

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE/TERRITORY: DELAWARE

~~II. Rates and Payments~~

~~A. The State assures CMS that the capitated rates will be equal to or less than the cost to the agency of providing those same fee for service State plan approved services on a fee for service basis, to an equivalent non-enrolled population group based upon the following methodology. Please attach a description of the negotiated rate setting methodology and how the State will ensure that rates are less than the cost in fee for service.~~

- ~~1. Rates are set at a percent of fee-for-service cost~~
- ~~2. Experience-based (contractors/State's cost experience or encounter date) (please describe)~~
- ~~3. Adjusted Community Rate (please described)~~
- ~~4. Other (please describe)~~

~~*See Pages 7 and 8 for description of rate setting methodology~~

~~B. The State Medicaid Agency assures that the rates were set in a reasonable and predictable manner. Please list the name, organizational affiliation of any actuary used, and attestation/description for the initial capitation rates.~~

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 East Camelback Road, Suite 600
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 Attention: Frederick P. Gibison, Jr.
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~~C. The State will submit all capitated rates to the CMS Regional Office for prior approval.~~

TN No. SPA <u>#11-010</u>	Approval Date February 29, 2012
Supersedes	
TN No. SPA #NEW	Effective Date October 1, 2012