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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

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

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,

A 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 1 0

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

April 1, 2022

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR §441.50

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2022\$ 0b. FFY 2023\$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1A, p. 15 - 15A-1 (22-0010)Attachment 3.1A, p. 15D (22-0010)Attachment 4.19B, p. 63-C (22-0010)8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)Attachment 3.1A, p. 15 - 15A-1 (10-0004)Attachment 3.1A, p. 15D (15-0006)Attachment 4.19B, p. 63-C (02-0003)

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

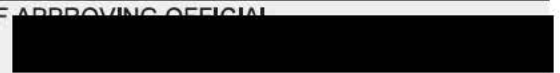
Baltimore, MD 21201

FOR CMS USE ONLY16. DATE RECEIVED **04/22/2022**17. DATE APPROVED **07/07/2022****PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

04/01/2022

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

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

STATE OF MARYLAND

PROGRAM	LIMITATIONS
4.b. Early and periodic screening and diagnosis of individuals under 21 years of age, and treatment of conditions found.	<ol style="list-style-type: none"> 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: <ol style="list-style-type: none"> 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. <p>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:</p> <ol style="list-style-type: none"> a. Be a doctor of medicine or doctor of osteopathy who is: <ol style="list-style-type: none"> (i) Licensed in good standing and (ii) Legally authorized to practice medicine and or surgery in the jurisdiction

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

STATE OF MARYLAND

PROGRAM	LIMITATIONS
<p>4.b. Early and periodic screening and diagnosis of individuals under 21 years of age, and treatment of conditions found.</p>	<p>in which the service is provided; and</p> <p>(iii) Board certified in pediatrics, family practice, or internal medicine; or</p> <p>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</p> <p>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.</p> <p>(ii) A freestanding clinic does not include a clinic or clinic site located in a participant's home.</p> <p>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.</p> <p>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</p>

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

STATE OF MARYLAND

PROGRAM	LIMITATIONS
4.b. Early and periodic screening and diagnosis of individuals under 21 years of age, and treatment of conditions found.	<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>

STATE PLAN PROGRAM
UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE OF MARYLAND

PROGRAM	LIMITATIONS
(Continued)	
4.B. Early and periodic screening and diagnosis of individuals under 21 years of age, and treatment of conditions found.	<p>11. To participate in the Maryland Medical Assistance <u>Program as an EPSDT School Health-Related Services or Health-Related Early Intervention Services</u> provider, a provider shall:</p> <p>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</p> <p>b. Have experience with rendering services to individuals from birth to 21 years.</p>

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:

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