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State/Territory Name: **Maryland**

State Plan Amendment (SPA) #: **24-0001**

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

April 15, 2024

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

Re: Maryland State Plan Amendment (SPA) 24-0001

Dear Medicaid Director Moran:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0001. This amendment proposes to include coverage for the mobile crisis team service and the behavioral health crisis stabilization center service within the state's Other Diagnostic, Screening, Preventive and Rehabilitative Services benefit.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR 447.201. This letter is to inform you that Maryland Medicaid SPA 24-0001 was approved on April 15, 2024, with an effective date of May 1, 2024.

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

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

1. TRANSMITTAL NUMBER
2 4 — 0 0 0 1

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, 2024~~ **May 1, 2024**

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR 447.201, 42 CFR 440.130, 1905(a)(13)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2024 \$ 11,253,719
b. FFY 2025 \$ 3,751,239

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 3.1-A Pages 29C-53 - 29C-54 (24-0001)
Attachment 4.19B Page 16B (24-0001)

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)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

9. SUBJECT OF AMENDMENT

The Maryland Department of Health is amending the State Plan to include coverage for the mobile crisis team service and the behavioral health crisis stabilization center service within the states' Other Diagnostic, Screening, Preventive and Rehabilitative Services benefit.

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

Tricia Roddy

12. TYPED NAME
Tricia Roddy

13. TITLE
Deputy Medicaid Director

14. DATE SUBMITTED
1/19/24

15. RETURN TO
Ryan Moran
Medicaid Director
Maryland Department of Health
201 W. Preston St., 5th Floor
Baltimore, MD 21201

FOR CMS USE ONLY

16. DATE RECEIVED
01/23/2024

17. DATE APPROVED
04/15/2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
05/01/2024

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

3-11-24- State approved pen and ink change to add 1905(a) benefit category 1905(a)(13) and 42 CFR 440.130 to Block 5.
4-10-24- State requested pen and ink change to modify effective date in Block 4.

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

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

d. Rehabilitation Services

IX. Behavioral Health Crisis Services

I. Mobile Crisis Team Service

Mobile crisis team (MCT) service is the provision of professional, same-day intervention for children or adults who are experiencing behavioral health crises. Mobile crisis is available 24 hours per day, seven days per week and must be culturally, linguistically, and developmentally appropriate. This service is provided to a beneficiary in the community, outside of a hospital or other facility setting.

A. Service Description:

Mobile crisis team (MCT) services shall involve:

- a. A timely in-person response by a multidisciplinary team of at least two team members who must respond in person;
- b. An initial assessment by a mental health professional described in B(a) below, which may be performed via telehealth as long as two other team members respond in person;
- c. Crisis intervention and stabilization of the individual's behavioral health crisis;
- d. Safety planning;
- e. Referrals to community supports, including behavioral health providers, health providers, or social and other services as needed; and
- f. Mobile crisis follow-up outreach by means of telephone, telehealth, or in-person contact with the individual served or family member and referred providers, if applicable.

B. Provider Qualifications:

- a. MCT providers must ensure that the team composition includes at least one licensed mental health professional (LMHP) responding in person or via telehealth. LMHPs are authorized by State law to complete assessments and include practitioners defined in Attachment 3.1-A page 19-6.g. of the State Plan, and appropriately supervised licensed graduate level social workers and licensed graduate professional counselors.
- b. The team may also include:
 - i. A certified peer recovery specialist or certified family peer specialist as certified by the Behavioral Health Administration or its designated entity;
 - ii. Other professionals who are licensed or certified by the State Health Professional Licensing Boards or relevant national certification boards to practice in the state and have completed the required training requirements as described in (d) below; or
 - iii. Other paraprofessionals age 18 years or older with relevant experience in behavioral health or a related field and who complete the training requirements as described in (d) below.
- c. MCT providers must be licensed by the designated state licensing agency to provide mobile crisis team services;

- d. Agencies providing MCT services must ensure all staff receive appropriate supervision and have training as approved by the Department in the areas of crisis intervention, de-escalation, trauma-informed care, and harm reduction; and
- e. Agencies providing MCT services must operate and be available to respond 24 hours a day, 7 days per week.

II. Behavioral Health Crisis Stabilization Center Service

Behavioral health crisis stabilization center (BHCSC) service is the provision of short-term crisis intervention and stabilization for individuals in a facility open 24 hours, seven days a week and staffed to manage the full array of behavioral health emergencies including alcohol and substance abuse, symptoms of mental illness, and emotional distress. This service is intended to provide the least restrictive environment for individuals at risk for emergency department visits, hospitalization, and incarceration.

A. Service Description:

Behavioral health crisis stabilization center (BHCSC) services are available on a short-term basis for less than 24 hours and shall involve:

- a. An initial assessment by a registered nurse;
- b. An assessment completed by a licensed mental health professional;
- c. An initial evaluation by an approved physician or psychiatric nurse practitioner;
- d. Crisis intervention and stabilization of the individual's behavioral health crisis by a licensed mental health professional, physician, or certified peer recovery specialist or certified family peer specialist;
- e. Safety planning by a licensed mental health professional or certified peer recovery specialist or certified family peer specialist;
- f. Medication management and harm reduction as needed, including but not limited to naloxone and buprenorphine, by a physician, nurse practitioner, psychiatric nurse practitioner, or physician assistant; and
- g. Care-coordination with and referrals to community-based services or higher levels of care as clinically indicated by a licensed mental health professional, certified peer recovery specialist or certified family peer specialist, or other licensed professional or paraprofessional as described in B.(a) below.

B. Provider Qualifications:

- a. Eligible practitioners for this service include:
 - i. Registered nurses licensed by the Maryland Board of Nursing;
 - ii. Physicians licensed by the Maryland Board of Physicians;
 - iii. Certified peer recovery specialists or certified family peer specialists as certified by the Behavioral Health Administration or its designated entity;
 - iv. LMHPs as described in I.B(a) above;
 - v. Nurse practitioners as licensed by the Maryland Board of Nursing;
 - vi. Physician assistants licensed by the Maryland Board of Physicians;
 - vii. Other professionals who are licensed or certified by the State Health Professional Licensing Boards or relevant national certification boards to practice in the state and have completed the required training requirements as described in (c) below; and

- viii. Other paraprofessionals age 18 years or older with relevant experience in behavioral health or a related field and who complete the training requirements in (c) below.
 - b. Providers must be licensed by the designated state licensing agency to render BHCSC services;
 - c. Agencies providing BHCSC services must be open and available 24 hours a day, 7 days per week;
 - d. Agencies must ensure staff complete training requirements as directed by the Department;
 - e. Providers must ensure staff operate within their scope of practice pursuant to State law; and
 - f. Providers must ensure staff receive appropriate supervision as required by State law.

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

Behavioral Health Crisis Services
Reimbursement Methodology

1.
 - A. The Department's reimbursement methodology for behavioral health crisis services is a fixed rate. Rates were set as of January 1, 2024 and are effective for services on or after that date. Providers are reimbursed for behavioral health crisis services in accordance with services described in Attachment 3.1A Page 29C-53&54.
 - B. All providers, both government and non-government, are reimbursed pursuant to the same fee schedule. Providers will be paid the lower of the provider's customary fee schedule to the general public or the published fee schedule. The fee schedule for behavioral health crisis services providers is reviewed for updating every state fiscal year as determined by State of Maryland legislation. A link to the published fee schedule can be found by going to the Behavioral Health Information section of <https://mmcp.health.maryland.gov/Pages/Provider-Information.aspx>, and clicking on the "PBHS Fee Schedule."