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**State/Territory Name: Maryland**

**State Plan Amendment (SPA) #: 19-0002**

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Center for Medicaid and CHIP Services  
801 Market Street, Suite 9400  
Philadelphia, Pennsylvania 19107



**Regional Operations Group**

SWIFT #041220194030

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May 8, 2019

Dennis Schrader, Medicaid Director  
Maryland Department of Health  
201 West Preston Street  
Baltimore, Maryland 21201

Dear Mr. Schrader:

Enclosed is a copy of the approved State Plan Amendment (SPA), Transmittal Number 19-0002. The purpose of this SPA is to amend the requirements for participation to allow youth 16 and older to elect to receive care under this service.

The effective date for this amendment is October 1, 2019. The CMS 179 form and the approved State Plan pages are attached.

If you have questions about this SPA, please contact Ms. Talbatha Myatt of my staff at 215-861-4259.

Sincerely,

/s/

Sabrina Tillman-Boyd  
Acting Deputy Director  
Eastern Regional Operations Group

Enclosures

|  |  |                |
|--|--|----------------|
| <b>TRANSMITTAL AND NOTICE OF APPROVAL OF<br/>STATE PLAN MATERIAL<br/>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b> | 1. TRANSMITTAL NUMBER<br><u>1 9 - 0 0 0 2</u>                              | 2. STATE<br>MD |
|  | 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) |                |
| TO: REGIONAL ADMINISTRATOR<br>CENTERS FOR MEDICARE & MEDICAID SERVICES<br>DEPARTMENT OF HEALTH AND HUMAN SERVICES          | 4. PROPOSED EFFECTIVE DATE<br>10/01/2019                                   |                |

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<br><br>N/A  | 7. FEDERAL BUDGET IMPACT<br>a. FFY <u>2018</u> \$ <u>0</u><br>b. FFY <u>2019</u> \$ <u>0</u>  |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT<br><br>Supplement 3 to Attachment 3.1-A pg 10-O (19-0002)<br><br>Supplement 3 to Attachment 3.1-A pg 10-P (19-0002) | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)<br>Supplement 3 to Attachment 3.1-A pg 10-O (14-07)<br><br>Supplement 3 to Attachment 3.1-A pg 10-P (14-07) |

10. SUBJECT OF AMENDMENT  
In accordance with Medicaid's proposed 1915i waiver renewal, this proposal would amend the requirements for participation to allow youth 16 and older to elect to receive care under this service.

11. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT       OTHER, AS SPECIFIED  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

|   |  |
|---|--|
| 12. SIGNATURE OF STATE AGENCY OFFICIAL<br><br>/s/               | 16. RETURN TO<br>Dennis Schrader<br>Medicaid Director<br>Maryland Department of Health<br>20 W. Preston St, 5th Floor<br>Baltimore, MD 21201 |
| 13. TYPED NAME<br>Dennis Schrader                               |  |
| 14. TITLE<br>Medicaid Director<br>Maryland Department of Health |  |
| 15. DATE SUBMITTED<br>March 29, 2019                            |  |

**FOR REGIONAL OFFICE USE ONLY**

|                                     |                                     |
|-------------------------------------|-------------------------------------|
| 17. DATE RECEIVED<br>March 29, 2019 | 18. DATE APPROVED<br>April 26, 2019 |
|-------------------------------------|-------------------------------------|

**PLAN APPROVED - ONE COPY ATTACHED**

|  |   |
|--|---|
| 19. EFFECTIVE DATE OF APPROVED MATERIAL<br>October 1, 2019 | 20. SIGNATURE OF REGIONAL OFFICIAL<br>/s/ |
| 21. TYPED NAME<br>Sabrina Tillman-Boyd                     | 22. TITLE<br>Acting Deputy Director       |

23. REMARKS



STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Maryland

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**Targeted Case management Services:  
Care Coordination for Children and Youth**

- i. Arrange for the participant and family to meet with peer support partners within 30 days of notification of enrollment to allow the participant and family the opportunity to determine the role of peer support in the development and implementation of the POC;
- ii. Arrange for the participant and family to meet with the intensive in-home service (IHS) provider to develop the initial crisis plan within one week of enrollment in the 1915(i);
- h. Shall assure that:
  - i. A participant's initial assessment is completed within 10 days after the participant has been authorized by Department and determined eligible for, and has elected to receive, care coordination services; and
  - ii. An initial POC is completed within 15 days after completion of the initial assessment;
- i. Maintain an electronic health record for each participant which includes all of the following:
  - i. An initial referral and intake form with identifying information, including, but not limited to, the individual's name and Medicaid identification number;
  - ii. A written agreement for services signed by the participant or the participant's legally authorized representative and by the participant's care coordinator; and
  - iii. An assessment as specified in Section D(1) above
  - iv. A POC as specified in Section D(3) above
- j. Have formal written policies and procedures, approved by the Department, or the Department's designee, which specifically address the provision of care coordination to participants in accordance with the requirements of this chapter;
- k. Be available to participants and, as appropriate, their families or, if the participant is a minor, the minor's parent or guardian, for 24 hours a day, seven days a week in order to refer
  - i. Participants to needed services and supports; and
  - ii. In the case of a behavioral health emergency, participants to behavioral health treatment and evaluation services in order to divert the participant's admission to a higher level of care;

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Maryland

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**Targeted Case management Services:  
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services. Once selected, the CCO shall be approved and commit to working with all agencies involved in the participant's POC, including State and local child- and family-serving agencies to develop a network of clinical and natural supports in the community to address strengths and needs identified in each POC.

To be eligible to be approved as a care coordination organization, an entity shall meet all the following:

1. General requirements for participation in the Program are that a CCO shall be enrolled as a Medicaid provider and meet all the conditions for participation as required by the state,
2. Specific requirements for participation in the Program as CCO include all of the following:
  - a. Place no restrictions on the participant's, or if the participant is under 16 years of age, the participant's parent or guardian's right to elect to or decline to:
    - i. Receive care coordination as authorized by the Department; and
    - ii. Choose a care coordinator, as approved by the Department, and other care providers
  - b. Employ appropriately qualified individuals as care coordinators, and care coordinator supervisors with relevant work experience, including experience with the populations of focus, including but not limited to:
    - i. Minors with a serious emotional disturbance or co-occurring disorder
    - ii. Youth with a serious emotional disturbance or co-occurring disorder.
  - c. Shall assign care coordinators to the participant and family
  - d. Schedule a face-to-face meeting with the participant and family within 72 hours of notification of the participant's enrollment in Care Coordination services;
  - e. Convene the first team meeting within 30 calendar days of notification of enrollment to develop the POC
  - f. Collect information gathered during the application process including results from the physical examination, psychosocial and psychiatric screening, assessments, evaluations, and information from the team, participant, family, and the identified supports to be incorporated as a part of POC development process;
  - g. Arrange for the participant and family to meet with applicable providers to determine their role in development and implementation of the POC. This includes, for participants receiving services specified in section 1915(i) of Maryland's state plan: