

## **Table of Contents**

**State/Territory Name: MARYLAND**

**State Plan Amendment (SPA) #: MD-24-0011**

This file contains the following documents in the order listed:

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

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services  
Center for Medicaid & CHIP Services  
230 South Dearborn  
Chicago, Illinois 60604



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**Financial Management Group**

June 18, 2024

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

RE: TN 24-0011

Dear Medicaid Director Moran,

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Maryland State Plan Amendment (SPA) to Attachment 4.19-B MD-24-0011, which was submitted to CMS on June 10, 2024. This plan amendment updates the Reimbursement Rates for the 1915(i) Home and Community Based Services Program.

We reviewed your SPA submission for compliance with statutory requirements including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2), of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of July 1, 2024. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Ysabel Gavino via email at [Maria.Gavino@cms.hhs.gov](mailto:Maria.Gavino@cms.hhs.gov).

Sincerely,

A solid black rectangular box redacting the signature of Todd McMillion.

Todd McMillion  
Director  
Division of Reimbursement Review

Enclosures

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

1. TRANSMITTAL NUMBER

2 4 — 0 0 1 1

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

July 1, 2024

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 447.201

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2024\$ 173b. FFY 2025\$ 517

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19B Page 54-60 (24-0011)

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable)Attachment 4.19B Page 54-60 (23-0018)  
<sup>20</sup>

9. SUBJECT OF AMENDMENT

For dates of service beginning July 1, 2024, the Maryland Medical Assistance reimbursement rates for the 1915(i) Home and Community Based Services Program will increase by 3 percent.

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

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

June 10, 2024

17. DATE APPROVED

June 18, 2024

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

July 1, 2024

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

Todd McMillion

21. TITLE OF APPROVING OFFICIAL

Director, Division of Reimbursement Review

22. REMARKS

The State authorizes CMS the following pen and ink change:

Block # 8 Page Number of the Superseded Plan Section or Attachment - change 23-0018 to 23-0020 - MYLG 6/13/24

### Methods and Standards for Establishing Payment Rates

1. **Services Provided Under Section 1915(i) of the Social Security Act.** For each optional service, describe the methods and standards used to set the associated payment rate. *(Check each that applies, and describe methods and standards to set rates):*

<input type="checkbox"/>	HCBS Case Management
<input type="checkbox"/>	HCBS Homemaker
<input type="checkbox"/>	HCBS Home Health Aide
<input type="checkbox"/>	HCBS Personal Care
<input type="checkbox"/>	HCBS Adult Day Health
<input type="checkbox"/>	HCBS Habilitation
<input checked="" type="checkbox"/>	<p>HCBS Respite Care</p> <p><b>COMMUNITY-BASED RESPITE CARE</b></p> <p>Community-based respite services are provided for a minimum of one hour and a maximum of six hours per day, and may not be billed on the same day as out of home respite.</p> <p>Effective July 1, 2024, a rate increase of 3% across community- based Behavioral Health services was implemented in the agency's fee schedule and is effective for all 1915(i) services provided on or after that date. A link to the published fee schedule can be found by going to the Behavioral Health Information section of <a href="https://health.maryland.gov/mmcp/Pages/Provider-Information.aspx">https://health.maryland.gov/mmcp/Pages/Provider-Information.aspx</a>, clicking on the "PBHS Fee Schedule", and selecting "PBHS 1915(i) Fee Schedule".</p> <p>State developed fee schedule rates are the same for both governmental and private individual practitioners and the fee schedule and any annual/periodic adjustments to the fee schedule are published at the above link.</p> <p>The community-based respite care rate adheres to the CMS-accepted methodology for cost-based rates which includes salary, fringe benefits, indirect costs, and transportation costs. The rate was based on the following staffing assumptions: 68% billable time, 1 FTE respite worker with a caseload of 15, 0.15 FTE administrative staff (respite supervisor at .10 FTE and administrative support at .05 FTE).</p> <p>Payment for Community Based Respite Care service as outlined per Attachment 3.1-i page 23-25 is reimbursed in accordance with the fee schedule referenced on page 54 paragraph two. Community Based Respite Care providers are defined per Attachment 3.1-i page 25-26.</p>

**OUT OF HOME RESPITE CARE**

Out of Home respite services are provided on an overnight basis for a minimum of 12 hours. The service has a maximum of 24 units per year, subject to medical necessity criteria override. The service may not be billed on the same day as community-based respite.

