

State:

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED
TO THE CATEGORICALLY NEEDY

- b. Optometrists' services.
/X/ Provided: // No limitations /X/ With limitations*
// Not provided.
- c. Chiropractors' services.
/X/ Provided // No limitations /X/ With limitations*
// Not provided.
- d. Other practitioners' services.
/X/ Provided Identified on attached sheet with description of
limitations, if any.
// Not provided
7. Home health services.
- a. Intermittent or part-time nursing services provided by a home health agency
or by a registered nurse when no home health agency exists in the area.
Provided: /X/ No limitations /X/ With limitations*
- b. Home health aide services provided by a home health agency.
Provided: /X/ No limitations /X/ With limitations*
- c. Medical supplies, equipment, and appliances suitable for use in the home.
Provided: /X/ No limitations /X/ With limitations*

*Description provided on attachment.

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AMOUNT, DURATION AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED
TO THE CATEGORICALLY REEDY

9. Clinic services.
/X/ Provided: // No limitations /X/ With limitations*
// Not provided.
10. Dental services.
/X/ Provided: // No limitations /X/ With limitations*
// Not provided.
11. Physical therapy and related services.
- a. Physical therapy.
/X/ Provided: // No limitations /X/ With limitations*
// Not provided.
- b. Occupational therapy.
/X/ Provided: // No limitations /X/ With limitations*
// Not provided.
- c. Services for individuals with speech, hearing, and language disorders
(provided by or under the supervision of a speech pathologist or audiologist).
/X/ Provided: // No limitations /X/ With limitations*
// Not provided.

*Description provided on attachment.

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STATE PLAN FOR MEDICAL ASSISTANCE
UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE OF MARYLAND

PROGRAM	LIMITATIONS
4.b. Early and periodic screening and diagnosis of individuals under 21 years of age, and treatment of conditions found.	<ol style="list-style-type: none">1. Pursuant to 42 CFR §441.50 et seq., as amended, any limits on services or treatments in other sections of the State Plan are not applicable for individuals under 21 years when it is shown that the treatment of services is medically necessary to correct or ameliorate defects and physical and mental illnesses.2. For all services included in this section of this section of the State Plan, the following services are not covered:<ol style="list-style-type: none">a. Services not medically necessary; orb. Investigational, experimental, or ineffective services, devices or both;3. EPSDT screening and treatment providers shall meet all of the licensure and certification requirements specified in State and Federal regulations, statute, or policy for the service that the provider renders. In order for the Program to consider a health care practitioner for certification by the Healthy Kids Program as an EPSDT screening provider, the practitioner shall have a demonstrated history of providing services to children younger than 21 years old and shall also:<ol style="list-style-type: none">a. Be a doctor of medicine or osteopathy who is:<ol style="list-style-type: none">(i) Licensed in good standing and(ii) legally authorized to practice medicine and surgery in the jurisdiction

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STATE OF MARYLAND

PROGRAM	LIMITATIONS
4.b. Early and periodic screening and diagnosis of individuals under 21 years of age, and treatment of conditions found.	<p>in which the service is provided; and</p> <p>(iii) Board certified in pediatrics, family practice, or internal medicine; or</p> <p>b. Be a pediatric or family nurse practitioner who is licensed in good standing and certified to practice in the jurisdiction in which services are provided; or</p> <p>c. Be a freestanding clinic as defined in COMAR 10.09.08 if the clinic employs or contracts with one or more of the licensed health care practitioners listed in a or b:</p> <p>4. Any health care practitioner whose professional services are recognized in §1905(a) of the Social Security Act may apply to the Program to be an EPSDT partial or interperiodic screening provider and EPSDT treatment provider.</p> <p>5. EPSDT participants are generally limited to one EPSDT comprehensive well child screen for each age interval specified by the EPSDT periodicity schedule as defined in COMAR 10.09.23. However, the Program allows additional screening as deemed necessary.</p> <p>6. Vision services including eye examinations and eyeglasses or contact lenses are generally limited to no more than once a year, following a referral from an EPSDT screening provider or a physician or optometrist who has performed an equivalent screening. These limitations can be waived based on medical necessity. Please see pages 18D- 19 and pages 29 through 29C of 3.1A for detailed description of all vision service limitations.</p>

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STATE OF MARYLAND

PROGRAM	LIMITATIONS
4.b. Early and periodic screening and diagnosis of individuals under 21 years of age, and treatment of conditions found.	7. Initial and periodic dental examinations are generally limited to one per recipient per six month period. This can be waived based on medical necessity. Please see pages 23 to 29 for detailed descriptions of all dental service limitations. 8. Audiological services are generally limited to one audiological evaluation per year. This can be waived based on medical necessity. Please see pages 24B to 24B-4 for detailed description of all audiology/ hearing aid service limitations.

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PROGRAM	LIMITATIONS
4.b. Early and periodic screening and diagnosis of individuals under 21 years of age, and treatment of conditions found.	9. To participate in the Maryland Medical Assistance Program as a medical day care for medically fragile and technology dependent children and therapeutic nursery services, a provider shall: a. Gain approval by the EPSDT screening provider every 6 months for continued treatment. This approval must be documented by the EPSDT screening provider and the EPSDT referred services provider in the recipient's medical record; and b. Have experience rendering services to individuals from birth to 21 years old.

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STATE OF MARYLAND

PROGRAM

LIMITATIONS

4.b. Early and periodic screening and diagnosis of individuals under 21 years of age, and treatment of conditions found.

10. To participate in the Maryland Medical Assistance Program as an EPSDT referred services provider for intermediate alcohol and drug treatment facilities and other necessary health care services described in section 1905(a) of the Social Security Act, a provider shall:

- a. Gain approval by EPSDT screening provider every 30 days for continued treatment. This approval must be documented by the EPSDT screening provider and the EPSDT referred services provider in the recipient's medical record; and
- b. Have experience rendering services to individuals from birth to 21 years old, services provider in the recipient's medical record; and

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PROGRAM	LIMITATIONS
5. Physicians' services whether furnished in the office, the patient's home, a hospital, a skilled nursing facility or elsewhere.	A. The Physician Program covers medically necessary physician services when the services are provided by licensed physicians. B. Services which are not covered are: 1. Not medically necessary services; 2. Physician services provided by a school health-related service provider that are not included on a child's IEP or IFSP; 3. Physician services (other than those for pregnant women and children) denied by Medicare as not medically necessary. For pregnant women and children, the state will review for medical necessity even if Medicare has denied the coverage; 4. Nonemergency dialysis services related to chronic kidney disorders unless they are provided in a Medicare-certified facility; 5. Services which are investigational or experimental; 6. Autopsies; 7. Physician services included as part of the cost of an inpatient facility, hospital outpatient department, or free-standing clinic; 8. Payment to physicians for specimen collection, except by venipuncture and capillary or

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PROGRAM	STATE OF MARYLAND LIMITATIONS
5. Physicians' services whether furnished in the office, the patient's home, a hospital, a skilled nursing facility or elsewhere.	arterial puncture; 9. Audiometric tests for adults for the sole purpose of prescribing hearing aids since hearing aids are not covered for adults; 10. Immunizations required for travel outside the continental United States; 11. Services which are provided outside of the United States; 12. Acupuncture; 13. Radial keratomy; 14. Sterilization reversals and gender changes (sex reassignment). This includes evaluations, procedures, and treatment related in any way to sex reassignment; 15. Injections, and visits solely for the administration of injections, unless medical necessity and the patient's inability to take appropriate oral medications are documented in the patient's medical records; 16. Visits solely to accomplish one or more of the following: a. Prescription, drug or food supplement pick-up, collection of specimens for laboratory procedures; b. Recording of an electrocardiogram; c. Ascertaining the patient's weight;

