

Table of Contents

State/Territory Name: Maryland

State Plan Amendment (SPA) #: 15-0006

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 # 061920154008

AUG 19 2015

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

Dear Ms. McMahon:

Enclosed is a copy of the approved State Plan Amendment (SPA), Transmittal Number 15-0006. This SPA updates the State Plan to remove the bundled rate for residential rehabilitation services for children in certain out-of-home placements.

The effective date for this amendment is July 1, 2015. 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/ *A*

Francis McCullough
Associate Regional Administrator

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER: 15-0006	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, 2015	

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 2015: \$ -5,750,000 b. FFY 2016: \$ -23,000,000
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Att. 3.1A pg 15D (AMEND) Att. 3.1A pgs 15D-1 through 15D-6 (DELETE) Att. 4.19 A&B pg 57B (DELETE)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Att. 3.1A pg 15D through 15D-6 Att. 4.19A&B pg 57B

10. SUBJECT OF AMENDMENT: In response to CMS' questions and guidance, Maryland is removing residential rehabilitation services as a covered service, and therefore, as a reimbursed service.

11. GOVERNOR'S REVIEW (Check One):

<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT	<input checked="" type="checkbox"/> OTHER, AS SPECIFIED:
<input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	Susan J. Tucker, Executive Director
<input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	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: Shannon McMahon	
14. TITLE: Deputy Secretary, Office of Health Care Financing	
15. DATE SUBMITTED: 06/18/2015	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 06/18/2015	18. DATE APPROVED: AUG 19 2015
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2015	20. SIGNATURE OF REGIONAL OFFICIAL: /S/
21. TYPED NAME: Francis T. McCullough	22. TITLE: Associate Regional Administrator, DMCHO
23. REMARKS:	

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

PROGRAM

LIMITATIONS

(Continued)

4.B. Early and periodic screening and diagnosis of individuals under 21 years of age, and treatment of conditions found.

11. To participate in the Maryland Medical Assistance Program as an EPSDT School Health-Related Services or Health-Related Early Intervention Services provider, a provider shall:

- a. At a minimum, gain annual approval by the multidisciplinary team which develops the recipient's Individualized Family Service Plan, Individualized Education Program, or 504 Written Individualized Plan for continued treatment; and
- b. Have Experience with rendering services to individuals from birth to 21 years.

TN No.: 15-0006
Supersedes TN: 04-19

Approval Date: AUG 19 2015 Effective Date: JULY 1, 2015

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

DELETE THIS PAGE

TN No.: 15-0006
Supersedes TN: 04-19

Approval Date: AUG 19 2015 Effective Date: JULY 1, 2015

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

DELETE THIS PAGE

TN No.: 15-0006
Supersedes TN: 04-19

Approval Date: AUG 19 2015 Effective Date: JULY 1, 2015

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

DELETE THIS PAGE

TN No.: 15-0006
Supersedes TN: 04-19

Approval Date: AUG 19 2015 Effective Date: JULY 1, 2015

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

DELETE THIS PAGE

TN No.: 15-0006
Supersedes TN: 04-19

Approval Date: AUG 19 2015 Effective Date: JULY 1, 2015

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

DELETE THIS PAGE

TN No.: 15-0006
Supersedes TN: 04-19

Approval Date: AUG 19 2015 Effective Date: JULY 1, 2015

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

DELETE THIS PAGE

TN No.: 15-0006
Supersedes TN: 04-19

Approval Date: AUG 19 2015 Effective Date: JULY 1, 2015

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

DELETE THIS PAGE

TN No. 15-0006
Supersedes TN: 04-19

Approval Date: AUG 19 2015 Effective Date: JULY 1, 2015