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State/Territory Name: **Maryland**

State Plan Amendment (SPA) #: **20-0011**

This file contains the following documents in the order listed:

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106

CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR MEDICAID & CHIP SERVICES

Medicaid and CHIP Operations Group

March 10. 2021

Ms. Tricia Roddy, Acting Medicaid Director
Maryland Department of Health
201 W. Preston St., 5th Floor
Baltimore, MD 21201

Dear Ms. Roddy:

We are pleased to inform you of the approval of Maryland State Plan Amendment (SPA) 20-0011. The purpose of this amendment is to update language including provider qualifications and certification requirements, and establishing a geographic differential rate for targeted case management (TCM) services.

Enclosed is a copy of the approved SPA pages and the signed CMS-179 form. The effective date of this amendment is October 1, 2020.

If you have any questions regarding this SPA, please contact Talbatha Myatt at (215) 861-4259. She can also be reached at Talbatha.Myatt@cms.hhs.gov.

Sincerely,

[redacted]

Ruth A. Hughes, Acting Director
Division of Program Operations

cc: Katia Fortune, State Plan Coordinator
Nina McHugh, Medicaid Provider Services Administration
James G. Scott, Director Division of Program Operations
Nicole McKnight, CMCS, Branch Manager, Division of Program Operations
Talbatha Myatt, CMCS, State Lead, Division of Program Operations
Mindy Morrell, CMCS, Division of Benefits and Coverage
Gary Knight, CMCS, Financial Management Group

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB No. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER: 20-0011

2. STATE: MD

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE: October 1, 2020

5. TYPE OF PLAN MATERIAL *(Check One)*

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT *(Separate transmittal for each amendment)*

6. FEDERAL STATUTE/REGULATION CITATION

7. FEDERAL BUDGET IMPACT
a. FFY 2021 $ $479
b. FFY _____ $ _____

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Supplement 7 to Att. 3.1A pg. 1-21 (20-0011)
Att. 4.19B pg 42-44 (20-0011)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*

Supplement 7 to Att. 3.1A pg. 1-21 (15-0009)
Att. 4.19B pg 42-44 (20-0008)

10. SUBJECT OF AMENDMENT

The Maryland Department of Health is amending its State Plan to update language including certification requirement and establishing a geographic differential rate for targeted case management (TCM) services offered under certain Medicaid programs that are operated by the Developmental Disabilities Administration.

11. 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

12. SIGNATURE OF STATE AGENCY OFFICIAL

[redacted]

13. TYPED NAME
Tricia Roddy

14. TITLE
Assistant Medicaid Director

15. DATE SUBMITTED
12/15/2020

16. RETURN TO

Dennis R. Schrader
Medicaid Director
Maryland Department of Health
201 W. Preston St., 5th Floor
Baltimore, MD 21201

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED
12/15/2020

18. DATE APPROVED
March 10, 2020

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL
October 1, 2020

20. SIGNATURE OF REGIONAL OFFICIAL

[redacted]

21. TYPED NAME
Ruth A. Hughes

22. TITLE
Acting Director, Division of Program Operations

23. REMARKS

FORM CMS-179 (07/92)

Instructions on Back

State Plan under Title XIX of the Social Security Act
State/Territory: Maryland

TARGETED CASE MANAGEMENT SERVICES FOR People with intellectual and developmental disabilities On DDA Waiting List

A. Target Group (42 Code of Federal Regulations 441.18(a)(8)(i) and 441.18(a)(9)):

Services shall be provided to Medicaid participants who:

1) Have applied for services from the Developmental Disabilities Administration (DDA); and

2) Have been determined to have a developmental disability from the DDA on the DDA Waiting List.

_X_ Case-management services will be made available for up to 180 consecutive days of a covered stay in a medical institution. The target group does not include individuals between ages 22 and 64 who are served in Institutions for Mental Disease or individuals who are inmates of public institutions. (State Medicaid Directors Letter (SMDL, July 25, 2000)).

B. Areas of State in which Services Will Be Provided (§1915(g)(1) of the Act):

_X_ Entire State

__ Only in the following geographic areas: [Specify areas:]

C. Comparability of Services (§§1902(a)(10)(B) and 1915(g)(1))

___ Services are provided in accordance with §1902(a)(10)(B) of the Act.

_X_ Services are not comparable in amount, duration and scope (§1915(g)(1)).

D. Definition of Services (42 CFR 440.169)

Targeted case management services are defined as services furnished to assist individuals, eligible under the State Plan, in gaining access to needed medical, social, educational and other services. Targeted Case Management includes the following assistance:

- x Comprehensive assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, social or other services. These assessment activities include:
  - o Taking client history; and
  - o Identifying the individual's needs and completing related documentation; and
  - o Gathering information from other sources such as family members, medical providers, social workers, and educators (if necessary), to form a complete assessment of the eligible individual;

