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State/Territory Name: Maryland
State Plan Amendment (SPA) #: 22-0010

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
July 7, 2022

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

Re: Maryland (MD) State Plan Amendment (SPA) 22-0010

Dear Ms. Roddy:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 22-0010. This amendment proposes to update State Plan language regarding the EPSDT program, including eligible provider types, clarifying limitations to dental and audiological services, and removing references to the 504 Written Individualized Program.

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. §440.50. This letter is to inform you that Maryland Medicaid SPA 22-0010 was approved on July 7, 2022, with an effective date of April 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,

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**

<table>
<thead>
<tr>
<th>1. TRANSMITTAL NUMBER</th>
<th>2. STATE</th>
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<tr>
<td>22-0010</td>
<td>MD</td>
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<table>
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<tr>
<th>3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT</th>
<th>4. PROPOSED EFFECTIVE DATE</th>
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<tbody>
<tr>
<td>XIX</td>
<td>April 1, 2022</td>
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<table>
<thead>
<tr>
<th>5. FEDERAL STATUTE/REGULATION CITATION</th>
<th>6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)</th>
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<tbody>
<tr>
<td>42 CFR §441.50</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. FFY 2022 $0</td>
</tr>
<tr>
<td></td>
<td>b. FFY 2023 $0</td>
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<table>
<thead>
<tr>
<th>7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT</th>
<th>8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)</th>
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<tbody>
<tr>
<td>Attachment 3.1A, p. 15D (22-0010)</td>
<td>Attachment 3.1A, p. 15D (15-0006)</td>
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**9. SUBJECT OF AMENDMENT**

Maryland Medicaid proposes updating the State Plan language regarding the EPSDT program, including updating eligible provider types, clarifying limitations to dental and audiological services, and removing references to the 504 Written Individualized Program.

**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**

4.20.22

**15. RETURN TO**

Steven Schuh
Medicaid Director
Maryland Department of Health
201 W. Preston St., 5th Floor
Baltimore, MD 21201

**16. DATE RECEIVED**

04/22/2022

**17. DATE APPROVED**

07/07/2022

**18. EFFECTIVE DATE OF APPROVED MATERIAL**

04/01/2022

**19. SIGNATURE OF APPROVING OFFICIAL**

**20. TYPED NAME OF APPROVING OFFICIAL**

Ruth A. Hughes
Acting Director, Division of Program Operations

**21. TITLE OF APPROVING OFFICIAL**

**22. REMARKS**

Instructions on Back
## STATE PLAN FOR MEDICAL ASSISTANCE
UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

### STATE OF MARYLAND

<table>
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<tr>
<th>PROGRAM</th>
<th>LIMITATIONS</th>
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</thead>
</table>
| 4.b. Early and periodic screening and diagnosis of individuals under 21 years of age, and treatment of conditions found. | 1. PURSUANT TO 42 CFR §441.50 et seq., as amended, any limits on services or treatments in other sections of the State Plan are not applicable for individuals under 21 years when it is shown that the treatment of services is medically necessary to correct or ameliorate defects and physical and mental illnesses.  
2. For all services included in this section of the State Plan, the following services are not covered:  
   a. Services not medically necessary; or  
   b. Investigational, experimental, or ineffective services, devices or both;  
3. EPSDT screening and treatment providers shall meet all of the licensure and certification requirements specified in State and Federal regulations, statute, or policy for the service that the provider renders.  
In order for the Program to consider a health care practitioner for certification by the Healthy Kids Program as an EPSDT screening provider, the practitioner shall have a demonstrated history of providing services to children younger than 21 years old and shall also:  
   a. Be a doctor of medicine or doctor of osteopathy who is:  
      (i) Licensed in good standing and  
      (ii) Legally authorized to practice medicine and or surgery in the jurisdiction |

TN#: 22-0010  
Supersedes TN#: 10-0004  
Approval Date: **07/07/2022**  
Effective Date: **April 1, 2022**
### STATE PLAN FOR MEDICAL ASSISTANCE
UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

#### STATE OF MARYLAND

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<tbody>
<tr>
<td>4.b. Early and periodic screening and diagnosis of individuals under 21 years of age, and treatment of conditions found.</td>
<td>in which the service is provided; and (iii) Board certified in pediatrics, family practice, or internal medicine; or</td>
</tr>
<tr>
<td></td>
<td>b. Be a pediatric or family nurse practitioner or a physician assistant who is licensed in good standing and certified to practice in the jurisdiction in which services are provided; or</td>
</tr>
<tr>
<td></td>
<td>c. Be a freestanding clinic that employs or contracts with one or more of the licensed health care practitioners listed in a or b. (i) A freestanding clinic means a health care facility that is not licensed as a hospital, part of a hospital, or nursing home and is not administratively part of a physician’s, dentist’s, or osteopath’s office, but has a separate staff functioning under the direction of a clinic administrator or health officer and is operated to provide ambulatory health services. (ii) A freestanding clinic does not include a clinic or clinic site located in a participant’s home.</td>
</tr>
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</table>