Effective July 1, 2024, a rate increase of 3% across community-based Behavioral Health services was implemented in the agency's fee schedule and is effective for all 1915(i) services provided on or after that date. A link to the published fee schedule can be found by going to the Behavioral Health Information section of <https://health.maryland.gov/mmcp/Pages/Provider-Information.aspx>, clicking on the "PBHS Fee Schedule", and selecting "PBHS 1915(i) Fee Schedule".

State developed fee schedule rates are the same for both governmental and private individual practitioners and the fee schedule and any annual/periodic adjustments to the fee schedule are published at the above link.

The rate development was originally based on the Fiscal Year 2012 Maryland Interagency Rates Committee (IRC) rates for residential child care facilities and child placement agencies. The IRC is charged with developing and operating a rate process for residential child care and child placement agency programs that is fair, equitable and predictable, and is comprised of representatives from the Department of Budget and Management, Maryland Department of Health /Behavioral Health Administration, Department of Human Services/Social Services Administration, Department of Juvenile Services, Governor's Office for Children and the Maryland State Department of Education.

The IRC identifies programs as "preferred" or "non-preferred." The rate development was originally based on the average per diem rate for preferred programs including group homes, therapeutic group homes, and treatment foster care providers because these are comparable settings to out of home respite care.

Payment for Out Of Home Respite Care service as outlined per Attachment 3.1-i page 26-27 is reimbursed in accordance with the fee schedule referenced on page 55 paragraph three. Out Of Home Respite Care providers are defined per Attachment 3.1-i page 27-29.

For Individuals with Chronic Mental Illness, the following services:

<input type="checkbox"/>	HCBS Day Treatment or Other Partial Hospitalization Services
<input checked="" type="checkbox"/>	HCBS Psychosocial Rehabilitation
	<b>INTENSIVE IN-HOME SERVICES (IIHS) – EVIDENCE BASE PRACTICES (EBP)</b>
	The approved Intensive In-Home Services (IIHS) providers will bill the Maryland Department of Health (MDH) directly for the services rendered. No more than one unit of service may be billed for services delivered at the same

