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State/Territory Name: Maryland

State Plan Amendment (SPA) #: 20-0007

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

December 16, 2020

Mr. Dennis Schrader, Director
Maryland Department of Health
201 W. Preston St., 5th Floor
Baltimore, MD 21201

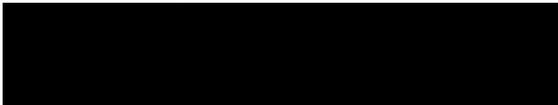
Dear Mr. Schrader:

We are pleased to inform you of the approval of Maryland State Plan Amendment (SPA) 20-0007. This amendment is to increase Home and Community Based Services (HCBS) 1915(i) rates by 4 percentage as set by legislature. In addition, this amendment includes a technical correction to Att. 3.1i page 13 physical evaluation requirement language.

Enclosed is a copy of the approved SPA pages and the signed CMS-179 form. The effective date of this amendment is July 2, 2020.

If you have any questions regarding this SPA, please contact Talbatha Myatt at (215) 861-4259. She can also be reached at Talbatha.Myatt@cms.hhs.gov.

Sincerely,


James G. Scott, Director
Division of Program Operations

cc: Katia Fortune, State Plan Coordinator
Nina McHugh, Medicaid Provider Services Administration
Tricia Roddy, Assistant Medicaid Director
James G. Scott, Director Division of Program Operations
Nicole McKnight, CMCS, Branch Manager, Division of Program Operations
Talbatha Myatt, CMCS, State Lead, Division of Program Operations
Gary Knight, CMCS, Financial Management Group (FMG)

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 0 - 0 0 0 7

2. STATE

MD

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

~~July 1, 2020~~ July 2, 2020

5. TYPE OF PLAN MATERIAL (*Check One*)

NEW STATE PLAN

AMENDMENT TO BE CONSIDERED AS NEW PLAN

AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION

7. FEDERAL BUDGET IMPACT

a. FFY 2020 \$ 11

b. FFY 2021 \$ 34

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Att 4.19-B pg. 54-68 (20-0007)

Att 3.1i pg. 13

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (*If Applicable*)

Att. 4.19-B pg. 54-68 (19-0007)

Att 3.1i pg. 13

10. SUBJECT OF AMENDMENT

To increase Home and Community Based Services (HCBS) 1915(i) rates by 4% as set by legislature.

11. GOVERNOR'S REVIEW (*Check One*)

GOVERNOR'S OFFICE REPORTED NO COMMENT

OTHER, AS SPECIFIED

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL

13. TYPED NAME

Tricia Roddy

14. TITLE

Assistant Medicaid Director

15. DATE SUBMITTED

September 28, 2020

16. RETURN TO

Dennis Schrader
Medicaid Director
Maryland Department of Health
201 W. Preston St, 5th Floor
Baltimore, MD 21201

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED

September 28, 2020

18. DATE APPROVED

12/09/2020

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

07/02/2020

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME

James G. Scott

22. TITLE

Director, Division of Program Operations

23. REMARKS

PEN & INK AUTHORIZATIONS:

BLOCK #6 - ADD - 1915(i) of the Social Security Act and 42 CFR 441.710.

BLOCK #7 - For additional clarification - the amounts in block #7 are in thousands.

BLOCK #8 - REMOVE: Att 4.19-B pg. 54-68 (20-0007) and **ADD**: Attachment 4.19B, Pages 54-60 (20-0007) **BLOCK #4** - Change effective date to July 2, 2020.

