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State/Territory Name: Delaware

State Plan Amendment (SPA) #: 25-0002

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Form CMS-179
- 3) Approved SPA Pages



Medicaid and CHIP Operations Group

September 4, 2025

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) 25-0002

Dear Medicaid Director Wilson:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0002. This amendment proposes to provide additional postpartum visits with a recommendation by a practitioner or clinician licensed under Title 24 acting within their scope of practice.

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 SPA TN 25-0002 was approved on September 3, 2025, effective April 2, 2025.

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



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

Sincerely,

A large black rectangular box redacting the signature of Shantrina Roberts.

Shantrina Roberts, Acting Director
Division of Program Operations

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER <u>2 5 — 0 0 0 2</u>	2. STATE <u>DE</u>
		3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE 04/01/2025 04/02/2025	
5. FEDERAL STATUTE/REGULATION CITATION 1905(a)(13); 42 CFR 440.130(c) 42 CFR 440.130, 42 CFR 440.170, 42 CFR 447		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2025</u> \$ <u>49,269</u> b. FFY <u>2026</u> \$ <u>49,149</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1-A page 6 Addendum 1L Attachment 4.19-B page 8		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 3.1-A page 6 Addendum 1L Attachment 4.19-B page 8	
9. SUBJECT OF AMENDMENT Doula Services			
10. GOVERNOR'S REVIEW (Check One) <input checked="" type="radio"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="radio"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="radio"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL <input type="radio"/> OTHER, AS SPECIFIED:			
11. AGENCY OFFICIAL 	15. RETURN TO Andrew Wilson, Director, DMMA, P.O. Box 906 New Castle, DE19720		
12. 53F947C96C6B499... Andrew Wilson			
13. TITLE Director			
14. DATE SUBMITTED 6/10/2025 1:05 PM EDT			
FOR CMS USE ONLY			
16. DATE RECEIVED 06/11/2025	17. DATE APPROVED 09/03/2025		
PLAN APPROVED - ONE COPY ATTACHED			
18. EFFECTIVE DATE OF APPROVED MATERIAL 04/02/2025	19. SIGNATURE OF APPROVING OFFICIAL 		
20. TYPED NAME OF APPROVING OFFICIAL Shantrina Roberts	21. TITLE OF APPROVING OFFICIAL Acting Director, Division of Program Operations		
22. REMARKS 8-27-25-the state requested a pen and ink change to update the effective date in Box 4 to reflect 04/02/25 and Box 5- to update the regulation citation to reflect 1905(a)(13); 42 CFR 440.130(c).			

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

Doula Services

1. Doulas are non-medical professionals who provide emotional, physical, and informational support and guidance during key events related to the prenatal, birth, and postpartum periods. Doula services are recommended by a physician or OLP.

Delaware Medicaid doula benefit is coverage for doula support in the perinatal period, including prenatal support, labor and delivery support, and postpartum support. The scope of the Medicaid doula benefit is to provide doula support to Medicaid members that include:

- Maximum of three (3) prenatal visits and minimum of one (1) prenatal visit (an exception to the minimum of one (1) prenatal visit may be granted as determined necessary by the state.)
- Maximum of three (3) postpartum visits but additional postpartum visits may be provided as follows:
 - An addition of five (5) postpartum visits for a total of eight (8) postpartum visits limit may be exceeded based upon medical necessity
- Labor/birth attendance

New Doulas

EDUCATION/TRAINING

A minimum of 16 total hours of birth and labor doula education which includes: Lactation support, childbirth education, nonmedical comfort measures, prenatal support, labor support techniques, and postpartum support. Documentation of current CPR certification; certificate(s) must include competencies for adults and infants.

Documentation of HIPAA training: 1 hour

EXPERIENCE

Documentation of a total of three (3) births, of which one (1) the applicant is the primary doula providing labor support to the client within last three (3) years.

Experienced Doulas – Legacy Period

EDUCATION/TRAINING

Documentation of current CPR certification; certificate(s) must include competencies for adults and infants.

Documentation of HIPAA training: 1 hour

*There is no time limit on when the education/training was received. All education/training must be documented.

EXPERIENCE

A minimum of 15 clients, nine (9) births attended within the last three (3) years.

*Acceptable documentation of experience includes copies of client evaluations. All documentation must include the date of services.

CLIENT AND PROFESSIONAL RECOMMENDATIONS

Total of two (2) evaluations from any of the following: a physician, licensed behavioral health provider, nurse practitioner, nurse midwife, licensed midwife, enrolled doula, or community-based organization.

STATEMENT OF LIVED EXPERIENCE

Submission of an essay on lived experience. Statement must be at least 250 words.

TN No. SPA #25-0002

Approval Date: September 3, 2025

Supersedes

TN No. SPA # 24-0001

Effective Date: April 2, 2025

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

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

Reimbursement for Preventive Services: Doula Services

Reimbursement for each perinatal service visit may be billed for and reimbursed separately. All visits are reimbursed in fifteen (15) minute increments. Each visit has a maximum unit capacity of six (6) units. Reimbursement for attendance during delivery is set at a flat rate determined by the State. Doula services can be billed following each service. Following the completion of the third postpartum visit, there will be an incentive payment made to the Doula, if the Doula has performed all three (3) prenatal visits, attended the birth event, and performed all three (3) postpartum visits for the same member. Multiple births (i.e., twins, triplets) are not eligible for additional reimbursement.

The applicable fee schedules with effective date of April 2, 2025 can be found on the state website at <http://www.dmap.state.de.us/downloads.html>.

Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers reimbursement. The agency's fee schedule rate was set as of April 2, 2025 and is effective for services provided on or after that date. The agency's established fee schedule rates are published on the agency's website at: <http://www.dmap.state.de.us/downloads.html>.

TN No. SPA #25-0002
Supersedes
TN No. SPA # 24-0001

Approval Date: September 3, 2025
Effective Date: April 2, 2025