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State/Territory Name: Maryland

State Plan Amendment (SPA) #: 14-0009

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 # 081820144005

NOV 13 2014

Chuck Lehman, Acting Deputy Secretary
Health Care Financing
Maryland Department of Health and Mental Hygiene
201 West Preston Street, Room 525
Baltimore, MD 21201

Dear Mr. Lehman:

Enclosed is a copy of the approved State Plan Amendment (SPA), Transmittal Number 14-09. This SPA is in response to the companion letter issued with SPA 11-09 requiring the State to update their State Plan pages associated with transportation services and reimbursement.

The effective date for this amendment is July 1, 2014. The CMS 179 form and the Approved State Plan pages are attached.

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

Sincerely,
/S/

1

Francis McCullough
Associate Regional Administrator

Enclosure

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 14-09	2. STATE Maryland
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	4. PROPOSED EFFECTIVE DATE July 1, 2014	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		

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: 1905(p)(1) and (3), 1902(a)(10)(E)(i) ^{N/A}	7. FEDERAL BUDGET IMPACT: a. FFY 2014: \$ 0 b. FFY 2015: \$ 0
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Att. 3.1A, pgs 30 & 30-A, pg 30-B (DELETE) Att. 4.19 B pg 40 (NEW) Supplement to Att. 4.19B, pg 5 (NEW) Att. 3.1-D, pg 1 & pg 2 (NEW) Att. 1 pg 24, Supplement 1 to Attachment 4.19B, pg 5 Att. 3.1C, pg 1 (DELETE); Att. 4.19 A&B, pg 12 (DELETE)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Att. 3.1A, pgs 30, 30-A, 30-B Att. 3.1-D, pg 1 Att. 1 pg 24 Att. 3.1C, pg 1 Att. 4.19 A&B, pg 12 Supplement 1 to Attachment 4.19B pg. 5
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10. SUBJECT OF AMENDMENT: In response to CMS' Companion Letter to Maryland's State Plan Amendment 11-09, sections pertaining to Medicaid transportation required clean-up. Ambulance services moved to their own page under Supplement 1 to Attachment 4.19B, page 5.

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: /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 E. Lehman	
14. TITLE: Acting Deputy Secretary, Office of Health Care Financing	
15. DATE SUBMITTED: 08/15/2014	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 08/15/2014	18. DATE APPROVED: NOV 13 2014
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2014	20. SIGNATURE OF REGIONAL OFFICIAL: /S/
21. TYPED NAME: Francis T. McCullough	22. TITLE: Associate Regional Administrator, DMCHO

23. REMARKS: Pen and Ink Changes requested by State Medicaid Administration to Boxes 6, 8, 9, and 10.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE OF MARYLAND

23. Any other medical care type of remedial care recognized by the Secretary

A. Transportation

See Attachment 3.1D for description of Non-Emergency Transportation Services and assurances.

1. Emergency Service Transporters

Services provided by an ambulance provider under the Medicaid program must be demonstrated to be medically necessary and are subject to limitations described herein. Medical necessity is indicated when the patient's condition is such that any other means of transportation would endanger the patient's health.

Ambulance transportation is not considered medically necessary when any other means of transportation can be safely utilized.

Emergency ambulance transportation may be used for the client to receive immediate and prompt medical services arising in an emergency situation. Emergency transportation to a physician's office is covered only if all the following conditions are met:

- The patient is en-route to a hospital.
- There is medical need for a professional to stabilize the patient's condition.
- The ambulance continues the trip to the hospital immediately after stabilization.

Under this chapter, the Program does not cover services:

- a. Unless in response to a "911" call;
- b. Performed by an emergency service transporter that is not enrolled with the Program;
- c. To anyone other than an eligible recipient; and
- d. For which proper documentation, including but not limited to run sheets, cannot be provided on request of the Department or its designee.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE OF MARYLAND

2. Transportation Services under the Individuals with Disabilities Education Act (IDEA)
 - a. Only providers who are local education agencies, local lead agencies, state-operated education agencies, or state-supported education agencies may participate.
 - b. Providers shall only bill the program for transportation service on dates when another Medicaid covered service(s) is provided and both the Medicaid covered service and Transportation service are documented. Both the Medicaid covered service and specialized Transportation must be identified on the IEP or IFSP.
 - c. The transportation must be identified as “specialized” transportation. That means that the transportation is not the same as transportation for a child’s non-disabled peers. For example, a bus aide, specialized equipment or specialized training for the bus driver, a stop in front of the child’s house, change of route for child, or transportation to a school that is not the child’s local school, e.g. a nonpublic school or special school for children with disabilities, will be specialized transportation. The bus can be a regular school bus if it is specialized to meet the needs of the child.
 - d. Transportation is provided to and from a school where a Medicaid-covered IDEA service is provided. Transportation to or from a site where a Medicaid Early Intervention service is provided; and between a school and a Medicaid covered service and home or return to the school.

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TN # 14-09 Approval Date **NOV 13 2014** Effective Date July 1, 2014
Supersedes TN # 00-01

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TN # 14-09

Supersedes TN # 93-15

Approval Date **NOV 13 2014**

Effective Date July 1, 2014

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE OF MARYLAND

Non-Emergency Medical Transportation

- A. The Transportation Grants program is funded as an administrative expense under an approved cost allocation plan (CAP). This program awards grants to local jurisdiction agencies, acting as agents of the State, to administer non-emergency transportation services to recipients. Funding awarded to the local agencies is monitored quarterly using a line-item expenditure reporting format. Additionally, local agencies are required to submit invoices to the Department for a review of reasonable, allowable costs. The standards for the award and administration of these grants are set forth in State regulations.

