PRA Disclosure Statement *The purpose of the PRA package is to provide a mechanism for states who voluntarily elect to provide medical assistance under Section 1934(a)(1) with respect to PACE program services to PACE program eligible individuals who are eligible for medical assistance under the State plan and who are enrolled in a PACE program under a PACE program agreement. 42 CFR 460.2 implements sections 1895, 1905(a), and 1934 of the Act, which authorizes the establishment of PACE as a State option under Medicaid to provide for Medicaid payment to, and coverage of benefits under, PACE. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1027 (Expires: 06/30/2023). The time required to complete this information collection is estimated to average 20 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.*

Enclosure 3

State of Delaware
PACE State Plan Amendment Pre-Print

Citation 3.1(a)(1) Amount, Duration, and Scope of Services: Categorically Needy (Continued)

1905(a)(26) and 1934

__X__ Program of All-Inclusive Care for the Elderly (PACE) services, as described and limited in Supplement 3 to Attachment 3.1-A.

ATTACHMENT 3.1-A identifies the medical and remedial services provided to the categorically needy. (Note: Other programs to be offered to Categorically Needy beneficiaries would specify all limitations on the amount, duration and scope of those services. As PACE provides services to the frail elderly population without such limitation, this is not applicable for this program. In addition, other programs to be offered to Categorically Needy beneficiaries would also list the additional coverage -that is in excess of established service limits- for pregnancy-related services for conditions that may complicate the pregnancy. As PACE is for the frail elderly population, this also is not applicable for this program.)

Enclosure 4

State of Delaware
PACE State Plan Amendment Pre-Print

Citation 3.1(a)(2) Amount, Duration, and Scope of Services: Medically Needy (Continued)
1905(a)(26) and 1934

____ Program of All-Inclusive Care for the Elderly (PACE) services, as described and limited in Supplement 3 to Attachment 3.1-A.

ATTACHMENT 3.1-B identifies services provided to each covered group of the medically needy. (Note: Other programs to be offered to Medically Needy beneficiaries would specify all limitations on the amount, duration and scope of those services. As PACE provides services to the frail elderly population without such limitation, this is not applicable for this program. In addition, other programs to be offered to Medically Needy beneficiaries would also list the additional coverage -that is in excess of established service limits- for pregnancy-related services for conditions that may complicate the pregnancy. As PACE is for the frail elderly population, this also is not applicable for this program.)

Enclosure 5

Attachment 3.1-A

State of Delaware
PACE State Plan Amendment Pre-Print

Amount, Duration and Scope of Medical and Remedial Care Services Provided To the Categorically Needy

27. Program of All-Inclusive Care for the Elderly (PACE) services, as described in Supplement 3 to Attachment 3.1-A.

__X__ Election of PACE: By virtue of this submittal, the State elects PACE as an optional State Plan service.

____ No election of PACE: By virtue of this submittal, the State elects to not add PACE as an optional State Plan service.

Enclosure 6

Attachment 3.1-B

State of Delaware
PACE State Plan Amendment Pre-Print

Amount, Duration and Scope of Medical and Remedial Care Services Provided To the Medically Needy

27. Program of All-Inclusive Care for the Elderly (PACE) services, as described in Supplement 3 to Attachment 3.1-A.

____ Election of PACE: By virtue of this submittal, the State elects PACE as an optional State Plan service.

____ No election of PACE: By virtue of this submittal, the State elects to not add PACE as an optional State Plan service.

Enclosure 7

Supplement 3 to Attachment 3.1-A

State of Delaware
PACE State Plan Amendment Pre-Print

Name and address of State Administering Agency, if different from the State Medicaid Agency.

Regular Post Eligibility

The state applies post-eligibility treatment of income rules to PACE participants who are eligible under section 1902(a)(10)(A)(ii)(VI) of the Act (42 C.F.R. §435.217 of the regulations). Yes No X
Post-eligibility for states that have elected to apply the rules to PACE participants

Note: Section 2404 of the Affordable Care Act mandated that, for the five-year period beginning January 1, 2014, the definition of an "institutionalized spouse" in section 1924(h)(1) of the Social Security Act include all married individuals eligible for certain home and community-based services (HCBS), including HCBS delivered through 1915(c) waivers. As of this writing, the ACA provision has been extended through December 31, 2019. This means that married individuals eligible in the eligibility group described at 42 C.F.R. §435.217 must have their post-eligibility treatment-of-income rules determined under the rules described in section 1924(d). Because states that elect to apply post-eligibility treatment-of-income rules to PACE participants may only do so to the same extent the rules are applied to individuals eligibility under 42 C.F.R. §435.217, application of the post-eligibility treatment-of-income rules must be applied to married individuals receiving PACE services consistent with the provisions described herein under "Spousal post-eligibility" so long as the amendment to section 1924 of the Act made by the ACA remains in effect.

1. **1634 and SSI States**

The State applies the post-eligibility rules to individuals who are receiving PACE services and are eligible under 42 C.F.R. §435.217 consistent with the rules of 42 C.F.R. §435.726, and, where applicable, section 1924 of the Act. Payment for PACE services is reduced by the amount remaining after deducting the following amounts from the PACE enrollee's income.

