

Table of Contents

State/Territory Name: **Maryland**

State Plan Amendment (SPA) #: **21-0004**

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

May 20, 2021

Tricia Roddy
Acting Medicaid Director
Maryland Department of Health
201 West Preston Street
Baltimore, Maryland 21201

Re: Maryland State Plan Amendment (SPA) 21-0004

Dear Ms. Roddy:

We reviewed your proposed Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) MD-21-0004. This amendment proposes to expand the categories of providers allowed to order home health services to include physician assistants and clinical nurse specialists with prescriptive authority.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations. This letter is to inform you that Maryland's Medicaid SPA Transmittal Number MD 21-0004 was approved on May 12, 2021. The categories of providers allowed to order home health services benefit were initially authorized through Disaster Relief SPA DR SPA 20-0003 effective March 1, 2020. Therefore, the effective date of this SPA permanently adding categories of providers allowed to order home health services into the Medicaid State Plan will be the day after the COVID-19 Public Health Emergency (PHE) ends. A copy of the approved State Plan pages and the signed CMS-179 form are enclosed. CMS will provide an updated CMS-179 and approved pages indicating the official effective date once the expiration of the PHE is known.

Please contact Talbatha Myatt at 215-861-4259 or by email at Talbatha.Myatt@cms.gov if you have any questions about this approval. We appreciate the efforts of you and your staff in responding to the needs of the residents of the State of Maryland's and the health care community.

Sincerely,



James G. Scott, Director
Division of Program Operations

cc: Alison Donley, State Plan Coordinator
Nina McHugh, Medicaid Provider Services Administration
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
Mindy Morrell, CMCS, Division of Benefits and Coverage

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

1. TRANSMITTAL NUMBER
2 1 0 0 0 4

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
01/01/2021

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
N/A

7. FEDERAL BUDGET IMPACT
a. FFY 2021 \$ 0
b. FFY 2022 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Att. 3.1A pg. 19-A (21-0004)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (*If Applicable*)
Att. 3.1A pg. 19-A (20-0004)

10. SUBJECT OF AMENDMENT
This amendment updates the categories of providers allowed to order home health services. The Department proposes to allow physician assistants and clinical nurse specialists with prescriptive authority to order home health services.

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

16. RETURN TO

13. TYPED NAME
Tricia Roddy

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

14. TITLE
Assistant Medicaid Director

15. DATE SUBMITTED
3/23/2021

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED
March 23, 2021

18. DATE APPROVED
05/12/2021

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL
The day after PHE ends

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME
James G. Scott

22. TITLE
Director, Division of Program Operations

23. REMARKS

STATE PLAN FOR MEDICAL ASSISTANCE UNDER
TITLE XIX OF THE SOCIAL SECURITY ACT

STATE OF MARYLAND

PROGRAM	LIMITATIONS
<p>7. Home Health Services – General</p> <p>Skilled nursing services, home health aide services, physical therapy services, occupational therapy services, speech pathology services, and medical supplies.</p>	<p>The state will comply with the Electronic Visit Verification System (EVV) requirements for home health services by January 1, 2023 in accordance with section 12006 of the 21st Century CURES Act.</p> <p>1. Providers of home health services must:</p> <ol style="list-style-type: none"> a. Be licensed as a home health agency in the state; and b. Participate under Medicare as a home health agency. <p>2. Services must be:</p> <ol style="list-style-type: none"> a. Provided upon the written order of the physician, nurse practitioner, physician assistant, or clinical nurse specialist with prescriptive authority in accordance with State law, and furnished under the current plan of treatment; b. Consistent with the current diagnosis and treatment of the participant's condition; c. In accordance with accepted standards of medical practice; d. Required by the medical condition rather than the convenience or preference of the participant; e. Considered under accepted standards of medical practice to be a specific and effective treatment for the participant's condition; f. Required on a part-time, intermittent basis when skilled nursing services are rendered; g. Rendered by an approved provider in the participant's home, or other setting when normal life activities take the participant outside the home; h. Adequately described in the signed and dated progress notes; i. Documented as received by the participant as indicated by the participant's signature or signature of a witness; j. Documented that a physician, nurse practitioner, clinical nurse specialist, certified nurse midwife, or physician assistant who is not employed by the home health agency, has had a face-to-face encounter with the participant no more than 90 days before the home health start of care date or within 30 days after the start of the home health care, including the date of the encounter; and k. Documented by the attending acute or post-acute physician, the clinical findings of the face-to-face encounter for participants admitted immediately to home health upon discharge from a hospital or post-acute setting.

TN NO. 21-0004
Supercedes TN No. 20-0004

Approval Date: 05/12/2021
Effective Date: The day after PHE ends