Transportation services are provided to ensure access to and from providers as required in CFR §431.53 and are available to all eligible Medicaid recipients. An eligible recipient may access providers via wheelchair vans, taxis, stretcher cars, air medical transportation, bus passes and tickets, and other forms of transportation methods developed by Grantees. Recipients may access services by contacting their local jurisdiction agency for screening to determine service eligibility.

Grantees purchase medically necessary non-emergency transportation to cover services for recipients residing in the county. Rates are negotiated with local transportation providers via the county's individual procurement process, ensuring that transportation appropriate to the recipient's needs is provided in the most cost effective method. This includes transportation for full benefit dual eligible recipients, community-based recipients and residents of long term facilities. Services are provided to both for full fee-for-service recipients and managed care recipients.

Grantees are responsible for screening requests for transportation by recipients, arranging transportation, expanding existing and developing new transportation resources and purchasing or providing transportation services where necessary. Subsequent to determining service eligibility, Grantees will use screening information and physician documentation to assess the mode of transport and communicate the least costly mode to its vendor. Screening services and transportation services must be performed by separate entities. When there is a lack of transportation resources in that area Grantees may perform both functions.

Ambulatory and wheelchair providers for-hire are required to be approved by the Maryland Public Service Commission and the Washington Area Metropolitan Area Transportation Council. Ambulance providers are required to be licensed by the State Office of Commercial Ambulance Licensing and Regulation. These agencies provide regulatory oversight for the drivers and set vehicle safety standards. A family member may not be a provider as he/she is considered as a primary resource for transportation.

Services for medically necessary ambulance transportation and for Individuals with Disabilities Education Act (IDEA) are found in Attachment 3.1-A pp 30 – 30-A and Attachment 4.19B.

TN # 14-09

Approval Date

NOV 13 2014

Effective Date July 1, 2014

Supersedes TN # 00-01

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE OF MARYLAND

Non-Emergency Medical Transportation Limitations:

- B. Monies from a grant provided under these regulations may not be used to pay for the following:
1. emergency transportation services;
 2. Medicare ambulance services;
 3. transportation to or from Veterans Administration hospitals unless it is to receive treatment of a nonmilitary- related condition;
 4. transportation to or from any correctional institution;
 5. transportation of recipients committed by the courts mental institutions;
 6. transportation between a nursing facility and a hospital for routine diagnostic tests, nursing services, or physical therapy which can be performed at the nursing facility;
 7. transportation services from a facility for treatment when the treatment is provided by the facility in which the recipient is located;
 8. transportation to receive nonmedical services;
 9. gratuities of any kind;
 10. transportation between a medical day care facility and the recipient's home;
 11. transportation to or from a State facility while the patient is a resident of that facility;
 12. transportation of non-Medical Assistance recipients;
 13. trips for purposes related to education, recreational activities, or employment;
 14. transportation of anyone other than the recipient, except for an attendant accompanying a minor or when an attendant is medically necessary;
 15. wheelchair van service for ambulatory recipients;
 16. ambulance service for a recipient who does not need to be transported on a stretcher;
 17. transportation between a Community Rehabilitation Program (CRP) and the recipient's home;
 18. transportation between a Day Rehabilitation Program and the recipient's home; and
 19. transportation to or from services that are not medical necessary.

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

STATE OF MARYLAND

23. A. Transportation Services are reimbursed according to the following:

1. Emergency Service Transporters:

Pay enrolled providers for transporting Medicaid recipients to appropriate facilities in response to an emergency "911" call. The fee for this service is established in the enabling legislation. The current rate is set to \$ 100 and is updated only through legislation. Emergency transportation service providers and limitations are defined per Attachment 3.1A, page 30.

The agency's fee schedule rate of \$100 was set as of June 14, 1999 and is effective for services provided on or after that date. Except as otherwise noted in the Plan, State developed fee schedule rates are the same for both governmental and private individual practitioners.

2. Transportation under the Individuals with Disabilities Education Act (IDEA):

These transportation services are provided as an optional service for only those individuals who qualify for and require it as part of their Individualized Education Program or Individualized Family Service Plan. IDEA transportation service providers and limitations are defined per Attachment 3.1-A, page 30-A.

Costs included in the statewide calculation are: Bus Driver Salaries and Benefits, Substitute Drivers Salaries and Benefits, Fuel, Repairs & Maintenance, Contractors payments, training, and Other Operating Expenses. School systems do not calculate depreciation and attendants are not in the transportation budget.

The agency's fee schedule rate was set as of January 1, 2004 and is effective for services provided on or after that date. All rates are published on the agency's website at dhmh.maryland.gov/providerinfo. Any annual/periodic adjustments to the fee schedule are published in the website above.

Maryland defines 1 unit as transportation in one direction. For example, home to school or school to home. Transportation provided to and from school bills as 2 units.

NEMT services are located in Attachment 3.1D

TN # 14-09

Approval Date

NOV 13 2014

Effective Date July 1, 2014

Supersedes TN # NEW

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Maryland

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
OTHER TYPES OF CARE

Payment of Medicare Part A and Part B Deductible/Coinsurance

Item 4: Ambulance and Wheelchair Van Services

The Ambulance and Wheelchair Van Services program covers only the coinsurance and deductible payments when Medicare covers the service as a primary payer. Providers are ambulance companies licensed in the state of Maryland and maintain appropriate licensure in the State of their primary location when their primary location is not Maryland.

Providers of ambulance and wheelchair van service must be enrolled with Medicare and Medicaid.

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TN # 14-09
Supersedes TN # NEW

Approval Date _____

Effective Date July 1, 2014