1. Allowances for the maintenance needs of the individual (check one):

1.The amount deducted is equal to:

(a) _____The SSI federal benefit rate

(b) _____Medically Needy Income Level (MNIL)

(c) _____The special income level standard for the institutionalized individuals eligible under section 1902(a)(10)(A)(ii)(V) of the Act

(d) _____Percentage of the Federal Poverty Level: _____%

(e) _____Other (specify):_____

2._____The following dollar amount: $_____

Note: If this amount changes, this item will be revised.

3._____The following formula is used to determine the needs allowance:

_____

_____

Note: If the amount protected for a PACE enrollee in item 1 is equal to, or greater than, the PACE enrollee's income, enter N/A in items 2 and 3.

2. Allowance for the maintenance needs of the spouse:

The amount deducted for the PACE enrollee's spouse is equal to:

1._____ The SSI federal benefit rate

2._____ Optional State Supplement Standard

3._____ Medically Needy Income Level Standard

4._____ The following dollar amount (provided it does not exceed the amount(s) described in 1-3): $_____

5 ._____ The following percentage of the following standard that is not greater than the standards above: _____% of _____ standard.

6._____ Not applicable (N/A)

3. Allowance of the maintenance needs of the family (check one):

1._____ AFDC need standard

2._____ Medically needy income standard

The amount specified below cannot exceed the higher of the need standard for a family of the same size used to determine eligibility under the State's approved AFDC plan or the medically needy income standard established under 435.811 for a family of the same size.

3._____ The following dollar amount: $_____

Note: If this amount changes, this item will be revised.

4._____ The following percentage of the following standard that is not greater than the standards above:_____% of_____ standard.

5.____ The amount is determined using the following formula:

_____

_____

6.____ Other

7.____ Not applicable (N/A)

4. Allowance for medical and remedial care expenses, as described in 42 CFR 435.726(c)(4).

2. 209(b) States,

The State applies the post-eligibility rules to individuals who are receiving PACE services and are eligible under 42 C.F.R. §435.217 consistent with the rules of 42 C.F.R. §435.735, and, where applicable, section 1924 of the Act. Payment for PACE services is reduced by the amount remaining after deducting the following amounts from the PACE enrollee's income.

1. Allowances for the maintenance needs of the individual (check one):

1.The amount deducted is equal to:

(a) _____The SSI federal benefit rate

(b) _____Medically Needy Income Level (MNIL)

(c) _____The special income level standard for the institutionalized individuals eligible under section 1902(a)(10)(A)(ii)(V) of the Act

(d) _____Percentage of the Federal Poverty Level: _____%

(e) _____Other (specify):_____

2._____The following dollar amount: $_____

Note: If this amount changes, this item will be revised.

3._____The following formula is used to determine the needs allowance:

_____

_____

Note: If the amount protected for a PACE enrollee in item 1 is equal to, or greater than, the PACE enrollee's income, enter N/A in items 2 and 3.

2. Allowance for the maintenance needs of the spouse:

The amount deducted for the PACE enrollee's spouse is equal to:

1.____ The more restrictive income standard established under 42 C.F.R. §435.121

2._____ Optional State Supplement Standard

3._____ Medically Needy Income Level Standard
4._____ The following dollar amount (provided it does not exceed the amount(s) described in 1-3): $_____
5 ._____ The following percentage of the following standard that is not greater than the standards above: _____% of _____ standard.
6._____ Not applicable (N/A)

3. Allowance of the maintenance needs of the family (check one):

1._____ AFDC need standard
2._____ Medically needy income standard

The amount specified below cannot exceed the higher of the need standard for a family of the same size used to determine eligibility under the State's approved AFDC plan or the medically needy income standard established under 435.811 for a family of the same size.

3._____ The following dollar amount: $_____
Note: If this amount changes, this item will be revised.
4._____ The following percentage of the following standard that is not greater than the standards above:_____% of_____ standard.
5._____ The amount is determined using the following formula:
_____
_____
6._____ Other
7._____ Not applicable (N/A)

4. Allowance for medical and remedial care expenses, as described in 42 CFR 435.735 (c)(4).

Spousal Post Eligibility

State uses the post-eligibility rules of Section 1924 of the Act (spousal impoverishment protection) to determine the individual's contribution toward the cost of PACE services if it determines the individual's eligibility under section 1924 of the Act. There shall be deducted from the individual's monthly income a personal needs allowance (as specified below), and a community spouse's allowance consistent with the minimum monthly maintenance needs allowance described in section 1924(d), a family allowance, for each family member, calculated as directed by section 1924(d)(1)(C), and an amount for incurred expenses for medical or remedial care, as specified in the State Medicaid plan.
Yes No

Note: states must elect the use the post-eligibility treatment-of-income rules in section 1924 of the Act in the circumstances described in the preface to this section.

