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State/Territory Name: Maryland

State Plan Amendment (SPA) #: 14-02

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 #013120144026

April 17, 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 14-02. The purpose of this SPA is to update information regarding the staffing of Private Duty Nursing; specifically, the addition of Certified Nursing Assistants and Home Health Aides. This SPA also includes an increase in the rates for Registered Nurses and Licensed Practical Nurses, as well as additional rates for Certified Nursing Assistants and Home Health Aides.

The effective date for this amendment is March 1, 2014. 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,

/S/

Francis McCullough
Associate Regional Administrator

Enclosure

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER: 14-02	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 March 1 st , 2014	

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: 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, pg 15-E to 15-E-2 (TN 10-04) Att 4.19B, pg 23 (NEW) (TN 11-12)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Att 3.1A, pg 15-E to 15-E-2 (TN 10-04) A# 4.19B, pg 23 (TN 11-12)
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10. SUBJECT OF AMENDMENT: The addition of CNAs and HHAs as eligible to work in the Private Duty Nursing program. Also an increase in the rates for RNs and LPNs as well as additional rates for CNAs and HHAs.

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: 15/	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: 1/30/14	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED: January 30, 2014	18. DATE APPROVED: APR 17 2014

19. EFFECTIVE DATE OF APPROVED MATERIAL: MARCH 1, 2014

20. SIGNATURE OF REGIONAL OFFICIAL: 15/

21. TYPED NAME: FRANCIS T. McCullough, Associate Regional Administrator

23. REMARKS: Per the request of medicaid State Administrators, Pen and ink changes were completed for boxes 8+9 - updating plan page numbers and TNs.

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

STATE OF MARYLAND

Program	Limitations
<p>(Continued) 4.B. Early and periodic screening and diagnosis of individuals under 21 years of age, and treatment of conditions found.</p>	<p><u>Private Duty Nursing Services</u></p> <p>A. Private Duty Nursing Services are nursing services provided to qualified individuals how are under age 21.</p> <p>Services are provided in a participant’s own home or another setting when normal life activities take the participant outside his or her home except for limitations described in Section D below.</p> <p>B. Covered services include:</p> <p>(1) An initial assessment of a participant’s medical need for private duty nursing by a licensed registered nurse; and</p> <p>(2) On-going private duty nursing and supervisory service.</p> <p>To be a covered service, direct care nursing must be:</p> <p>(1) Ordered by the participant’s primary medical provider (Orders must be renewed every 60 days);</p> <p>(2) Provided in accordance with a Plan of Care;</p> <p>(3) Provided under the supervision of a registered nurse by:</p> <p>(a) A registered nurse; or</p> <p>(b) A licensed practical nurse;</p> <p>(4) Provided by individuals with a current certification in CPR;</p> <p>(5) Of a complexity, or the condition of the participant must require, the judgment, knowledge, and skills of a registered nurse, licensed practical nurse,; and,</p> <p>(6) Of a scope that is more individual and continuous than nursing available under the Home Health Program</p>

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

STATE OF MARYLAND

Program	Limitations
<p>(Continued) 4.B. Early and periodic screening and diagnosis of individuals under 21 years of age, and treatment of conditions found.</p>	<p>C. On-going private duty nursing services, with the exception of those services that are preauthorized through the Individualized Education Program (IEP)/Individual Family Services Plan (IFSP) process, must be preauthorized by the Medicaid Program</p> <p>D. Private Duty Nursing services does not include:</p> <ol style="list-style-type: none"> (1) Part time/intermittent nursing services covered as Home Health Services; (2) Nursing Services rendered by a nurse, who is a member of the participant's immediate family or who ordinarily resides with the participant; (3) Custodial service; (4) Services not deemed medically necessary at the time of the initial assessment or plan of care review; (5) Services delivered by a licensed nurse who is not directly supervised by a licensed registered nurse who documents all supervisory visits and activities; (6) Services provided to a participant in a hospital, residential treatment center, intermediate care facility for individuals with intellectual disabilities or a residence or facility where private duty nursing services are included in the living arrangement by regulation or statute or are otherwise provided for payment; (7) Services not directly related to the plan of care; (8) Services specified in the plan of care when the plan of care has not been signed by the participant or the participant's legally authorized representative; (9) Services described in the plan of care whenever those services are no longer needed or appropriate because of a major change in the participant's condition or nursing care needs;

