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State/Territory Name: Maryland

State Plan Amendment (SPA) #: 21-0005

This file contains the following documents in the order listed:

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

MD - Submission Package - MD2021MS0001O - (MD-21-0005) - Health Homes

[Summary](#) [Reviewable Units](#) [Versions](#) [Compare Doc Change Report](#) [Analyst Notes](#) [Review Assessment Report](#) [Approval Letter](#)

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CMS-10434 OMB 0938-1188

Package Information

| | | | |
|----------------------------|---|------------------------|-----------------------|
| Package ID | MD2021MS0001O | Submission Type | Official |
| Program Name | Migrated_HH.MD HHS | State | MD |
| SPA ID | MD-21-0005 | Region | Philadelphia, PA |
| Version Number | 2 | Package Status | Approved |
| Submitted By | Katia Fortune | Submission Date | 3/24/2021 |
| Package Disposition |  | Approval Date | 4/30/2021 4:06 PM EDT |
| Priority Code | P2 | | |

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Financial Management Group/Division of Reimbursement Review
7500 Security Boulevard, Mail Stop S3-14-28
Baltimore, MD 21244-1850



Center for Medicaid & CHIP Services

April 30, 2021

Ms. Tricia Roddy
Acting Medicaid Director
Maryland Department of Health, Office of Health Care Financing
201 West Preston Street
Baltimore, MD 21201

Re: Approval of State Plan Amendment MD-21-0005 Migrated_HH.MD HHS

Dear Ms. Tricia Roddy,

In accordance with Governor Hogan and Senate Bill 280 (Fiscal Year 2022), Chapter 11, Section 1 increase for Maryland Medical Assistance, the purpose of this amendment is to increase the rates for the Behavioral Health, Health Home program, by 3.5 percent, for dates of service beginning January 1, 2021.

We approve Maryland State Plan Amendment (SPA) MD-21-0005 with an effective date(s) of January 01, 2021.

If you have any questions regarding this amendment, please contact Talbatha Myatt at talbatha.myatt@cms.hhs.gov

Sincerely,

[Redacted Signature] Todd McMillian

[Redacted Title] Director

[Redacted Address] Center for Medicaid & CHIP Services

Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | MD2021MS0001O | MD-21-0005 | Migrated_HH.MD HHS

Package Header

| | | | |
|--------------------------|---------------|--------------------------------|------------|
| Package ID | MD2021MS0001O | SPA ID | MD-21-0005 |
| Submission Type | Official | Initial Submission Date | 3/24/2021 |
| Approval Date | 4/30/2021 | Effective Date | N/A |
| Superseded SPA ID | N/A | | |

State Information

State/Territory Name: Maryland

Medicaid Agency Name: Maryland Department of Health, Office of Health Care Financing

Submission Component

State Plan Amendment

Medicaid

CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | MD2021MS0001O | MD-21-0005 | Migrated_HH.MD HHS

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| Superseded SPA ID | N/A | | |

SPA ID and Effective Date

SPA ID MD-21-0005

| Reviewable Unit | Proposed Effective Date | Superseded SPA ID |
|------------------------------------|-------------------------|-------------------|
| Health Homes Payment Methodologies | 1/1/2021 | MD-20-0006 |

Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | MD2021MS0001O | MD-21-0005 | Migrated_HH.MD HHS

Package Header

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| Submission Type | Official | Initial Submission Date | 3/24/2021 |
| Approval Date | 4/30/2021 | Effective Date | N/A |
| Superseded SPA ID | N/A | | |

Executive Summary

Summary Description Including Goals and Objectives In accordance with Governor Hogan and Senate Bill 280 (Fiscal Year 2022), Chapter 11, Section 1 increase for Maryland Medical Assistance, this proposal would increase the rates for the Behavioral Health, Health Home program, by 3.5 percent, for dates of service beginning January 1, 2021.

