

FEDERAL REGULATION CITATIONS: SPA 09-05

- ___ Attachment 2.2A 42 CFR 435.10
- ___ Attachment 2.6A 42 CFR Part 435, Section 435.10 and Subparts G&H AT-78-90, AT-80-6, AT-80-34, 1902(l) and (n) of the Act, P.L. 99-509 (Secs. 9401 and 9402), 1902 (l) and (n) and 1920 of the Act, P.L. 99-509 (Secs. 9401, 9402, and 9407)
- _X_ Attachment 3.1A Part 400, Subpart B and 1902(e)(5), 1905(a)(18) through (20), and 1920 of the Act, P.L. 99-272 (Sections 9501, 9505 and 9526) and 1902(a), 1902(a)(47), 1902 (e)(7) through (9), and 1920 of the Act, P.L. 99-509 (Sections 9401(d), 9403, 9406 through 9408) and P.L. 99-514 (Section 1985(c)(3))
- _X_ Attachment 3.1B 42 CFR Part 440, Subpart B, 42 CFR 441.15, AT-78-90, AT-80-34
- ___ Attachment 3.1C 42 CFR 431.53, AT-78-90
- ___ Attachment 3.1F 1905(a)(24) and 1930 of the Act, P.L. 101-508 (Section 4712 OBRA 90)
- ___ Attachment 4.18A 447.51 through 447.58
- ___ Attachment 4.18C 447.51 through 447.58
- ___ Attachment 4.18-F 447.50-447.59
- _X_ Attachment 4.19 A&B (a) 42 CFR 447.252, 46 FR 44964, 48 FR 56046, 50 FR 23009, 1902(e)(7) of the Act, P.L. 99-509 (Section 9401(d))
- (b) 42 CFR 447.201, 42 CFR 447.302, AT-78-90, AT-80-34, 1903(a)(1) and (n) and 1920 of the Act, P.L. 99-509 (Section 9403, 9406 and 9407), 52 FR 28648
- ___ Attachment 4.16 42 CFR 431.615(c) AT-78-90
- ___ Attachment 4.19D (d) 42 CFR 447.252, 47 FR 47964, 48 FR 56046, 42 CFR 447.280, 47 FR 31518, 52 FR 28141
- ___ Attachment 4.22A (a) 433.137(a), 50 FR 46652, 55 FR 1423
- ___ Attachment 4.22B (b) 433.138(f), 52 FR 5967, 433.138(g)(1)(ii) and (2)(ii), 52 FR 5967, 433.133(g)(3)(i) and (iii), 52 FR 5967, 433.138(h)(4)(i) through (iii), 52 FR 5967
- ___ Attachment 4.22C Section 1906 of the Act
- ___ Attachment 4.26 1927(g) 42 CFR 456.700, 1927(g)(1)(A), 1927(g)(1)(a) 42 CFR 456.705(b) and 456.709(b), 1927(g)(1)(B) 42 CFR 456.703(d) and (f), 1927(g)(1)(D) 42 CFR 456.703(b), 1927(g)(2)(A) 42 CFR 456.705(b), 1927(g)(2)(A)(i) 42 CFR 456.705(b), 1927(g)(2)(A)(i) 42 CFR 456.705(b), (1)-(7), 1927(g)(2)(A)(ii) 42 CFR 456.705(c) and (d), 1927(g)(2)(B) 42 CFR 456.709(a), 1927(g)(2)(C) 42 CFR 456.709(b), 1927(g)(2)(D) 42 CFR 456.711, 1927 (g)(3)(A) 42 CFR 456.716(a), 1927 (g)(3)(B) 42 CFR 456.716 (A) and (B), 1927(g)(3)(C) 42 CFR 456.716 (d) 1927(g)(3)(C) 42 CFR 456.711 (a)-(d), 1927 (g)(3)(D) 42 CFR 456.712 (A) and (B), 1927(b)(1) 42 CFR 456.722, 1927(g)(2)(A)(i) 42 CFR 456.705(b), 1927(j)(2) 42 CFR 456.703(c)
- ___ Attachment 4.32A (a) 435.940 through 435.960, 52 FR 5967
- ___ Attachment 4.33A (a) 1902(a)(48) of the Act, P.L. 99-570 (Section 11005), P.L. 100-93 (Section 6(a)(3))
- ___ Attachment 4.35A (a) 1919(b)(1) and (2) of the Act, P.L. 100-103 (Section 4212(a))
- ___ Attachment 4.35B (b) Same as above

AMOUNT, DURATION AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED
TO THE CATEGORICALLY NEEDY

12. Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist.

a. Prescribed drugs.

/X/ Provided: // No limitations /X/ With limitations*
// Not provided.

b. Dentures.

