

Revision: HCFA-PM-91-4 (BPD) OMB No: 0938 -
August 1991

State/Territory: Maryland

Citation 3.1 Amount, Duration and Scope of Services (continued):

42 CFR Part
440,
Subpart B

(a)(2) Medically needy.

This State plan covers the medically needy. The services described below and in ATTACHMENT 3.1-B are provided.

Services for the medically needy include:

1902 (a) (10) (C)
(iv) of the Act
42 CFR 440.220

(i) If services in an institution for mental diseases (42 CFR of the Act 440.140 and 440.160) or an intermediate care facility for 42 CFR 440.220 the mentally retarded (or both) are provided to any medically needy group, then each medically needy group is provided either the services listed in section 1905(a) (1) through (5) and (17) of the Act, or seven of the services listed in section 1905(a) (1) through (20). The services are provided as defined in 42 CFR Part 440 Subpart A and in sections 1902, 1905, and 1915 of the Act.

Not applicable with respect to nurse-midwife services under section 1902(a) (17). Nurse-midwives are not authorized to practice in this State.

1902(e) (5) of
the Act

(ii) Prenatal care and delivery services for pregnant women.

TN # 11-06
Supersedes TN # 92-11

Approval Date

JUL 29 2011

Effective Date

APRIL 1, 2011

State of Maryland
PACE State Plan Amendment

Citation 3.1 (a)(2) Amount, Duration and Scope of Services:
Medically Needy (continued)

1905(a)(26) and 1934

X Program of All-Inclusive Care for the Elderly (PACE) services, as described and limited in Supplement 3 to Attachment 3.1 -A.

ATTACHMENT 3.1 -B identifies services provided to each covered group of the medically needy. (Note: Other programs to be offered to Medically Needy beneficiaries would specify all limitations on the amount, duration and scope of those services. As PACE provides services to the frail elderly population without such limitation, this is not applicable for this program. In addition, other programs to be offered to Medically Needy beneficiaries would also list the additional coverage - that is in excess of established service limits- for pregnancy-related services for conditions that may complicate the pregnancy. As PACE is for the frail elderly population, this also is not applicable for this program.)

TN # 11-06
Supersedes TN # 02-08

Approval Date JUL 29 2011 Effective Date APRIL 1, 2011

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State: Maryland

Citation 4.11 Relations with Standard-Setting and Survey Agencies

42 CFR 431.610
AT-78-90
AT-80-34

- (a) The State agency utilized by the Secretary to determine qualifications of institutions and suppliers of services to participate in Medicare is responsible for establishing and maintaining health standards for private or public institutions (exclusive of Christian Science sanatoria) that provide services to Medicaid recipients. This agency is The State Department of Health and Mental Hygiene; Office of Health Care Quality
- (b) The State authority(ies) responsible for establishing and maintaining standards, other than those relating to health, for public or private institutions that provide services to Medicaid recipients is (are):
Same as above
- (c) ATTACHMENT 4.11-A describes the standards specified in paragraphs (a) and (b) above, that are kept on file and made available to the Health Care Financing Administration on request.

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State: Maryland

<u>Citation</u> 42 CFR 431.610 AT-78-90 AT-89-34	4.11(d) <u>The State Department of Health and Mental Hygiene; Office of Health Care Quality (agency)</u> which is the State agency responsible for licensing health institutions. determines if institutions and agencies meet the requirements for participation in the Medicaid program. The requirements in 42 CFR 431.610(e), (f), and (g) are met.
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TN # 11-06
Supersedes TN # 74-07

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OMB No.: 0938-

State/Territory: Maryland

Citation
42 CFR 447.252
1902 (a) (13)
and 1923 of
the Act

4.19 Payment for Services

- (a) The Medicaid agency meets the requirements of 42 CFR Part 447, Subpart C, and sections 1902 (a) (13) and 1923 of the Act with respect to payment for inpatient hospital services.

ATTACHMENT 4.19-A describes the methods and standards used to determine rates for payment for inpatient hospital services.

- Inappropriate level of care days are covered and are paid under the State plan at lower rates than other inpatient hospital services, reflecting the level of care actually received, in a manner consistent with section 1861 (v) (1) (G) of the Act.
- Inappropriate level of care days are covered.

Section 4.19 Payment for Services (a). (above), applies to all hospitals except acute general hospitals. The Medicaid Agency reimburses for inpatient hospital services in acute general hospitals at rates set by the Maryland Health Services Cost Review Commission pursuant to a waiver issued by the Health Care Financing Administration (Contract No. 600-76-0140).