- The initial comprehensive assessment will be completed when the individual initially seeks services. Periodic reassessment of the individual's needs are conducted minimally annually during the annual Individual Plan meeting or more frequently based on the needs of the person;

x Development (and periodic revision) of a specific care plan that is based on the information collected through the assessment that
  - Specifies the goals and actions to address the medical, social, educational, and other services needed by the individual;
  - Includes activities such as ensuring the active participation of the eligible individual, and working with the individual (or the individual's authorized health care decision maker) and others to develop those goals; and
  - Identifies a course of action to respond to the assessed needs of eligible individuals;

x Referral and related activities (such as scheduling appointments for the individual) to help the eligible individual obtain needed services including
  - Activities that help link the individual with medical, social, educational providers, or other programs and services that are capable or providing needed services to address identified needs and achieve goals specified in the care plan; and

X Monitoring and follow-up activities:
o Activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the eligible individual's needs, and which may be with the individual, family member, service providers, or other entities or individuals and conducted as frequently as necessary, and including monitoring, to determine whether the following conditions are met:

- Services are being furnished in accordance with the individual's care plan;
- Services in the care plan are adequate; and
- Changes in the needs or status of the individual are reflected in the service plan. Monitoring and follow up activities include making necessary adjustments in the care plan and services arrangement with providers.

Monitoring activities shall occur on the following minimum frequency based on DDA priority categories:

- Crisis Resolution – minimum monthly contacts for first ninety (90) days and then quarterly until priority category changes, unless additional contacts otherwise authorized by DDA; or services offered; or
- Crisis Prevention – minimum quarterly contacts until priority category changes, unless additional contacts otherwise authorized by the DDA, or services offered; or
- Current Request – minimum annual contact until priority contact changes, unless additional contacts otherwise authorized by DDA, or services authorized.

_X_ Case management includes contacts with non-eligible individuals that are directly related to identifying the eligible individual's needs and care, for the purposes of helping the individual access services, identifying needs and supports to assist the eligible individual in obtaining services; providing case managers with useful feedback, and alerting case managers to changes in the eligible individual's needs. (42 CRF 440.169(e)).

E. Qualifications for Providers (42 CFR 441.18(a)(8)(V) and 42 CFR 441.18(b))
Provider agencies are certified for providing targeted case management known as Coordination of Community Services to people eligible for funding from the Developmental Disabilities Administration (DDA).

DDA-certified Coordination of Community Services providers will include private providers and/or local health departments.

At a minimum, prior to becoming a certified provider, potential providers must:

1. Be incorporated in the State unless operating as a local health department;
2. Have a board of directors or local advisory board in accordance with the regulations;
3. Submit and have approved by DDA or its designee the following:
    a. Application
    b. Business Plan which demonstrates fiscal viability; and
    c. Program Service Plan to include scope of work and proposed staffing plan; and including staff and staff to participant ratios; and
    d. Formal written Policies and Procedures; and
    e. Formal written Quality Assurance Plan; and
    f. Documentation of strategies for locating community-based public, private, and generic resources; and
    g. Prior licensing reports issued within the previous ten years from any in-State or out-of-State entity associated with the applicant, including deficiency reports and compliance records.
4. Comply with all State and Federal statutes and regulations.
5. All providers must be enrolled as a Medicaid provider and meet all the conditions for participation as set forth in regulations.

Ineligibility for Employment
An individual is ineligible for employment by a Coordination of Community Services provider organization or entity in Maryland if the individual:

1. Is simultaneously employed by any MDH-licensed provider organization and entity;
2. Is on the Maryland Medicaid exclusion list;
3. Is on the federal List of Excluded Individuals/Entities (LEIE);
4. Is on the federal list of excluded parties as maintained by the System of Award Management (SAM.GOV);
5. Has been convicted of a crime of violence in violation of Criminal Law Article, §14-101, Annotated Code of Maryland;

6. Violates or has violated Health-General Article, §7-1102, Annotated Code of Maryland, unlawfully interfering with the rights of an individual with a developmental disability; or
7. Has been found guilty or been given Probation Before Judgment for a crime which would indicate behavior potentially harmful to individuals receiving services, as documented either through a criminal history records check or a criminal background check, pursuant to Health-General Article, §19-1902, et seq., Annotated Code of Maryland.

Private DDA-certified Coordination of Community Services providers must:

1. Refrain from providing direct services to people receiving funding within the DDA service delivery system including Meaningful Day, Support, and Residential Services;
2. Refrain from providing case management services to any persons receiving direct services from a parent company, subsidiary, or otherwise affiliated company; and
3. Provide services in all areas of their authorized jurisdiction.

All DDA certified Coordination of Community Services providers (including local health departments) must:

1. Use the Maryland Long Term Services and Supports (LTSS*Maryland*) electronic information system to document service activities, complete required forms, and submit billing claims ; and
2. Maintain a standard 8-hour operational day Monday through Friday and have flexible staffing hours that include nights and weekends to accommodate the needs of individuals receiving services; and
3. Have a means for individuals, their families, community providers, and DDA staff to contact the case management designated staff directly in the event of an emergency and at times other than at standard operating hours; and
4. Maintain a toll free number unless otherwise authorized by DDA and communication system accessible for everyone receiving case management services; and
5. Be knowledgeable of the eligibility requirements, application procedures, and scope of services of federal, State, and local government assistance programs which are applicable to participants; and
6. Have a management team with at least three (3) years experience each providing case management services or management experience in human services; and
7. Have no legal sanctions or judgments within the past ten (10) years.

