Table of Contents

State Name: Delaware

State Plan Amendment (SPA)#: 19-0005

This file contains the following documents in the order listed:

1) Approval Letter

- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Three (3) SPA Page

DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services 7500 Security Boulevard, Mail Stop S2-26-12 Baltimore, Maryland 21244-1850



Financial Management Group

August 15, 2019

Stephen M. Groff, Director Division of Medicaid and Medical Assistance Designee for Kara Odom Walker, Secretary Delaware Health and Social Services P.O. Box 906 New Castle, DE 19720-0906

RE: State Plan Amendment 19-0005

Dear Mr. Groff:

We have completed our review of State Plan Amendment (SPA) 19-0005. This SPA modifies Attachment 4.19-A of Delaware's Title XIX State Plan. Specifically, this SPA ensures individuals under 21 in qualified inpatient psychiatric residential treatment facilities are guaranteed access to necessary services.

We conducted our review of this SPA according to the statutory requirements at sections 1902(a)(3), 1902(a)(13), 1902(a)(30), 1903(a), and 1923 of the Social Security Act (the Act) and the regulations at 42 CFR 447 Subpart C. We are approving state plan amendment 19-0005 effective July 1, 2019. We are enclosing the HCFA-179 and the amended plan pages.

If you have any questions, or require additional information, please call Gary Knight at (304) 347-5723.

Sincerely,

 $/S_{i}$

Kristin Fan Director

cc:

Lisa Carroll Gary Knight

DEPARTMENT	OF HEALTH AND I	HUMAN SERVICES
CENTERS FOR	MEDICARE & ME	DICAID SERVICES

FORM APPROVED OMB No. 0938-0193

	1. TRANSMITTAL NUMBER	2. STATE
TRANSMITTAL AND NOTICE OF APPROVAL OF	19 _ 0 0 5	Delaware
STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICARD SERVICES	3. PROGRAM IDENTIFICATION: TITLE XIX	
FOR. CENTERS FOR MEDICARE & MEDICAID SERVICES	SECURITY ACT (MEDICAID)	TOT THE SOURCE
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	July 1, 2019	
5. TYPE OF PLAN MATERIAL (Check One)		
NEW STATE PLAN AMENDMENT TO BE CONSIDE	Emmand	MENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMEND	MENT (Separate transmittal for each ame	endment)
6. FEDERAL STATUTE/REGULATION CITATION	7. FEDERAL BUDGET IMPACT	
Title XIX Medicaid State Plan	a. FFY_0	***************************************
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	9. PAGE NUMBER OF THE SUPERSED OR ATTACHMENT (If Applicable)	ED PLAN SECTION
Attachment 4.19-A3 through A.3.2	Attachment 4.19-A3 through A.3.2	
10. SUBJECT OF AMENDMENT	- The second sec	The state of the s
PRTFs – Provision of EPSDT Services		
11. 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:	
12. SIGNATURE OF STATE AGENCY OFFICIAL 16.	RETURN TO	
13. TYPED NAME Stephen M. Groff		
14. TITLE Director	Stephen M. Groff, Director, DMMA, P.O. Box 906 New Castle, DE19720	
15. DATE SUBMITTED		
FOR REGIONAL OFFIC	CE USE ONLY	
17. DATE RECEIVED 18.	DATE APPROVED AUG 15	2019
PLAN APPROVED - ONE	COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL 20. JUL 0 1 2019	SIGNATURE OF REGIONAL OFFICIAL	
	TITLE: 1740. April 1841.	
Kristin Fan	Director, FMG	
23. REMARKS		espisifica a secul

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: DELAWARE

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES INPATIENT PSYCHIATRIC HOSPITAL SERVICES FOR UNDER AGE 21

- Psychiatric Residential Treatment Facility (PRTF) Reimbursement
 Reimbursement for services are based upon a Medicaid fee schedule established by the State of Delaware.
 Psychiatric residential treatment facilities will be reimbursed the lesser of:
 - The Delaware Medicaid per diem reimbursement rate for activities in the per diem plus additional
 fee-for-service reimbursement using the Delaware Medicaid fee schedule for any other medical
 services under 1905(a) of the Social Security Act that children under age 21 who are residing in a
 PRTF are determined to need in order to correct or ameliorate health conditions, regardless of
 whether such services are identified in the child's plan of care, but not in the per diem PRTF
 reimbursement rate;
 - The facility's usual and customary charge to privately insured or private-pay beneficiaries; or
 - If an out of state facility, the lesser of a negotiated per diem reimbursement rate, the facility's usual and customary charge, or the Delaware Medicaid per diem rate. For any other medical services under 1905(a) of the Social Security Act that children under age 21 who are residing in a PRTF are determined to need in order to correct or ameliorate health conditions, regardless of whether such services are identified in the child's plan of care, that are not included in the per diem PRTF reimbursement rate, additional fee-for-service reimbursement using the Delaware Medicaid fee schedule is available.

