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State/Territory Name: Delaware

State Plan Amendment (SPA) #: 25-0003

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
230 South Dearborn
Chicago, Illinois 60604



Financial Management Group

August 29, 2025

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

RE: TN DE 25-0003

Dear Director Wilson:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Delaware state plan amendment (SPA) to Attachment 4.19-B, 25-0003, which was submitted to CMS on June 11, 2025. This plan amendment adds language to the Medicaid State Plan regarding lactation counseling services for pregnant and postpartum individuals.

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 May 2, 2025. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

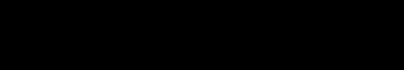
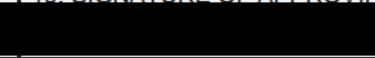
If you have any additional questions or need further assistance, please contact Lindsay Michael at 410-786-7197 or via email at Lindsay.Michael@cms.hhs.gov.

Sincerely,

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

Todd McMillion, Director
Division of Reimbursement Review

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER <u>2</u> <u>5</u> — <u>0</u> <u>0</u> <u>0</u> <u>3</u>	2. STATE <u>DE</u>
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	
		4. PROPOSED EFFECTIVE DATE <u>05/01/2025</u> <u>5/02/2025</u>	
5. FEDERAL STATUTE/REGULATION CITATION <u>42 CFR 447, 42 CFR 431.635</u>		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2025</u> \$ <u>19,833</u> b. FFY <u>2026</u> \$ <u>118,997</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <u>Attachment 4.19- B page 4</u>		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <u>Attachment 4.19-B page 4</u>	
9. SUBJECT OF AMENDMENT <u>Lactation</u>			
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. SIGNATURE OF STATE AGENCY OFFICIAL 		15. RETURN TO Andrew Wilson, Director, DMMA, P.O. Box 906 New Castle, DE19720	
12. TYPED NAME Andrew Wilson			
13. TITLE Director			
14. DATE SUBMITTED 6/10/2025 1:06 PM EDT			
FOR CMS USE ONLY			
16. DATE RECEIVED 6/11/25		17. DATE APPROVED August 29, 2025	
PLAN APPROVED - ONE COPY ATTACHED			
18. EFFECTIVE DATE OF APPROVED MATERIAL 5/2/25		19. SIGNATURE OF APPROVING OFFICIAL 	
20. TYPED NAME OF APPROVING OFFICIAL Todd McMillion		21. TITLE OF APPROVING OFFICIAL Director, DRR	
22. REMARKS 8/18/25-The state requested pen and ink change to update Box 4 to reflect 5/02/2025 effective date.			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: DELAWARE

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

PREVENTIVE SERVICES

Lactation Counseling

Lactation counseling services are reimbursed using the billing fee schedule for lactation counseling services found on the Delaware Medical Assistance Program (DMAP) website. The fee schedule rate was set as of May 1, 2025, and is effective for services provided on or after that date.

Except as otherwise noted in the plan, fee schedule rates are the same for both governmental and private providers of these services. The fee schedule is published on the Delaware Medical Assistance Program (DMAP) website at:

<https://medicaid.dhss.delaware.gov/provider>

Lactation counseling services and qualified providers are defined per Attachment 3.1-A, Page 6 Addendum 1i and Attachment 3.1-A, Page 6 Addendum 1j.

TN No. SPA #25-0003 Supersedes TN No. SPA #17-006	Approval Date August 29, 2025 Effective Date May 1, 2025
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