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State/Territory Name: Delaware

State Plan Amendment (SPA) #: 25-0001-A

This file contains the following documents in the order listed:

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106

CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR MEDICAID & CHIP SERVICES

Medicaid and CHIP Operations Group

February 9, 2026

Andrew Wilson
Medicaid Director
Division of Medicaid and Medical Assistance
Delaware Health and Social Services
P.O. Box 906
New Castle, DE 19720-0906

Re: Delaware State Plan Amendment (SPA) - 25-0001-A

Dear Medicaid Director Wilson:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0001-A. This amendment proposes to provide for mandatory coverage in accordance with section 1902(a)(84) as well as 1905(a)(19) and 42 CFR 440.169, authorizing Targeted Case Management for eligible juveniles who are incarcerated in a public institution post-adjudication of charges.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act. This letter informs you that Delaware's Medicaid SPA TN 25-0001-A was approved on February 9, 2026, with an effective date of March 2, 2025.

Enclosed are copies of Form CMS-179 and the approved SPA pages to be incorporated into the Delaware State Plan.

If you have any questions, please contact Taneka Rivera at (410) 786-9502, or via email at Taneka.Rivera@cms.hhs.gov.

Sincerely,

[redacted]

Wendy E. Hill Petras, Acting Director
Division of Program Operations

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB No. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER: 25-0001A

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
01/01/2025

5. FEDERAL STATUTE/REGULATION CITATION
~~Sections 1902(a)(84) and 1905(a)(19) of the Social Security Act and 42 CFR 440.168]~~
1902(a)(84) as well as 1905(a)(19) and 42 CFR 440.169 authorizing TCM

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2025 $ 0
b. FFY 2026 $ 221,282

~~CAA 2023. The SUPPORT Act 1902(a)(84)(C) of the SSA~~

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

~~Supplement 5 to Attachment 3.1-A page 7~~	~~NEW~~
~~Supplement 5 to Attachment 3.1-A page 8~~	~~NEW~~
~~Supplement 5 to Attachment 3.1-A page 9~~	~~NEW~~
~~Supplement 5 to Attachment 3.1-A page 10~~	NEW
~~Supplement 5 to Attachment 3.1-A page 11~~	~~NEW~~
~~Supplement 5 to Attachment 3.1-A page 12~~	~~NEW~~
~~Supplement 5 to Attachment 3.1-A page 13~~	

~~3.1M Page 1 and Page 2~~
Attachment 4.1 9-B Page 30(NEW)
Supplement 5 to Attachment 3.1-APage 7-13 (NEW)

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

9. SUBJECT OF AMENDMENT

Juvenile Justice Initiative

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. [redacted] AGENCY OFFICIAL

12. Andrew Wilson

13. TITLE
Director

14. DATE SUBMITTED
3/20/2025 | 10:29 AM EDT

15. RETURN TO
Andrew Wilson, Director, DMMA, P.O. Box 906 New Castle, DE19720

FOR CMS USE ONLY

16. DATE RECEIVED
03/20/2025

17. DATE APPROVED
02/09/2026

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
03/02/2025

19. [redacted]

20. TYPED NAME OF APPROVING OFFICIAL
Wendy E. Hill Petras

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

22. REMARKS

2/2/26 - state requested pen and ink change to update boxes

Instructions on Back

State Plan under Title XIX of the Social Security Act
State/Territory: Delaware

TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES

Target Group (42 Code of Federal Regulations 441.18(a)(8)(i) and 441.18(a)(9)):

Eligible juveniles as defined in §1902(nn) (individuals who are under 21 years of age and determined eligible for any Medicaid eligibility group, or individuals determined eligible for the mandatory eligibility group for former foster care children age 18 up to age 26, immediately before becoming an inmate of a public institution or while an inmate of a public institution) who are within 30 days of their scheduled date of release from a public institution **following adjudication,** and for at least 30 days following release.

Post Release TCM Period beyond 30 day post release minimum requirement:
☐ State will provide TCM beyond the 30 day post release requirement.

Areas of State in which services will be provided (§1915(g)(1) of the Act):
☒ Entire state

Comparability of services (§§1902(a)(10)(B) and 1915(g)(1))
☒ Services are not comparable in amount duration and scope (§1915(g)(1)).

Definition of services (42 CFR 440.169): Targeted case management (TCM) services are defined as services furnished to assist individuals, eligible under the State Plan, in gaining access to needed medical, social, educational and other services.

