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State/Territory Name: **Maryland**

State Plan Amendment (SPA) #: **22-0005**

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

June 15, 2022

Ms. Tricia Roddy
Maryland Department of Health
201 W. Preston St., 5th Floor
Baltimore, MD 21201

Re: Maryland (MD) State Plan Amendment (SPA) 22-0005

Dear Ms. Roddy:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 22-0005. This amendment proposes to implement a Home Visiting Services program to offer informational support, and facilitate screening and care coordination to support healthy outcomes through pregnancy and up to a child's second or third birthday, depending on the program of enrollment. Services will be provided by specially trained professionals within the Healthy Families America (HFA) and Nurse Family Partnership (NFP) services programs.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 C.F.R. §440.130(c). This letter is to inform you that Maryland Medicaid SPA 22-0005 was approved on June 15, 2022, with an effective date of January 1, 2022.

If you have any questions, please contact Talbatha Myatt at 215-861-4259 or via email at Talbatha.Myatt@cms.hhs.gov.

Sincerely,

A large black rectangular box redacting the signature of Ruth A. Hughes.

Ruth A. Hughes, Acting Director
Division of Program Operations

cc: Alison Donley, Medicaid Provider Services Administration
Tyler Colomb, Medicaid Provider Services Administration
Nina McHugh, Medicaid Provider Services Administration

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

1. TRANSMITTAL NUMBER

2 2 — 0 0 0 5

2. STATE

MD3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL
SECURITY ACT

XIX

XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

January 1, 2022

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR §440.210

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2022 \$ 3,519,860b. FFY 2023 \$ 1,173,120

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1A, pg. 29C-10 & 29C-11 (22-0005)

Attachment 3.1B, pg. 5 (22-0005)

Attachment 4.19B, pg. 61 (22-0005) (NEW)

Attachment 3.1A pg. 29C-B-2 & B-3 (NEW)

Attachment 4.19B p. 3 & 3A (NEW)

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

Attachment 3.1A, pg. 29C-10 & 29C-11 (12-0002)

Attachment 3.1B, pg. 5 (09-0005)

9. SUBJECT OF AMENDMENT

Maryland Medicaid proposes implementing a Home Visiting Services program to offer continuous informational support, screening, and care coordination to the birthing parent to support health outcomes through pregnancy and up to a child's second or third birthday. Services will be provided by specially trained professionals within the Health Families America (HFA) and Nurse Family Partnership (NFP) services programs.

10. 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:

11. SIGNATURE OF STATE AGENCY OFFICIAL



12. TYPED NAME

Tricia Roddy

13. TITLE

Deputy Medicaid Director

14. DATE SUBMITTED

March 21, 2022

15. RETURN TO

Steven Schuh

Medicaid Director

Maryland Department of Health

201 W. Preston St., 5th Floor

Baltimore, MD 21201

FOR CMS USE ONLY

16. DATE RECEIVED

03/21/2022

17. DATE APPROVED

06/15/2022

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

01/01/2022

19. SIGNATURE OF APPROVING OFFICIAL



20. TYPED NAME OF APPROVING OFFICIAL

Ruth A. Hughes

21. TITLE OF APPROVING OFFICIAL

Acting Director, Division of Program Operations

22. REMARKS

5-18-22 state requested pen & ink changes to Box 7 & 8 to reflect updates 3.1A pg. 29C-B-2 & B-3 and 4.19B p. 3 & 3A
6-13-22 state requested pen & ink change to box 5 to correct Federal citation/statute to reflect 42 C.F.R. 440.130(c)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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

Preventive Services**B. Home Visiting Services****General Description:**

Home visiting services will be used to provide support for pregnant individuals throughout the perinatal period, which may improve birth-related outcomes, as well as infant and child health outcomes. Pursuant to 42 C.F.R. Section 440.130(c), home visiting services are provided as preventive services and must be recommended by a physician or other licensed practitioner of the healing arts within his or her scope of practice under state law to prevent perinatal complications and/or promote the physical and mental health of the beneficiary.

Covered Services:

1. The covered service is a home visiting benefit for pregnant and parenting individuals by specially trained professionals to provide informational support and facilitate screening and care coordination needed to support healthy outcomes through pregnancy and beyond as determined by medical necessity.
2. Home visiting services will be covered when delivered in accordance with one of the State's approved evidence-based models.
3. Service components for the State's approved evidence-based models can include:
 - a. Prenatal home visits:
 - i. Monitoring for high blood pressure or other complications of pregnancy ,
 - ii. Diet and nutritional education;
 - iii. Stress management;
 - iv. Sexually Transmitted Diseases (STD) prevention education;
 - v. Tobacco use screening and cessation education;
 - vi. Alcohol and other substance misuse screening and counseling;
 - vii. Depression screening;
 - viii. Domestic and intimate partner violence screening and education;
 - ix. Pregnancy education; and
 - x. Facilitation of access to community or other resources that can improve birth-related outcomes such as transportation; housing; alcohol, tobacco and drug cessation; WIC and SNAP, and intimate partner violence resources.
 - b. Postpartum home visits:
 - i. Diet and nutritional education;

