

**DEPARTMENT OF HEALTH AND SOCIAL SERVICES**  
**DIVISION OF MEDICAID AND MEDICAL ASSISTANCE**  
Statutory Authority: 31 Delaware Code, Section 512 (31 **Del.C.** §512)

**PROPOSED**

**PUBLIC NOTICE**

**Case Management of High-Risk Pregnant Women**

In compliance with the State's Administrative Procedures Act (APA - Title 29, Chapter 101 of the **Delaware Code**) and under the authority of 31 **Del.C.** §512, Delaware Health and Social Services ("Department") / Division of Medicaid and Medical Assistance (DHSS/DMMA) is proposing to amend Title XIX Medicaid State Plan to remove the optional service, case management of high-risk pregnant women, from the Delaware Medicaid State Plan as these services will now be provided via an evidence-based home visiting model under 1115 Waiver authority.

Any person who wishes to make written suggestions, compilations of data, testimony, briefs, or other written materials concerning the proposed new regulations must submit same to, Planning and Policy Unit, Division of Medicaid and Medical Assistance, 1901 North DuPont Highway, P.O. Box 906, New Castle, Delaware 19720-0906, by email to [DHSS\\_DMMA\\_Publiccomment@Delaware.gov](mailto:DHSS_DMMA_Publiccomment@Delaware.gov), or by fax to 302-255-4413 by 4:30 p.m. on March 31, 2023. Please identify in the subject line: Case Management of High-Risk Pregnant Women.

The action concerning the determination of whether to adopt the proposed regulation will be based upon the results of Department and Division staff analysis and the consideration of the comments and written materials filed by other interested persons.

**SUMMARY OF PROPOSAL**

The purpose of this notice is to advise the public that Delaware Health and Social Services (DHSS)/Division of Medicaid and Medical Assistance (DMMA) is proposing to amend Title XIX Medicaid State Plan to remove the optional service, case management of high-risk pregnant women, from the Delaware Medicaid State Plan as these services will now be provided via an evidence-based home visiting model under 1115 Waiver authority.

**Statutory Authority**

- 1902(a)(23) of the Social Security Act
- 42 CFR 440.169 -- Case management services
- Social Security Act §1115, Demonstration projects

**Background**

There is growing evidence that increased stress from social factors such as food insecurity, as well as poverty and social exclusion, can have a major impact on health and can lead to premature death as well as poor birth outcomes for pregnant women and infants. As DMMA's mission is to "Improve health outcomes by ensuring that the highest quality medical services are provided to the vulnerable populations of Delaware in the most cost-effective manner," addressing social factors and ensuring our most vulnerable populations receive the most effective health care coverage has become imperative to improving health outcomes.

DMMA has provided case management of high-risk pregnant women as an optional Medicaid State Plan service since 1987. Since that time, many evidenced-based home visiting models for pregnant and post-partum women have been developed, researched, and proven effective in improving maternal and child health outcomes. Therefore, effective for services provided on January 1, 2023, DMMA has amended its Diamond State Health Plan (DSHP) 1115 Waiver to include coverage of two models of evidenced-based home visiting for pregnant women and children under the age of two who meet enrollment criteria established by the Nurse Family Partnership and Healthy Families of Delaware, and therefore, the optional state plan service will be sunset.

**Summary of Proposal**

*Purpose*

The purpose of this proposed regulation is to remove the optional service, case management of high-risk pregnant women, from the Delaware Medicaid State Plan as these services will now be provided via an evidence-based home visiting model under 1115 Waiver authority.

*Summary of Proposed Changes*

Effective for services provided on and after January 1, 2023, DHSS/DMMA proposes to amend XIX Medicaid State Plan to remove case management of high-risk pregnant women as an option from the Delaware Medicaid State Plan.

*Public Notice*

In accordance with the *federal* public notice requirements established at Section 1902(a)(13)(A) of the Social Security Act and 42 CFR 440.386 and the *state* public notice requirements of Title 29, Chapter 101 of the **Delaware Code**, DHSS/DMMA gives public notice and provides an open comment period for 30 days to allow all stakeholders an opportunity to provide input on the proposed regulation. Comments must be received by 4:30 p.m. on March 31, 2023.