Block 8 & 9- ADD Att. 3.1i pg.13

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| <p>to meet these needs due to the severity of the impairment without the provision of one more of the service contained in the HCBS Benefit</p> <p>Duplication of Services: The youth may not be enrolled in an Adult Residential Program for Adults with Serious Mental Illness licensed under COMAR 10.21.22 or a Health Home while enrolled in the HCBS benefit.</p> | | | |
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*Long Term Care/Chronic Care Hospital

**LOC= level of care

7. **Target Group(s).** The state elects to target this 1915(i) State plan HCBS benefit to a specific population based on age, disability, diagnosis, and/or eligibility group. With this election, the state will operate this program for a period of 5 years. At least 90 days prior to the end of this 5 year period, the state may request CMS renewal of this benefit for additional 5-year terms in accordance with 1915(i)(7)(C) and 42 CFR 441.710(e)(2). (*Specify target group(s)*):

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| <p>This HCBS benefit is targeted to youth and young adults with serious emotional disturbances (SED) or co-occurring mental health and substance use disorders and their families.</p> <ol style="list-style-type: none">1. Age: Youth must be under 18 years of age at the time of enrollment although they may continue in HCBS Benefit up to age 22.2. Consent:<ol style="list-style-type: none">a. Youth under 16 must have consent from the parent or legal guardian to participate; for young adults who are 16 or older and already enrolled, the young adult must consent to participate. Youth over 16 who are in the care and custody of the State, require consent from their legal guardian.b. The consent to participate includes information on the array and availability of services, data collection and information-sharing, and rights and responsibilities under Maryland Medical Assistance.3. Behavioral Health Disorder:<ol style="list-style-type: none">a. Youth must have a behavioral health disorder amenable to active clinical treatment. <p>There must be clinical evidence the child or adolescent has a serious emotional disturbance</p> |
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Methods and Standards for Establishing Payment Rates

1. **Services Provided Under Section 1915(i) of the Social Security Act.** For each optional service, describe the methods and standards used to set the associated payment rate. *(Check each that applies, and describe methods and standards to set rates):*

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| <input type="checkbox"/> | HCBS Case Management |
| <input type="checkbox"/> | HCBS Homemaker |
| <input type="checkbox"/> | HCBS Home Health Aide |
| <input type="checkbox"/> | HCBS Personal Care |
| <input type="checkbox"/> | HCBS Adult Day Health |
| <input type="checkbox"/> | HCBS Habilitation |
| <input checked="" type="checkbox"/> | <p>HCBS Respite Care</p> <p>COMMUNITY-BASED RESPITE CARE</p> <p>Community-based respite services are provided for a minimum of one hour and a maximum of six hours per day, and may not be billed on the same day as out of home respite.</p> <p>The fee schedule for 1915(i) services is reviewed for updating every state fiscal year as determined by state of Maryland legislation. As of July 2, 2020, a 4% increase across Behavioral Health services was implemented in the agency’s fee schedule and is effective for all 1915(i) services provided on or after that date. A link to the published fee schedule can be found by going to the Behavioral Health Information section of https://mmcp.health.maryland.gov/Pages/Provider-Information.aspx, clicking on the “PBHS Fee Schedule”, and selecting “PMHS 1915(i) Fee Schedule”.</p> <p>State developed fee schedule rates are the same for both governmental and private individual practitioners and the fee schedule and any annual/periodic adjustments to the fee schedule are published at the above link.</p> <p>The community-based respite care rate adheres to the CMS-accepted methodology for cost-based rates which includes salary, fringe benefits, indirect costs, and transportation costs. The rate was based on the following staffing assumptions: 68% billable time, 1 FTE respite worker with a caseload of 15, 0.15 FTE administrative staff (respite supervisor at .10 FTE and administrative support at .05 FTE).</p> <p>Payment for Community Based Respite Care service as outlined per Attachment 3.1-i page 23-25 is reimbursed in accordance with the fee schedule referenced on</p> |

page 54 paragraph two. Community Based Respite Care providers are defined per Attachment 3.1-i page 25-26.

OUT OF HOME RESPITE CARE

Out of Home respite services are provided on an overnight basis for a minimum of 12 hours. The service has a maximum of 24 units per year, subject to medical necessity criteria override. The service may not be billed on the same day as community-based respite.

The fee schedule for 1915(i) services is reviewed for updating every state fiscal year as determined by state of Maryland legislation. As of July 2, 2020, a 4% increase across Behavioral Health services was implemented in the agency’s fee schedule and is effective for all 1915(i) services provided on or after that date. A link to the published fee schedule can be found by going to the Behavioral Health Information section of <https://mmcp.health.maryland.gov/Pages/Provider-Information.aspx>, clicking on the “PBHS Fee Schedule”, and selecting “PMHS 1915(i) Fee Schedule”.

