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State/Territory Name: Maryland

State Plan Amendment (SPA) #: 22-0006

This file contains the following documents in the order listed:

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



Medicaid and CHIP Operations Group

September 23, 2022

Steven R. Schuh, Deputy Secretary
Health Care Financing and Medicaid
Maryland Department of Health
201 West Preston Street
Baltimore, Maryland 21201

RE: (MD-22-0006) §1915(k) Community First Choice State Plan Amendment (SPA) State Plan Amendment: RUG Budget Update

Dear Mr. Schuh:

The Centers for Medicare and Medicaid Services (CMS) is approving your request to amend the Community First Choice (CFC) state plan benefit submitted under transmittal number MD-22-0006. This amendment updates the State Plan language regarding the Community First Choice program to accurately reflect the highest allotted budget for personal Assistance Services based on the Resource Utilization Groups (RUG), which is \$43,680 annually. The proposal does not remove the exceptions process for individuals who need additional services beyond the recommended budget allotment. CMS conducted the review of the state's submittal according to statutory requirements in Title XIX of the Social Security Act and relevant federal regulations.

The SPA is approved with a January 1, 2022 effective date. Enclosed are the following pages to be incorporated into your approved state plan:

- Pages: Attachment 3.1K, pg.3

It is important to note that CMS' approval of this change to the state's 1915(k) CFC state plan benefit solely addresses the state's compliance with the applicable Medicaid authorities. CMS' approval does not address the state's independent and separate obligations under federal laws including, but not limited to, the Americans with Disabilities Act, §504 of the Rehabilitation Act, or the Supreme Court's Olmstead decision. Guidance from the Department of Justice concerning compliance with the Americans with Disabilities Act and the Olmstead decision is available at http://www.ada.gov/olmstead/q&a_olmstead.htm.

Mr. Schuh-Page 2

If you have any questions concerning this information, please contact me at (410) 786-7561. You may also contact Alice Robinson Ross at Alice.RobinsonRoss@cms.hhs.gov or (215) 861-4261

Sincerely,



George P. Failla, Jr., Director
Division of HCBS Operations & Oversight

Enclosure

cc: Tricia Roddy, MDH
Marlana Thieler, CMCS
Dominique Mathurin, DHCBSO
Talbatha Myatt DPO State Lead

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

1. TRANSMITTAL NUMBER

2 2 — 0 0 0 6

2. STATE

MD

3. 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 §441.520(a)(1)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY _____ \$ _____
b. FFY _____ \$ _____

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1K, pg. 3 (22-0006)

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

Attachment 3.1K, pg. 3 (16-0012)

9. SUBJECT OF AMENDMENT

Maryland Medicaid proposes to update current State Plan language to accurately reflect the highest allotted budget for Personal Assistance services based on the Resource Utilization Groups (RUG), which is \$43,680 annually. This proposal does not remove the exceptions process for individuals who need additional services beyond the recommended budget allotment.

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

[Redacted Signature]

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
March 21, 2022

17. DATE APPROVED September 23, 2022

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
January 1, 2022

19. SIGNATURE OF APPROVING OFFICIAL

[Redacted Signature]

20. TYPED NAME OF APPROVING OFFICIAL
George P. Failla, Jr.

21. TITLE OF APPROVING OFFICIAL
Director, Division of HCBS Operations & Oversight

22. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Maryland

Community First Choice State Plan Option

iii. Service Package**A. The following are included CFC services (in addition to service descriptions, please include any service limitations):**

1.1 Assistance with Activities of Daily Living (ADLs), Instrumental Activities of Daily Living (IADLs), health related tasks through hands on assistance, supervision, and/or cueing, which will be provided under the Personal Assistance (formerly named personal care) Services.

a. Personal Assistance Services means hands-on assistance, supervision, and/or cueing specific to the functional needs of a participant with a chronic illness, medical condition, or disability and includes assistance with ADLs, IADLs and health related tasks as prescribed by §441.520(a)(1). Personal assistance services may include the performance of some delegated nursing functions.

i. Personal Assistance services will be based on Resource Utilization Groups (RUGs) or other case mix, identified through the interRAI assessment or other assessment process for determining recommended budgets. The highest RUG grouping correlates to a recommended initial flexible budget of \$43,680 annually, but it is not the maximum amount of services or hours a participant can receive.

ii. There will be an initial recommended budget for personal assistance services based on RUGs, or other case mix strategy, that will help inform supports planners and participants in developing the POS. This is a soft limit which can be exceeded based on medical necessity.

iii. Prior authorization with a medical necessity review is needed if a participant requests services and/or hours above and beyond the recommended budget allotment.

The State will claim an enhanced match for the Personal Assistance Service.

b. Nurse Monitoring - Nurse monitors will evaluate the outcome of the provision of personal assistance services.

The State will claim the enhanced match for nurse monitoring that will be provided by the local health departments.

1.2 Acquisition, maintenance, and enhancement of skills necessary for the individual to accomplish activities of daily living, instrumental activities of daily living, and health related tasks.

9/23/2022

TN#: 22-0006

Approval Date: _____

Effective Date: January 1, 2022Supersedes TN#: 16-0012