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PROGRAM	STATE OF MARYLAND LIMITATIONS
5. Physicians' services whether furnished in the office, the patient's home, a hospital, a skilled nursing facility or elsewhere.	d. Interpretation of laboratory tests or panels which are considered to be part of the office visit and may not be billed separately; and 17. Drugs and supplies dispensed by the physician which are acquired by the physician at no cost. C. Preauthorization: The Program will preauthorize services when the provider submits adequate documentation demonstrating that the service is medically necessary. Authorizations for cross-over claims for dual-eligibles, which are normally required by the Program, are waived when the service is covered and approved by Medicare since the State's responsibility in this case is only to pay the co-payment for the service covered by Medicare. However, if the entire or any part of a claim is rejected by Medicare, and the claim is referred to the Program for payment, payment will be made for services covered by the Program only if authorization for those services has been obtained before billing the service. D. The following procedures or services require preauthorization by the Program: 1. Services rendered to an inpatient before one pre-operative inpatient day;

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PROGRAM	LIMITATIONS
5. Physicians' services whether furnished in the office, the patient's home, a hospital, a skilled nursing facility or elsewhere.	<ol style="list-style-type: none">2. Cosmetic surgery - Preauthorization will determine whether there is medical documentation that the physical anomaly being addressed by the surgery represents a significant deviation from the normal state and affects the patient's health to a degree that it impairs his or her ability to function in society;3. Consultations provided by physicians specializing in radiology or pathology;4. Lipectomy and panniculectomy - Preauthorization will determine whether there is an abnormal amount of redundant skin and subcutaneous tissue which is causing significant health problems for the patient;5. Transplantation of vital organs;6. Surgical procedures for the treatment of morbid obesity; and7. Elective services from a non-contiguous state. <p>E. Certain surgical procedures identified under "Inpatient Services" (Attachment 3.1A page 12B number 11) must be preauthorized when performed on a hospital inpatient basis unless:</p> <ol style="list-style-type: none">1. The patient is already a hospital inpatient for a medically necessary condition unrelated to the surgical procedure requiring preauthorization, or2. An unrelated procedure which requires hospitalization is being performed simultaneously.

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PROGRAM	LIMITATIONS
<p>6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.</p> <p>c. Chiropractors' services</p>	<p>A. The Program covers medically necessary chiropractic manipulative treatment for children under age 21 years when the services are provided by appropriately qualified staff as described below. Services must be diagnostic, rehabilitative or therapeutic in addition to being directly related to the written treatment order.</p> <p>B. In order to participate under the ESPDT Program, a chiropractor:</p> <ul style="list-style-type: none">a. Must be licensed by the Maryland Board of Chiropractic Examiners;b. Must meet the federal standards established in 42 C.F.R 440.60(b); andc. Shall comply with the requirements in COMAR Title, Subtitle 43, et seq. <p>C. The Program does not cover:</p> <ul style="list-style-type: none">1. Chiropractic Services for adults ages 21 and over;2. Services provided in a facility or by a group where reimbursement for chiropractic services are covered by another segment of the Program;3. Experimental treatment.

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PROGRAM	LIMITATIONS
<p>6. Medical care and any other type of remedial care recognized under State Law, furnished by licensed practitioners within the scope of their practice as defined by State law.</p> <p>d. Nutritionist and Dietitian service</p>	<p>A. The Nutrition Therapy Program covers medically necessary one-on-one counseling and education services to nutritionally high-risk children under the age of 21 years and pregnant women of all ages. The services are provided by appropriately qualified staff as described below. Services must be directly related to a written treatment plan.</p> <p>B. Nutrition services covered by Maryland Medicaid include:</p> <p>(1) Assessment – Making a nutritional assessment of individual food practices and nutritional status using anthropometric, biochemical, clinical, dietary, and demographic data;</p> <p>(2) Developing an individualized nutritional care plan that establishes priorities, goals, and objectives for meeting nutrient needs for child; and</p> <p>(3) Nutrition counseling and education to achieve care plan goals and includes strategies to educate client, family, caregivers, or others in carrying out appropriate interventions.</p>

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PROGRAM	LIMITATIONS
6. Medical care and any other type of remedial care recognized under State Law, furnished by licensed practitioners within the scope of their practice as defined by State law. d. Nutritionist and Dietitian service	C. Nutritionists and dietitians shall be licensed by the Maryland State Board of Dietetic Practice, as defined in Health Occupations Article, Title 5, Annotated Code of Maryland, or by the appropriate licensing body in the jurisdiction where the nutrition counseling services are performed. D. The Maryland Medicaid Nutrition Services Program does not cover: (1) Services for non-pregnant adults ages 21 and over; (2) More than one visit per day; and (3) Services provided by a school health-related services provider that are not included on a child's IEP or IFSP.

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PROGRAM	LIMITATIONS
<p>6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.</p> <p>g. Licensed mental health practitioners:</p> <ul style="list-style-type: none"> • Certified Registered Nurse Practitioner with a specialty in Psychiatry • Certified Advanced Practice Registered Nurse/Psychiatric Mental health • Licensed clinical professional counselor and therapist • Licensed Psychologist • Licensed Clinical Social worker 	<p>A. Outpatient Mental Health Evaluations and Treatment covers medically necessary evaluation, diagnosis and treatment for individuals diagnosed with a psychiatric disorder.</p> <p>B. Covered Services</p> <p>(1) Certified Registered Nurse Practitioner with a specialty in Psychiatry are allowed to perform the following outpatient mental health evaluation and treatment services:</p> <ul style="list-style-type: none"> a. Conduct an assessment to formulate a diagnostic impression and confirm a diagnosis. This includes a face-to-face diagnostic evaluation of the individual including, a description of the presenting problem; relevant history, including family history and somatic problems; mental status examination; and analysis in order to determine a diagnosis; b. Development of an individual treatment plan that establishes priorities, goals and objectives; c. Provide therapeutic interventions such as psychotherapy; including: Individual therapy; Family therapy; and Group therapy, to achieve the treatment plan goals; and d. Prescribe and dispense medication.

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<p>6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.</p> <p>g. Licensed mental health practitioners:</p> <ul style="list-style-type: none"> • Certified Registered Nurse Practitioner with a specialty in Psychiatry • Certified Advanced Practice Registered Nurse/Psychiatric Mental health • Licensed clinical professional counselor and therapist • Licensed Psychologist • Licensed Clinical Social worker 	<p>(2) Certified Advanced Practice Registered Nurse/Psychiatric Mental health are allowed to perform the following outpatient mental health evaluation and treatment services:</p> <ul style="list-style-type: none"> a. Conduct an assessment to formulate a diagnostic impression and confirm a diagnosis. This includes a face-to-face diagnostic evaluation of the individual including, a description of the presenting problem; relevant history, including family history and somatic problems; mental status examination; and analysis in order to determine a diagnosis; b. Develop an individual treatment plan that establishes priorities, goals and objectives; c. Provide interventions such as psychotherapy; including: Individual therapy; Family therapy; and Group therapy, to achieve the treatment plan goals; and d. Perform medication administration, medication monitoring, and education in order to assist the individual to manage the individual's mental illness. <p>(3) Licensed professional counselors are allowed to perform the following outpatient mental health evaluation and treatment services:</p>

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PROGRAM	LIMITATIONS
<p>6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.</p> <p>g. Licensed mental health practitioners:</p> <ul style="list-style-type: none">• Certified Registered Nurse Practitioner with a specialty in Psychiatry• Certified Advanced Practice Registered Nurse/Psychiatric Mental health• Licensed clinical professional counselor and therapist• Licensed Psychologist• Licensed Clinical Social worker	<p>a. Conduct an assessment to formulate a diagnostic impression and confirm a diagnosis. This includes a face-to-face diagnostic evaluation of the individual including, a description of the presenting problem; relevant history, including family history and somatic problems; mental status examination; and analysis in order to determine a diagnosis;</p> <p>b. Develop an individual treatment plan that establishes priorities, goals and objectives; and</p> <p>c. Provide interventions such as psychotherapy; including: Individual therapy; Family therapy; and Group therapy, to achieve the treatment plan goals.</p> <p>(4) Licensed psychologists are allowed to perform the following outpatient mental health evaluation and treatment services:</p> <p>a. Conduct an assessment to formulate a diagnostic impression and confirm a diagnosis. This includes a face-to-face diagnostic evaluation of the individual including, a description of the presenting problem; relevant history, including family history and somatic problems; mental status examination; and analysis in order to determine a diagnosis;</p> <p>b. Develop an individual treatment plan that establishes priorities, goals and objectives;</p>