Targeted Case Management includes the following assistance:

- Comprehensive assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, social or other services. These assessment activities include:
  - taking client history;
  - identifying the individual's needs and completing related documentation; and
  - gathering information from other sources such as family members, medical providers, social workers, and educators (if necessary), to form a complete assessment of the eligible individual;

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TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES

The periodic reassessment is conducted every (check all that apply):

☒ 1 month
☐ 3 months
☐ 6 months
☐ 12 months
☐ Other frequency**:**

- Development (and periodic revision) of a specific care plan that is based on the information collected through the assessment that:
  - specifies the goals and actions to address the medical, social, educational, and other services needed by the individual;
  - includes activities such as ensuring the active participation of the eligible individual, and working with the individual (or the individual's authorized health care decision maker) and others to develop those goals; and
  - identifies a course of action to respond to the assessed needs of the eligible individual;

- Referral and related activities, including referrals to appropriate care and services available in the geographic region of the home or residence of the eligible juvenile, where feasible (such as scheduling appointments for the individual) to help the eligible individual obtain needed services including:
  - activities that help link the individual with medical, social, educational providers, or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the care plan; and

- Monitoring and follow-up activities are:
  activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the eligible individual's needs, and which may be with the individual, family members, service providers, or other entities or individuals and conducted as frequently as necessary, and including at least one annual monitoring, to determine whether the following conditions are met:

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TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES

- services are being furnished in accordance with the individual's care plan;
- services in the care plan are adequate; and
- changes in the needs or status of the individual are reflected in the care plan.

Monitoring and follow-up activities include making necessary adjustments in the care plan and service arrangements with providers.

Frequency of additional monitoring:
Specify the type and frequency of monitoring (check all that apply)
☒ Telephonic. Frequency: to be conducted according to each individual's needs throughout the 30-day post-release period
☒ In-person. Frequency: to be conducted according to each individual's needs throughout the 30-day post-release period
☒ Other**:** any other modalities most appropriate for each eligible juvenile, including virtual modalities. To be conducted according to each individual's needs throughout the 30-day post-release period

☒ Case management includes contacts with non-eligible individuals that are directly related to identifying the eligible individual's needs and care, for the purposes of helping the eligible individual access services; identifying needs and supports to assist the eligible individual in obtaining services; providing case managers with useful feedback, and alerting case managers to changes in the eligible individual's needs. For instance, a case manager might also work with state children and youth agencies for children who are involved with the foster care system.
(42 CFR 440.169(e))

☒ If another case manager is involved upon release or for case management after the 30-day post release mandatory service period, states should ensure a warm hand off to transition case management and support continuity of care of needed services that are documented in the person-centered care plan. A warm handoff should include a meeting between the eligible juvenile, and both the pre-release and post-release case manager. It also should include a review of the person-centered care plan and next steps to ensure continuity of case management and follow-up as the eligible juvenile transitions into the community.

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TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES

Qualifications of providers (42 CFR 441.18(a)(8)(v) and 42 CFR 441.18(b)):

Case Manager Qualifications:
A targeted case manager must be employed by or contracted with Delaware Health and Social Services (DHSS); the Department of Services for Children, Youth, and Their Families (DSCYF); Department of Correction (DOC); or a case management provider agency contracting with DHHS, DSCYF, or DOC. A targeted case manager must meet the following criteria:

- Complete any applicable DHSS, DSCYF, and/or DOC-required training, including training specific to justice-involved populations;
- Comport with other requirements as required by DHSS, DSCYF, and DOC, in compliance with state and federal regulations; and
- At a minimum, case managers must have: (1) a bachelor's degree or higher in a social work, behavioral health, social science, or related field AND at least six months of experience; OR (2) an associate's degree in social work, behavioral health, social science, or related field AND at least two years of experience; OR (3) a high school diploma or high school equivalency credential AND four years of experience.
    - Required experience must include prior work in:
        - assessing, planning, developing, implementing, monitoring, and evaluating options and services to meet an individual's needs;
        - making recommendations as part of a client's service plan, such as, clinical treatment, counseling, or determining eligibility for health or human services/benefits; and
        - working with youth with complex needs, including youth involved with the child welfare or juvenile justice systems and/or youth with behavioral health needs.
        -

Provider Entity Qualifications:
A targeted case management entity must be one of the following providers:

- DSCYF, as an enrolled Medicaid provider;
- DOC, as an enrolled Medicaid provider;
- DHSS, as an enrolled Medicaid provider; or
- Any case management agency meeting the following qualifications:

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TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES

- Has a signed provider agreement with DHSS, DSCYF, and/or DOC;
- Is enrolled with DHSS as a state Medicaid provider;
- Will complete any initial and ongoing case management training outlined by DHSS, DSYCF, and/or DOC;
- Has a department-level contract or written agreement with the State of Delaware that specifies requisite expertise in supporting justice-involved individuals and their families;
- Has a demonstrated ability to coordinate and link community resources required through prior experience;
- Has at least three years of experience with the targeted group or case management;
- Sufficient staff and/or agreements with community organizations to have the administrative capacity to ensure quality of services in accordance with state and federal requirements;
- A financial management system that provides documentation of services and costs;
- Capacity to document and maintain individual case records in accordance with state and federal requirements;
- Demonstrated ability to assure referrals consistent with section 1902(a)(23), freedom of choice of providers;
- Ability to provide linkage with other case managers to avoid duplication of case management services; and
- Ability to access systems related to case management and referrals to track the provision of services to the client, as required by the state.