State developed fee schedule rates are the same for both governmental and private individual practitioners and the fee schedule and any annual/periodic adjustments to the fee schedule are published at the above link.

The rate development was originally based on the Fiscal Year 2012 Maryland Interagency Rates Committee (IRC) rates for residential child care facilities and child placement agencies. The IRC is charged with developing and operating a rate process for residential child care and child placement agency programs that is fair, equitable and predictable, and is comprised of representatives from the Department of Budget and Management, Maryland Department of Health /Behavioral Health Administration, Department of Human Services/Social Services Administration, Department of Juvenile Services, Governor's Office for Children and the Maryland State Department of Education.

The IRC identifies programs as "preferred" or "non-preferred." The rate development was originally based on the average per diem rate for preferred programs including group homes, therapeutic group homes, and treatment foster care providers because these are comparable settings to out of home respite care.

Payment for Out Of Home Respite Care service as outlined per Attachment 3.1-i page 26-27 is reimbursed in accordance with the fee schedule referenced on page 55 paragraph three. Out Of Home Respite Care providers are defined per Attachment 3.1-i page 27-29.

For Individuals with Chronic Mental Illness, the following services:

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| <input type="checkbox"/> | HCBS Day Treatment or Other Partial Hospitalization Services |
| <input checked="" type="checkbox"/> | HCBS Psychosocial Rehabilitation |
| | INTENSIVE IN-HOME SERVICES (IIHS) – EVIDENCE BASE PRACTICES (EBP) |

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| | <p>The approved Intensive In-Home Services (IIHS) providers will bill the Maryland Department of Health (MDH) directly for the services rendered. No more than one unit of service may be billed for services delivered at the same time by the same staff. Private and public IIHS providers will be reimbursed at the same rate.</p> <p>An IIHS provider may bill for a week only if an IIHS activity occurred for the covered youth on at least one day of the billable week. A minimum of one (1) face-to-face contact is required per week. At least fifty percent (50%) of therapist's contacts with the youth and/or family must be face-to-face. A minimum of fifty percent (50%) of the therapist's time must be spent working outside the agency and in the youth's home or community, as documented in the case notes. An individual can only receive IIHS services from one provider at a time. Partial hospitalization/day treatment and other family therapies cannot be charged at the same time. IIHS providers are expected to provide crisis response services for the youth on their caseload.</p> <p>The rate development adheres to the CMS-accepted methodology for cost-based rates, which includes salary, fringe benefits, indirect costs, and transportation costs based on an average of the mileage experience in current IIHS program. Cost estimates conform to our experience with programs similar to IIHS in Maryland, including the salaries paid.</p> <p>The fee schedule for 1915(i) services is reviewed for updating every state fiscal year as determined by state of Maryland legislation. As of July 2, 2020, a 4% increase across Behavioral Health services was implemented in the agency's fee schedule and is effective for all 1915(i) services provided on or after that date. A link to the published fee schedule can be found by going to the Behavioral Health Information section of https://mmcp.health.maryland.gov/Pages/Provider-Information.aspx, clicking on the "PBHS Fee Schedule", and selecting "PMHS 1915(i) Fee Schedule".</p> <p>State developed fee schedule rates are the same for both governmental and private individual practitioners and the fee schedule and any annual/periodic adjustments to the fee schedule are published at the above link.</p> <p>An evidence-based practice (EBP) is defined as a program, intervention or service that:</p> <ol style="list-style-type: none"> 1. Is recognized by MDH as an EBP for youth; <ol style="list-style-type: none"> a. Are derived from rigorous, scientifically controlled research; and b. Can be applied in community settings with a defined clinical population; 2. Has a consistent training and service delivery model; 3. Utilizes a treatment manual; and 4. Has demonstrated evidence that successful program implementation results in improved, measurable outcomes for recipients of the service intervention. <p>The rate for the IIHS-EBP (and, in particular, the caseload used) was based on Functional Family Therapy, an established EBP in Maryland. The rate is higher for those programs that are identified as an EBP, in keeping with the</p> |
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established practice of different reimbursement rates for an EBP versus non-EBP service (e.g., Mobile Treatment Services and Assertive Community Treatment).