Federal Budget Impact and Statute/Regulation Citation


Federal Budget Impact

| | Federal Fiscal Year | Amount |
|--------|---------------------|----------|
| First | 2021 | \$116009 |
| Second | 2022 | \$154679 |

Federal Statute / Regulation Citation

N/A

Supporting documentation of budget impact is uploaded (optional).

| Name | Date Created | |
|---|-----------------------|---|
| Health Home FY 21-22 Fiscal Impact Calculations (2) (2) | 4/22/2021 3:22 PM EDT |  |

Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | MD2021MS0001O | MD-21-0005 | Migrated_HH.MD HHS

Package Header

Package ID MD2021MS0001O
Submission Type Official
Approval Date 4/30/2021
Superseded SPA ID N/A

SPA ID MD-21-0005
Initial Submission Date 3/24/2021
Effective Date N/A

Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

Describe Dennis Schrader
Acting Secretary of Health
Maryland Department of Health

Submission - Public Notice/Process

MEDICAID | Medicaid State Plan | Health Homes | MD2021MS0001O | MD-21-0005 | Migrated_HH.MD HHS

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| Submission Type Official | Initial Submission Date 3/24/2021 |
| Approval Date 4/30/2021 | Effective Date N/A |
| Superseded SPA ID N/A | |

Name of Health Homes Program

Migrated_HH.MD HHS

Public notice was provided due to proposed changes in methods and standards for setting payment rates for services, pursuant to 42 CFR 447.205.

Upload copies of public notices and other documents used

| Name | Date Created | |
|--|-----------------------|---|
| MEDICAID PROVIDER RATE CHANGES FROM JANUARY 1 2021 | 3/23/2021 3:37 PM EDT |  |

Submission - Tribal Input

MEDICAID | Medicaid State Plan | Health Homes | MD2021MS0001O | MD-21-0005 | Migrated_HH.MD HHS

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Name of Health Homes Program:

Migrated_HH.MD HHS

One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this state

- Yes
 No

This state plan amendment is likely to have a direct effect on Indians, Indian Health Programs or Urban Indian Organizations, as described in the state consultation plan.

- Yes
 No

The state has solicited advice from Indian Health Programs and/or Urban Indian Organizations, as required by section 1902(a)(73) of the Social Security Act, and in accordance with the state consultation plan, prior to submission of this SPA.

Complete the following information regarding any solicitation of advice and/or tribal consultation conducted with respect to this submission:

Solicitation of advice and/or Tribal consultation was conducted in the following manner:

- All Indian Health Programs
 All Urban Indian Organizations

| Date of solicitation/consultation: | Method of solicitation/consultation: |
|------------------------------------|--------------------------------------|
| 3/16/2021 | Email |

States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such consultation below:

- All Indian Tribes

The state must upload copies of documents that support the solicitation of advice in accordance with statutory requirements, including any notices sent to Indian Health Programs and/or Urban Indian Organizations, as well as attendee lists if face-to-face meetings were held. Also upload documents with comments received from Indian Health Programs or Urban Indian Organizations and the state's responses to any issues raised. Alternatively indicate the key issues and summarize any comments received below and describe how the state incorporated them into the design of its program.

| Name | Date Created | |
|---|-----------------------|---|
| UIO Approval - MD SPA 21-0005 BH Health Homes Rate Increase Jan 1, 2021 | 3/23/2021 3:44 PM EDT |  |

Indicate the key issues raised (optional)

- Access
 Quality
 Cost
 Payment methodology
 Eligibility
 Benefits
 Service delivery
 Other issue

Submission - Other Comment

MEDICAID | Medicaid State Plan | Health Homes | MD2021MS0001O | MD-21-0005 | Migrated_HH.MD HHS

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SAMHSA Consultation

Name of Health Homes Program

Migrated_HH.MD HHS

The State provides assurance that it has consulted and coordinated with the Substance Abuse and Mental Health Services Administration (SAMHSA) in addressing issues regarding the prevention and treatment of mental illness and substance abuse among eligible individuals with chronic conditions.

| |
|----------------------|
| Date of consultation |
|----------------------|

| |
|----------|
| 8/4/2020 |
|----------|

Health Homes Payment Methodologies

MEDICAID | Medicaid State Plan | Health Homes | MD2021MS0001O | MD-21-0005 | Migrated_HH.MD HHS

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| | System-Derived | | |

Payment Methodology

The State's Health Homes payment methodology will contain the following features

Fee for Service

Individual Rates Per Service

Fee for Service Rates based on

Severity of each individual's chronic conditions

Capabilities of the team of health care professionals, designated provider, or health team

Other

Describe below

Health Homes may receive a one-time reimbursement for the completion of each participants' initial intake and assessment necessary for enrollment into the Health Home. The payment will be the same as the rate paid for monthly services on a per-member basis.

The monthly rate is contingent upon the Health Home meeting the requirements set forth in the Health Home applications, as determined by the State of Maryland, including the provision of a minimum of two services in the month. The Health Homes are not paying any monies to other providers. There is only one exchange of payment and that is from the State to the Health Home providers.

