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State Name: Maryland

State Plan Amendment (SPA) #: 26-0004

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Form CMS-179
- 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

September 25, 2026

Perrie Briskin
Medicaid Director
Maryland Department of Health
201 W. Preston Street, 5th Floor
Baltimore, MD 21201

Re: Maryland State Plan Amendment (SPA) - 26-0004

Dear Medicaid Director Briskin:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 26-0004. This amendment proposes transitioning Outpatient Mental Health Centers from the clinic benefit to rehabilitative services under the Maryland Department of Health State Plan.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR §440.90 and 42 CFR §440.130. This letter informs you that Maryland's Medicaid SPA TN 26-0004 was approved on September 25, 2026, with an effective date of May 1, 2026.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the Maryland State Plan.

If you have any questions, please contact Talbatha Myatt at (215) 861-4259 or via email at Talbatha.Myatt@cms.hhs.gov.

Sincerely,

A solid black rectangular box redacting the signature of Megan K. Buck.

Megan K. Buck
Director, Division of Program Operations

Enclosures

cc: Perrie Briskin
Tyler Colomb

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

1. TRANSMITTAL NUMBER

2 6 — 0 0 0 4

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

May 1, 2026

5. FEDERAL STATUTE/REGULATION CITATION 42 CFR447.256((1905(a)(9), 42 CFR 440.90, 1905(a)(13)(c), 42 CFR 440.130(c))

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2027 \$ 0b. FFY 2028 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1A pg. 22-22-7Att. 3.1A pg. 22-1, 22-5 (26-0004); Att. 3.1A pg. 29C-55 - 29C-57
(26-0004); Att. 4.19B pg. 17B-17C (26-0004); Att. 4.19B pg. 38-C
(26-0004)8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)Attachment 3.1A pg. 22-22-7Att. 3.1A pg. 22-1, 22-5 (25-0001); Att. 3.1A pg. 29C-55 -
29C-57 (NEW); Att. 4.19A&B pg. 64-64A (04-24); Att. 4.19B
pg. 38-C (18-0002)

9. SUBJECT OF AMENDMENT

This SPA shifts Outpatient Mental Health Centers from the Clinic Benefit to the 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. SENDING AGENCY OFFICIAL

12. TYPED NAME

Perrie Briskin

13. TITLE

Deputy Medicaid Director

14. DATE SUBMITTED

15. RETURN TO

Perrie Briskin

Medicaid Director

Maryland Department of Health

201 W. Preston St., 5th Floor

Baltimore, MD 21201

FOR CMS USE ONLY

16. DATE RECEIVED

June 30, 2026

17. DATE APPROVED

September 25, 2026

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

May 1, 2026

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

Megan K. Buck

21. TITLE OF APPROVING OFFICIAL

Director, Division of Program Operations

22. REMARKS

9-2-26-State requested pen and ink change to update Box 5, 7, & 8.

State Plan under Title XIX of the Social Security Act

State/Territory: Maryland

Section 1905(a)(9) Clinic Services

-Visits solely for group or individual health education;
-Services not approved by a licensed physician or other licensed practitioner of the healing arts, within the scope of his or her practice under State law; and
-Services beyond the provider's scope or practice.

Types of Clinics and Services:

[Select all that apply and describe below as applicable]

☐ Behavioral Health Clinics [Describe the types of behavioral health clinics below and select below if applicable.]:☐ Limitations apply only to this clinic type within the benefit category. [Describe below and indicate if limits may be exceeded based upon state determined medical necessity criteria.]☐ IHS and Tribal Clinics [Select below if applicable.]:☐ Limitations apply only to this clinic type within the benefit category. [describe below and indicate if limits may be exceeded based upon state determined medical necessity criteria].

