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State/Territory Name: Maryland

State Plan Amendment (SPA) #: MD-23-0021

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
233 North Michigan Ave., Suite 600
Chicago, Illinois 60601



Financial Management Group

March 5, 2024

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

RE: Maryland State Plan Amendment (SPA) Transmittal Number SPA # MD-23-0021

Dear Medicaid Director Moran,

We have reviewed the proposed Maryland State Plan Amendment (SPA) to Attachment 4.19-B, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on December 21, 2023. This plan amendment provides coverage of the Collaborative Care Model (CoCM) statewide.

Based upon the information provided by the State, we have approved the amendment with an effective date of November 3, 2023. 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 at maria.gavino@cms.hhs.gov

Sincerely,



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 3 — 0 0 2 1

2. STATE

MD

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT

XIX XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

November 3, 2023

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 447.201

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2024 \$ 9,166,667
b. FFY 2025 \$ 833,333

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1A Pg. 29C-B-6 - 7 (23-0021)
Attachment 4.19B Pg. 6B-6 (23-0021)

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

NEW

9. SUBJECT OF AMENDMENT

This SPA is to permit Maryland Medicaid to provide coverage of the Collaborative Care Model (CoCM) statewide.

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
12/21/23

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
December 21, 2023

17. DATE APPROVED
March 5, 2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
November 3, 2023

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

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES FOR NON
INSTITUTIONAL SERVICES**

Reimbursement for Preventive Services: Collaborative Care Model (CoCM)

The Department establishes maximum allowable fees for Collaborative Care Model (CoCM) services. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of CoCM services. The agency's fee schedule rates were set as of November 3, 2023 and are effective for services provided on or after that date.

Effective for dates of service November 3, 2023 and after, teams led by a qualifying primary care physician (as defined in Attachment 3.1A) of qualified professionals shall be eligible to receive reimbursement for psychiatric CoCM services. Providers may bill one 60-minute or 70-minute CPT code per month, and two additional 30-minute codes per month. Federally Qualified Health Centers may bill once per month, using a separate FQHC code.