/X/ Provided: // No limitations /X/ With limitations*
// Not provided.

c. Prosthetic devices.

/X/ Provided: // No limitations /X/ With limitations*
// Not provided.

d. Eyeglasses.

/X/ Provided: // No limitations /X/ With limitations*
// Not provided.

13. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in the plan.

a. Diagnostic services-

/X/ Provided: // No limitations /X/ With limitations*
// Not provided.

*Description provided on attachment.

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Supersedes

TN No. 91-19

JUN 29 2009
Approval Date _____

Effective Date July 1, 2009

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

STATE OF MARYLAND

PROGRAM	LIMITATIONS
13. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in the plan. C. Diagnostic Services Environmental Lead Investigations	A. The service includes one on-site environmental lead inspection per primary dwelling. B. The service is limited to Medicaid enrollees under age 21 with confirmed elevated blood lead levels of $10 \geq \mu\text{g/dL}$. C. Provider limitations: Investigations shall be preformed by Lead Risk Assessors who are accredited by the Maryland Department of the Environment with enforcement authority to ensure that lead risks are abated.

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AMOUNT, DURATION AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED
TO THE MEDICALLY NEEDY

c. Prosthetic devices.

/X/ Provided: // No limitations /X/ With limitations*
// Not provided.

d. Eyeglasses.

/X/ Provided: // No limitations /X/ With limitations*
// Not provided.

13. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in the plan.

a. Diagnostic services-

/X/ Provided: // No limitations /X/ With limitations*
// Not provided.

b. Screening services.

// Provided: // No limitations // With limitations*
// Not provided.

c. Preventive services.

// Provided: // No limitations // With limitations*
// Not provided.

d. Rehabilitative services.

/X/ Provided: // No limitations /X/ With limitations*
// Not provided.

14. Services for individuals age 65 or older in institutions for mental diseases.

a. Inpatient hospital services.

/X/ Provided: // No limitations /X/ With limitations*
// Not provided.

b. Skilled nursing facility services.

// Provided: // No limitations // With limitations*
// Not provided.

*Description provided on attachment.

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93-10

JUN 29 2009

July 1, 2009

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Maryland

Reimbursement Methodology for On-Site Environmental Lead Inspection

Rate development - The following details the rate development for an on-site environmental lead inspection of the child's primary dwelling. This follows the CMS-accepted methodology for cost-based rates, which includes salary, fringe benefits, and indirect costs.

<u>TIME:</u>		<u>COST</u>
Inspection Time	6 Hours	
Total per on-site inspection	6 Hours	
<u>SALARY AND FRINGE</u>		
Lead Risk Assessors -		
Average Hourly Rate = \$29.05		
	6 Hours x \$29.05 (Avg Hourly Rate)	\$174.30
	Fringe 37.5%	\$ 65.36
TIME, SALARY & FRINGE TOTAL PER ON-SITE ENVIRONMENTAL LEAD INSPECTION		<u>\$239.66</u>

EQUIPMENT

{	Purchase price estimated at \$15,000		}
	(Ten year expected life x 4= \$60,000)	\$6,000/year	
	Annual source replacement x 4 Instruments	\$10, 000/year	
	Ring Badges for Radiation detection	<u>\$526/year</u>	
	Total per year	\$16,526 /year	

Total equipment cost per inspection \$16,526 X 80% Total Medicaid cases =
13,220.80/400 /Medicaid cases per year) \$33.05

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OVERHEAD

Rent/utilities –	34.20
Accounting, Audits and IT Support (5% of total salary and fringe)	11.98
Telephone charges –	14.40

Total Overhead/Case	\$60.58
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EQUIPMENT AND OVERHEAD TOTAL	<u>\$93.63</u>
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TIME, SALARY & FRINGE TOTAL	\$ 239.66
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EQUIPMENT AND OVERHEAD TOTAL	<u>\$ 93.63</u>
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TOTAL COST PER ENVIRONMENTAL INSPECTION	<u>\$ 333.29</u>
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1. Effective July 1, 2009, the service will be covered using the procedure code T1029 – On-Site Environmental Lead Inspection, per primary dwelling – at a rate of \$333.29. Subsequently, the rate will increase by 2% annually. This rate can be found on the Department of Health and Mental Hygiene's website at: <http://www.dhmh.state.md.us/>.
2. Payment is limited to providers' that are Lead Risk Assessors accredited by the Maryland, Department of the Environment with enforcement authority to ensure that lead risks are abated.
3. The Department will conduct post-payment audits to ensure that providers are not paid for testing environmental substances such as water or soil and only pays:
 - once for each dwelling and
 - only when the child in the dwelling has a blood lead elevation $\geq 10 \mu\text{g/dL}$.

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