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section §1905(a)(9) of the Social Security Act. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #91). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN: 26-0004

Approval Date: September 25, 2026

Supersedes TN: 25-0001

Effective: May 1, 2026

State Plan under Title XIX of the Social Security Act

State/Territory: Maryland

Section 1905(a)(9) Clinic Services

Four Walls Exceptions

The state assures that the following services may be furnished outside of the clinic. **[Select the first and second checkbox; Do not select the second checkbox if the state does not enroll IHS or Tribal facilities as providers of clinic services.]**

- ☒ Services furnished outside the clinic, by clinic personnel under the direction of a physician, to an eligible individual who does not reside in a permanent dwelling or does not have a fixed home or mailing address in accordance with 42 C.F.R. 440.90(b).
- ☐ Services furnished outside a clinic that is a facility of the Indian Health Service, whether operated by the Indian Health Service (IHS) or by a Tribe or Tribal organization (as authorized by the Indian Self-Determination and Education Assistance Act (ISDEAA), Pub. L. 93-638), by clinic personnel under the direction of a physician in accordance with 42 C.F.R. 440.90(c).

The state elects to cover the following services outside of the clinic **[Select all that apply:]**

- ☐ Services furnished outside of a clinic that is primarily organized for the care and treatment of outpatients with behavioral health disorders, including mental health and substance use disorders, by clinic personnel under the direction of a physician in accordance with 42 C.F.R. 440.90(d) **[Describe the types of behavioral health clinics such exception applies to below:]**

PRA Disclosure Statement - This use of this form is mandatory and the information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section §1905(a)(9) of the Social Security Act. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #91). Public burden for all of the collection of information requirements under this control number is estimated to take about 25 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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13. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in the plan. Preventive Services Prevention Services

D. Rehabilitation Services

X. Outpatient Mental Health Centers

Outpatient Mental Health Centers (OMHCs)

OMHC services must be recommended by a physician or other licensed practitioner of the healing arts within the scope of their practice under state law, for maximum reduction of physical or mental disability and restoration of a beneficiary to his best possible functional level, as described in 42 CFR § 440.130(d). OMHCs are non-residential, community-based facilities providing outpatient therapeutic services to individuals with psychiatric disorders.

A. Service Descriptions:

OMHCs shall provide the following:

a. *Assessment & Diagnostic Evaluation Services -*

- i. These evaluative services include the review of psychiatric, substance use disorder, medical, and social history, mental status exam, risk assessment, and diagnostic formulation. The services should inform the collaborative creation of the individual care plan.
- ii. Eligible practitioners are Licensed Mental Health Practitioners (LMHPs) as defined in Attachment 3.1-A page 19-6.g. of the State Plan, appropriately supervised licensed graduate level social workers and licensed graduate professional counselors as described in B(b)(iii) below, and psychiatrists as described in B(b)(ii) below.

b. *Therapy Services -*

- i. Therapeutic interventions include individual, group, and family psychotherapy as clinically indicated.
- ii. Eligible practitioners are the same as described in A(a)(ii) above.

c. *Medication Management Services -*

- i. Medication management is the therapeutic use and management of psychiatric medications and includes the following core components: evaluation, prescribing, administering, monitoring, and participant education.
- ii. Eligible practitioners are professionals who are authorized under their scope of practice and State law to prescribe, including eligible LMHPs and psychiatrists.

d. *Care Coordination and Referral Services -*

- i. Care coordination involves the management, coordination, and monitoring of services provided to a patient both within the program and in conjunction with other providers. Referral services is the contact made by an individual, or on behalf of an individual, for behavioral health or other services as needed.

- ii. Eligible practitioners are the same as described in A(a)(ii) above.

OMHCs may additionally provide the following optional services:

- a. *Psychological/Neuropsychological Testing* -
 - i. This service involves the administration and scoring of standardized psychological or neuropsychological instruments for evaluation and treatment planning purposes.
 - ii. Eligible practitioners include licensed psychologists and psychology associates under the supervision of a licensed psychologist.
- b. *Intensive Outpatient Program (IOP)* -
 - i. IOP is a short-term intervention for participants experiencing an exacerbation of psychiatric symptoms and includes assessment and diagnostic evaluation services, therapy services, and care coordination/referral services for a minimum of 3 hours in a given treatment day or 9 to 20 hours in a given week for adults and 6 to 20 hours a week for minors.
 - ii. Eligible practitioners include LMHPs, appropriately supervised licensed graduate level social workers and licensed graduate professional counselors as described in B(b)(iii) below, and psychiatrists.