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Revision: HCFA-PM-94-8 (MB)
OCTOBER 1994

State/Territory: Maryland

Citation

4.19 (m) Medicaid Reimbursement for Administration of Vaccines under the Pediatric Immunization Program

1928 (c) (2)
(C) (ii) of
the Act

(i) A provider may impose a charge for the administration of a qualified pediatric vaccine as stated in 1928 (c) (2) (C) (ii) of the Act. Within this overall provision, Medicaid reimbursement to providers will be administered as follows.

(ii) The State:

sets a payment rate at the level of the regional maximum established by the DHHS Secretary.

is a Universal Purchase State and sets a payment rate at the level of the regional maximum established in accordance with State law.

sets a payment rate below the level of the regional maximum established by the DHHS Secretary.

is a Universal Purchase State and sets a payment rate below the level of the regional maximum established by the Universal Purchase State.

The State pays the following rate for the administration of a vaccine:

1926 of the
Act

(iii) Medicaid beneficiary access to immunizations is assured through the following methodology:

Each child is assigned to a primary medical care provider. These providers are responsible for providing EPSDT services, including immunizations.

State/Territory: MARYLAND

Citation

1927 (g) (3) (C)
42 CFR 456.711
(a)-(d)

- G. 4. The interventions include in appropriate instances:
 - Information dissemination
 - Written, oral, and electronic reminders
 - Face-to-Face discussions
 - Intensified monitoring/ review of prescribers/dispensers

1927 (g) (3) (D)
42 CFR 456.712
(A) and (B)

- H. The State assures that it will prepare and submit an annual report to the Secretary, which incorporates a report from the State DUR Board, and that the State will adhere to the plans, steps, and procedures as described in the report.

1927 (h) (1)
42 CFR 456.722

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- I. 1. The State establishes, as its principal means of processing claims for covered outpatient drugs under this title, a point-of-sale electronic claims management system to perform on-line:
 - real time eligibility verification
 - claims data capture
 - adjudication of claims
 - assistance to pharmacists, etc. applying for and receiving payment.

1927 (g) (2) (A) (i)
42 CFR 456.705 (b)

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- 2. Prospective DUR is performed using an electronic point of sale drug claims processing system.

1927 (j) (2)
42 CFR 456.703 (c)

- J. Hospitals which dispense covered outpatient drugs are exempted from the drug utilization review requirements of this section when facilities use drug formulary systems and bill the Medicaid program no more than the hospital's purchasing cost for such covered outpatient drugs.

* U.S. G.P.O. 1993-342-239 80013

Revision: HCFA-PM-90-2 (BPD)
JANUARY 1990

OMB No.: 0938-0193

State/Territory: Maryland

- Citation 4.35 Remedies for Skilled Nursing and Intermediate Care Facilities that Do Not Meet Requirement of Participation
- 1919 (h) (1) and (2) of the Act, P.L. 100-203 (Sec. 4213 (a))
- (a) The Medicaid agency meets the requirements of section 1919 (h) (2) (A) through (D) of the Act concerning remedies for skilled nursing and intermediate care facilities that do not meet one or more requirements of participation. ATTACHMENT 4.35-A describes the criteria for applying the remedies specified in section 1919 (h) (2) (A) (i) through (iv) of the Act.
- Not applicable to intermediate care facilities: these services are not furnished under this plan.
- (b) The agency uses the following remedy(ies)
- (1) Denial of payment for new admissions.
(2) Civil money penalty.
(3) Appointment of temporary management.
(4) In emergency cases, closure of the facility and/or transfer of residents
- 1919 (h) (2) (B) (ii) of the Act (c) The agency establishes alternative State remedies to the specified Federal remedies (except for termination of participation). ATTACHMENT 4.35-B describes these alternative remedies and specifies the basis for their use.
- 1919 (h) (2) (F) of the Act (d) The agency uses one of the following incentive programs to reward skilled nursing or intermediate care facilities that furnish the highest quality care to Medicaid residents:
- (1) Public recognition
- (2) Incentive payments

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AUGUST 1991

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State/Territory: Maryland

Citation
42 CFR 430.12 (b)

7.4 State Governor's Review

The Medicaid agency will provide opportunity for the Office of the Governor to review State plan amendments, long-range program planning projections, and other periodic reports thereon, excluding periodic statistical, budget and fiscal reports. Any comments made will be transmitted to the Health Care Financing Administration with such documents.

Not applicable. The Governor -


Does not wish to review any plan material.

Wishes to review only the plan materials specified in the enclosed document.

I hereby certify that I am authorized to submit this plan on behalf of

State Department of Health and Mental Hygiene
(Designated Single State Agency)

Date: May 13, 2011



(Signature)

Deputy Secretary Health Care Financing
(Title)

(Charles J. Milligan, Jr.)

TN # 11-06
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