The weekly rate for the IIHS-EBP program is based on the cost of a therapist with a maximum caseload of 11 and a maximum length of stay in the program of 16 weeks. The supervisor caseload is a ratio of 1:5. The rate includes other costs, including mileage costs (at least 50% of face-to-face contacts must be in the home or community, and the therapist must see the youth and family face-to-face at least once each week), rent, and communications costs.

Payment for Intensive In-Home service as outlined per Attachment 3.1-i page 20-21 and is reimbursed in accordance with the fee schedule referenced on page 56 paragraph four. Intensive In-Home providers are defined per Attachment 3.1-i page 21-23.

INTENSIVE IN-HOME SERVICES (IIHS)—NON EVIDENCE BASED PRACTICE (NON EBP)

The approved Intensive In-Home Services (IIHS) providers will bill the Maryland Department of Health directly for the services rendered. No more than one unit of service may be billed for services delivered at the same time by the same staff. Private and public IIHS providers will be reimbursed at the same rate.

An IIHS provider may bill for a week only if an IIHS activity occurred for the covered youth on at least one day of the billable week. A minimum of one (1) face-to-face contact is required per week. At least fifty percent (50%) of therapist's contacts with the youth and/or family must be face-to-face. A minimum of fifty percent (50%) of the therapist's time must be spent working outside the agency and in the youth's home or community, as documented in the case notes. An individual can only receive IIHS services from one provider at a time. Partial hospitalization/day treatment and other family therapies cannot be charged at the same time. IIHS providers are expected to provide crisis response services for the youth on their caseload.

The fee schedule for 1915(i) services is reviewed for updating every state fiscal year as determined by state of Maryland legislation. As of July 2, 2020, a 4% increase across Behavioral Health services was implemented in the agency's fee schedule and is effective for all 1915(i) services provided on or after that date. A link to the published fee schedule can be found by going to the Behavioral Health Information section of <https://mmcp.health.maryland.gov/Pages/Provider-Information.aspx>, clicking on the "PBHS Fee Schedule", and selecting "PMHS 1915(i) Fee Schedule".

State developed fee schedule rates are the same for both governmental and private individual practitioners and the fee schedule and any annual/periodic adjustments to the fee schedule are published at the above link.

The rate development adheres to the CMS-accepted methodology for cost-based rates, which includes salary, fringe benefits, indirect costs, and transportation costs based on an average of the mileage experience in current