B. Provider Qualifications:

- a. The OMHC must be licensed by the designated state licensing agency to provide OMHC services.
- b. The OMHC must have staff that is sufficient in numbers and qualifications to provide clinically appropriate services to the individuals served and includes, at a minimum:
 - i. A program director who is a LMHP or has a master's degree in mental health, health services, or business administration;
 - ii. A medical director who is either:
 - 1. A psychiatrist, licensed by the Maryland Board of Physicians and in accordance with State law; or
 - 2. A certified registered nurse practitioner (CNP), licensed by the Maryland Board of Nursing and in accordance with State law, with a specialization in the practice of Psychiatric Mental Health (PMH); and
 - iii. A multidisciplinary staff in addition to the medical director that includes representatives of two different mental health professions described in A(a)(ii) above.
- c. OMHC providers must be available 24/7 to their enrolled participants in the event of a crisis.

C. Limitations

- All services require prior authorization by the Department or its designee prior to service delivery and all services are subject to approval based on medical necessity.

Mental Health Rehabilitation Services Program
Reimbursement Methodology

Providers participating in the Mental Health Rehabilitation Services Program ("Rehabilitation Program") are reimbursed at fixed rates established by the Maryland Department of Health ("Department"). The Department limits reimbursements to Rehabilitation Program providers to the lesser of the amount billed to the Medical Assistance Program or the fee established by the Department for the specific services as described below.

Reimbursements to licensed mental health professionals and providing Diagnostic and Therapeutic treatment Rehabilitation Services and additional treatment services are, except as otherwise noted in the plan, state-developed fee schedule rates that are the same for both governmental and private providers of these services. The agency's fee schedule rate was set as of February 1, 2004 and most recently updated August 1, 2025 and is effective for services provided on or after that date. All rates are published on the State's website; the link to the published fee schedule for this service can be found by going to the Behavioral Health section of <https://mmcp.health.maryland.gov/Pages/Provider-Information.aspx>, clicking on "Fee Schedules" and then selecting the applicable fiscal year for the "Mental Health (Individual & Outpatient) Fee Schedule."

Reimbursement for support services rendered by Psychiatric Rehabilitation Programs (PRP) is, except as otherwise noted in the plan, based on state-developed fee schedule rates that are the same for both governmental and private providers of PRP services. The agency's fee schedule rate was set as of February 1, 2004 and most recently updated November 1, 2025 and is effective for services provided on or after that date. All rates are published on the State's website; a link to the published fee schedule for this service can be found by going to the Behavioral Health section of <https://mmcp.health.maryland.gov/Pages/Provider-Information.aspx>, clicking on "Fee Schedules" and then selecting the applicable fiscal year for the "PRP and Specialty Programs Fee Schedule."

Mental Health Rehabilitation Services Program
Reimbursement Methodology

Reimbursement rates for treatment services offered by programs, including Mobile Treatment Programs , free standing Partial Hospitalization Programs , except as otherwise noted in the plan, are based on state-developed fee schedule rates that are the same for both governmental and private providers of PRP services. The agency's fee schedule rate was set as of February 1, 2004 and most recently updated November 1, 2025 and is effective for services provided on or after that date. All rates are published on the State's website; a link to the published fee schedule for this service can be found by going to the Behavioral Health section of <https://mmcp.health.maryland.gov/Pages/Provider-Information.aspx>, clicking on "Fee Schedules" and then selecting the applicable fiscal year for the "PRP and Specialty Programs Fee Schedule."

Outpatient Mental Health Centers
Reimbursement Methodology

- The Department is sunsetting reimbursement under the clinic payment methodology for Outpatient Mental Health Clinic (OMHC) services, effective May 1, 2026. For OMHC services outlined in Attachment 3.1A, pages 29C-55 through 29C-57, reimbursement is covered in 4.19B page 17B.
- Services and provider qualifications are limited to those outlined in Attachment 3.1A pages 29C-55 and 29C-56 of the Maryland State Plan.