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<p>6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.</p> <p>g. Licensed mental health practitioners:</p> <ul style="list-style-type: none"> • Certified Registered Nurse Practitioner with a specialty in Psychiatry • Certified Advanced Practice Registered Nurse/Psychiatric Mental health • Licensed clinical professional counselor and therapist • Licensed Psychologist • Licensed Clinical Social worker 	<p>c. Provide psychotherapy; including: Individual therapy; Family therapy; and Group therapy; and</p> <p>d. Conduct psychological evaluation and testing.</p> <p>(5) Licensed clinical social workers are allowed to perform the following outpatient mental health evaluation and treatment services:</p> <p>a. Conduct an assessment to formulate a diagnostic impression and confirm a diagnosis. This includes a face-to-face diagnostic evaluation of the individual including, a description of the presenting problem; relevant history, including family history and somatic problems; mental status examination; and analysis in order to determine a diagnosis;</p> <p>b. Develop an individual treatment plan that establishes priorities, goals and objectives; and</p> <p>c. Provide psychotherapy; including: Individual therapy; Family therapy; and Group therapy.</p> <p>C. Mental health professionals include:</p> <p>(1) Certified Registered Nurse Practitioners with a specialty in Psychiatry who are licensed and legally authorized to practice as a nurse under Health Occupations Article, Annotated Code of Maryland, Title 8;</p> <p>(2) Certified Advanced Practice Registered Nurses/Psychiatric Mental Health who are licensed and legally authorized to practice as a nurse under Health Occupations Article, Annotated Code of Maryland, Title 8;</p>

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PROGRAM	LIMITATIONS
<p>6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.</p> <p>g. Licensed mental health practitioners:</p> <ul style="list-style-type: none"> • Certified Registered Nurse Practitioner with a specialty in Psychiatry • Certified Advanced Practice Registered Nurse/Psychiatric Mental health • Licensed clinical professional counselor and therapist • Licensed Psychologist • Licensed Clinical Social worker 	<p>(3) Professional counselors who are licensed and legally authorized to practice as a licensed clinical professional counselor and therapist under Health Occupations Article, Annotated Code of Maryland; Title 17;</p> <p>(4) Psychologists who are licensed and legally authorized to practice as a psychologist under Health Occupations Article 18, Annotated Code of Maryland; and</p> <p>(5) Social workers who are licensed and legally authorized to practice as a licensed clinical social worker under Health Occupations Article, Annotated Code of Maryland; Title 19.</p> <p>D. Limitations:</p> <p>(1) The Department reimburses for only one service per service date; and</p> <p>(2) The Department does not reimburse for outpatient mental health services provided to an individual when the individual is in a hospital or residential treatment center;</p> <p>(3) The Department does not reimburse a psychologist for more than 8 hours of psychological testing per patient per year; and</p> <p>(4) The Department does not reimburse services provided by a school health-related service provider that are not included on a child's IEP or IFSP.</p>

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<p>6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.</p> <p>g. Licensed mental health practitioners:</p> <ul style="list-style-type: none">• Certified Registered Nurse Practitioner with a specialty in Psychiatry• Certified Advanced Practice Registered Nurse/Psychiatric Mental health• Licensed clinical professional counselor and therapist• Licensed Psychologist• Licensed Clinical Social worker	<p>E. Preauthorization:</p> <p>(1) Providers must obtain preauthorization for all services for which a claim is to be submitted with the exception of IEP/IFSP services where the authorization for the service is contained within the IEP/IFSP.</p> <p>(2) The Department may provide an exception to the limitation rule in D(1) above if it or its agent finds the additional service is medically necessary, not duplicative.</p>

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8. Private Duty Nursing	<p>A. Private Duty Nursing Services are nursing services provided to qualified individuals who are:</p> <ul style="list-style-type: none">(1) Under age 21;(2) Age 21 or over participating in the Rare and Expensive Case Management Program; or(3) Age 21 or over participating in the Model Waiver Program for disabled individuals. <p>Services are provided in a participant's own home or another setting when normal life activities take the participant outside his or her home.</p> <p>B. Covered services include:</p> <ul style="list-style-type: none">(1) An initial assessment of a recipient's medical need for private duty nursing by a licensed registered nurse; and(2) On-going private duty nursing services. <p>To be a covered service, direct care nursing must be:</p> <ul style="list-style-type: none">(1) Ordered by the participant's primary medical provider (Orders must be renewed every 60 days);(2) Provided in accordance with a Plan of Care;(3) Provided by a registered or licensed practical nurse with a valid unrestricted license and a current certification in CPR;(4) Of a complexity, or the condition of the participant must require, that the judgment, knowledge, and skills of a licensed nurse are required and the

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8. Private Duty Nursing	<p>service can not be delegated pursuant to Maryland's Nurse Practice Act (Health Occupations Article, Title 8, Annotated Code of Maryland; and</p> <p>(5) Of a scope that is more individual and continuous than nursing available under the Home Health Program.</p> <p>C. Participation as a Private Duty Nursing Agency is limited to vendors who:</p> <p>(1) Meet the general Medical Assistance provider requirements as specified in COMAR 10.09.36.03; and</p> <p>(2) Have an approved Provider Agreement with the Medicaid Program.</p> <p>In addition, Private Duty Nursing Agencies must:</p> <p>(1) Meet the conditions for participation as an EPSDT school health-related or health related early intervention services provider; or</p> <p>(2) Be licensed in Maryland as a:</p> <p>i) Residential Service Agency; or</p> <p>ii) Home Health Agency.</p> <p>D. On-going private duty nursing services, with the exception of those services that are preauthorized through the IEP/FSP process, must be preauthorized by the Medicaid Program.</p> <p>E. Private Duty Nursing services does not include:</p>

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8. Private Duty Nursing	<ol style="list-style-type: none">(1) Part time/ intermittent nursing services covered as Home Health Services;(2) Nursing services rendered by a nurse who is a member of the participant's immediate family or who ordinarily resides with the participant;(3) Custodial service;(4) Services not deemed medically necessary at the time of the initial assessment or plan of care review;(5) Services delivered by a licensed nurse who is not directly supervised by a licensed registered nurse who documents all supervisory visits and activities;(6) Services provided to a participant in a hospital, residential treatment center, intermediate care facility for mental retardation or addiction, or a residence or facility where private duty nursing services are included in the living arrangement by regulation or statute or are otherwise provided for payment;(7) Services not directly related to the plan of care;(8) Services specified in the plan of care when the plan of care has not been signed by the participant or the participant's legally authorized representative;(9) Services described in the plan of care whenever those services are no longer needed or appropriate because of a major change in the participant's condition or nursing care needs;(10) Services which duplicate or supplant services rendered by the participant's family caregivers or primary caregivers as well as other insurance, other governmental programs, or Medicaid Program services that the participant receives or is eligible to receive;

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PROGRAM	LIMITATIONS
8. Private Duty Nursing	<ul style="list-style-type: none">(11) Services provided for the convenience or preference of the participant or the primary caregiver rather than as required by the participant's medical condition;(12) Services provided by a nurse who does not possess a valid, current, signed, unrestricted nursing license to provide nursing services in the jurisdiction in which services are rendered;(13) Services provided by a nurse who does not have a current, signed cardiopulmonary resuscitation (CPR) certification for the period during which the services are rendered;(14) Direct payment for supervisory nursing visits;(15) Nursing services rendered by a nurse in the nurse's home;(16) Nursing services not documented as received by the participant as indicated by the lack of the participant's signature, or the signature of a witness, on the nursing provider's official form;(17) Respite services; and(18) Services provided by school health-related service providers that are not included on a child's IEP or IFSP.