F. DDA Coordination of Community Services Staff Qualifications:

Coordination of Community Services Supervisor

The Coordination of Community Services supervisor is an individual who is employed to provide oversight of case management services rendered and performance of case managers, and who has:

1. An advanced degree in human services and one (1) year experience or a Bachelor's degree in human services with three (3) years experience; except for Coordination of Community Services Supervisors employed for a minimum of one (1) year by January 1, 2014 with an existing DDA certified Coordination of Community Services agency can be grandfathered as a qualified Coordination of Community Services Supervisor in lieu of education requirement noted above.
2. Experience in any one or more of the following:
   a. Coordinating services for people in Medicaid and/or waiver programs
   b. Coordinating services for people with Intellectual/Developmental Disabilities
3. Demonstrated skills and working knowledge in:
   a. Social services intake and referral services; and
   b. Data collection, analysis, and reporting; and
   c. Staff supervision; and
   d. Management or leadership
4. Supervised the work of case managers
5. Monitored the quality of services provided.

Coordinator of Community Services

The Coordinator of Community Services is an individual employed by the case management agency to assist authorized individuals in selecting and obtaining the most responsive and appropriate services and supports, and who meet the following criteria:

1. Educational Requirements:
   a. Bachelor's degree in a human service field;
   b. Associated degree with two (2) years' experience in human service field;
   c. Seven (7) years' experience in human service field; or
   d. Employed for a minimum of one (1) year by January 1, 2014 with an existing DDA-certified Coordination of Community Services agency who were grandfathered as a qualified Coordinator of Community Services in lieu of education requirements noted above
2. Uses all communication methodologies, strategies, devices and techniques necessary, including sign language, assistive technology, or language interpreter services, to facilitate the involvement of the participant in the assessment, development, and monitoring of services and supports;
3. Ensure that each individual receives a person-centered plan that is designed to meet the individual's needs and in the most cost effective manner; and
4. Annually advise participants of their right to choose among qualified providers of services to include Coordination of Community Services.

G. Staff Training Requirements

1. All DDA-certified Coordination of Community Services, providers must ensure through appropriate documentation that Coordination of Community Services, Supervisors, and Quality Assurance staff receives training as required by DDA.
2. All Coordination of Community Services staff shall receive re-training as required by the DDA.

H. Freedom of Choice (42 CFR 441.18(a)(1)):
The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

1. Eligible individuals will have free choice of any qualified Medicaid provider within the specified geographic area identified in this plan.
2. Eligible individuals will have free choice of any qualified Medicaid providers of other medical care under the plan.

Freedom of Choice Exception (§1915(g)(1) and 42 CFR 441.18(b))

___ Target group consists of eligible participants with developmental disabilities or with chronic mental illness. Providers are limited to qualified Medicaid providers of case management services capable of ensuring that individuals with developmental disabilities or with chronic mental illness receive needed services.

I. Access to Services (42 CFR 441.18(a)(2), 42 CFR 441.18(a)(3) and 42 CFR 441.18(a)(6))

The State assures the following:

- x Case management (including targeted case management) services will not be used to restrict a person's access to other services under the plan.
- x Individuals will not be compelled to receive case management services, condition receipt of case management (or targeted case management) services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of case management (or targeted case management) services; and
- x Providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plan.

J. Payment (42 CFR 441.18(a)(4))
Payment for DDA Coordination of Community Services (or targeted case management) services under the plan does not duplicate payments made to public agencies or private entities under other program authorizes for this same purpose.

K. Case Records (42 CFR 442.18(a)(7))
Providers maintain case records that document for all individuals receiving case management services as follows: (i) the name of the individual; (ii) the dates of the services; (iii) the name of the provider agency (if relevant) and the person providing the case management service; (iv) the nature, content, units of the case management services received and whether goals specified in the care plan have been achieved; (v) whether the individual has declined services in the care plan; (vi) the need for, and occurrences of, coordination with other case managers; (vii) a timeline for obtaining needed services; (viii) a timeline for reevaluation of the plan.

L. Limitations
Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities are an integral and inseparable component of another covered Medicaid service (State Medicaid Manual (SMM) 4302.F).

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities constitute the direct delivery of underlying medical, educational, social, or other services to which an eligible individual has been referred, including for foster care programs, services such as, but not limited to, the following: research gathering and completion of documentation required by the foster care program; assessing adoption placements; recruiting or interviewing potential foster care parents; serving legal papers; home investigations; providing transportation; administering foster care subsidies; making placement arrangements. (42 CFR 441.18(c)).

FFP only is available for case management services or targeted case management services if there are no other third parties liable to pay for such services, including as reimbursement under a medical, social, educational, or other program except for case management that is included in an individualized education program or individualized family service plan consistent with §1903(c) of the Act. (§§1902(a)(25) and 1905(c)).

State Plan under Title XIX of the Social Security Act
State/Territory: Maryland

TARGETED CASE MANAGEMENT SERVICES FOR People with intellectual and developmental disabilities Transitioning to the Community

A. Target Group (42 Code of Federal Regulations 441.18(a)(8)(i) and 441.18(a)(9)):

Services shall be provided to Medicaid participants who:

1) Have applied for services from the Developmental Disabilities Administration (DDA); and

2) Have been determined to have a developmental disability from the DDA and are transitioning to the community

_X_ The target group includes individuals transitioning to a community setting. Case-management services will be made available for up to 180 consecutive days of a covered stay in a medical institution. The target group does not include individuals between ages 22 and 64 who are served in Institutions for Mental Disease or individuals who are inmates of public institutions. (State Medicaid Directors Letter (SMDL, July 25, 2000)).

