



AUG 19 2013

Ms. Susan J. Tucker
Executive Director
Office of Health Services
Maryland Department of Health and Mental Hygiene
201 West Preston Street, 1st Floor
Baltimore, Maryland 21201

RE: State Plan Amendment 13-13

Dear Ms. Tucker:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State plan submitted under transmittal number (TN) 13-13. This amendment is an administrative correction for an error resulting from submission and approval of MD 11-14A. Specifically, MD 13-13 re-establishes reimbursement language for residential treatment centers.

We reviewed this amendment pursuant to sections 1902(a)(3), 1902(a)(13), 1902(a)(30), 1903(a), and 1923 of the Social Security Act (the Act) and the regulations at 42 CFR 447 Subpart C. We are approving Medicaid State plan amendment 13-13 effective April 1, 2013. We are enclosing the Form-179 and the amended plan pages.

If you have any questions, please call Gary Knight at (304) 347-5723.

Sincerely,


Cindy Mann
Director

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER: 13-13	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 April 1, 2013	

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

6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT: a. FFY 2013: b. FFY 2014:
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Att. 4.19A, page 4a Att. 4.19A&B, page 4a-1	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Att. 4.19A, page 4a (new) Att. 4.19, page 4a-1 (09-13)

10. SUBJECT OF AMENDMENT:
To update language regarding reimbursement for Residential Treatment Centers (RTC).

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

12. SIGNATURE OF STATE AGENCY OFFICIAL:	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: Deputy Secretary, Office of Health Care Financing	
15. DATE SUBMITTED: June 27, 2013	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:	18. DATE APPROVED: AUG 19 2013
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: APR 01 2013	20. SIGNATURE OF REGIONAL OFFICIAL:
21. TYPED NAME: Penny Thompson	22. TITLE: Deputy Director, Policy & Financial Mgt., CMCS
23. REMARKS:	

- G. The Department reimburses a residential treatment center, except an in-state children's residential treatment center, the lesser of, the provider's usual and customary charge, the provider's per diem cost for covered services established in accordance with Medicare principles of reasonable cost reimbursement as described in 42 CFR 413, or \$300 per day effective October 1, 2009. The \$300 per day will be updated annually by the Centers for Medicare and Medicaid Service's published federal fiscal year market basket increase percentage relating to hospitals excluded from the prospective payment system.
1. Qualified non-facility individual practitioners may be directly reimbursed for somatic, dental, or other medically necessary services not included in the per diem rate which are provided to children in a residential treatment center.
 2. Such reimbursement is subject to the payment methodologies that are otherwise specified in the State Plan.
- H. Children's residential treatment center: A children's residential treatment center is a residential treatment center that admits patients 21 years of age and under. An in-state children's residential treatment center shall be reimbursed the lesser of: (1) the provider's usual and customary charge or (2) the provider's per diem cost for covered services established in accordance with Medicare principles of reasonable cost as described in 42 CFR 413, or \$600 per day effective December 1, 2009. The \$600 per day will be updated annually by the Centers for Medicare and Medicaid Services' published federal fiscal year market basket increase percentage relating to hospitals excluded from the prospective payment system.
1. Qualified non-facility individual practitioners may be directly reimbursed for somatic, dental, or other medically necessary services not included in the per diem rate which are provided to children in a residential treatment center.
 2. Such reimbursement is subject to the payment methodologies that are otherwise specified in the State Plan.

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