4. Any health care practitioner whose professional services are recognized in § 1905(a) of the Social Security Act may apply to the Program to be an EPSDT partial or interperiodic screening provider and EPSDT treatment provider.

5. EPSDT participants are generally limited to one EPSDT comprehensive well-child screen for each age interval specified by the Maryland Healthy Kids Preventive Health Schedule. However, the Program allows additional screening as deemed necessary. The Maryland Healthy Kids Preventive Health Schedule reflects minimum standards.

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TN#: 22-0010
Supersedes TN#: 10-0004

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### STATE PLAN FOR MEDICAL ASSISTANCE
UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

#### STATE OF MARYLAND

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<th>LIMITATIONS</th>
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<tbody>
<tr>
<td>4.b. Early and periodic screening and diagnosis of individuals under 21 years of age, and treatment of conditions found.</td>
<td>for screenings and assessments required for all Maryland Medicaid recipients from birth to 21 years of age. The Maryland Healthy Kids Program requires yearly preventive care visits between ages 3 years through 20 years.</td>
</tr>
<tr>
<td>6. Vision services including eye examinations and eyeglasses or contact lenses are generally limited to no more than once a year, following a referral from an EPSDT screening provider or a physician or optometrist who has performed an equivalent screening. These limitations can be waived based on medical necessity. Please see pages 18-19 and pages 29 through 29C of 3.1A for detailed description of all vision service limitations.</td>
<td></td>
</tr>
<tr>
<td>7. Initial and periodic dental examinations are generally limited to two per patient per 12-month period. This can be waived based on medical necessity. Please see pages 23 to 23E for detailed descriptions of all dental service limitations.</td>
<td></td>
</tr>
<tr>
<td>8. Audiological services are generally limited to one audiological evaluation per year. This can be waived based on medical necessity. Please see page 24B for detailed description of all audiology/hearing aid service limitations.</td>
<td></td>
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</table>

TN#: 22-0010  Supersedes TN#: 10-0004

Approval Date: **07/07/2022**  Effective Date: **April 1, 2022**
STATE PLAN PROGRAM
UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE OF MARYLAND

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<tbody>
<tr>
<td>(Continued)</td>
<td>11. To participate in the Maryland Medical Assistance Program as an EPSDT School Health-Related Services or Health-Related Early Intervention Services provider, a provider shall:</td>
</tr>
<tr>
<td>4.B. Early and periodic screening and diagnosis of individuals under 21 years of age, and treatment of conditions found.</td>
<td>a. At a minimum, gain annual approval by the multidisciplinary team which develops the recipient’s Individualized Family Service Plan or Individualized Education Program for continued treatment; and</td>
</tr>
<tr>
<td></td>
<td>b. Have experience with rendering services to individuals from birth to 21 years.</td>
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</table>

TN No.: 22-0010
Supersedes TN: 10-0004
Approval Date: 07/07/2022
Effective Date: 04/01/2022
13. The Medical Assistance Program shall pay only one qualified provider for covered services rendered on a particular date of service to a participant and according to the following fee-for-services schedule for non-waiver providers:

<table>
<thead>
<tr>
<th>Description</th>
<th>Fee Per Unit of Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Initial Individualized Education Program (IEP). Only one unit of service may be reimbursed per participant.</td>
<td>$500</td>
</tr>
<tr>
<td>b. Ongoing Service Coordination. Only one unit of service per month may be reimbursed for a Participant.</td>
<td>$150</td>
</tr>
<tr>
<td>c. IEP Review: At most, three units of service may be reimbursed for a participant in a 12-month period.</td>
<td>$275</td>
</tr>
</tbody>
</table>

14. Payment may not be made for ongoing service coordination when, for the same month, payment is made to the provider for furnishing to the participant either:
   a. An initial IEP service; or
   b. An IEP review service.

15. Reimbursement may not be made for these services if the participant is receiving a similar case management service under another Medical Assistance Program authority.

TN No. 22-0010 Approval Date: 07/07/2022 Effective Date: 04/01/2022
Supersedes TN No. 10-0004