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 July 1, 2016 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/dotnetnuke/search?EntryId=17

- A. Community-Based Delaware Medicaid per diem PRTF reimbursement rate includes the following covered inpatient psychiatric residential treatment facility (PRTF) activities for individuals under twenty-one years of age:
 - a. Behavioral Health care by staff who are not physicians
 - b. Occupational Therapy / Physical Therapy / Speech Therapy
 - c. Laboratory
 - d. Transportation
 - e. Diagnostics/radiology (x-ray)

No. SPA# <u>19-005</u> TN Supersedes	Approval DateAUG 15 2019
TN No. SPA# <u>17-012</u>	Effective Date <u>July 1, 2019</u>

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: DELAWARE

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - INPATIENT PSYCHIATRIC CARE FOR UNDER AGE 21 CONTINUED

- 1. Psychiatric Residential Treatment Facility (PRTF) Reimbursement (continued)
 - B. Hospital-Based Delaware Medicaid per diem PRTF reimbursement rate includes the following covered inpatient psychiatric residential treatment facility (PRTF) activities for individuals under twenty-one years of age
 - a. Behavioral Health care by staff who are not physicians
 - b. Occupational Therapy / Physical Therapy / Speech Therapy
 - c. Laboratory
 - d. Transportation
 - e. Dental
 - f. Vision
 - g. Diagnostics/radiology (x-ray)
 - C. Pharmaceuticals and physician activities provided to the youth in a PRTF, when on the active treatment plan of care, are components of the Medicaid covered PRTF service. These activities will be paid directly to the treating pharmacy or physician, using Medicaid pharmacy and physician fee schedule rates excluded from the psychiatric residential treatment facility (PRTF) State of Delaware Medicaid per diem reimbursement rates.
 - D. Any other medical services under 1905(a) of the Social Security Act that children under age 21 who are residing in a PRTF are determined to need in order to correct or ameliorate health conditions, regardless of whether such services are identified in the child's plan of care, that are excluded in A, B, or C above, shall be paid directly to the treating provider, using Medicaid fee schedule rates. Such services are excluded from the psychiatric residential treatment facility (PRTF) State of Delaware Medicaid per diem reimbursement rates.
 - E. The Medicaid PRTF per diem reimbursement rates shall also exclude any additional costs that are unrelated to providing inpatient psychiatric care for individual less than twenty-one (21) years of age including, but not limited to the following:
 - 1) Group education, including elementary and secondary education.
 - 2) Medical services that are not listed in Items A or B above.
 - 3) Activities not on the inpatient psychiatric active treatment plan.

No. SPA# <u>19-005</u> TN Supersedes	Approval DateAUG 1 5 2019
TN No. SPA# <u>17-012</u>	Effective Date <u>July 1, 2019</u>

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: DELAWARE

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - INPATIENT PSYCHIATRIC CARE FOR UNDER AGE 21 CONTINUED

- 2. Psychiatric Residential Treatment Facility (PRTF) Reimbursement Rate Methodology
 - A. Medicaid certified providers will be reimbursed for covered PRTF services using a Medicaid per diem reimbursement rate consistent with the principles in section 1 above. The Medicaid per diem reimbursement rate paid to the provider will be determined by the following service criteria:
 - 1) PRTF specializing in sexually-based treatment programs.
 - 2) PRTF specializing in substance use disorder treatment programs.
 - 3) PRTF treating children with mental health diagnoses.

The Delaware Medicaid PRTF fee development methodology will build fees considering each component of provider costs as outlined below. These reimbursement methodologies will produce 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.

No. SPA# <u>19-005</u> TN Supersedes TN No. SPA# <u>17-012</u> Approval Date ___AUG 1 5 2019

Effective Date July 1, 2019