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**State Name:** Delaware

**State Plan Amendment (SPA) #18-005**

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 N Market Street, Suite 9400  
Philadelphia, Pennsylvania 19107-3134



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

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SWIFT# 100120184022

**December 6, 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) 18-005. This amendment modifies the State Plan to add accreditation as an option to Medicare certification for Medicaid providers. Enclosed is a copy of the approved SPA pages and the signed CMS-179 form. The effective date of this amendment is September 1, 2018.

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 Francis T. McCullough.

Francis T. McCullough  
Associate Regional Administrator

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: <b>SPA # 18-005</b>	2. STATE <b>DELAWARE</b>
<b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		3. PROGRAM IDENTIFICATION: <b>TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)</b>	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE <b>September 1, 2018</b>	
5. TYPE OF PLAN MATERIAL ( <i>Check One</i> ):  <div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/> NEW STATE PLAN</span> <span><input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN</span> <span><input checked="" type="checkbox"/> AMENDMENT</span> </div> COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT ( <i>Separate Transmittal for each amendment</i> )			
6. FEDERAL STATUTE/REGULATION CITATION: <ul style="list-style-type: none"> <li><b>1902(a)(10)(D) of the Social Security Act, Home health services</b></li> <li><b>42 CFR 440.70, Home health services</b></li> </ul>		7. FEDERAL BUDGET IMPACT: a. FFY <b>2018</b> \$ <b>0</b> b. FFY <b>2019</b> \$ <b>0</b>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  <b>Attachment 4.19-B Page 6</b>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ):  <b>Attachment 4.19-B Page 6</b>	
10. SUBJECT OF AMENDMENT: <b>Home Health Services</b>			
11. GOVERNOR'S REVIEW ( <i>Check One</i> ): <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <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         </div> <div style="width: 35%;"> <u>XXX</u> OTHER, AS SPECIFIED:  <b>Governor's comments under separate correspondence</b> </div> </div>			
12. SIGNATURE OF STATE AGENCY OFFICIAL:  <div style="background-color: black; width: 300px; height: 40px; margin-top: 10px;"></div>		16. RETURN TO:  <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>	
13. TYPED NAME: <b>Stephen M. Groff, Director, Division of Medicaid and Medical Assistance</b>		16. RETURN TO: (Continued)	
14. TITLE: <b>Designee for Kara Odom Walker, MD, MPH, MSHS, Secretary, Delaware Health and Social Services</b>			
15. DATE SUBMITTED: <b>9/28/18</b>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED September 28, 2018		18. DATE APPROVED: December 6, 2018	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: September 1, 2018		20. SIGNATURE OF REGIONAL OFFICIAL:  <div style="background-color: black; width: 300px; height: 20px; margin-top: 10px;"></div>	
21. TYPED NAME: Fran McCullough		22. TITLE: Associate Regional Administrator	
23. REMARKS:			

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

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

HOME HEALTH SERVICES

42 CFR 440.70

Home Health Services are reimbursed as follows:

Home Health Services are reimbursed in accordance with 42 CFR 440.70 and when provided as defined in Attachment 3.1-A of this State Plan, subject to the requirements of 42 CFR 441.15 and 42 CFR 441.16.

Payment for Home Health Services shall be reimbursed as follows:

The rates are prospective and are arrayed to determine the seventy-fifth (75<sup>th</sup>) percentile for each procedure code. The 75<sup>th</sup> percentile refers to the array of rates with regard to the Delaware Medicaid enrolled providers at the time of the new rate methodology consideration. The rates are then inflated by the four (4) quarter moving average within the CMS Home Health Market Basket Index. The Inflated average cost is per fifteen (15) minutes for each procedure code. Supply cost will be reimbursed as part of the skilled nursing and home health aide prospective rates.

An inflation factor will be applied to the prior year's rates to determine the current year's rates. The inflation indices are obtained from the CMS Home Health Market Basket Index.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of home health services. The agency's fee schedule rate was set as of October 2, 2015 and is effective for services provided on or after that date. Fee schedules for home health services are available on the Delaware Medical Assistance Program (DMAP) website at <http://www.dmap.state.de.us/downloads/feeschedules.html>.

TN No. SP# 18-005

Approval Date December 6, 2018

Supersedes

TN No. SP# 15-007

Effective Date September 1, 2018