B. Areas of State in which Services Will Be Provided (§1915(g)(1) of the Act):

_X_ Entire State

_ _ Only in the following geographic areas: [Specify areas:]

C. Comparability of Services (§§1902(a)(10)(B) and 1915(g)(1))

___ Services are provided in accordance with §1902(a)(10)(B) of the Act.

_X_ Services are not comparable in amount, duration and scope (§1915(g)(1)).

D. Definition of Services (42 CFR 440.169)

Targeted case management services are defined as services furnished to assist individuals, eligible under the State Plan, in gaining access to needed medical, social, educational and other services. Targeted Case Management includes the following assistance:

- Comprehensive assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, social or other services. These assessment activities include:
  - Taking client history;
  - Identifying the individual's needs and completing related documentation; and

- Gathering information from other sources such as family members, medical providers, social workers, and educators (if necessary), to form a complete assessment of the eligible individual;
  The initial comprehensive assessment will be completed when the individual initially seeks services. Periodic reassessment of the individual's needs are conducted minimally annually during the annual Individual Plan meeting or more frequently based on the needs of the person;

x Development (and periodic revision) of a specific care plan that is based on the information collected through the assessment that
  - Specifies the goals and actions to address the medical, social, educational, and other services needed by the individual;
  - Includes activities such as ensuring the active participation of the eligible individual, and working with the individual (or the individual's authorized health care decision maker) and others to develop those goals; and
  - Identifies a course of action to respond to the assessed needs of eligible individuals;

x Referral and related activities (such as scheduling appointments for the individual) to help the eligible individual obtain needed services including
  - Activities that help link the individual with medical, social, educational providers, or other programs and services that are capable or providing needed services to address identified needs and achieve goals specified in the care plan; and

x Monitoring and follow-up activities:
  - Activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the eligible individual's needs, and which may be with the individual, family member, service providers, or other entities or individuals and conducted as frequently as necessary, and including at least one annual monitoring, to determine whether the following conditions are met:
    - Services are being furnished in accordance with the individual's care plan;
    - Services in the care plan are adequate; and
    - Changes in the needs or status of the individual are reflected in the care plan. Monitoring and follow up activities include making necessary adjustment in the care plan and services arrangement with providers.

_X_ Case management includes contacts with non-eligible individuals that are directly related to identifying the eligible individual's needs and care, for the purposes of helping the individual access services, identifying needs and supports to assist the eligible individual in obtaining

services; providing case managers with useful feedback, and alerting case managers to changes in the eligible person's needs. (42 CRF 440.169(e)).

E. Qualifications for Providers (42 CFR 441.18(a)(8)(V) and 42 CFR 441.18(b))
Provider agencies are certified agents responsible for providing targeted case management known as Coordination of Community Services to people eligible for funding from the Developmental Disabilities Administration (DDA).

DDA-certified Coordination of Community Services providers will include private providers and/or local health departments.

At a minimum, prior to becoming a certified provider, potential providers must:

1. Be incorporated in the State unless operating as a local health department;
2. Have a board of directors or local advisory board in accordance with the regulations;
3. Submit and have approved by DDA or its designee the following:
    a) Application
    b) Business Plan which demonstrates fiscal viability;
    c) Program Service Plan to include scope of work and proposed staffing plan; and including staff and staff to participant ratios; and
    d) Formal written Policies and Procedures; and
    e) Formal written Quality Assurance Plan; and
    f) Documentation of strategies for locating community-based public, private, and generic resources; and
    g) Prior licensing reports issued within the previous ten years from any in-State or out-of-State entity associated with the applicant, including deficiency reports and compliance records;
4. Comply with all State and Federal statutes and regulations.
5. All providers must be enrolled as a Medicaid provider and meet all the conditions for participation as set forth in regulations.

Ineligibility for Employment
An individual is ineligible for employment by a Coordination of Community Services provider organization or entity in Maryland if the individual:

1. Is simultaneously employed by any MDH-licensed provider organization and entity;
2. Is on the Maryland Medicaid exclusion list;
3. Is on the federal List of Excluded Individuals/Entities (LEIE);
4. Is on the federal list of excluded parties as maintained by the System of Award Management (SAM.GOV);
5. Has been convicted of a crime of violence in violation of Criminal Law Article, §14-101, Annotated Code of Maryland;

6. Violates or has violated Health-General Article, §7-1102, Annotated Code of Maryland, unlawfully interfering with the rights of an individual with a developmental disability; or
7. Has been found guilty or been given Probation Before Judgment for a crime which would indicate behavior potentially harmful to individuals receiving services, as documented either through a criminal history records check or a criminal background check, pursuant to Health-General Article, §19-1902, et seq., Annotated Code of Maryland.

Private DDA--certified Case Management providers must:

1. Refrain from providing direct services to people receiving funding within the DDA service delivery system including Meaningful Day, Support, and Residential Services;
2. Refrain from providing case management services to any persons receiving direct services from a parent company, subsidiary, or otherwise affiliated company; and
3. Provide services in all areas of their authorized jurisdiction.