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PROGRAM	LIMITATIONS
<p>11. Physical therapy and related services</p> <p>a. Physical Therapy</p>	<p>A. The Physical Therapy Program covers medically necessary physical therapy services prescribed in writing by a physician, dentist, or podiatrist when the services are provided by appropriately qualified staff as described below. Services must be diagnostic, rehabilitative or therapeutic in addition to being directly related to the written treatment order.</p> <p>B. Physical therapy services and physical therapists shall meet requirements listed in 42 CFR 440.110. In addition, a physical therapist shall be licensed by the State Board of Physical Therapy Examiners of Maryland to practice physical therapy, as defined in Health Occupations Article, Title 13, Annotated Code of Maryland, or by the appropriate licensing body in the jurisdiction where the physical therapy services are performed.</p> <p>C. Licensed physical therapists meeting the qualifications in B may supervise licensed physical therapy assistants. The physical therapy assistants may not enroll as Maryland Medicaid providers, however they may perform limited physical therapy under the direction of the licensed physical therapist. Physical therapy assistants cannot for example, interpret measurements or develop treatment plans. These activities must be performed by the licensed physical therapists.</p> <p>D. The Physical Therapy Services Program does not cover:</p> <ol style="list-style-type: none">1. Services provided in a facility or by a group where reimbursement for physical therapy is covered by another segment of the Program;2. Services performed by physical therapy assistants when not under the direct supervision of a physical

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PROGRAM	LIMITATIONS
11. Physical therapy and related services a. Physical Therapy	therapist; 3. Services performed by physical therapy aides; 4. Services provided by a school health-related service provider that are not included on a child's IEP or IFSP; or 5. Experimental treatment.

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PROGRAM	LIMITATIONS
11. Physical therapy and related services b. Occupational Therapy	A. The Occupational Therapy Program covers medically necessary occupational therapy when the services are provided by appropriately qualified staff as described below. Services must be diagnostic, rehabilitative, or therapeutic, in addition to being directly related to a written treatment plan. B. Occupational therapy services covered by Maryland Medicaid include: (1) Evaluation and Development of Treatment Plan- Occupational therapists are responsible for evaluating and developing a treatment plan that outlines the selected approaches and types of intervention to be used to enable the client to reach identified targeted outcomes. The plan must include activities that develop, improve, sustain, or restore skills in activities of daily living, work or productive activities, or leisure activities. The plan should also include strategies to educate client, family, caregivers, or others in carrying out appropriate non-skilled interventions. (2) Treatment – Treatment services will be provided in blocks of 15 minute increments, to enable people to do day-to-day activities despite impairments and activity limitations. This includes working on fine motor skills, addressing hand-eye coordination, teaching clients basic tasks related to activities of daily living, and teaching patients how to use specialized equipment.

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PROGRAM	LIMITATIONS
<p>11. Physical therapy and related services</p> <p>b. Occupational Therapy</p>	<p>(3) Periodic Re-evaluation - Data will be collected and interpreted, after treatment to determine:</p> <ul style="list-style-type: none">a. A patient's response to treatment;b. Changes in the patient's status;c. The need for changes in the treatment plan; andd. Plans for discharge. <p>C. Occupational therapy services and occupational therapists shall meet requirements listed in 42 CFR 440.110. In addition, an occupational therapist shall be licensed by the Maryland Board of Occupational Therapy to practice occupational therapy, as defined in Health Occupations Article, Title 10, Annotated Code of Maryland, or by the appropriate licensing body in the jurisdiction where the occupational therapy services are performed.</p> <p>D. Licensed occupational therapists meeting the qualifications in B may supervise licensed occupational therapy assistants. The occupational therapy assistants may not enroll as Maryland Medicaid providers however, they may perform limited occupational therapy under the direction of the licensed occupational therapist. Occupational therapy assistants cannot for example, conduct evaluations or develop initial treatment plans. These activities must be performed by the licensed occupational therapists.</p> <p>E. The Maryland Medicaid Occupational Therapy Services Program does not cover:</p> <ul style="list-style-type: none">(1) Services for adults ages 21 and over;(2) Services provided in a facility or by a group where reimbursement for occupational therapy is covered by another segment of the Program;

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PROGRAM	LIMITATIONS
11. Physical therapy and related services b. Occupational Therapy	(3) Services performed by occupational therapy assistants when not under the periodic supervision of an occupational therapist; (4) Services performed by occupational therapy aides; (5) Services provided by school health-related services providers that are not included on a child's IEP or IFSP; or (6) Experimental treatment.

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PROGRAM	LIMITATIONS
<p>11. Physical therapy and related services</p> <p>c. Services for individuals with speech, hearing, and language disorders (provided by or under the direction of a speech pathologist or audiologist)</p> <p>l. Audiology Services</p>	<p>A. The Audiology Program covers medically necessary audiology services when the services are provided by appropriately qualified staff as described below.</p> <p>B. Audiology services covered by Maryland Medicaid include:</p> <p>(1) Comprehensive Audiological Evaluation – audiologists use various types of testing equipment to determine if people have hearing, balance and related ear problems. They measure the patient’s ability to hear and distinguish between sounds. In addition, they evaluate and diagnose balance disorders and analyze test data along with educational, psychological, and other medical patient data to make a diagnosis and determine course of treatment.</p> <p>(2) Hearing aids that are:</p> <ul style="list-style-type: none">a. Not used or rebuilt;b. Sold on a 30-day trial basis;c. Not experimental;d. Fully covered by a repair warranty for a period of 2 years; ande. Insured for loss or theft for a period of 2 years per hearing aid. <p>C. Audiologists shall meet requirements listed in 42 CFR 440.110. In addition, audiologists shall be licensed by the Maryland Board of Audiologists, Hearing Aid Dispensers, and Speech-Language Pathologists to practice audiology services, as defined in Health Occupations Article, Title 2, Annotated Code of Maryland, or by the appropriate licensing body in the jurisdiction where the audiology services are performed.</p>

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PROGRAM	LIMITATIONS
11. Physical therapy and related services c. Services for individuals with speech, hearing, and language disorders (provided by or under the direction of a speech pathologist or audiologist) 1. Audiology Services	D. The Maryland Medicaid Audiology Program does not cover: (1) Audiology services for adults ages 21 and over, with the exception of an annual comprehensive audiological evaluation; and (2) Services provided by school health-related service providers that are not included on a child's IEP or IFSP. E. In general, the Maryland Medicaid Audiology Program does not cover the following items or services unless they are documented to be medically necessary under EPSDT: (1) More than one audiological assessment per year; (2) More than one monaural or binaural hearing aid every 3 years; (3) More than 476 disposable batteries per recipient per year for a monaural hearing aid, or 96 batteries per recipient per year for binaural hearing aid, purchased from the Department not more frequently than every 6 months, and in quantities of 24 or fewer for a monaural hearing aid, or 48 or fewer for a binaural hearing aid; (4) More than 476 disposable batteries for a cochlear implant per calendar year, purchased every 6 months in quantities of 238 or fewer; (5) More than two replacement cochlear implant component rechargeable batteries per 12-month period; (6) More than two cochlear implant replacement transmitter cables per 12-month period;

