

## **Table of Contents**

**State/Territory Name: Delaware**

**State Plan Amendment (SPA) #: 24-0018**

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  
7500 Security Boulevard, Mail Stop S3-14-28  
Baltimore, Maryland 21244-1850



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**Financial Management Group**

July 30, 2025

Andrew Wilson, Director  
Division of Medicaid and Medical Assistance  
P.O. Box 906  
New Castle, Delaware 19720

RE: TN DE-24-0018

Dear Director Wilson:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Delaware state plan amendment (SPA) to Attachment 4.19-D DE-24-0018, which was submitted to CMS on December 19, 2024. This plan amendment updates the methodology for pediatric nursing facility care. Pediatric facility care currently applies only for members up to age 21. The revisions allow for the continuation of the existing reimbursement methodology for a limited number of individuals who were admitted to the pediatric nursing facility as children but have aged in place into young adulthood with medical needs best served by remaining in the pediatric nursing facility.

We reviewed your SPA submission for compliance with statutory requirements, including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2) of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of January 1, 2025. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact James Francis at 857-357-6378 or via email at [James.Francis@cms.hhs.gov](mailto:James.Francis@cms.hhs.gov).

Sincerely,

A solid black rectangular box used to redact the signature of the sender.

Rory Howe  
Director  
Financial Management Group

Enclosures

<div>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</div> <div>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</div>		1. TRANSMITTAL NUMBER <div>24 — 0018</div>	2. STATE <div>DE</div>
		3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <div><input checked="" type="radio"/> XIX <input type="radio"/> XXI</div>	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE <div>01-01-2025</div>	
5. FEDERAL STATUTE/REGULATION CITATION <div>42 CFR §447</div>		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <div>2025</div> \$ <div>-2,120,288--</div> <div>\$0</div> b. FFY <div>2026</div> \$ <div>-2,792,270--</div> <div>\$0</div>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <div>Attachment 4.19-D page 19</div>		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <div>Attachment 4.19-D page 19</div>	
9. SUBJECT OF AMENDMENT <div>Nursing Facility rates</div>			
10. GOVERNOR'S REVIEW (Check One) <div><input checked="" type="radio"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="radio"/> OTHER, AS SPECIFIED: <input type="radio"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="radio"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL</div>			
11. AGENCY OFFICIAL <div>[Redacted]</div>		15. RETURN TO <div>Andrew Wilson, Director, DMMA, P.O. Box 906 New Castle, DE19720</div>	
12. SIGNATURE <div>35F947C98C8B499... Andrew Wilson</div>			
13. TITLE <div>Director</div>			
14. DATE SUBMITTED <div>12/19/2024   2:30 PM EST</div>			
FOR CMS USE ONLY			
16. DATE RECEIVED <div>12/19/2024</div>		17. DATE APPROVED <div>July 30, 2025</div>	
PLAN APPROVED - ONE COPY ATTACHED			
18. EFFECTIVE DATE OF APPROVED MATERIAL <div>1/1/2025</div>		19. SIGNATURE OF APPROVING OFFICIAL <div>[Redacted]</div>	
20. TYPED NAME OF APPROVING OFFICIAL <div>Rory Howe</div>		21. TITLE OF APPROVING OFFICIAL <div>Director, Financial Management Group</div>	
22. REMARKS <div>On 1/13/25, Delaware gave permission to make a pen-and-ink change to Block 6 of the CMS 179 form as follows: "FFY 2025 \$0; FFY 2026 \$0." (JGF)</div>			

## IX. Reimbursement for Pediatric Nursing Facility Care

A Pediatric Nursing Facility is a facility that maintains an average daily census of 80 percent or more serving children under 21 years of age. Such a facility may also serve a limited number of pediatric residents who were admitted to the facility as children but have “aged in place” into young adulthood, and who are best served by remaining in the facility into adulthood until a suitable placement is found for their needs. For such individuals, the facility is reimbursed by Medicaid at the resident’s respective pediatric rate. The number residents 21 years of age or older in a pediatric nursing facility is limited to the remaining 20 percent of the average daily census of the facility.

The level of reimbursement for clients in pediatric nursing facilities will be based on one of three levels of care as determined by the DMMA Medical Evaluation Team. A per diem rate shall be established for the three levels as follows:

1. Pediatric Skilled Care –the base level.
2. Advanced Pediatric Skilled Care –an enhanced level that includes increased services and costs above the base level that are necessary to meet the medical needs of children at this level.
3. Advanced Pediatric Skilled Care Plus –a higher level of reimbursement than the previous level that includes increased cost of care for clients who are ventilator dependent.

A Pediatric Nursing Facility’s reimbursement shall be computed annually based on prior year actual reasonable allowable costs as reported by the facility and may be inflated as described in Section II.I.3. Such rates shall be prospective and final and not subject to cost settlement. In addition to all nursing and operational costs, per diem rates are inclusive of all services, including but not limited to all therapies, supplies, non-custom durable medical equipment and over-the-counter (OTC) drugs required to treat the child’s medical condition but to not include custom durable medical equipment for the individual use of a client or prescription (“legend product”) drugs, which may be billed directly to Medicaid by the appropriate medical care provider in accordance with Medicaid policy.

Eligible children in Pediatric Nursing Facilities located outside of Delaware are reimbursed at the rate for the Delaware Pediatric Nursing facility level of care to which they are assigned after being assessed by the DMMA Medical Evaluation Team.

TN No. SPA# 24-0018

Approval Date July 30, 2025

Supersedes

TN No. SP# 07-004

Effective Date January 1, 2025