All DDA--certified providers (including local health departments) must:

1. Use the Maryland Long Term Services and Supports (LTSS*Maryland*) electronic information system to document service activities, complete required forms, and billing claims;
2. Maintain a standard 8-hour operational day Monday through Friday and have flexible staffing hours that include nights and weekends to accommodate the needs of individuals receiving services;
3. Have a means for individuals, their families, community providers, and DDA staff to contact the case management designated staff directly in the event of an emergency and at times other than at standard operating hours;
4. Maintain a toll free number unless otherwise authorized by the DDA and communication system accessible for everyone receiving case management services;
5. Be knowledgeable of the eligibility requirements, application procedures, and scope of services of federal, State, and local government assistance programs which are applicable to participants;
6. Have a management team with at least three (3) years experience each providing case management services or management experience in human services;
7. Have had no legal sanctions or judgments within the past ten (10) years.

F. DDA Coordination of Community Services Staff Qualifications:

Coordination of Community Services Supervisor

The Coordination of Community Services supervisor is an individual who is employed to provide oversight of Coordination of Community Services rendered and performance of case managers, and who has:

1. An advanced degree in human services and one (1) year experience or a Bachelor's degree in human services with three (3) years' experience; except for Case Management Supervisors

employed for a minimum of one (1) year by January 1, 2014 with an existing DDA-certified Coordination of Community Services agency can be grandfathered as a qualified Coordination of Community Services Supervisor in lieu of education requirement noted above.

2. Experience in any one or more of the following:
   a. Coordinating services for people in Medicaid and/or waiver programs
   b. Coordinating services for people with Intellectual/Developmental Disabilities
3. Demonstrated skills and working knowledge in:
   a. Social services intake and referral services;
   b. Data collection, analysis, and reporting;
   c. Staff supervision; and
   d. Management or leadership
4. Supervised the work of case managers
5. Monitored the quality of services provided

Coordinator of Community Services

A Coordinator of Community Services is an individual employed by the Coordination of Community Services agency to assist authorized individuals in selecting and obtaining the most responsive and appropriate services and supports, and who meet the following criteria:

1. Educational requirements:
   a. Bachelor's degree in a human service field;
   b. Associated degree with two (2) years' experience in human service field;
   c. Seven (7) years' experience in human service field; or
   d. Employed for a minimum of one (1) year by January 1, 2014 with an existing DDA-certified Coordination of Community Services agency who were grandfathered as a qualified Coordinator of Community Services in lieu of education requirements noted above.
2. Uses all communication methodologies, strategies, devices and techniques necessary, including sign language, assistive technology, or language interpreter services, to facilitate the involvement of the participant in the assessment, development, and monitoring of services and supports;
3. Ensure that each individual receives a person-centered plan that is designed to meet the individual's needs and in the most cost effective manner; and
4. Annually advise participants of their right to choose among qualified providers of services to include Coordinator of Community Services.

G. Staff Training Requirements

1. All DDA-certified Coordination of Community Services providers must ensure through appropriate documentation that Coordinators of Community Services, Coordination of Community Services Supervisors and Quality Assurance staff receives training as required

by DDA.

2. All staff shall receive re-training as required by the DDA.

H. Freedom of Choice (42 CFR 441.18(a)(1)):

The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

1. Eligible individuals will have free choice of any qualified Medicaid provider within the specified geographic area identified in this plan.
2. Eligible individuals will have free choice of any qualified Medicaid providers of other medical care under the plan.

Freedom of Choice Exception (§1915(g)(1) and 42 CFR 441.18(b))

___ Target group consists of eligible participants with developmental disabilities or with chronic mental illness. Providers are limited to qualified Medicaid providers of case management services capable of ensuring that participants with developmental disabilities or with chronic mental illness receive needed services.

I. Access to Services (42 CFR 441.18(a)(2), 42 CFR 441.18(a)(3) and 42 CFR 441.18(a)(6))

The State assures the following:

- Case management (including targeted case management) services will not be used to restrict a person's access to other services under the plan.
- Individuals will not be compelled to receive case management services, condition receipt of case management (or targeted case management) services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of case management (or targeted case management) services; and
- Providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plan.

J. Payment (42 CFR 441.18(a)(4))

Payment for DDA Coordination of Community Services services under the plan does not duplicate payments made to public agencies or private entities under other program authorizes for this same purpose.

K. Case Records (42 CFR 442.18(a)(7))

Providers maintain case records that document for all individuals receiving case management services as follows: (i) the name of the individual; (ii) the dates of the Case Management services; (iii) the name of the provider agency (if relevant) and the person providing the case management service; (iv) the nature, content, units of the case management services received and whether goals specified in the care plan have been achieved; (v) whether the individual has declined services in the care plan; (vi) the need for, and occurrences of, coordination with other case managers; (vii) a timeline for obtaining needed services; (viii) a timeline for reevaluation of the plan.

L. Limitations

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities are an integral and inseparable component of another covered Medicaid service (State Medicaid Manual (SMM) 4302.F).

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities constitute the direct delivery of underlying medical, educational, social, or other services to which an eligible individual has been referred, including for foster care programs, services such as, but not limited to, the following: research gathering and completion of documentation required by the foster care program; assessing adoption placements; recruiting or interviewing potential foster care parents; serving legal papers; home investigations; providing transportation; administering foster care subsidies; making placement arrangements. (42 CFR 441.18(c)).