Freedom of choice (42 CFR 441.18(a)(1)):

☒ The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

1. Eligible individuals will have free choice of any qualified Medicaid provider within the specified geographic area identified in this plan.
2. Eligible individuals will have free choice of any qualified Medicaid providers of other medical care under the plan.

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TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES

Freedom of Choice Exception (§1915(g)(1) and 42 CFR 441.18(b)):
☐ Target group consists of eligible individuals with developmental disabilities or with chronic mental illness. Providers are limited to qualified Medicaid providers of case management services capable of ensuring that individuals with developmental disabilities or with chronic mental illness receive needed services:

Access to Services (42 CFR 441.18(a)(2), 42 CFR 441.18(a)(3), 42 CFR 441.18(a)(6)):
☒ The state assures the following:

- Case management (including targeted case management) services will not be used to restrict an individual's access to other services under the plan.
- Individuals will not be compelled to receive case management services, condition receipt of case management (or targeted case management) services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of case management (or targeted case management) services; and
- Providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plans.
- Delivery of TCM and the policies, procedures, and processes developed to support implementation of these provisions are built in consideration of the individuals release and will not effectuate a delay of an individual's release or lead to increased involvement in the juvenile and adult justice systems.

Payment (42 CFR 441.18(a)(4)):
☒ The state assures payment for case management or targeted case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose**.**

Case Records (42 CFR 441.18(a)(7)):
☒ The state assures providers maintain case records that document for all individuals receiving case management as follows: (i)The name of the individual; (ii) The dates of the case management services; (iii)The name of the provider agency (if relevant) and the person providing the case management service; (iv) The nature, content, units of the case management services received and whether goals specified in the care plan have been achieved; (v) Whether the individual has declined services in the care plan; (vi) The need for, and occurrences of, coordination with other case managers; (vii) A timeline for obtaining needed services; (viii) A timeline for reevaluation of the plan.

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TARGETED CASE MANAGEMENT SERVICES FOR ELIGIBLE JUVENILES

Limitations:

☒ The state assures that case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities are an integral and inseparable component of another covered Medicaid service (State Medicaid Manual (SMM) 4302.F).

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities constitute the direct delivery of underlying medical, educational, social, or other services to which an eligible individual has been referred, including for foster care programs, services such as, but not limited to, the following: research gathering and completion of documentation required by the foster care program; assessing adoption placements; recruiting or interviewing potential foster care parents; serving legal papers; home investigations; providing transportation; administering foster care subsidies; making placement arrangements. (42 CFR 441.18(c))
FFP only is available for case management services or targeted case management services if there are no other third parties liable to pay for such services, including as reimbursement under a medical, social, educational, or other program except for case management that is included in an individualized education program or individualized family service plan consistent with §1903(c) of the Act. (§§1902(a)(25) and 1905(c))

☐ State has additional limitations

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

Targeted Case Management for Eligible Juveniles under the Consolidated Appropriations Act (CAA) (2023) Requirements

Reimbursements for services are based upon a Medicaid fee schedule established by the Delaware Medical Assistance Program (DMAP).

The fee development methodology-built fees considering each component of provider costs are outlined below. These reimbursement methodologies produced rates sufficient to enlist enough providers so that services under the State Plan are available to beneficiaries at least to the extent that these services are available to the general population, as required by 42 CFR 447.204. These rates comply with the requirements of Section 1902(a)(3) of the Social Security Act and 42 CFR 447.200, regarding payments and are consistent with economy, efficiency, and quality of care. Provider enrollment and retention will be reviewed periodically to ensure that access to care and adequacy of payments are maintained. The Medicaid fee schedule is equal to or less than the maximum allowable under the same Medicare rate, where there is a comparable Medicare rate. Room and board costs are not included in the Medicaid fee schedule.

The fee development methodology will primarily be composed of provider cost modeling, through Delaware provider compensation studies, cost data, and fees from similar State Medicaid programs may be considered, as well. The following list outlines the major components of the cost model to be used in fee development:

- Staffing Assumptions and Staff Wages;
- Employee-Related Expenses – Benefits, Employer Taxes (e.g., Federal Insurance Contributions Act (FICA), unemployment, and workers compensation);
- Program-Related Expenses (e.g., supplies);
- Practice model standards (compensation, supervision, materials and supplies, travel, training, administration, and utilization);
- Provider Overhead Expenses; and
- Program Billable Units.

The fee schedule rates will be developed as the ratio of total annual modeled provider costs to the estimated annual billable units. A unit of service is defined according to Healthcare Common Procedure Coding System (HCPCS) approved code set unless otherwise specified.

Except as otherwise noted in the State Plan, the State-developed fee schedule is the same for both governmental and private individual providers and the fee schedule and any annual/periodic adjustments to the fee schedule are published in the Delaware Register of Regulations. The Agency's fee schedule rate was set as of March 2, 2025, and is effective for services provided on or after that date. All rates are published on the Delaware Medical Assistance Program (DMAP) website at https://medicaidpublications.dhss.delaware.gov/docs/search?EntryId=1080.