- ii. Stress management;
 - iii. Sexually Transmitted Diseases (STD) prevention education;
 - iv. Tobacco use screening and cessation education;
 - v. Alcohol and other substance misuse screening and counseling;
 - vi. Depression screening;
 - vii. Postpartum depression education;
 - viii. Domestic and intimate partner violence screening and education;
 - ix. Breastfeeding support and education;
 - x. Guidance and education with regard to well woman visits to obtain recommended preventive services;
 - xi. Medical assessment of the postpartum mother and infant, as determined by medical necessity
 - xii. Child development education;
 - xiii. Maternal-infant safety assessment and education (e.g. safe sleep education for Sudden Infant Death Syndrome (SIDS) prevention);
 - xiv. Counseling regarding postpartum recovery, family planning, and needs of a newborn;
 - xv. Assistance for the family in establishing a primary source of care and a primary care provider (i.e. ensure that the mother/ infant has a postpartum/newborn visit scheduled);
 - xvi. Parenting skills, parent-child relationship building, and confidence building; and
 - xvii. Facilitation of access to community or other resources that can improve birth-related outcomes such as transportation; housing; alcohol, tobacco and drug cessation; WIC and SNAP, and intimate partner violence resources.
- c. Infant Home Visits:
- i. Child developmental screening at major developmental milestones;
 - ii. Parenting skills, parent-child relationship building, and confidence building;
 - iii. Breastfeeding support and education; and
 - iv. Facilitation of access to community or other resources that can improve birth-related outcomes such as transportation; housing; alcohol, tobacco and drug cessation; WIC and SNAP, and intimate partner violence resources.

Qualified Provider Specifications:

Home visiting services shall be provided by program sites who are fully accredited or meet fidelity standards as designated by their national program offices. Home visitors employed by these accredited programs must meet national program education and experience standards, and receive comprehensive program specific training, in order to become qualified practitioners able to provide all necessary prenatal, postpartum or infant home visiting services as indicated by medical necessity.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES FOR NON
INSTITUTIONAL SERVICES****Reimbursement for Preventive Services: Home Visiting Services**

The home visiting services reimbursement timeframe is different depending on the evidence-based model in use. Each home visiting service will be billed for and reimbursed separately.

All home visiting service providers, both government and non-government, are reimbursed pursuant to the HCPCS codes and minimum rates found in the Maryland Medicaid Professional Services Fee Schedule. A link to the published fee schedule can be found by going to the “Billing Guidance, Fee Schedules, and Preauthorization Information” section of the Maryland Medicaid Provider Information page at health.maryland.gov/providerinfo and selecting the Professional Services Fee Schedule for the most recent year.

The state assumes different levels of need per family; it is assumed that different quartiles of participants will receive 4 visits per month, 3 visits per month, 2 visits per month, or 1 visit per month during their time engaged with home visiting services.

Healthy Families America (HFA)

Reimbursement for home visiting services is limited to HFA program sites who have received the designation of fully accredited by the HFA National Program Office. HFA sites offer at least one home visit per week for the first six months after the child's birth. After the first six months, visits might be less frequent. Visit frequency depends on families' needs and progress over time. Typically, home visits last one hour. There are no increments for HFA home visiting services. One home visit is the maximum capacity. Typically, participants receive one home visit a week. This may increase if cases of crisis occur and the HVS provider deems that the family requires an increase. Qualifying home visits will be reimbursed at the fee schedule amount per home visit.

Nurse Family Partnership (NFP)

Reimbursement for home visiting services is limited to NFP program sites who have received the designation of fidelity by the NFP National Program Office. NFP sites partner with their participants to determine the content and frequency of visits. Visit frequency is flexible and content is adapted to meet the needs of the client based on the client's strengths, risks, and preferences. Home visits typically last 60 to 75 minutes. The NFP program begins as early as possible in pregnancy, but not later than the end of the 28th week of pregnancy. Clients complete the program when the child turns 2 years old. There are no increments for NFP home visiting services. One home visit is the maximum capacity. Typically, participants receive one home visit a week. This may increase if cases of crisis occur and the HVS provider deems that

Reimbursement for Preventive Services: Home Visiting Services

the family requires an increase. Qualifying home visits will be reimbursed at the fee schedule amount per home visit

Limitations:

1. The Maryland Medical Assistance Program will not cover;
 - a. Expenses including:
 - i. Administrative overhead;
 - ii. Lactation consulting services; and
 - iii. Program start-up costs for evidence-based model accreditation, initial training, or consultation; or
 - b. Services that are not medically necessary