FFP only is available for case management services or targeted case management services if there are no other third parties liable to pay for such services, including as reimbursement under a medical, social, educational, or other program except for case management that is included in an individualized education program or individualized family service plan consistent with §1903(c) of the Act. (§§1902(a)(25) and 1905(c)).

State Plan under Title XIX of the Social Security Act
State/Territory: Maryland

TARGETED CASE MANAGEMENT SERVICES FOR
People with intellectual and developmental disabilities
Community Coordination Services

A. Target Group (42 Code of Federal Regulations 441.18(a)(8)(i) and 441.18(a)(9)):

Services shall be provided to Medicaid participants who:

1) Have applied for services from the Developmental Disabilities Administration (DDA); and
2) Receive funding for community-based services from the DDA.

_X_ The target group includes individuals needing community coordination services. Case-management services will be made available for up to 180 consecutive days of a covered stay in a medical institution. The target group does not include individuals between ages 22 and 64 who are served in Institutions for Mental Disease or individuals who are inmates of public institutions. (State Medicaid Directors Letter (SMDL, July 25, 2000)).

B. Areas of State in which Services Will Be Provided (§1915(g)(1) of the Act):

_X_ Entire State
___ Only in the following geographic areas: [Specify areas:]

C. Comparability of Services (§§1902(a)(10)(B) and 1915(g)(1))

___ Services are provided in accordance with §1902(a)(10)(B) of the Act.
_X_ Services are not comparable in amount, duration and scope (§1915(g)(1)).

D. Definition of Services (42 CFR 440.169)

Targeted case management services are defined as services furnished to assist individuals, eligible under the State Plan, in gaining access to needed medical, social, educational and other services. Targeted Case Management includes the following assistance:

- Comprehensive assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, social or other services. These assessment activities include:
  - Taking client history;
  - Identifying the individual's needs and completed related documentation; and

- Gathering information from other sources such as family members, medical providers, social workers, and educators (if necessary), to form a complete assessment of the eligible individual;
- The initial comprehensive assessment will be completed when the individual initially seeks services. Periodic reassessment of the individual's needs are conducted minimally annually during the annual Individual Plan meeting or more frequently based on the needs of the person;

x Development (and periodic revision) of a specific care plan that is based on the information collected through the assessment that
- Specifies the goals and actions to address the medical, social, educational, and other services needed by the individual;
- Includes activities such as ensuring the active participation of the eligible individual, and working with the individual (or the individual's authorized health care decision maker) and others to develop those goals; and
- Identifies a course of action to respond to the assessed needs of eligible individuals;

x Referral and related activities (such as scheduling appointments for the individual) to help the eligible individual obtain needed services including
- Activities that help link the individual with medical, social, educational providers, or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the care plan; and

x Monitoring and follow-up activities:
- Activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the eligible individual's needs, and which may be with the individual, family member, service providers, or other entities or individuals and conducted as frequently as necessary, and including quarterly monitoring, to determine whether the following conditions are met:
  - Services are being furnished in accordance with the individual's care plan;
  - Services in the care plan are adequate; and
  - Changes in the needs or status of the individual are reflected in the care plan. Monitoring and follow up activities include making necessary adjustment in the care plan and services arrangement with providers.

_X_ Case management includes contacts with non-eligible individuals that are directly related to identifying the eligible individual's needs and care, for the purposes of helping the individual access services, identifying needs and supports to assist the eligible individual in obtaining

services; providing case managers with useful feedback, and alerting case managers to changes in the eligible person's needs. (42 CRF 440.169(e)).

E. Qualifications for Providers (42 CFR 441.18(a)(8)(V) and 42 CFR 441.18(b))
Provider agencies are certified agents responsible for providing targeted case management known as Coordination of Community Services to people eligible for funding from the Developmental Disabilities Administration (DDA).

DDA-certified Coordination of Community Services providers will include private providers and/or local health departments.

At a minimum, prior to becoming a certified provider, potential providers must:

1. Be incorporated in the State unless operating as a local health department;
2. Have a board of directors or local advisory board in accordance with the regulations;
3. Submit and have approved by DDA or its designee the following:
   a) Application
   b) Business Plan which demonstrates fiscal viability; and
   c) Program Service Plan to include scope of work and proposed staffing plan; and including staff and staff to participant ratios; and
   d) Formal written Policies and Procedures; and
   e) Formal written Quality Assurance Plan; and
   f) Documentation of strategies for locating community-based public, private, and generic resources; and
   g) Prior licensing reports issued within the previous ten years from any in-State or out-of-State entity associated with the applicant, including deficiency reports and compliance records.
4. Comply with all State and Federal statutes and regulations.

All providers must be enrolled as a Medicaid provider and meet all the conditions for participation as set forth in regulations.