Health Home providers must document services and outcomes within the participant's file and in eMedicaid. These documents are accessible to the Department and the Department's designees through eMedicaid and are auditable.

Rates are reviewed annually.

Health Home participants may only be enrolled in one Health Home at a time. If participant is enrolled in a Health Home, Maryland's system automatically blocks the participant from being enrolled in another Health Home.

Health Homes will be paid a monthly rate based on the employment costs of required Health Home staff, using salary and additional employment cost estimates for each of the required positions and their respective ratios. Payment is contingent upon the Health Home meeting the requirements set forth in the Health Home applications, as determined by the State of Maryland. Failure to meet such requirements is ground for payment sanctions or revocation of Health Home status.

The Department does not pay for

separate billing for services which are included as part of another service. At the end of each month, Health Homes will ensure that all Health Home services and outcomes have been reported into eMedicaid. The provider will then submit a bill within 30 days for all participants that received the minimum Health Home service requirement in the preceding month. The provider may begin billing for a Health Home participant when the intake portion of that individual's eMedicaid file has been completed with the necessary demographics, qualifying diagnoses baseline data, and consent form. The initial intake process itself qualifies as a Health Home service. The ongoing criteria for receiving a monthly payment is:

1. The individual is identified in the State's Medicaid Management Information System (MMIS) as Medicaid-eligible and authorized to receive PRP, MT, or OTP services;
2. The individual was enrolled as a Health Home member with the Health Home provider in the month for which the provider is submitting a bill for Health Home services; and
3. The individual has received a minimum of two Health Home services in the previous month, which are documented in the eMedicaid system. The agency's fee schedule (rate) was last updated on January 1, 2021 and is effective for services provided on or after that date. Effective January 1, 2021, the Health Home rate will be \$118.61.

- Per Member, Per Month Rates
- Comprehensive Methodology Included in the Plan
- Incentive Payment Reimbursement

Describe any variations in payment based on provider qualifications, individual care needs, or the intensity of the services provided

There are no variations in payment.

- PCCM (description included in Service Delivery section)
- Risk Based Managed Care (description included in Service Delivery section)
- Alternative models of payment, other than Fee for Service or PMPM payments (describe below)

Health Homes Payment Methodologies

MEDICAID | Medicaid State Plan | Health Homes | MD2021MS0001O | MD-21-0005 | Migrated_HH.MD HHS

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| | System-Derived | | |

Agency Rates

Describe the rates used

- FFS Rates included in plan
- Comprehensive methodology included in plan
- The agency rates are set as of the following date and are effective for services provided on or after that date

Effective Date

1/1/2021

Website where rates are displayed

health.maryland.gov/providerinfo

Health Homes Payment Methodologies

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Rate Development

Provide a comprehensive description in the SPA of the manner in which rates were set

1. In the SPA please provide the cost data and assumptions that were used to develop each of the rates
2. Please identify the reimbursable unit(s) of service
3. Please describe the minimum level of activities that the state agency requires for providers to receive payment per the defined unit
4. Please describe the state's standards and process required for service documentation, and
5. Please describe in the SPA the procedures for reviewing and rebasing the rates, including
 - the frequency with which the state will review the rates, and
 - the factors that will be reviewed by the state in order to understand if the rates are economic and efficient and sufficient to ensure quality services.

Comprehensive Description Behavioral Health rates are typically reviewed and updated for inflation annually. This program was added to that annual review process in FY 2017. Effective January 1, 2021 the Health Home rate will be increased 3.5% bringing the rate to \$118.61 as a result of Maryland Senate Bill 280 (2019).

Health Homes Payment Methodologies

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Assurances

The State provides assurance that it will ensure non-duplication of payment for services similar to Health Homes services that are offered/covered under a different statutory authority, such as 1915(c) waivers or targeted case management.

Describe below how non-duplication of payment will be achieved Recipients of specified waiver services and mental health case management that may be duplicative of Health Home services will not be eligible to enroll in a Health Home. In addition to offering guidance to providers regarding this restriction, the State may periodically examine recipient files to ensure that Health Home participants are not receiving similar services through other Medicaid-funded programs.

The state has developed payment methodologies and rates that are consistent with section 1902(a)(30)(A).

The State provides assurance that all governmental and private providers are reimbursed according to the same rate schedule, unless otherwise described above.

The State provides assurance that it shall reimburse providers directly, except when there are employment or contractual arrangements consistent with section 1902(a)(32).

Optional Supporting Material Upload

| Name | Date Created |
|--------------------|--------------|
| No items available | |

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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