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PROGRAM	LIMITATIONS
<p>11. Physical therapy and related services</p> <p> c. Services for individuals with speech, hearing, and language disorders (provided by or under the direction of a speech pathologist or audiologist)</p> <p> I. Audiology Services</p>	<p>(7) More than two cochlear implant replacement headset cables per 12-month period;</p> <p>(8) Charges for routine follow-ups and adjustments which occur more than 60 days after the dispensing of a new hearing aid;</p> <p>(9) Cochlear implant audiological services and external components provided less than 90 days after the surgery or covered through initial reimbursement for the implant and the surgery;</p> <p>(10) Spare or backup cochlear implant speech processors;</p> <p>(11) Upgrades to new generation hearing aids, equipment, cochlear implant speech processors, and other components if the existing devices are functional, repairable, and appropriately correct or ameliorate the problem or condition;</p> <p>(12) Replacement of hearing aids, equipment, cochlear implant speech processors, and other components if the existing devices are functional, repairable, and appropriately correct or ameliorate the problem or condition;</p> <p>(13) Spare or backup hearing aids, equipment, or supplies;</p> <p>(14) Repairs to spare or backup hearing aids, equipment or supplies;</p> <p>(15) Educational or socially needed services or equipment;</p> <p>(16) Replacement of improperly fitted earmold(s) unless:</p> <p> a. Replacement service is administered by someone other than the original owner; and</p> <p> b. Replacement service has not been claimed before;</p>

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PROGRAM	LIMITATIONS
<p>11. Physical therapy and related services</p> <p>c. Services for individuals with speech, hearing, and language disorders (provided by or under the direction of a speech pathologist or audiologist)</p> <p>l. Audiology Services</p>	<p>(17) Additional professional fees and overhead charges for a new hearing aid when a dispensing fee claim has been made to the Program; and</p> <p>(18) Loaner hearing aids.</p> <p>E. The following audiology services require preauthorization:</p> <p>(1) Hearing aids. The following documentation must accompany all hearing aid preauthorization requests:</p> <ul style="list-style-type: none">a. audiology report;b. audiogram; andc. written medical approval by a physician. <p>(2) Unlisted hearing aid accessories;</p> <p>(3) Auditory brainstem response testing for recipients 3 years old or older, which will be preauthorized when one of the following criteria is met:</p> <ul style="list-style-type: none">a. Failure of the children to provide consistent behavioral responses to auditory signals using procedures appropriate for the child's developmental age,b. Presence of neuromotor involvement or behavioral disorder, or both, which precludes observation of consistent behavioral responses,c. Failure of the child to respond to test signal intensities appropriate to the child's developmental age using developmentally appropriate

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11. Physical therapy and related services c. Services for individuals with speech, hearing, and language disorders (provided by or under the supervision of a speech pathologist or audiologist) 1. Audiology Services	test procedures, or d. Presence of inconsistencies in the results of the test administered during audiological evaluation which suggest, but do not define, a hearing impairment. (4) Unlisted post cochlear implant external components. F. Preauthorization is issued when: (1) Program procedures are met; (2) Program limitations are met and the provider submits adequate documentation demonstrating that the service to be preauthorized is medically necessary. G. Preauthorization for audiology services expires 90 days from the authorized span of time that is issued by the Department and during this 90 day period is valid only if the recipient is eligible at the time the service is rendered to the recipient.

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PROGRAM	LIMITATIONS
<p>11. Physical therapy and related services</p> <p>c. Services for individuals with speech, hearing, and language disorders (provided by or under the supervision of a speech pathologist or audiologist)</p> <p>II. Speech Therapy Services</p>	<p>A. The Speech Therapy Program covers medically necessary speech therapy when the services are provided by appropriately qualified staff as described below. Services must be diagnostic, rehabilitative or therapeutic in addition to being directly related to a written treatment plan.</p> <p>B. Speech therapy services covered by Maryland Medicaid include:</p> <p>(1) Evaluation – speech-language pathologists are responsible for evaluating and developing a treatment plan that outlines the selected approaches and types of intervention to be used to enable the client to reach identified targeted outcomes. The plan must include activities that develop, improve, sustain, or restore language and communication skills. The plan should also include strategies to educate client, family, caregivers, or others in carrying out appropriate non-skilled interventions.</p> <p>(2) Treatment – Speech therapy services treat speech and communication disorders. It may include physical exercises to strengthen the muscles used in speech (oral-motor work), speech drills to improve clarity, or sound productions practice to improve articulation. Treatment services will be provided in both individual and group sessions.</p>

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PROGRAM	LIMITATIONS
<p>11. Physical therapy and related services</p> <p>c. Services for individuals with speech, hearing, and language disorders (provided by or under the direction of a speech pathologist or audiologist)</p> <p>II. Speech Therapy Services</p>	<p>(3) Periodic Re-evaluation - Means the collection and interpretation of data, after treatment for the purpose of determining:</p> <ul style="list-style-type: none"> a. A patient's response to treatment; b. Changes in the patient's status; c. The need for changes in the treatment plan; and d. Plans for discharge. <p>C. Speech therapy services and speech-language pathologist shall meet requirements listed in 42 CFR 440.110. In addition, a speech-language pathologist shall be licensed by the Maryland Board of Audiologists, Hearing Aid Dispensers, and Speech-Language Pathologists to practice speech therapy services, as defined in Health Occupations Article, Title 2, Annotated Code of Maryland, or by the appropriate licensing body in the jurisdiction where the speech-language pathology services are performed.</p> <p>D. Licensed speech-language pathologists meeting the qualifications in C may supervise licensed speech-language pathology assistants. The speech-language pathology assistants may not enroll as a Maryland Medicaid provider; however they may perform limited speech therapy under the direction of the licensed speech-language pathologist. Speech-language pathology assistants cannot for example, perform or interpret evaluations, develop initial treatment plans or participate in interdisciplinary team conferences. These activities must be performed by the licensed speech-language pathologists.</p>

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PROGRAM	LIMITATIONS
<p>II. Physical therapy and related services</p> <p>c. Services for individuals with speech, hearing, and language disorders (provided by or under the supervision of a speech pathologist or audiologist)</p> <p>II. Speech Therapy Services</p>	<p>E. The Maryland Medicaid Speech Therapy Services Program does not cover:</p> <ul style="list-style-type: none">(1) Services for adults ages 21 and over;(2) Services provided in a facility or by a group where reimbursement for speech therapy is covered by another segment of the Program;(3) Services performed by speech-language pathology assistants when not under the periodic supervision of a licensed speech-language pathologist;(4) Services performed by speech-language pathology aides;(5) Services provided by school health-related services providers that are not included on a child's IEP or IFSP; or(6) Experimental treatment.

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PROGRAM	LIMITATIONS
<p>13. Other diagnostic, screening, preventive, and rehabilitation services, i.e., other than those provided elsewhere in the plan.</p> <p>d. Rehabilitation Services VIII. Therapeutic Behavioral Services</p>	<p>A. Therapeutic behavioral services are intensive, rehabilitative services, for individuals under 21 years of age and are intended to:</p> <ul style="list-style-type: none">(1) Provide the recipient with behavioral management skills to effectively manage the behaviors or symptoms that place the recipient at risk for a higher level of care; and(2) Restore the recipient's previously acquired behavior skills and enable the recipient to develop appropriate behavior management skills. <p>B. Therapeutic behavioral services must be:</p> <ul style="list-style-type: none">(1) Diagnosed, identified, and prescribed by a provider to be medically necessary;(2) Recommended by a physician or other licensed practitioner of the healing arts, within the scope of his practice under State law;(3) Preauthorized by the Department or its designee; and(4) Delivered in accordance with the behavioral plan developed as part of a therapeutic behavioral assessment. <p>C. The following therapeutic behavioral services are covered:</p> <ul style="list-style-type: none">(1) Therapeutic behavioral assessment that includes the development of a behavioral plan; and(2) One-to-one intervention for a specified period of time at the appropriate site in accordance with the behavioral plan; and may include, but are not limited to:<ul style="list-style-type: none">a. Assisting the recipient to engage in or remain engaged in appropriate activities;b. Minimizing the recipient's impulsive behavior;c. Providing immediate behavioral reinforcements; andd. Collaborating with and supporting parent and guardian.