Ineligibility for Employment
An individual is ineligible for employment by a Coordination of Community Services provider organization or entity in Maryland if the individual:

1. Is simultaneously employed by any MDH-licensed provider organization and entity;
2. Is on the Maryland Medicaid exclusion list;
3. Is on the federal List of Excluded Individuals/Entities (LEIE);
4. Is on the federal list of excluded parties as maintained by the System of Award Management (SAM.GOV);
5. Has been convicted of a crime of violence in violation of Criminal Law Article, §14-101, Annotated Code of Maryland;

6. Violates or has violated Health-General Article, §7-1102, Annotated Code of Maryland, unlawfully interfering with the rights of an individual with a developmental disability; or
7. Has been found guilty or been given Probation Before Judgment for a crime which would indicate behavior potentially harmful to individuals receiving services, as documented either through a criminal history records check or a criminal background check, pursuant to Health-General Article, §19-1902, et seq., Annotated Code of Maryland.

Private DDA-certified Coordination of Community Services providers must:

1. Refrain from providing direct services to people receiving funding within the DDA service delivery system for Meaningful Day, Support, and Residential Services;
2. Refrain from providing case management services to any persons receiving direct services from a parent company, subsidiary, or otherwise affiliated company; and
3. Provide services in all areas of their authorized jurisdiction.

All DDA-certified providers (including local health departments) must:

1. Use the Maryland Long Term Services and Supports (LTSS*Maryland*) electronic information system to document service activities, complete required forms, and submit billing claims; and
2. Maintain a standard 8-hour operational day Monday through Friday and have flexible staffing hours that include nights and weekends to accommodate the needs of individuals receiving services; and
3. Have a means for individuals, their families, community providers, and DDA staff to contact the case management designated staff directly in the event of an emergency and at times other than at standard operating hours; and
4. Maintain a toll free number, unless otherwise authorized by DDA, and communication system accessible for everyone receiving case management services; and
5. Be knowledgeable of the eligibility requirements, application procedures, and scope of services of federal, State, and local government assistance programs which are applicable to participants; and
6. Have a management team with at least three (3) years experience each providing case management services or management experience in human services; and
7. Have no legal sanctions or judgments within the past ten (10) years.

F. DDA Coordination of Community Services Staff Qualifications:

Coordination of Community Services Supervisor

The Coordination of Community Services supervisor is an individual who is employed to provide oversight of case management services rendered and performance of Coordinator of Community Services, and who has:

1. An advanced degree in human services and one (1) year experience or a Bachelor's degree in human services with three (3) years experience; except for individuals

employed for a minimum of one (1) year by January 1, 2014 with an existing DDA certified Coordination of Community Services agency can be grandfathered as a qualified Coordination of Community Services Supervisor in lieu of education requirement noted above.

2. Experience in any one or more of the following:
    a. Coordinating services for people in Medicaid and/or waiver programs
    b. Coordinating services for people with Intellectual/Developmental Disabilities

3. Demonstrated skills and working knowledge in:
    a. Social services intake and referral services; and
    b. Data collection, analysis, and reporting; and
    c. Staff supervision; and
    d. Management or leadership
4. Supervised the work of Coordinator of Community Services
5. Monitored the quality of services provided

Coordinator of Community Services

The Coordinator of Community Services is an individual employed by the Coordinator of Community Services agency to assist authorized individuals in selecting and obtaining the most responsive and appropriate services and supports, and who meet the following criteria:

1. Educational requirements:
    a. Bachelor's degree in a human service field;
    b. Associated degree with two (2) years' experience in human service field;
    c. Seven (7) years's experience in human service field; or
    d. Employed for a minimum of one (1) year by January 1, 2014 with an existing DDA-certified Coordination of Community Services agency who were grandfathered as a qualified Coordinator of Community Services in lieu of education requirements noted above.
2. Uses all communication methodologies, strategies, devices and techniques necessary, including sign language, assistive technology, or language interpreter services, to facilitate the involvement of the participant in the assessment, development, and monitoring of services and supports;
3. Ensure that each individual receives a person-centered plan that is designed to meet the individual's needs and in the most cost effective manner; and
4. Annually advise participants of their right to choose among qualified providers of services to include Coordinator of Community Services.

G. Staff Training Requirements

1. All DDA-certified Coordination of Community Services providers must ensure through appropriate documentation that Coordinators of Community Services, Coordination of

Community Services Supervisors, and Quality Assurance staff receives training as required by DDA.

2. All staff shall receive re-training as required by the DDA.

H. Freedom of Choice (42 CFR 441.18(a)(1)):
The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

1. Eligible individuals will have free choice of any qualified Medicaid provider within the specified geographic area identified in this plan.
2. Eligible individuals will have free choice of any qualified Medicaid providers of other medical care under the plan.

Freedom of Choice Exception (§1915(g)(1) and 42 CFR 441.18(b))

__ Target group consists of eligible participants with developmental disabilities or with chronic mental illness. Providers are limited to qualified Medicaid providers of case management services capable of ensuring that individuals with developmental disabilities or with chronic mental illness receive needed services.

I. Access to Services (42 CFR 441.18(a)(2), 42 CFR 441.18(a)(3) and 42 CFR 441.18(a)(6))

The State assures the following:

- Case management (including targeted case management) services will not be used to restrict a person's access to other services under the plan.
- Individuals will not be compelled to receive case management services, condition receipt of case management (or targeted case management) services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of case management (or targeted case management) services; and
- Providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plan.

J. Payment (42 CFR 441.18(a)(4))
Payment for DDA Coordination of Community Services (or targeted case management) services under the plan does not duplicate payments made to public agencies or private entities under other program authorizes for this same purpose.