(a.) Allowances for the needs of the:

1. Individual (check one)

(A). The following standard included under the State plan (check one):

1. SSI
2. Medically Needy
3. The special income level for the institutionalized
4. Percent of the Federal Poverty Level: _____%
5. Other (specify):_____

(B). The following dollar amount: $_____

Note: If this amount changes, this item will be revised.

(C) The following formula is used to determine the needs allowance:

_____

_____

If this amount is different than the amount used for the individual's maintenance allowance under 42 CFR 435.726 or 42 CFR 435.735, explain why you believe that this amount is reasonable to meet the individual's maintenance needs in the community:

_____

_____

_____

_____

_____

_____

II. Rates and Payments

A. The State assures CMS that the capitated rates will be less than the cost to the agency of providing State plan approved services 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 amount the state would have otherwise paid for a comparable population.

1. Rates are set at a percent of the amount that would otherwise been paid for a comparable population.

2.___ Experience-based (contractors/State's cost experience or encounter date)(please describe)
3.___ Adjusted Community Rate (please describe)
4. X*__ Other (please describe)

*Rates are negotiated with the PACE organizations and are below the AOPs/UPLs. See page 8 – PACE Capitation Rates methodology for additional information.

B. The State Medicaid Agency assures that the rates were set in a reasonable and predictable manner.

C. The State will submit all capitated rates to the CMS Regional Office for prior approval, and will include the name, organizational affiliate of any actuary used, and attestation/description of the capitation rates.

III. Enrollment and Disenrollment

The State assures that there is a process in place to provide for dissemination of enrollment and disenrollment data between the State and the State Administering Agency. The State assures that it has developed and will implement procedures for the enrollment and disenrollment of participants in the State's management information system, including procedures for any adjustment to account for the difference between the estimated number of participants on which the prospective monthly payment was based and the actual number of participants in that month.

CAPITATED RATE METHODOLOGY

Medicaid Reimbursement Methodology for PACE

The PACE rates are negotiated and are less than the amounts otherwise paid (AOP), otherwise known as upper payment limit (UPL), methodology. Because of the implementation of Delaware's mandatory, risk-based managed care program in 2012, there is little to no fee for service (FFS) data for a PACE-like population available for use in developing the AOPs. Therefore, the PACE AOPs are developed by leveraging work associated with the mandatory managed care program. The PACE AOP development process utilizes available historical experience for a PACE-like population (i.e., the State's nursing facility (NF) and elderly/physically disabled home-and community-based-services (HCBS) waiver populations).

Along with the MCO experience data, Delaware Medicaid FFS data and Delaware Medicaid eligibility data are used in the development of the PACE AOPs. The MCO experience data is adjusted to align with a PACE-like population (e.g., age 55 and older, NF/HCBS, etc.). Any Medicaid-covered services excluded from the MCOs are included in the development of the PACE AOPs using Delaware's Medicaid FFS claims data for the PACE-like populations. PACE AOPs are based on the paid amounts contained in the respective data source. The final AOPs are developed for each respective population rating group. The PACE AOPs include all Medicaid covered benefits for the respective population groups.

Adjustments to Develop the AOPs

The prospective AOPs are subject to the following adjustments:

- Base Data Adjustments: The historical managed care MCO base data is adjusted to comply with the requirements in the applicable CMS PACE rate setting guidance and to ensure the AOPs reflect what otherwise would have been paid under the State plan if participants were not enrolled in PACE (e.g., completion factors, copayments and patient liability).
- Prospective Trend: Trend is an estimate of the change in the overall cost of providing health care benefits over a finite period. A trend factor is necessary to estimate the cost of health care services in a defined contract period. As part of the AOP development for the PACE program, annual per-member-per-month (PMPM) trend factors are used to trend the base data forward to the midpoint of the contract period (i.e., midpoint to midpoint). Trend factors are based on regression analyses of historical data as well as professional opinion of future cost patterns.
- Programmatic Changes: Programmatic changes recognize the impact of changes to benefits, eligibility or State reimbursement, which take place between the base period and the projection period.
- PACE-Like Population Relativity Adjustment Factors: As needed, adjustments are made to the base data to reflect a PACE-like population. Adjustments are developed based on analyses of historical Delaware data and the relativity factors between a PACE-like population and the base data population (e.g., age 55 and older versus all ages).
- Adjustments for Services Not Included in Base Data or Other Adjustments: Any Medicaid covered service not included in the MCO experience data is included in the development of the

PACE AOPs through other data sources. The primary other data source is Delaware's Medicaid FFS claims data. Examples include non-emergency medical transportation, dental services, and other services paid by FFS for PACE-like individuals, but may change over time.

- Non-Medical Expense Load: An adjustment is applied to the PACE AOPs to reflect non-medical expenses. Because Delaware has mandatory risk-based managed care for populations that can otherwise enroll in PACE, the PACE AOPs leverage the non-medical expense load percentages from the applicable MCO capitation rates.

PACE Capitation Rates

The State will ensure compliance with 42 CFR 460.182(b) by assuring the PACE capitation rates are less than the respective AOP and fixed regardless of participant's health status. PACE rates are negotiated on a periodic basis (e.g., annual or as needed) between the State and each applicable PACE Organization.