	<p>time by the same staff. Private and public IIHS providers will be reimbursed at the same rate.</p> <p>An IIHS provider may bill for a week only if an IIHS activity occurred for the covered youth on at least one day of the billable week. A minimum of one (1) face- to-face contact is required per week. At least fifty percent (50%) of therapist’s contacts with the youth and/or family must be face-to-face. A minimum of fifty percent (50%) of the therapist’s time must be spent working outside the agency and in the youth’s home or community, as documented in the case notes. An individual can only receive IIHS services from one provider at a time. Partial hospitalization/day treatment and other family therapies cannot be charged at the same time. IIHS providers are expected to provide crisis response services for the youth on their caseload.</p> <p>The rate development adheres to the CMS-accepted methodology for cost-based rates, which includes salary, fringe benefits, indirect costs, and transportation costs based on an average of the mileage experience in current IIHS program. Cost estimates conform to our experience with programs similar to IIHS in Maryland, including the salaries paid.</p> <p>Effective July 1, 2024, a rate increase of 3% across community-based Behavioral Health services was implemented in the agency’s fee schedule and is effective for all 1915(i) services provided on or after that date. A link to the published fee schedule can be found by going to the Behavioral Health Information section of <a href="https://health.maryland.gov/mmcp/Pages/Provider-Information.aspx">https://health.maryland.gov/mmcp/Pages/Provider-Information.aspx</a>, clicking on the “PBHS Fee Schedule”, and selecting “PBHS 1915(i) Fee Schedule”.</p> <p>State developed fee schedule rates are the same for both governmental and private individual practitioners and the fee schedule and any annual/periodic adjustments to the fee schedule are published at the above link.</p> <p>An evidence-based practice (EBP) is defined as a program, intervention or service that:</p> <ol style="list-style-type: none"> <li>1. Is recognized by MDH as an EBP for youth; <ol style="list-style-type: none"> <li>a. Are derived from rigorous, scientifically controlled research; and</li> <li>b. Can be applied in community settings with a defined clinical population;</li> </ol> </li> <li>2. Has a consistent training and service delivery model;</li> <li>3. Utilizes a treatment manual; and</li> <li>4. Has demonstrated evidence that successful program implementation results in improved, measurable outcomes for recipients of the service intervention.</li> </ol> <p>The rate for the IIHS-EBP (and, in particular, the caseload used) was based on Functional Family Therapy, an established EBP in Maryland. The rate is higher for those programs that are identified as an EBP, in keeping with the established practice of different reimbursement rates for an EBP versus non-EBP service (e.g., Mobile Treatment Services and Assertive Community Treatment).</p>
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	<p>The weekly rate for the IIHS-EBP program is based on the cost of a therapist with a maximum caseload of 11 and a maximum length of stay in the program of 16 weeks. The supervisor caseload is a ratio of 1:5. The rate includes other costs, including mileage costs (at least 50% of face-to-face contacts must be in the home or community, and the therapist must see the youth and family face-to-face at least once each week), rent, and communications costs.</p> <p>Payment for Intensive In-Home service as outlined per Attachment 3.1-i page 20-21 and is reimbursed in accordance with the fee schedule referenced on page 56 paragraph four. Intensive In-Home providers are defined per Attachment 3.1-i page 21-23.</p> <p><b>INTENSIVE IN-HOME SERVICES (IIHS)—NON EVIDENCE BASED PRACTICE (NON EBP)</b></p> <p>The approved Intensive In-Home Services (IIHS) providers will bill the Maryland Department of Health directly for the services rendered. No more than one unit of service may be billed for services delivered at the same time by the same staff. Private and public IIHS providers will be reimbursed at the same rate.</p> <p>An IIHS provider may bill for a week only if an IIHS activity occurred for the covered youth on at least one day of the billable week. A minimum of one (1) face-to-face contact is required per week. At least fifty percent (50%) of therapist's contacts with the youth and/or family must be face-to-face. A minimum of fifty percent (50%) of the therapist's time must be spent working outside the agency and in the youth's home or community, as documented in the case notes. An individual can only receive IIHS services from one provider at a time. Partial hospitalization/day treatment and other family therapies cannot be charged at the same time. IIHS providers are expected to provide crisis response services for the youth on their caseload.</p> <p>Effective July 1, 2024, a rate increase of 3% across community- based Behavioral Health services was implemented in the agency's fee schedule and is effective for all 1915(i) services provided on or after that date. A link to the published fee schedule can be found by going to the Behavioral Health Information section of <a href="https://health.maryland.gov/mmcp/Pages/Provider-Information.aspx">https://health.maryland.gov/mmcp/Pages/Provider-Information.aspx</a>, clicking on the "PBHS Fee Schedule", and selecting "PBHS 1915(i) Fee Schedule".</p> <p>State developed fee schedule rates are the same for both governmental and private individual practitioners and the fee schedule and any annual/periodic adjustments to the fee schedule are published at the above link.</p> <p>The rate development adheres to the CMS-accepted methodology for cost-based rates, which includes salary, fringe benefits, indirect costs, and transportation costs based on an average of the mileage experience in current</p> <p>IIHS program. Cost estimates conform to our experience with programs similar to IIHS in Maryland, including the salaries paid.</p> <p>The weekly rate for the IIHS program is based on the cost of a therapist (.5 FTE) and in-home stabilizer (.5 FTE) with a shared caseload of 1:12. An in-home stabilizer provides some of the face-to-face services. The supervisor</p>
