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State/Territory Name: Maryland

State Plan Amendment (SPA) #: 11-19

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
150 S. Independence Mall West
Suite 216, The Public Ledger Building
Philadelphia, Pennsylvania 19106-3499



Region III/Division of Medicaid and Children's Health Operations

SWIFT #111620174018

March 12, 2018

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

Dear Mr. Schrader:

Enclosed is a copy of the approved State Plan Amendment (SPA), Transmittal Number 11-19. The purpose of this SPA is to add language specific to provision of tobacco cessation services for pregnant women in accordance with the Affordable Care Act Section 4107, 1905(a)(4)(D).

The effective date for this amendment is July 1, 2011. The CMS 179 form and the Approved State Plan pages are attached.

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

Sincerely,

/s/

/s/

-S

Francis T. McCullough
Associate Regional Administrator

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER: 11-19	2. STATE Maryland
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE July 1, 2011	

5. TYPE OF PLAN MATERIAL (Check One):
 NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (See *Separate Transmittal for each amendment!*)

6. FEDERAL STATUTE/REGULATION CITATION: Section 4107 of the Affordable Care Act, 1905(a)(4)(D)	7. FEDERAL BUDGET IMPACT: a. FFY 2011: \$ 0 b. FFY 2012: \$ 0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: 3.1A Page 16A-1 (NEW) 4. 19B Page 1-A (NEW)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): 3.1A Page 16A-1 (New) 4.19B Page 1-A (New)

10. SUBJECT OF AMENDMENT: To add language specific to provision of tobacco cessation services for pregnant women in accordance with the Affordable Care Act Section 4107, 1905(a)(4)(D).

11. GOVERNOR'S REVIEW (Check One):
 GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
 OTHER, AS SPECIFIED:
Susan J. Tucker, Executive Director
Office of Health Services

12. SIGNATURE AGENCY OFFICIAL: /s/	16. RETURN TO: Susan J. Tucker, Executive Director OHS - DHMH 201 W. Preston St., 1 st floor Baltimore, MD 21201
13. TYPED NAME: Charles J. Milligan, Jr.	
14. TITLE: Secretary, Department of Health & Mental Hygiene	
15. DATE SUBMITTED: 9/29/2011	

FOR REGIONAL OFFICE USE

ONLY 17. DATE RECEIVED: September 29, 2011	18. DATE APPROVED: March 9, 2018
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2011	20. /s/
21. TYPED NAME: Francis T. McCullough	22. TITLE: ✓

23. REMARKS:

Tobacco Cessation Counseling Services for Pregnant Women

4. D 1) **Face-to-Face Tobacco Cessation Counseling Services provided (by):**

- (i) By or under supervision of a physician;
- (ii) By any other health care professional who is legally authorized to furnish such services under State law and who is authorized to provide Medicaid coverable services *other* than tobacco cessation services; * or
- (iii) Any other health care professional legally authorized to provide tobacco cessation services under State law *and* who is specifically *designated* by the Secretary in regulations. (None are designated at this time)

*describe if there are any limits on who can provide these counseling services

2) **Face-to-Face Tobacco Cessation Counseling Services Benefit Package for Pregnant Women**

Provided: No limitations With limitations*

*Any benefit package that consists of *less* than four (4) counseling sessions per quit attempt, with a minimum of two (2) quit attempts per 12 month period (eight (8) per year) should be explained below.

Please describe any limitations:

Tobacco Cessation Counseling Services for Pregnant Women

Maryland Medicaid pays for two types of services:

1. Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes
2. Smoking tobacco use cessation counseling visit; intensive, greater than 10 minutes

These codes are used in conjunction with, but are distinct from, evaluation and management services. The providers bill for both the appropriate E&M and counseling visit when both are performed. The service cannot be billed more than once a day.

The department's fee schedule rate was set as of September 29th, 2011 and is effective for services provided on or after that date. All rates are published on the agency's website at:

health.maryland.gov/providerinfo

Except as otherwise noted in the Plan, State developed fee schedules are the same for both governmental and private individual practitioners and the fee schedule and any annual/periodic adjustments to the fee schedule are published on the aforementioned website.