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State/Territory Name: MARYLAND

State Plan Amendment (SPA) #: MD-23-0017

This file contains the following documents in the order listed:

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- 2) Summary Form (with 179-like data)
- 3) Approved SPA Pages

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MD - Submission Package - MD2023MS0007O - (MD-23-0017) - Health Homes

Summary Re

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DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services Financial Management Group 233 North Michigan Ave. Suite 600 Chicago, IL 60601



Center for Medicaid & CHIP Services

December 08, 2023

Dennis Schrader Secretary of Health Maryland Department of Health, Office of Health Care Financing 201 West Preston Street Baltimore, MD 21201

Re: Approval of State Plan Amendment MD-23-0017 Migrated_HH.MD HHS

Dear Dennis Schrader,

On September 27, 2023, the Centers for Medicare and Medicaid Services (CMS) received Maryland State Plan Amendment (SPA) MD-23-0017 to amend its Health Home SPA. This MD Behavioral Health, Health home SPA increases provider rates by 3 percent pursuant to its passed state Senate/House bill for its 2024 state budget.

We approve Maryland State Plan Amendment (SPA) MD-23-0017 with an effective date(s) of July 01, 2023.

If you have any questions regarding this amendment, please contact Ysabel Gavino at maria.gavino@cms.hhs.gov

Sincerely,

Todd McMillion

Director, Division of Reimbursement Review

Center for Medicaid & CHIP Services

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MD - Submission Package - MD2023MS0007O - (MD-23-0017) - Health Homes

Summary Reviewable Units Versions Correspondence Log Compare Doc Change Report Analyst Notes Review Assessment Report

Approval Letter Transaction Logs News Related Actions

Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | MD2023MS00070 | MD-23-0017 | Migrated_HH.MD HHS

CMS-10434 OMB 0938-1188

Package Header

 Package ID
 MD2023MS00070
 SPA ID
 MD-23-0017

 Submission Type
 Official
 Initial Submission Date
 9/27/2023

 Approval Date
 12/08/2023
 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Superseded SPA ID N/A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 | MD2023MS00070 | MD-23-0017 | Migrated_HH.MD HHS

Package Header

Package ID MD2023MS0007O

Submission Type Official

Initial Submission Date 9/27/2023

Approval Date 12/08/2023

Effective Date N/A

SPA ID MD-23-0017

Superseded SPA ID N/A

SPA ID and Effective Date

SPA ID MD-23-0017

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Health Homes Payment Methodologies	7/1/2023	MD-22-0017

Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | MD2023MS0007O | MD-23-0017 | Migrated_HH.MD HHS

Package Header

Package ID MD2023MS0007O

SPA ID MD-23-0017

Submission Type Official

Initial Submission Date 9/27/2023

Approval Date 12/08/2023

Effective Date N/A

Superseded SPA ID N/A

Executive Summary

Summary Description Including For dates of service beginning July 1, 2023, the Maryland Medical Assistance Behavioral Health, Health Home program

Goals and Objectives reimbursement rates will increase by 3 percent.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2023	\$40586
Second	2024	\$121756

Federal Statute / Regulation Citation

42 CFR § 447.201 - State plan requirements.

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created			
No items available				

Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | MD2023MS00070 | MD-23-0017 | Migrated_HH.MD HHS

Package Header

Package ID MD2023MS0007O

SPA ID MD-23-0017

Submission Type Official

Superseded SPA ID N/A

Initial Submission Date 9/27/2023

Approval Date 12/08/2023

Effective Date N/A

Governor's Office Review

No comment

Comments received

No response within 45 days

Other

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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Transaction Logs

MD - Submission Package - MD2023MS0007O - (MD-23-0017) - Health Homes

Summary **Reviewable Units** Versions Correspondence Log Compare Doc Change Report **Analyst Notes Review Assessment Report** Approval Letter News **Related Actions**

Health Homes Payment Methodologies

MEDICAID | Medicaid State Plan | Health Homes | MD2023MS00070 | MD-23-0017 | Migrated_HH.MD HHS

CMS-10434 OMB 0938-1188

Package Header

Package ID MD2023MS0007O

SPA ID MD-23-0017

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Superseded SPA ID MD-22-0017

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

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 a 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

- 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 July 1, 2023 and is effective for services provided on or after that date. Effective July 1, 2023, the Health Home rate will be \$131.03.

	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 Serv	vice Delivery section)	
Risk Based Managed Care (descrip	tion included in Service Delivery section)	
Alternative models of payment, ot	her than Fee for Service or PMPM payments (describe below)	

Health Homes Payment Methodologies

MEDICAID | Medicaid State Plan | Health Homes | MD2023MS0007O | MD-23-0017 | Migrated_HH.MD HHS

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Effective Date 7/1/2023

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

7/1/2023

Website where rates are displayed

https://health.maryland.gov/mmcp/Pages/Health-Homes.aspx

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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 July 1, 2023 the Health Home rate will be increased 3% bringing the rate to \$131.03 as a result of Maryland House Bill 200 Fiscal Year 2024 Budget (2023).

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- Recipients of specified waiver services and mental health case management that may be duplicative of Health Home duplication of payment will be services will not be eligible to enroll in a Health Home. In addition to offering guidance to providers regarding this achieved 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

■ 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	
Standard Funding Questions Template Health Homes (1)	8/25/2023 10:33 AM EDT	14

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