*Centers for Medicare and Medicaid Services Review and Approval*

The provisions of this state plan amendment (SPA) are subject to approval by the Centers for Medicare and Medicaid Services (CMS). The draft SPA page(s) may undergo further revisions before and after submittal to CMS based upon public comment and/or CMS feedback. The final version may be subject to significant change.

*Provider Manuals and Communications Update*

Also, there may be additional provider manuals that may require updates as a result of these changes. The applicable Delaware Medical Assistance Program (DMAP) Provider Policy Specific Manuals and/or Delaware Medical Assistance Portal will be updated. Manual updates, revised pages or additions to the provider manual are issued, as required, for new policy, policy clarification, and/or revisions to the DMAP program. Provider billing guidelines or instructions to incorporate any new requirement may also be issued. A newsletter system is utilized to distribute new or revised manual material and to provide any other pertinent information regarding DMAP updates. DMAP updates are available on the Delaware Medical Assistance Portal website: <https://medicaid.dhss.delaware.gov/provider>

**Fiscal Impact**

There is no anticipated fiscal impact.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
STATE/TERRITORY: **DELAWARE**

CASE MANAGEMENT SERVICES

A. Target Group:

B. Areas of State in which services will be provided:

Entire State.

~~Only in the following geographic areas (authority of section 1915(g)(1) of Act is invoked to provide services less than Statewide:~~

C. Comparability of Services

~~Services are provided in accordance with section 1902(a)(10)(B) of the Act.~~

~~Services are not comparable in amount, duration, and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.~~

D. Definition of Services:

E. Qualification of Providers:

TN No. <u>SP #250</u>	Approval Date <u>December 23, 1987</u>
Supersedes <u>HCFA ID: 1040P/0016P</u>	
TN No. # <u>NEW</u>	Effective Date: <u>July 1, 1987</u>

D. Definition of Services:

Case management of high risk pregnant women must include at least the following components:

NUTRITION

- nutrition assessment and counseling
- WIC – Food Stamps application assistance
- infant feeding, breast feeding, child care information classes

SOCIAL WORKER

- counseling, access to needed services to resolve problems such as with education, creditors, mental health;
- referrals to child watch, child abuse help groups; parenting skills
- long term planning for self sufficiency through employment/training/education/referrals following delivery;
- substance abuse counseling;
- stop smoking clinic referral and assistance in attending;
- referral to genetic screening and counseling services.

NURSING

- weekly/monthly health assessment by RN with report of suspected problem to attending physician;
- Education on appropriate pregnancy topics; childbirth, newborn care (anticipating guidance).

OUTREACH

- contact client prior to pre-natal visit (phone/home visit);
- arrange transportation and babysitting, especially to assure all medical appointments are kept;
- accompany client to meetings, appointments as necessary;
- follow up to reschedule missed appointments;
- act as translator;
- facilitate implementation of goals of the care plan as directed by professional staff.

POST PARTUM

Continue services and resolve problems in 60-day post partum period including pregnancy prevention, infant care, assisting clients to plan for self sufficiency through referral to appropriate employment and training counseling services.

E. Qualification of Providers:

Qualified providers of case management services for high risk pregnant women will be those that can provide all of the service components described in item D on page 1a, and who have staff or contractual arrangements to make up a case management team as defined below:

Qualifications of Case Management Team Members

NUTRITION

shall be a Registered Dietitian or Nutritionist.

SOCIAL WORKER

shall be an employee with a Bachelors of Arts or Bachelors of Science degree in social work, counseling or related social services field.

NURSING

shall be a Registered Nurse licensed to practice in the State of Delaware.

OUTREACH

these members shall be experienced para-professionals operating under the supervision of the professional staff.

CLERICAL/SUPPORT

contractor shall have adequate clerical support staff to track, file, type, etc. all necessary documentation required to the case management team.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
STATE/TERRITORY: **DELAWARE**

F. The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

1. Eligible recipients will have free choice of the providers of case management services.
2. Eligible recipients will have free choice of the providers of other medical care under the plan.

G. Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

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