K. Case Records (42 CFR 442.18(a)(7))
Providers maintain case records that document for all individuals receiving case management services as follows: (i) the name of the individual; (ii) the dates of the Case Management services; (iii) the name of the provider agency (if relevant) and the person providing the case management service; (iv) the nature,

content, units of the case management services received and whether goals specified in the care plan have been achieved; (v) whether the individual has declined services in the care plan; (vi) the need for, and occurrences of, coordination with other case managers; (vii) a timeline for obtaining needed services; (viii) a timeline for reevaluation of the plan.

L. Limitations

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities are an integral and inseparable component of another covered Medicaid service (State Medicaid Manual (SMM) 4302.F).

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities constitute the direct delivery of underlying medical, educational, social, or other services to which an eligible individual has been referred, including for foster care programs, services such as, but not limited to, the following: research gathering and completion of documentation required by the foster care program; assessing adoption placements; recruiting or interviewing potential foster care parents; serving legal papers; home investigations; providing transportation; administering foster care subsidies; making placement arrangements. (42 CFR 441.18(c)).

FFP only is available for case management services or targeted case management services if there are no other third parties liable to pay for such services, including as reimbursement under a medical, social, educational, or other program except for case management that is included in an individualized education program or individualized family service plan consistent with §1903(c) of the Act. (§§1902(a)(25) and 1905(c)).

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Maryland

Reimbursement Methodology for Targeted Case Management Services – On DDA Waiting List

1. Effective July 2, 2020, payments for Targeted Case Management services to the Community as defined per Section 3.1A, Supplement 7 shall be paid based on a fee-for-service schedule. The rate is the same for both governmental and private individual practitioners.

2. Initial Eligibility and Access Comprehensive Assessment is reimbursed at a flat rate of $450.

3. Effective July 2, 2020, the rate will be $20.72 per unit to reflect a planned FY 21 Cost of Living Adjustment (COLA). A COLA, authorized by Maryland State Legislature, effectively increases the rate for the State Fiscal Year 2021. A unit of service means a 15 minute increment.

4. Effective October 1, 2020, a geographical differential rates of $21.82 per unit will apply for services rendered to individuals who live in specific Maryland counties. The geographic differentiated rate is for areas of the State where the cost of living is higher due to other cost pressures or economic factors including:
   - Calvert County;
   - Charles County;
   - Frederick County;
   - Montgomery County; and
   - Prince George's County.

5. The State assures that billed time does not exceed available productive time by practitioner.

6. Services can be provided by qualified professionals that meet the qualifications outlined in Section 3.1A, Supplement 7, §F. DDA Case Management Staff Qualifications.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Maryland

Reimbursement Methodology for Targeted Case Management Services – Transitioning to the Community

1. Effective July 2, 2020, payments for Targeted Case Management services to the Community as defined per Section 3.1A, Supplement 7 shall be paid based on a fee-for-service schedule. The rate is the same for both governmental and private individual practitioners.

2. Initial Eligibility and Access Comprehensive Assessment is reimbursed at a flat rate of $450.

3. Effective July 2, 2020, the rate will be $20.72 per unit to reflect a planned FY 21 Cost of Living Adjustment (COLA). A COLA, authorized by Maryland State Legislature, effectively increases the rate for the State Fiscal Year 2021. A unit of service means a 15 minute increment.

4. Effective October 1, 2020, a geographical differential rates of 21.82 per unit will apply for services rendered to individuals who live in specific Maryland counties. The geographic differentiated rate is for areas of the State where the cost of living is higher due to other cost pressures or economic factors including:
   - Calvert County;
   - Charles County;
   - Frederick County;
   - Montgomery County; and
   - Prince George's County.

5. The State assures that billed time does not exceed available productive time by practitioner.

6. Services can be provided by qualified professionals that meet the qualifications outlined in Section 3.1A, Supplement 7, §F. DDA Case Management Staff Qualifications.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Maryland

Reimbursement Methodology for Targeted Case Management Services – Community Coordination Services

1. Effective July 2, 2020, payments for Targeted Case Management services to the Community as defined per Section 3.1A, Supplement 7 shall be paid based on a fee-for-service schedule. The rate is the same for both governmental and private individual practitioners.

2. Initial Eligibility and Access Comprehensive Assessment is reimbursed at a flat rate of $450.

3. Effective July 2, 2020, the rate will be $20.72 per unit to reflect a planned FY 21 Cost of Living Adjustment (COLA). A COLA, authorized by Maryland State Legislature, effectively increases the rate for the State Fiscal Year 2021. A unit of service means a 15 minute increment.

4. Effective October 1, 2020, a geographical differential rates of 21.82 per unit will apply for services rendered to individuals who live in specific Maryland counties. The geographic differentiated rate is for areas of the State where the cost of living is higher due to other cost pressures or economic factors including:
   - Calvert County;
   - Charles County;
   - Frederick County;
   - Montgomery County; and
   - Prince George's County.

5. The State assures that billed time does not exceed available productive time by practitioner.

6. Services can be provided by qualified professionals that meet the qualifications outlined in Section 3.1A, Supplement 7, §F. DDA Case Management Staff Qualifications.