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PROGRAM	LIMITATIONS
<p>13. Other diagnostic, screening, preventive, and rehabilitation services, i.e., other than those provided elsewhere in the plan.</p> <p>d. Rehabilitation Services VIII. Therapeutic Behavioral Services</p>	<p>D. Therapeutic behavioral service providers shall be one of the following organizations:</p> <p>(1) A Developmental Disabilities Administration (DDA) provider that has been licensed by DDA to provide services to individuals with developmental disabilities that must:</p> <ul style="list-style-type: none">a. Have a governing body that is legally responsible for overseeing the management and operation of all programs;b. Be in compliance with all applicable laws and regulations; andc. Have a business plan, a written quality assurance plan, and positive licensing history. <p>(2) An outpatient mental health clinic that has been licensed by the Office of Health Care Quality, and has:</p> <ul style="list-style-type: none">a. A program director who is a licensed mental health professional, or has a master's level professional degree;b. A medical director who is a psychiatrist; andc. A multidisciplinary licensed mental health professional staff of two different mental health professions. <p>(3) A Mobile Treatment Service (MTS) program that has been licensed by the Office of Health Care Quality and has:</p> <ul style="list-style-type: none">a. A program director who is a mental health professional;b. A psychiatrist;c. A registered nurse who is licensed under the provisions of Health Occupations Article, Title 8, Annotated Code of Maryland, and

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<p>13. Other diagnostic, screening, preventive, and rehabilitation services, i.e., other than those provided elsewhere in the plan.</p> <p>d. Rehabilitation Services VIII. Therapeutic Behavioral Services</p>	<p>d. A social worker who is licensed under the provisions of Health Occupations Article, Title 19, Annotated Code of Maryland.</p> <p>(4) Psychiatric Rehabilitation Program (PRP) that has been licensed by the Office of Health Care Quality and has:</p> <ul style="list-style-type: none"> a. A program director who has sufficient qualifications, knowledge, and experience to execute the duties of the position and has a minimum of 3 years experience working with emotionally disturbed youth; and b. A licensed mental health professional with 2 years direct care experience working with emotionally disturbed youth. <p>(5) School Providers that have been recognized by Maryland State Department of Education and approved by the U.S Department of Education to participate in the IDEA program</p> <p>E. The therapeutic behavioral service provider must:</p> <ul style="list-style-type: none"> (1) Ensure that therapeutic behavioral aides are trained and supervised; (2) Ensure that a written progress note is completed for each time period that a therapeutic behavioral aide spends with the recipient. The note must describe: <ul style="list-style-type: none"> a. The location, date, end and start time of the service; b. A brief description of the service provided; c. A brief description of the recipient's behaviors or symptoms; and

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PROGRAM	LIMITATIONS
<p>13. Other diagnostic, screening, preventive, and rehabilitation services, i.e., other than those provided elsewhere in the plan.</p> <p>d. Rehabilitation Services VIII. Therapeutic Behavioral Services</p>	<p>d. The signature of the behavioral aide.</p> <p>F. The therapeutic behavioral assessment itself and the development of the behavioral plan of care must be performed by a licensed or certified health care professional that is employed by one of the organizations described in D above. These providers do not require supervision and include:</p> <ol style="list-style-type: none"> (1) Licensed Certified Professional Counselor with a Doctoral degree with a minimum of 2 years professional supervised experience or with a master's degree with 3 years of professional supervised experience. (2) Licensed Clinical Marriage and Family Therapist with a Doctoral degree in marriage and family therapy with a minimum of 2 years professional supervised experience. (3) Licensed Certified Social Worker-Clinical with a Masters degree with a minimum of 2 years professional supervised experience. 4) Certified Registered Nurse Practitioner with an advanced practice Degree from a nursing education program. 5) Advanced Practice Registered Nurse/Psychiatric Mental Health which is a Registered nurse with a master's degree or higher. (6) Licensed Psychologist with a Doctoral degree in psychology with 2 years of professional supervised experience. (7) Physician with a Doctor of medicine degree or a Doctor of osteopathy degree.

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<p>13. Other diagnostic, screening, preventive, and rehabilitation services, i.e., other than those provided elsewhere in the plan.</p> <p>d. Rehabilitation Services VIII. Therapeutic Behavioral Services</p>	<p>G. Therapeutic behavioral service aides employed by a provider described in D above must be:</p> <p>(1) Available on-site to provide one-to-one behavioral assistance and intervention to accomplish outcomes specified in the behavioral plan.</p> <p>(2) Health care professionals or nonprofessionals who are supervised by an individual who is licensed, certified, or otherwise legally authorized to provide mental health services independently in the state where the service is rendered. The TBS plan specifies the frequency of review by the licensed practitioner, and must document the date and time of service, activities, changes in behavior plan as a result of intervention, and signed by the aide and supervisor weekly and supervised by a health care professional mentioned in F above. These include:</p> <p>a. Social Work Associate with a Bachelor's degree in social work, licensed by the Office of Health Care Quality, and supervised by a licensed certified social worker.</p> <p>b. Rehabilitation Specialist with a bachelor's degree with a minimum of 2 years direct care experience working with emotionally disturbed youth and 60 hours of supervision by a psychiatric rehabilitation practitioner, licensed mental health professional.</p> <p>c. Rehabilitation counselor who is currently certified by the Commission on Rehabilitation Counselor Certification and supervised by a health care professional mentioned in F above.</p>

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<p>13. Other diagnostic, screening, preventive, and rehabilitation services, i.e., other than those provided elsewhere in the plan.</p> <p>d. Rehabilitation Services VIII. Therapeutic Behavioral Services</p>	<p>d. Certified psychiatric rehabilitation practitioner currently certified by the U.S. Psychiatric Rehabilitation Association and supervised by a health care professional mentioned in F above.</p> <p>e. Psychiatric Rehabilitation direct care staff must have a high school equivalent with 40 hours of PRP training and supervised by a health care professional mentioned in F above.</p> <p>f. TBS aide must:</p> <ul style="list-style-type: none">(i) Have a high school equivalent and Administration approved training;(ii) Receive appropriate training and documentation of such must be maintained that includes the course study, date, course outline and qualified instructor. <p>H. Limitations</p> <p>(1) To be eligible for therapeutic behavioral services the:</p> <ul style="list-style-type: none">a. Recipient shall be younger than 21 years old;b. Recipient shall be assessed as having behaviors or symptoms related to a mental health diagnosis that places the individual's current living arrangement at risk and creates a risk for a more restrictive placement, or prevents transition to a less restrictive placement;c. Recipient's behaviors or symptoms shall be safely and effectively treated in the community; and

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PROGRAM	LIMITATIONS
<p>13. Other diagnostic, screening, preventive, and rehabilitation services, i.e., other than those provided elsewhere in the plan.</p> <p>d. Rehabilitation Services VIII. Therapeutic Behavioral Services</p>	<p>d. Recipient's parent, guardian, or individual who customarily provides care shall be present during the provision of all therapeutic behavioral services to participate in the behavioral plan, unless there are clinical goals specifically addressed in the behavior plan that need to be achieved requiring that the parent, guardian, or individual who customarily provides care not be present.</p> <p>(2) Therapeutic behavioral services shall be limited to services that meet the federal definition of rehabilitation services.</p> <p>(3) Therapeutic behavioral services provided by school health-related services providers that are not included on a child's IEP or IFSP are not covered by the Program.</p> <p>1. Preauthorization</p> <p>(1) Providers must obtain preauthorization from the Department or its designee for all services for which a claim is to be submitted with the exception of IEP/IFSP services where the authorization for the service is contained within the IEP/IFSP.</p> <p>(2) The initial authorization shall be given for not more than 60 calendar days.</p> <p>(3) Additional authorization beyond the initial authorization shall be requested at a minimum, every 60 days and in advance of the expiration of the previous authorization.</p> <p>(4) Authorization may only be given if the therapeutic behavioral service continues to be effective and progress towards the specified goals is documented.</p>