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	<p>caseload is a ratio of 1:5. The rate includes other costs, such as rent, communications (phone, internet), and mileage.</p> <p>Payment for Intensive In-Home service as outlined per Attachment 3.1-i page 20-21 is reimbursed in accordance with the fee schedule referenced on page 57 paragraph six. Intensive In-Home providers are defined per Attachment 3.1-i page 21-23.</p> <p><b>MOBILE CRISIS RESPONSE SERVICES</b></p> <p>This service was discontinued as of 9/30/2020. Reserve for future use.</p> <p><b>EXPRESSIVE AND EXPERIENTIAL BEHAVIORAL SERVICES</b></p> <p>The approved expressive &amp; experiential behavioral therapy providers will bill the Maryland Department of Health for the services rendered. No more than one unit of service may be billed for services delivered at the same time by the same staff. Private and public expressive and experiential behavioral therapy providers will be reimbursed at the same rate.</p> <p>Effective July 1, 2024, a rate increase of 3% across community-based Behavioral Health services was implemented in the agency's fee schedule and is effective for all 1915(i) services provided on or after that date. A link to the published fee schedule can be found by going to the Behavioral Health Information section of <a href="https://health.maryland.gov/mmcp/Pages/Provider-Information.aspx">https://health.maryland.gov/mmcp/Pages/Provider-Information.aspx</a>, clicking on the "PBHS Fee Schedule", and selecting "PBHS 1915(i) Fee Schedule".</p> <p>State developed fee schedule rates are the same for both governmental and private individual practitioners and the fee schedule and any annual/periodic adjustments to the fee schedule are published at the above link.</p> <p>The following details the rate development for expressive and experiential behavioral therapy services. Expressive and Experiential Behavioral Therapy Services Providers must have a) A bachelor's or master's degree from an accredited college or university; and (b) Current registration in the applicable association. The applicable registrations and associations include the following:</p> <ul style="list-style-type: none"> <li>• Dance Therapist Registered or Academy of Dance Therapists Registered in The American Dance Therapy Association</li> <li>• Certified by The Equine Assisted Growth and Learning Association (EAGALA) to provide services under the EAGALA model or The Professional Association of Therapeutic Horsemanship International (PATH Int.) (Formerly the North American Riding for the Handicapped Association (NARHA))</li> </ul>
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	<ul style="list-style-type: none"> <li>• Horticultural Therapist Registered by The American Horticultural Therapy Association</li> <li>• Music Therapist-Board Certified by the Board for Music Therapists, Inc in the American Association for Music Therapy, Inc.</li> <li>• Registered Drama Therapist or Board Certified Trainer in the National Association for Drama Therapy</li> </ul> <p>These associations, registrations and certifications were identified as having comprehensive standards, continuing education requirements, and examinations. As such, the rate for this service has been aligned with the Medicaid rate for individual practitioners (licensed certified social worker-clinical, nurse psychotherapist, licensed clinical professional counselor, licensed clinical marriage and family therapist, and certified registered nurse practitioner-psychiatric) and are reimbursed in accordance with the fee schedule referenced on page 58 paragraph six. A differential is applied for fully licensed clinicians who also have certification versus non-licensed professionals who solely possess certification in one of the expressive and experiential therapies. The group rates were based on the C&amp;A Group Psychotherapy Rates.</p> <p>Payment for Expressive and Experiential Behavioral service as outlined per Attachment 3.1-i page 32-33 are reimbursed in accordance with the fee schedule referenced on page 58 paragraph six. Expressive and Experiential Behavioral providers are defined per Attachment 3.1-i page 33.</p> <p><b>FAMILY PEER SUPPORT</b></p> <p>Effective July 1, 2024, a rate increase of 3% across community-based Behavioral Health services was implemented in the agency's fee schedule and is effective for all 1915(i) services provided on or after that date. A link to the published fee schedule can be found by going to the Behavioral Health Information section of <a href="https://health.maryland.gov/mmcp/Pages/Provider-Information.aspx">https://health.maryland.gov/mmcp/Pages/Provider-Information.aspx</a>, clicking on the "PBHS Fee Schedule", and selecting "PBHS 1915(i) Fee Schedule".</p> <p>State developed fee schedule rates are the same for both governmental and private individual practitioners and the fee schedule and any annual/periodic adjustments to the fee schedule are published at the above link.</p> <p>The rate development adheres to the CMS-accepted methodology for cost-based rates, which includes salary, fringe benefits, indirect costs, and transportation costs based on an average of the mileage experience in current peer support programs. Cost estimates conform to our experience with peer support in Maryland.</p>
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		Payment for Family Peer Support service as outlined per Attachment 3.1-i page 29-30 are reimbursed in accordance with the fee schedule referenced on page 60 paragraph three. Family Peer Support providers are defined per Attachment 3.1-i page 30-32.
	<input type="checkbox"/>	HCBS Clinic Services (whether or not furnished in a facility for CMI)
<input checked="" type="checkbox"/>	Other Services (specify below)	
	<b>CUSTOMIZED GOODS AND SERVICES</b> This service was discontinued as of 9/30/2020. Reserve for future use.	