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

STATE OF MARYLAND

Program	Limitations
<p>(Continued) 4.B. Early and periodic screening and diagnosis of individuals under 21 years of age, and treatment of conditions found.</p>	<p>(10) Services which duplicate or supplant services rendered by the participant's family caregivers or primary caregivers as well as other insurance, other governmental programs, or Medicaid Program services that the participant receives or is eligible to receive;</p> <p>(11) Services provided for the convenience or preference of the participant or the primary caregiver rather than as required by the participant's medical condition;</p> <p>(12) Services provided by a nurse who does not possess a valid, current, signed, unrestricted nursing license to provide nursing services in the jurisdiction in which services are rendered;</p> <p>(13) Services provided by a nurse who does not have a current, signed cardiopulmonary resuscitation (CPR) certification for the period during which the services are rendered;</p> <p>(14) Nursing services rendered in a provider's home;</p> <p>(15) Respite services; and</p> <p>(16) Services provided by school health-related services that are not included on a child's IEP or IFSP.</p> <p><u>Other Licensed Practitioners</u></p> <p>A. The following practitioners are allowed: (1) Registered Nurse (RN), or; (2) Licensed Practical Nurse (LPN)</p> <p>B. These practitioners must provide services in accordance with §440.60</p> <p>C. These practitioners provide supervision to unlicensed practitioners including a Certified Nursing Assistant (CNAs) who is also Certified Medical Technicians (CMTs), or; a Home Health Aid (HHA) who is also a CMT. Supervision of these practitioners must follow what is outlined in the State's Scope of Practice Act for RNs and LPNs COMAR 10.27.11.04.</p> <p>D. The supervising RN or LPN will assume professional responsibility for the services provided by the CNA/CMT and HHA/CMT according to the State's Criteria for Delegation COMAR 10.27.11.03</p>

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State of Maryland

EPSDT - Private Duty Nursing and Other Licensed Practitioners

17.a The Agency reimburses private duty nursing agencies for an initial assessment fee and supervisory visit. All other private duty nursing services are paid fixed amount per 15 minute intervals depending on whether the provider is serving one or more children. The rates are specified in the established and published fee schedule. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of private duty nursing, CNA/CMTs, and HHA/CMTs. The agency's fee schedule rate was set as of March 1st, 2014 and is effective for services provided on or after that date. Services and provider qualifications are limited to those outlined in 3.1A of the Maryland State Plan. All rates are published at:

<https://mmcp.dhmdh.maryland.gov/SitePages/Provider%20Information.aspx>

17.b The Agency reimburses schools for private duty nursing services when required under an Individualized Education Program (IEP) or Individual Family Service Plan (IFSP) and when provided by a qualified private duty nursing provider. The State will reimburse for this service at the same rate that it reimburses all other non-governmental private duty nursing providers in accordance with 17a and 17b.

17.c Payment limitations:

- The Department will not pay for services which do not involve direct, face-to-face, patient contact.
- The provider may not bill the Program or the recipient for:
 - Completion of forms and reports;
 - Broken or missed appointments;
 - Professional services rendered by mail or telephone;
 - Services which are provided at no charge to the general public with the exception of private duty nursing services that are included as part of a child's IEP or IFSP; and
 - Providing a copy of a recipient's medical record when requested by another licensed provider on behalf of a recipient.

TN 14-2

Supersedes TN 11-12

Approval Date **APR 17 2014**

Effective Date **MAR 01 2014**