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<p>13. Other diagnostic, screening, preventive, and rehabilitation services, i.e., other than those provided elsewhere in the plan.</p> <p>d. Rehabilitation Services VIII. Therapeutic Behavioral Services</p>	<p>(5) If it is determined that TBS are no longer having a restorative impact on the recipient, the recipient will be clinically reassessed and if determined to need other State Plan services, the recipient will be transitioned to the State Plan services appropriate to his/her needs.</p>

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- 5.e. The Agency reimburses schools for psychiatric evaluations when required under an Individualized Education Program (IEP) or Individualized Family Service Plan (IFSP) and when provided by a licensed psychiatrist. For all dates beginning January 1, 2010, the State will reimburse for this service at the same rate that it reimburses all other non-governmental providers as described in 5.b.
- 5.f. Payment limitations:
- Preoperative evaluations for anesthesia are included in the fee for administration of anesthesia and the provider may not bill them as consultants.
 - Referrals from one physician to another for treatment of specific patient problems may not be billed as consultations.
 - The operating surgeon may not bill for the administration of anesthesia or for an assistant surgeon who is not in his employ.
 - Payment for consultations provided in a multi-specialty setting is limited by criteria established by the Department.
 - The Department will not pay a provider for those laboratory or x-ray services performed by another facility, but will instead pay the facility performing the procedure directly.
 - The Department will not pay physicians under their physician's provider number for services rendered by an employed non-physician extender, such as, a physical therapist, an occupational therapist, a speech language pathologist, an audiologist or a nutritionist.
 - The Department will not pay for physician-administered drugs obtained from manufacturers which do not participate in the federal Drug Rebate Program.
 - The Department will not pay for disposable medical supplies usually included with the office visit.
 - The Department will not pay for services which do not involve direct, face-to-face, patient contact.
 - The provider may not bill the Program or the recipient for:
 - Completion of forms and reports;
 - Broken or missed appointments;
 - Professional services rendered by mail or telephone;
 - Services which are provided at no charge to the general public;
 - Providing a copy of a recipient's medical record when requested by another licensed provider on behalf of a recipient.

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9. Physical Therapist's Rates

- 9.a. The Agency's rates for professional services rendered by a physical therapist were set as of 7/1/09 and are effective for services on or after that date. All physical therapists must be licensed in the jurisdiction in which they provide services. Services are limited to those outlined in 3.1.A of the Maryland State Plan. The physical therapist will be paid the lower of the physical therapist's customary fee schedule to the general public or the published fee schedule.
- 9.b. All physical therapists, both government and non-government, are reimbursed pursuant to the same fee schedule. Physical therapists are paid by CPT codes which are based on a percentage of Medicare reimbursement. The average Maryland Medicaid payment rate is approximately 81 percent of Medicare 2009 fees beginning as of 7/1/09. All rates are published on the Agency's website at: http://www.dhmh.state.md.us/mma/providerinfo/doc/010109revphysfee_schedrev2.xls.
- 9.c. The Agency reimburses schools for physical therapy evaluations, re-evaluations, and individual physical therapy sessions when required under an Individualized Education Program (IEP) or Individual Family Service Plan (IFSP) and when provided by physical therapists that are licensed in the jurisdiction in which they provide services. For all dates beginning January 1, 2010, the State will reimburse for this service at the same rate that it reimburses all other non-governmental community-based licensed physical therapists as described in 9.b.
- 9.d. Payment limitations:
- The Department will not pay for disposable medical supplies usually included with the office visit.
 - The Department will not pay for services which do not involve direct, face-to-face, patient contact.
 - The provider may not bill the Program or the recipient for:
 - Completion of forms and reports;
 - Broken or missed appointments;
 - Professional services rendered by mail or telephone;
 - Services which are provided at no charge to the general public;
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12. Nutritionist's Rates

- 12a. The Agency's rates for professional services rendered by a nutritionist were set as of 7/1/09 and are effective for services on or after that date. All nutritionists must be licensed in the jurisdiction in which they provide services. Services and provider qualifications are limited to those outlined in 3.1.A of the Maryland State Plan. The nutritionist will be paid the lower of the nutritionist's customary fee schedule to the general public or the published fee schedule.
- 12b. All nutritionists, both government and non-government, are reimbursed pursuant to the same fee schedule. Nutritionists are paid by CPT codes which are based on a percentage of Medicare reimbursement. The average Maryland Medicaid payment rate for professional services is approximately 81 percent of Medicare 2009 fees beginning as of 7/1/09. All rates are published on the Agency's website at:
<http://www.dhmf.state.md.us/mma/providerinfo/doc/010109revphysfeeschedrev2.xls>.
- 12c. The Agency reimburses schools for nutritional assessments and interventions and nutritional reassessments and interventions when required under an Individualized Education Program (IEP) or Individual Family Service Plan (IFSP) and when provided by nutritionists that are licensed in the jurisdiction in which they provide services. For all dates beginning January 1, 2010, the State will reimburse for this service at the same rate that it reimburses all other non-governmental community-based licensed nutritionists as described in 12b.
- 12d. Payment limitations:
- The Department will not pay for services which do not involve direct, face-to-face, patient contact.
 - The provider may not bill the Program or the recipient for:
 - Completion of forms and reports;
 - Broken or missed appointments;
 - Professional services rendered by mail or telephone;

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12d. Payment limitations continued:

- The provider may not bill the Program or the recipient for:
 - Services which are provided at no charge to the general public with the exception of nutritional services that are included as part of a child's IEP or IFSP; and
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13. Occupational Therapist's Rates

13a. The Agency's rates for professional services rendered by an occupational therapist were set as of 7/1/09 and are effective for services on or after that date. All occupational therapists must be licensed in the jurisdiction in which they provide services. Services and provider qualifications are limited to those outlined in 3.1.A of the Maryland State Plan. The occupational therapist will be paid the lower of the occupational therapist's customary fee schedule to the general public or the published fee schedule.

13b. All occupational therapists, both government and non-government, are reimbursed pursuant to the same fee schedule. Occupational therapists are paid by CPT codes which are based on a percentage of Medicare reimbursement. The average Maryland Medicaid payment rate for professional services is approximately 81 percent of Medicare 2009 fees beginning as of 7/1/09. All rates are published on the Agency's website at:
<http://www.dhmh.state.md.us/mma/providerinfo/doc/010109revphysfeeschedrev2.xls>.

13c. The Agency reimburses schools for occupational therapy evaluations and re-evaluations, individual occupational therapy sessions, and group occupational therapy when required under an Individualized Education Program (IEP) or Individual Family Service Plan (IFSP) and when provided by occupational therapists that are licensed in the jurisdiction in which they provide services. For all dates beginning January 1, 2010, the State will reimburse for this service at the same rate that it reimburses all other non-governmental community-based licensed occupational therapists as described in 13b.

13d. Payment limitations:

- The Department will not pay for services which do not involve direct, face-to-face, patient contact.
- The provider may not bill the Program or the recipient for:
 - Completion of forms and reports;
 - Broken or missed appointments;
 - Professional services rendered by mail or telephone;

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13d. Payment limitations continued:

- The provider may not bill the Program or the recipient for:
 - Services which are provided at no charge to the general public with the exception of occupational services that are included as part of a child's IEP or IFSP; and
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14. Speech Therapist's Rates

