-B Page 19**

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

**Attachment 4.19-B Page 19**


10. SUBJECT OF AMENDMENT: **Dental Fee Schedule**

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

**XXX** 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:  
September 26, 2017

18. DATE APPROVED:  
April 25, 2018

**PLAN APPROVED – ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
July 1, 2017

20. SIGNATURE



21. TYPED NAME:

**Francis McCullough**

22. TITLE:

**Associate Regional Administrator**

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
STATE/TERRITORY: **DELAWARE**

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

Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services

Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services are reimbursed as follows. Except as otherwise noted in the plan, State developed fee schedule rates are the same for both government and private providers.

Dental Services -Effective for dates of service on or after July 1, 2017, Delaware pays for dental services at the lower of:

- the provider's billed amount that represents their usual and customary charge; or
- the Delaware Medicaid maximum allowed amount per unit per covered dental procedure code according to a published fee schedule.

The Delaware Medicaid dental fee schedule will be developed based on the National Dental Advisory Service (NDAS) annual Comprehensive Fee Report. For each covered dental procedure code, Delaware's maximum allowable amount will be computed as a percentage of the NDAS published national fee. Delaware will rebase its dental fee schedule rates each time the NDAS publishes a new survey.

Preventive General Dental Services shall be paid at 50.00% of the NDAS 70th percentile amounts  
Restorative General Dental Services shall be paid at 97.00% of the NDAS 70th percentile amounts  
Adjunctive General Dental Services shall be paid at 72.24% of the NDAS 70th percentile amounts  
Specialty Dental Services shall be paid at 68.80% of the NDAS 80th percentile amounts

Access-Based Fees for certain specialty procedure codes may be established to account for deficiencies in rates that are based on the NDAS fee schedule percentages above relating to the adequacy of access to health care services for Medicaid clients.

The maximum allowed amounts for procedure codes not included in the NDAS fee schedule or for new procedure codes established after the annual NDAS fee schedule is published will be based on the existing rates for similar existing services. If there are no similar services the maximum allowed amount is set at 80% of the estimated average charge until a rate can be established based on the NDAS fee schedule.

The dental fee schedule is available on the Delaware Medical Assistance Portal  
<https://medicaid.dhss.delaware.gov>

TN No. SPA #17-009

Supersedes

TN No. SPA #12-005

Approval Date April 25, 2018

Effective Date July 1, 2017