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State/Territory Name: **Delaware**

State Plan Amendment (SPA) #: **22-0001**

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

August 2, 2022

Mr. Stephen M. Groff
Director
Division of Medicaid Medical Assistance
P.O. Box 906
New Castle, DE, 19720

Re: Delaware (DE) State Plan Amendment (SPA) 22-0001

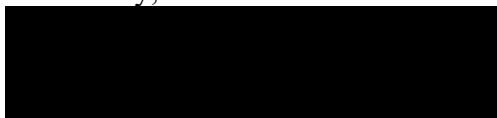
Dear Mr. Groff:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 22-0001. This amendment proposes to amend chiropractors' services, specifically, to allow coverage guidelines for treatment more consistent with the licensure scope of practice for chiropractors.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act 1905(g). This letter is to inform you that Delaware Medicaid SPA 22-0001 was approved on July 25, 2022, with an effective date of April 1, 2022.

If you have any questions, please contact Talbatha Myatt at 215-861-4259 or via email at Talbatha.Myatt@cms.hhs.gov

Sincerely,



James G. Scott, Director
Division of Program Operations

cc: Kimberly Xavier, DMMA
Nicole Cunningham, DMMA

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

1. TRANSMITTAL NUMBER

2 2 — 0 0 0 1

2. STATE

DE

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT

XIX XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

April 1, 2022

5. FEDERAL STATUTE/REGULATION CITATION

§1905(g) of the Social Security Act

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2022 \$ 148,273
b. FFY 2023 \$ 151,238

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

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

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

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

9. SUBJECT OF AMENDMENT

Chiropractors' Services

10. 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:

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME
Stephen M. Groff

13. TITLE
Director

14. DATE SUBMITTED
7/15/2022

15. RETURN TO

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

FOR CMS USE ONLY

16. DATE RECEIVED
04/28/2022

17. DATE APPROVED
07/25/2022

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
04/01/2022

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL
James G. Scott

21. TITLE OF APPROVING OFFICIAL
Director, Division of Program Operations

22. REMARKS

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

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

13c. Preventive Services Continued

Chiropractors' Services

Chiropractic Services are provided in accordance with the preventive services benefit under 42 CFR 440.130(c) meaning those recommended by a physician or other licensed practitioner of the healing arts acting within the scope of authorized practice under State law to -

- (1) Prevent disease, disability, and other health conditions or their progression;
- (2) Prolong life; and
- (3) Promote physical and mental health and efficiency

Services provided by a chiropractor, who is licensed by the State, and consists of medically necessary treatment by means of manual manipulation and allowable adjunctive therapy associated with the treatment of neck, back, pelvic/sacral, and extraspinal pain and/or dysfunction, that the chiropractor is legally authorized by the State to perform. Services may be subject to prior authorization and/or medical review, and include:

1. Evaluation and management services;
2. Diagnostic x-rays;
3. Chiropractic manipulative treatment; and
4. Allowable adjunctive therapy service.

Provider Qualifications: Qualified chiropractors must be licensed per Delaware licensure requirements.

TN No. SPA #22-0001

Approval Date 07/25/2022

Supersedes

TN No. SPA #NEW

Effective Date April 1, 2022

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

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 6 Addendum 1j.

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# 22-0001

Approval Date: 07/25/2022

Supersedes

TN No. SPA# 17-001

Effective Date: 04/01/2022