- 14a. The Agency's rates for professional services rendered by an speech-language pathologist were set as of 7/1/09 and are effective for services on or after that date. All speech-language pathologists must be licensed in the jurisdiction in which they provide services. Services and provider qualifications are limited to those outlined in 3.1.A of the Maryland State Plan. The speech-language pathologist will be paid the lower of the speech-language pathologist's customary fee schedule to the general public or the published fee schedule.
- 14b. All speech-language pathologists, both government and non-government, are reimbursed pursuant to the same fee schedule. Speech-language pathologists are paid by CPT codes which are based on a percentage of Medicare reimbursement. The average Maryland Medicaid payment rate for professional services is approximately 81 percent of Medicare 2009 fees beginning as of 7/1/09. All rates are published on the Agency's website at:
<http://www.dhlmh.state.md.us/mma/providerinfo/doc/010109revphysfeeschedrev2.xls>.
- 14c. The Agency reimburses schools for speech/hearing evaluation, individual speech therapy, and group speech therapy when required under an Individualized Education Program (IEP) or Individual Family Service Plan (IFSP) and when provided by speech-language pathologists that are licensed in the jurisdiction in which they provide services. For all dates beginning January 1, 2010, the State will reimburse for this service at the same rate that it reimburses all other non-governmental community-based speech-language pathologists as described in 14b.
- 14d. Payment limitations:
- The Department will not pay for services which do not involve direct, face-to-face, patient contact.
 - The provider may not bill the Program or the recipient for:
 - Completion of forms and reports;
 - Broken or missed appointments;
 - Professional services rendered by mail or telephone;
 - Services which are provided at no charge to the general public with the exception of occupational services that are included as part of a child's IEP or IFSP; and
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15. Audiologist Rates

- 15a. The Agency's rates for professional services rendered by an audiologist were set as of 7/1/09 and are effective for services on or after that date. All audiologists must be licensed in the jurisdiction in which they provide services. Services and provider qualifications are limited to those outlined in 3.1.A of the Maryland State Plan. The audiologist will be paid the lower of the audiologist's customary fee schedule to the general public or the published fee schedule.
- 15b. All audiologists, both government and non-government, are reimbursed pursuant to the same fee schedule. Audiologists are paid by CPT codes which are based on a percentage of Medicare reimbursement. The average Maryland Medicaid payment rate for professional services is approximately 81 percent of Medicare 2009 fees beginning as of 7/1/09. All rates are published on the Agency's website at: <http://www.dhmh.state.md.us/tmma/providerinfo/doc/010109revphysfeeschedrev2.xls>
- 15c. The Agency reimburses schools for audiology evaluations when required under an Individualized Education Program (IEP) or Individual Family Service Plan (IFSP) and when provided by audiologists that are licensed in the jurisdiction in which they provide services. For all dates beginning January 1, 2010, the State will reimburse for this service at the same rate that it reimburses all other non-governmental community-based audiologists as described in 15b.
- 15d. Payment limitations:
- The Department will not pay for services which do not involve direct, face-to-face, patient contact.
 - The provider may not bill the Program or the recipient for:
 - Completion of forms and reports;
 - Broken or missed appointments;
 - Professional services rendered by mail or telephone;
 - Services which are provided at no charge to the general public with the exception of audiology services that are included as part of a child's IEP or IFSP; and
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16. Therapeutic Behavioral Aide Rates

- 16a. The Agency's rates for one-on-one therapeutic behavioral aide services performed by therapeutic behavioral aides were set as of 1/1/10 and are effective for services on or after that date. Services and provider qualifications are limited to those outlined in 3.1.A of the Maryland State Plan. The therapeutic behavioral aide will be paid the lower of the therapeutic behavioral aide's customary fee schedule to the general public or the published fee schedule.
- 16b. All therapeutic behavioral aides, both government and non-government, are reimbursed pursuant to the same fee schedule. Therapeutic behavioral aides are paid a fixed amount per each 15 minute increments. The rate is published on the Agency's website at:
<http://www.dhmh.state.md.us/mna/providerinfo/doc/010109revphysfecschedrev2.xls>.
- 16c. The Agency reimburses schools for therapeutic behavioral aide services when required under an Individualized Education Program (IEP) or Individual Family Service Plan (IFSP) and when provided by a qualified therapeutic behavioral aide provider. For all dates beginning January 1, 2010, the State will reimburse for this service at the same rate that it reimburses all other non-governmental therapeutic behavioral aides as described in 16b.
- 16d. Payment limitations:
- The Department will not pay for services which do not involve direct, face-to-face, patient contact.
 - The provider may not bill the Program or the recipient for:
 - Completion of forms and reports;
 - Broken or missed appointments;
 - Professional services rendered by mail or telephone;
 - Services which are provided at no charge to the general public with the exception of therapeutic behavioral aide services that are included as part of a child's IEP or IFSP; and
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17. Private Duty Nursing

- 17a. The Agency reimburses private duty nursing agencies for an initial assessment fee. All other private duty nursing services are paid fixed amount per 15 minute intervals depending on whether the provider is serving one or more children. The rates are specified in the established and published fee schedule. All private duty nursing providers, both government and non-government, are reimbursed pursuant to the same fee schedule. Services and provider qualifications are limited to those outlined in 3.1.A of the Maryland State Plan. The Agency rates for these services were last set on 11/01/08 and can be found at:
<http://dhmh.maryland.gov/mma/providerinfo/pdf/2010/PDN-Fee-Schedule.pdf>
- 17b. Rates, subject to the State budget, are adjusted each State fiscal year by adjusting the fee by the annual increase in the March Consumer Price Index for All Urban Consumers, Medical Care Component, Washington-Baltimore, from the U.S. Department of Labor, Bureau of Labor Statistics.
- 17c. The Agency reimburses schools for private duty nursing services when required under an Individualized Education Program (IEP) or Individual Family Service Plan (IFSP) and when provided by a qualified therapeutic behavioral aide provider. For all dates beginning January 1, 2010, the State will reimburse for this service at the same rate that it reimburses all other non-governmental private duty nursing providers as described in 17b.
- 17d. Payment limitations:
- The Department will not pay for services which do not involve direct, face-to-face, patient contact.
 - The provider may not bill the Program or the recipient for:
 - Completion of forms and reports;
 - Broken or missed appointments;
 - Professional services rendered by mail or telephone;
 - Services which are provided at no charge to the general public with the exception of private duty nursing services that are included as part of a child's IEP or IFSP; and
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18. Licensed Mental Health Practitioners:

- **Certified Registered Nurse Practitioner with a specialty in Psychiatry**
- **Certified Advanced Practice Registered Nurse/Psychiatric Mental health**
- **Licensed clinical professional counselor and therapist**
- **Licensed Psychologist**
- **Licensed Clinical Social worker**

- 18a. The Agency reimburses a number of classes of private practitioners identified as “mental health professionals” differentially dependent on their licensure class. The classes eligible for reimbursement are licensed under State law and include nurse psychotherapists, licensed doctoral psychologists, licensed and certified social workers, licensed and certified professional counselors, and certified nurse practitioners. Services and provider qualifications are limited to those outlined in 3.1.A of the Maryland State Plan.
- 18b. Maryland bases the rates on market factors, primarily comparable rates from other insurers. For each class of mental health professional and for each CPT procedure code, rates paid by other insurers are reviewed. Since Maryland reimburses for a broader range of services than many insurers, some adjustments and interpolations are required. In order to establish rates for those services which rates are not found in other systems, rates for similar procedures are adjusted based upon time and intensity of effort required for the procedure in question. Whenever possible, rates are then benchmarked against Medicare rates for similar procedure codes. On average, State rates are below allowable Medicare rates. The rates were last set on 07/01/08 and can be found at:
http://www.dhmh.state.md.us/mha/Miscellaneous/what'snew/FY%202009%20Rates%20%20REV%206_23_08.pdf
- 18c. The Agency reimburses schools for certain mental health services when required under an Individualized Education Program (IEP) or Individual Family Service Plan (IFSP) and when provided by a licensed mental health provider. These services include: individual psychotherapy, family psychotherapy, group psychotherapy, and psychological testing. For all dates beginning January 1, 2010, the State will reimburse for this service at the same rate that it reimburses all other non-governmental mental health providers as described in 18b.

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18d. Payment limitations:

- The Department will not pay for services which do not involve direct, face-to-face, patient contact.
- The provider may not bill the Program or the recipient for:
 - Completion of forms and reports;
 - Broken or missed appointments;
 - Professional services rendered by mail or telephone;
 - Services which are provided at no charge to the general public with the exception of mental health services that are included as part of a child's IEP or IFSP; and
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