

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Delaware

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES
PROVIDED TO THE CATEGORICALLY NEEDY

15.a. Intermediate care facility services (other than such services in an institution for mental diseases) for persons determined, in accordance with section 1902(a)(31)(A) of the Act, to be in need of such care.

Provided: No limitations With limitations*
 Not provided.

b. Including such services in a public institution (or distinct part thereof) for the mentally retarded or persons with related conditions.

Provided: No limitations With limitations*
 Not provided.

16. Inpatient psychiatric facility services for individuals under 22 years of age.

Provided: No limitations With limitations*

*See Attachment 3.1-A, Page 2c Addendum, Item 4.b. - EPSDT.

Not provided.

17. Nurse-midwife services.

Provided: No limitations With limitations*
 Not provided.

18. Hospice care (in accordance with section 1905(o) of the Act).

Provided: No limitations Provided in accordance with section 2302 of the Affordable Care Act

With limitations* Not provided.

*Description provided on attachment.

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

18. Hospice Care

Reimbursement for Hospice care will be made at one of four predetermined rates for each day in which a beneficiary is under the care of the Hospice. The daily rate (and hourly rate for Continuous Home Care) is applicable to the type and intensity of services furnished to the beneficiary for that day. There are four levels of care into which each day of care is classified:

- Routine home care
- Continuous home care
- Inpatient respite care
- General inpatient care

The Centers for Medicare and Medicaid Services (CMS) computes a set of prospective Medicaid hospice rates based on the methodology used in setting Medicare hospice rates, which are adjusted to disregard the cost offsets attributable to Medicare coinsurance amounts. Medicaid hospice payment rates are also adjusted for regional differences in wages, using indices published in the Federal Register. In no case may hospice payment amounts be established in amounts lower than the Medicaid hospice amounts computed by CMS. The Medicare reimbursement cap will not be applied to Delaware Medicaid hospice providers.

Payment for Room and Board in a NF or ICF/MR - For Medicaid beneficiaries who elect to receive hospice care while residing in a nursing facility or ICF/MR facility, in addition to the payment for routine care or continuous care referenced above, the hospice provider will also be reimbursed a per diem amount to cover room and board services provided by the nursing facility or ICF/MR facility. This reimbursement rate is equal to 95 percent of the base rate that would have been paid to the facility under Delaware Medicaid policy.

Payment for Physician Services - The hospice must bill for physician services rendered to a hospice patient for a diagnosis related to the terminal illness when a physician employee of the hospice (including volunteering physicians) is performing direct care services as an attending physician or when the attending physician requests medically necessary services be provided by another doctor. This payment is in addition to the four prospective rates above paid to the hospice. When billing the Delaware Medical Assistance Program (DMAP) for these physician services, the hospice must use the procedure code that reflects what the physician would have billed the DMAP had (s)he been able to bill directly in conjunction with the appropriate revenue code. DMAP will pay the claim based on its physician fee schedule. If the attending physician is not a hospice employee, the physician will bill Delaware Medicaid directly and payment will be made to the physician as per the Delaware Medicaid physician fee schedule.

Hospice payment rates can be found on the Delaware Medical Assistance Program website at: <http://www.dmap.state.de.us/downloads.html>. The fee schedule on the website includes all annual or periodic adjustments. Except as otherwise noted in the plan, the hospice fee schedule is the same for both governmental and private providers.

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