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State/Territory Name: **Delaware**

State Plan Amendment (SPA) #: **20-0001**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

September 1, 2020

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) 20-0001. This amendment amends Title XIX Medicaid State Plan to add adult dental services.

Enclosed is a copy of the approved SPA pages and the signed CMS-179 form. The effective date of this amendment is October 1, 2020.

If you have any questions regarding this SPA, please contact Talbatha Myatt at (215) 861-4259. She can also be reached at Talbatha.Myatt@cms.hhs.gov.

Sincerely,


James G. Scott, Director
Division of Program Operations

cc: Nicole Cunningham, State Plan Coordinator
Kimberly Xavier, State Senior Policy Administrator
Glyne Williams, State Chief Policy, Planning and Quality
James G. Scott, Director Division of Program Operations
Nicole McKnight, CMCS, Branch Manager, Division of Program Operations
Talbatha Myatt, CMCS, State Lead, Division of Program Operations

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 0 — 0 0 1

2. STATE

Delaware

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

October 1, 2020

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

Title XIX Medicaid State Plan

7. FEDERAL BUDGET IMPACT

a. FFY 2021 \$ 7,559,702

b. FFY 2022 \$ 7,937,687

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

3.1-A Page 4, 3.1-A Page 4b Addendum, 4.19-B Page 19

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (*If Applicable*)

3.1-A Page 4, 3.1-A Page 4b Addendum, 4.19-B Page 19

10. SUBJECT OF AMENDMENT

Adult Dental 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:

12. SIGNATURE OF STATE AGENCY OFFICIAL

13. TYPED NAME

Stephen M. Groff

14. TITLE

Director

15. DATE SUBMITTED

8/27/20

16. RETURN TO

Stephen M. Groff, Director, DMMA, P.O. Box 906 New Castle, DE19720

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED

8/27/2020

18. DATE APPROVED

August 28, 2020

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

October 1, 2020

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME

James G. Scott

22. TITLE

Director, Division of Program Operations

23. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE/TERRITORY: **DELAWARE**AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

9. Clinic Services

Provided: No limitations With limitations*
 Not provided.

10. Dental Services

Provided: No limitations With limitations*
 Not provided.

11. Physical Therapy and related services

a. Physical therapy

Provided: No limitations With limitations*
 Not provided.

b. Occupational therapy

Provided: No limitations With limitations*
 Not provided.

c. Services for individuals with speech, hearing, and language disorders (provider by or under the supervision of a speech pathologist or audiologist).

Provided: No limitations With limitations*
 Not provided.

TN No. SPA #20-0001

Supersedes

TN No. SPA #402

Approval Date **August 28, 2020**

Effective Date: October 1, 2020

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

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

Health care professionals that provide the above services at the SBWCs include: physicians, nurse practitioners, licensed clinical social workers, certified and licensed drug and alcohol counselors, certified sexual assault counselors and registered dietitians. Licensure requirements for each practitioner type are specified in the Title 24 of the Delaware Code, Professions and Occupations and in the Delaware Administrative Code.

10. Dental Clinic Services for individuals younger than age 21 are only available as ESPDT services.

Dental services for individuals 21 and older are limited to:

- Diagnostics
- Preventive
- Restorative (Basic)
- Periodontics
- Prosthodontics Repairs
- Oral and maxillofacial Surgery

Limitations on dental services for individuals 21 and older:

- Payments for dental care treatments are subject to a \$3 recipient copay
- Annual maximum Adult Dental benefit may not exceed \$1,000 per year; except that an additional \$1,500 may be authorized on an emergency basis

TN No. SPA #20-0001
Supersedes
TN No. SPA #14-001

Approval Date **August 28, 2020**

Effective Date October 1, 2020

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

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

Dental Services

Dental 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 61.00% of the NDAS 70th percentile amounts
Restorative General Dental Services shall be paid at 84.60% 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 #20-0001

Supersedes

TN No. SPA #17-009

Approval Date **August 28, 2020**

Effective Date October 1, 2020