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State/Territory Name: Maryland

State Plan Amendment (SPA) #: 19-0005

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Medicaid and CHIP Services
801 Market Street, Suite 9400
Philadelphia, Pennsylvania 19107



Regional Operations Group

SWIFT #092620194008

November 5, 2019

Dennis Schrader, Medicaid Director
Maryland Department of Health
201 West Preston Street
Baltimore, Maryland 21201

Dear Mr. Schrader:

Enclosed is a copy of the approved State Plan Amendment (SPA), Transmittal Number 19-0005. The purpose of this amendment is to increase the reimbursement rate for Targeted Case Management providers by 3.5 percent based on a legislative approved Cost of Living Adjustment.

The effective date for this amendment is July 1, 2019. The CMS 179 form and the Approved State Plan pages are attached.

If you have questions about this SPA, please contact Ms. Talbatha Myatt of my staff at 215-861-4259.

Sincerely,
/s/

Francis T. McCullough
Director
Division of Medicaid Field Operations East

Enclosures

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| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES | 1. TRANSMITTAL NUMBER <u>1 9 - 0 0 0 5</u> | 2. STATE <p style="text-align: center;">MD</p> |
| | 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) | |

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| TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES | 4. PROPOSED EFFECTIVE DATE <p style="text-align: center;">July 1, 2019</p> |
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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)

| | |
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| 6. FEDERAL STATUTE/REGULATION CITATION | 7. FEDERAL BUDGET IMPACT a. FFY <u>2019</u> \$ <u>249</u> b. FFY <u>2020</u> \$ <u>748</u> |
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| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <p>Att 4.19B pg 42, 43, 44 (19-0005)</p> | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <p>Att 4.19B pg 42, 43, 44 (18-0006)</p> |
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10. SUBJECT OF AMENDMENT

Under this amendment, Maryland is updating its 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.

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

| | |
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| 12. SIGNATURE OF STATE AGENCY OFFICIAL 13. TYPED NAME <u>Dennis Schrader</u> 14. TITLE <u>Medicaid Director</u> <u>Maryland Department of health</u> 15. DATE SUBMITTED <u>September 24, 2019</u> | 16. RETURN TO Dennis Schrader Medicaid Director Maryland Department of Health 20 W. Preston St, 5th Floor Baltimore, MD 21201 |
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FOR REGIONAL OFFICE USE ONLY

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| 17. DATE RECEIVED <u>September 24, 2019</u> | 18. DATE APPROVED <u>November 5, 2019</u> |
|---|---|

PLAN APPROVED - ONE COPY ATTACHED

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|--|---|
| 19. EFFECTIVE DATE OF APPROVED MATERIAL <p style="text-align: center;">July 1, 2019</p> | 20. SIGNATURE OF REGIONAL OFFICIAL <p style="text-align: center;">/s/</p> |
| 21. TYPED NAME <p style="text-align: center;">Francis T. McCullough</p> | 22. TITLE <u>Director, Division of Medicaid Field Operations East</u> <u>Regional Operations Group</u> |

23. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Maryland

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

1. Effective July 1, 2019, 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.health.maryland.gov/SitePages/Home.aspx>

2. Initial Eligibility and Access Comprehensive Assessment is reimbursed at a flat rate of \$450.
3. Effective July 1, 2019, the rate will be \$19.93 per unit to reflect a planned FY 20 Cost of Living Adjustment (COLA). A COLA, authorized by Maryland State Legislature, effectively increases the rate for the State Fiscal Year 2020. 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

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

1. Effective July 1, 2019, 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.health.maryland.gov/SitePages/Home.aspx>

2. Initial Eligibility and Access Comprehensive Assessment is reimbursed at a flat rate of \$450.
3. Effective July 1, 2019, the rate will be \$19.93 per unit to reflect a planned FY 20 Cost of Living Adjustment (COLA). A COLA, authorized by Maryland State Legislature, effectively increases the rate for the State Fiscal Year 2020. 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

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

1. Effective July 1, 2019, 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.health.maryland.gov/SitePages/Home.aspx>

2. Initial Eligibility and Access Comprehensive Assessment is reimbursed at a flat rate of \$450.
3. Effective July 1, 2019, the rate will be \$19.93 per unit to reflect a planned FY 20 Cost of Living Adjustment (COLA). A COLA, authorized by Maryland State Legislature, effectively increases the rate for the State Fiscal Year 2020. 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.