

## **Table of Contents**

**State/Territory Name: Maryland**

**State Plan Amendment (SPA) #: 16-0008**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
150 S. Independence Mall West  
Suite 216, The Public Ledger Building  
Philadelphia, Pennsylvania 19106-3499



**Region III/Division of Medicaid and Children's Health Operations**  
**SWIFT # 101920164077**

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**November 1, 2016**

Shannon McMahon, Deputy Secretary  
Health Care Financing  
Maryland Department of Health and Mental Hygiene  
201 West Preston Street, Room 525  
Baltimore, MD 21201

Dear Ms. McMahon:

Enclosed is a copy of the approved State Plan Amendment (SPA), Transmittal Number 16-0008. This SPA updates Maryland's State Plan to increase the reimbursement rate for Targeted Case Management providers by three and a half percent, based on a legislative approved Cost of Living Adjustment.

The effective date for this amendment is July 1, 2016. The CMS 179 form and the Approved State Plan pages are attached.

If you have questions about this SPA, please contact Lieutenant Commander Andrea Cunningham of my staff at 215-861-4325.

Sincerely,  
/S/

Digitally signed by  
Francis T. McCullough -S  
Date: 2016.11.01  
09:01:19 -04'00'

Francis McCullough  
Associate Regional Administrator

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL****FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**1. TRANSMITTAL NUMBER:  
16-00082. STATE  
Maryland3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR  
CENTERS FOR MEDICARE & MEDICAID SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES4. PROPOSED EFFECTIVE DATE  
July 1, 2016

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 2016: \$ 182,276.50

b. FFY 2017: \$ 546,829.50

8. PAGE NUMBER OF THE PLAN SECTION OR  
ATTACHMENT:

Att. 3.1A Pages 42, 43, and 44 (AMEND)

Att. 4.19B Pages 42, 43, and 44

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

Att. 4.19B Pages 42, 43, and 44

10. SUBJECT OF AMENDMENT: To update DDA TCM rate based on legislatively approved Cost Of Living  
Adjustment increase.

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED:

Susan J. Tucker, Executive Director

Office of Health Services

12. SIGNATURE OF STATE AGENCY OFFICIAL:  
/S/

13. TYPED NAME: Shannon McMahon

14. TITLE: Deputy Secretary,  
Office of Health Care Financing

15. DATE SUBMITTED: September 16, 2016

16. RETURN TO:

Susan J. Tucker, Executive Director

OHS – DHMH

201 W. Preston St., 1<sup>st</sup> floor

Baltimore, MD 21201

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: September 16, 2016

18. DATE APPROVED: November 1, 2016

**PLAN APPROVED – ONE COPY ATTACHED**19. EFFECTIVE DATE OF APPROVED MATERIAL:  
July 1, 201620. SIGNATURE OF REGIONAL OFFICIAL:  
/S/21. TYPED NAME:  
FRANCIS T. MCCULLOUGH22. TITLE:  
ASSOCIATE REGIONAL ADMINISTRATOR, DMCHO

23. REMARKS:

Per the request of Maryland Medicaid Officials, pen and ink changes were made to Box 8 to reflect the correct section of the  
State Plan Amendment pages being amended by this SPA.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
State of Maryland

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**Reimbursement Methodology for Targeted Case Management Services – On  
DDA Waiting List**

1. Effective July 1, 2016, payments for Targeted Case Management services to the Community as defined per Section 3.1A, Supplement 7 shall be paid based on a fee-for-service schedule. The rate can be found below and is the same for both governmental and private individual practitioners.  
<http://dda.dhmf.maryland.gov/SitePages/Home.aspx>
2. Initial Eligibility and Access Comprehensive Assessment is reimbursed at a flat rate of \$450.
3. Effective July 1, 2016, the rate will be \$17.99 per unit to reflect a planned FY 17 COLA. A planned Cost of Living Adjustment (COLA) as authorized by Maryland State Legislature, which effectively increases the rate for the State Fiscal Year 2017. A unit of service means a 15 minute increment.
4. The State assures that billed time does not exceed available productive time by practitioner.
5. Services can be provided by qualified professionals that meet the qualifications outlined in Section 3.1A, Supplement 7, §F. DDA Case Management Staff Qualifications.
6. Effective January 1, 2016, each provider will receive a pre-authorization for a specified number of units to be used for all of their clients. This creates flexibility based on individual need and better responsiveness to emergency and crisis situations. Providers will be responsible for meeting the minimum service requirements for all individuals and a process for requesting and authorizing additional units will be put in place to address extenuating circumstances.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
State of Maryland

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**Reimbursement Methodology for Targeted Case Management Services – Transitioning to the Community**

1. Effective July 1, 2016, payments for Targeted Case Management services to the Community as defined per Section 3.1A, Supplement 7 shall be paid based on a fee-for-service schedule. The rate can be found below and is the same for both governmental and private individual practitioners.  
<http://dda.dhmdh.maryland.gov/SitePages/Home.aspx>
2. Initial Eligibility and Access Comprehensive Assessment is reimbursed at a flat rate of \$450.
3. Effective July 1, 2016, the rate will be \$17.99 per unit to reflect a planned FY 17 COLA. A planned Cost of Living Adjustment (COLA) is authorized by Maryland State Legislature, which effectively increases the rate for the State Fiscal Year 2017. A unit of service means a 15 minute increment.
4. The State assures that billed time does not exceed available productive time by practitioner.
5. Services can be provided by qualified professionals that meet the qualifications outlined in Section 3.1A, Supplement 7, §F. DDA Case Management Staff Qualifications.
6. Effective January 1, 2016, each provider will receive a pre-authorization for a specified number of units to be used for all of their clients. This creates flexibility based on individual need and better responsiveness to emergency and crisis situations. Providers will be responsible for meeting the minimum service requirements for all individuals and a process for requesting and approving additional units will be put in place to address extenuating circumstances.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT State  
of Maryland

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**Reimbursement Methodology for Targeted Case Management Services – Community Coordination Services**

1. Effective July 1, 2016, payments for Targeted Case Management services as defined per Section 3.1A, Supplement 7 shall be paid based on a fee-for-service schedule. The rate can be found below and is the same for both governmental and private individual practitioners.  
<http://dda.dhmf.maryland.gov/SitePages/Home.aspx>
2. Initial Eligibility and Access Comprehensive Assessment is reimbursed at a flat rate of \$450.
3. Effective July 1, 2016, the rate will be \$17.99 per unit to reflect a planned FY 17 COLA. A planned Cost of Living Adjustment (COLA) is authorized by Maryland State Legislature, which effectively increases the rate for the State Fiscal Year 2017. A unit of service means a 15 minute increment.
4. The State assures that billed time does not exceed available productive time by practitioner.
5. Services can be provided by qualified professionals that meet the qualifications outlined in Section 3.1A, Supplement 7, §F. DDA Case Management Staff Qualifications.
6. Effective January 1, 2016, each provider will receive a pre-authorization for a specified number of units to be used for all of their clients. This creates flexibility based on individual need and better responsiveness to emergency and crisis situations. Providers will be responsible for meeting the minimum service requirements for all individuals and a process for requesting and approving additional units will be put in place to address extenuating circumstances.