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State/Territory Name: Maryland

State Plan Amendment (SPA) #: 13-18

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (CMS 179)
- 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 #091920134025

FEB 20 2014

Charles J. Milligan Jr.
Deputy Secretary
Health Care Financing
Maryland Department of Health and Mental Hygiene
201 West Preston Street, Room 525
Baltimore, MD 21201

Dear Mr. Milligan:

Enclosed is a copy of the approved State Plan Amendment (SPA), Transmittal Number 13-18. This SPA updates Maryland's web link for Mental Health Targeted Case Management rates.

The effective date for this amendment is July 1, 2013. The signed CMS-179 form and the approved State Plan pages are enclosed.

If you have questions about this SPA, please contact Lieutenant Commander Andrea Cunningham of my staff at (215) 861-4325.

Sincerely,

Francis McCullough
Associate Regional Administrator

Enclosure

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
13-18

2. STATE
Maryland

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID) *CA.M.*

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
July 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 2014: \$ 86,511,064.00
b. FFY 2015: \$ 86,511,064.00

8. PAGE NUMBER OF THE PLAN SECTION OR
ATTACHMENT:

Section 4.19B, Page 16 & 15

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Section 4.19B, Page 16 & 15

10. SUBJECT OF AMENDMENT: Clean-up SPA; updates web link for Mental Health Targeted Case Management rates

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 OF STATE AGENCY OFFICIAL:

13. TYPED NAME: Charles J. Milligan, Jr.

14. TITLE: Deputy Secretary,
Office of Health Care Financing

15. DATE SUBMITTED:

9/17/13

16. RETURN TO:

Susan J. Tucker, Executive Director
OHS - DHMH
201 W. Preston St., 1st floor
Baltimore, MD 21201

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

9/17/2013

18. DATE APPROVED:

FEB 20 2014

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

JULY 1, 2013

21. TYPED NAME:

FRANCIS T. McCULLOUGH

TITLE:

ASSOCIATE REGIONAL ADMINISTRATOR, DUCHO

23. REMARKS:

Pen and Ink changes requested by State Medicaid Administrator for boxes 7, 8, and 9

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Maryland

4. Reimbursement Methodology for Mental Health Case Management

- 4a. Effective September 1, 2009, payments shall be made with the fee -for-service schedule for mental health case management services specified in 4e. This rate can be found on the Mental Hygiene Administration's website at: <http://www.dhmh.state.md.us/mha/rateschedule.html>. Except as otherwise noted in the Plan, state-developed fee schedule rates are the same for both governmental and private providers.
- 4b. "Unit of service" means a face-to-face contact for a minimum of one hour per day by the community support specialist of the community support specialist associate with the participant or, if the participant is a minor, the minor's parent or guardian. Mental health case management services are only performed by providers that meet the criteria outlined per Attachment 3.1-A, Section E. Services shall be provided according to the following:
- a. Level 1 – General: A minimum of one and a maximum of two units of service each month. At a minimum, every 90 days, one service shall include a visit to the participant's home or another suitable site for a participant who is homeless.
 - b. Level II - Intensive: A minimum of two and a maximum of five units of service each month. At a minimum, every 90 days, one service shall include a visit to the participant's home or another suitable site for a participant who is homeless.
 - c. One additional unit of service above the monthly maximum may be billed during the first month of service to a participant in order to complete the comprehensive assessment.
 - d. Transition unit of service, for individuals in IMDs and inpatient settings in order to begin linkages to community resources and treatment services.
- 4c. Rate development - The rate for this service follows the CMS-accepted Methodology for cost-based rates, which includes salary, fringe benefits, indirect costs, and transportation costs based on the average of the mileage of current case management providers who are receiving state general funds for case management.
- 4d. Case management services shall not be reimbursed for individuals in public institutions, IMDs, juvenile detention centers or PTRFs.