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| | <p>IIHS program. Cost estimates conform to our experience with programs similar to IIHS in Maryland, including the salaries paid.</p> <p>The weekly rate for the IIHS program is based on the cost of a therapist (.5 FTE) and in-home stabilizer (.5 FTE) with a shared caseload of 1:12. An in-home stabilizer provides some of the face-to-face services. The supervisor caseload is a ratio of 1:5. The rate includes other costs, such as rent, communications (phone, internet), and mileage.</p> <p>Payment for Intensive In-Home service as outlined per Attachment 3.1-i page 20-21 is reimbursed in accordance with the fee schedule referenced on page 57 paragraph six. Intensive In-Home providers are defined per Attachment 3.1-i page 21-23.</p> <p>MOBILE CRISIS RESPONSE SERVICES</p> <p>This service was discontinued as of 9/30/2020. Reserve for future use.</p> <p>EXPRESSIVE AND EXPERIENTIAL BEHAVIORAL SERVICES</p> <p>The approved expressive & experiential behavioral therapy providers will bill the Maryland Department of Health for the services rendered. No more than one unit of service may be billed for services delivered at the same time by the same staff. Private and public expressive and experiential behavioral therapy providers will be reimbursed at the same rate.</p> <p>The fee schedule for 1915(i) services is reviewed for updating every state fiscal year as determined by state of Maryland legislation. As of July 2, 2020, a 4% increase across Behavioral Health services was implemented in the agency’s fee schedule and is effective for all 1915(i) services provided on or after that date. A link to the published fee schedule can be found by going to the Behavioral Health Information section of https://mmcp.health.maryland.gov/Pages/Provider-Information.aspx, clicking on the “PBHS Fee Schedule”, and selecting “PMHS 1915(i) Fee Schedule”.</p> <p>State developed fee schedule rates are the same for both governmental and private individual practitioners and the fee schedule and any annual/periodic adjustments to the fee schedule are published at the above link.</p> <p>The following details the rate development for expressive and experiential behavioral therapy services. Expressive and Experiential Behavioral Therapy Services Providers must have a) A bachelor's or master's degree from an accredited college or university; and (b) Current registration in the applicable association. The applicable registrations and associations include the following:</p> |
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- Dance Therapist Registered or Academy of Dance Therapists Registered in The American Dance Therapy Association
- Certified by The Equine Assisted Growth and Learning Association (EAGALA) to provide services under the EAGALA model or The Professional Association of Therapeutic Horsemanship International (PATH Int.) (Formerly the North American Riding for the Handicapped Association (NARHA))
- Horticultural Therapist Registered by The American Horticultural Therapy Association
- Music Therapist-Board Certified by the Board for Music Therapists, Inc in the American Association for Music Therapy, Inc.
- Registered Drama Therapist or Board Certified Trainer in the National Association for Drama Therapy

These associations, registrations and certifications were identified as having comprehensive standards, continuing education requirements, and examinations. As such, the rate for this service has been aligned with the Medicaid rate for individual practitioners (licensed certified social worker-clinical, nurse psychotherapist, licensed clinical professional counselor, licensed clinical marriage and family therapist, and certified registered nurse practitioner-psychiatric) and are reimbursed in accordance with the fee schedule referenced on page 58 paragraph six. A differential is applied for fully licensed clinicians who also have certification versus non-licensed professionals who solely possess certification in one of the expressive and experiential therapies. The group rates were based on the C&A Group Psychotherapy Rates.

Payment for Expressive and Experiential Behavioral service as outlined per Attachment 3.1-i page 32-33 are reimbursed in accordance with the fee schedule referenced on page 58 paragraph six. Expressive and Experiential Behavioral providers are defined per Attachment 3.1-i page 33.

FAMILY PEER SUPPORT

The fee schedule for 1915(i) services is reviewed for updating every state fiscal year as determined by state of Maryland legislation. As of July 2, 2020, a 4% increase across Behavioral Health services was implemented in the agency’s fee schedule and is effective for all 1915(i) services provided on or after that date. A link to the published fee schedule can be found by going to the Behavioral Health Information section of <https://mmcp.health.maryland.gov/Pages/Provider-Information.aspx>, clicking on the “PBHS Fee Schedule”, and selecting “PMHS 1915(i) Fee Schedule”.

State developed fee schedule rates are the same for both governmental and private individual practitioners and the fee schedule and any

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| | | <p>annual/periodic adjustments to the fee schedule are published at the above link.</p> <p>The rate development adheres to the CMS-accepted methodology for cost-based rates, which includes salary, fringe benefits, indirect costs, and transportation costs based on an average of the mileage experience in current peer support programs. Cost estimates conform to our experience with peer support in Maryland.</p> <p>Payment for Family Peer Support service as outlined per Attachment 3.1-i page 29-30 are reimbursed in accordance with the fee schedule referenced on page 60 paragraph three. Family Peer Support providers are defined per Attachment 3.1-i page 30-32.</p> |
| | <input type="checkbox"/> | <p>HCBS Clinic Services (whether or not furnished in a facility for CMI)</p> |
| <input checked="" type="checkbox"/> | <p>Other Services (specify below)</p> | |
| | <p>CUSTOMIZED GOODS AND SERVICES This service was discontinued as of 9/30/2020. Reserve for future use.</p> | |
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