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State/Territory Name: Maryland

State Plan Amendment (SPA) #: 16-0009

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 #121520164001

# **December 15, 2016**

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 16-0009. This SPA updates Maryland's State Plan to add Applied Behavioral Analysis service to children with an Autism Spectrum Diagnosis (ASD), to satisfy requirements under EPSDT.

The effective date for this amendment is January 1, 2017. 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/

Digitally signed by Francis T. Mccullough -S Date: 2016.12.15 15:51:14 -05'00'

Francis T. McCullough Associate Regional Administrator

**Enclosures** 

HEALTH CARE FINANCING ADMINISTRATION		OMB NO, 0938-0193
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 16-0009	2. STATE Maryland
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	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 January 1, 2017	
5. TYPE OF PLAN MATERIAL (Check One):  NEW STATE PLAN  AMENDMENT TO BE CONSIDER  COMPLETE PLACES (TYPE IN THE IS AN AME	<del></del>	ENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMI 6. FEDERAL STATUTE/REGULATION CITATION: N/A	7. FEDERAL BUDGET IMPAC a. FFY 2017: \$ 10.042.830.0 b. FFY 2018: \$ 3.347.610.0	T: 00
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Att31A-Page-29G-53-through-29G-57-(new)- Att. 4.19B Page 24 (AMEND) Att. 3.1A page 19-11C(NEW)	9. PAGE NUMBER OF THE SUPERS OR ATTACHMENT (If Applicable): Att. 4.19B pg 24	EDED PLAN SECTION
10. SUBJECT OF AMENDMENT: To add Applied Behavious with an Autism Spectrum Diagnosis.	oral Analysis services under EPSE	T benefit for children
II. 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 Dir Office of Health Services	rector
12. SIGNATURE OF STATE AGENCY OFFICIAL: /S/  13. TYPED NAME: Shannon McMahon	16. RETURN TO: Susan J. Tucker, Executive OHS – DHMH	Director
14. TITLE: Deputy Secretary, Office of Health Care Financing	201 W. Preston St., 1 <sup>st</sup> floo Baltimore, MD 21201	r
15. DATE SUBMITTED: 11/17/16 FOR REGIONAL O	PELCE LICE ONLY	
17. DATE RECEIVED: 11/17/16	18. DATE APPROVED: 12/15/2016	
PLAN APPROVED – ONE COPY ATTACHED		
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2017	20. SIGNATURE OF REGIONAL O Francis McCullough /s/	FFICIAL:
21. TYPED NAME: FRANCIS T MCCULLOUGH	22. TITLE: ASSOCIATE REGIONAL ADMINIS	STRATOR, DHMCHO

23. REMARKS:

Per the request of State Medicaid Officials, pen and ink changes were made to Box 8 to accurately reflect state plan pages being added and amended.

### STATE PLAN FOR MEDICAL ASSISTANCE UNDER TITLE CIC OF THE SOCIAL SECURITY ACT STATE OF MARYLAND

- 6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.
  - i. Licensed Behavior Analyst Services
- A. The Medicaid Program shall provide coverage for, and payment to, Licensed Behavior Analysts for services provided within their scope of practice. Consistent with state law and acting within their scope of practice, Licensed Behavior Analysts will provide supervision to Assistant Behavior Analysts, Registered Behavior Technicians and Behavior Technicians and assume professional responsibility for the services rendered by an unlicensed provider under their supervision. All licensed and unlicensed providers must meet the requirements established by the Department of Health and Mental Hygiene.

#### B. Provider Qualifications

- 1. Licensed Behavior Analysts shall:
  - a. Be licensed by the Maryland Board of Professional Counselors and Therapists;
  - b. Have a current certification of Board Certified Behavior Analyst-Doctoral (BCBA-D) or Board Certified Behavior Analyst (BCBA) by the Behavior Analyst Certification Board (BACB);
  - Have no active sanctions or disciplinary actions imposed by the jurisdictional licensing or certification authority, Medicare Program, Maryland Medical Assistance Program, or other federally funded healthcare program; and
  - d. Have a completed criminal background check according to the State's requirements.
- 2. Assistant Behavior Analysts shall:
  - a. Have a current certification of Board Certified Assistant Behavior Analysts (BCaBAs) by the BACB;
  - b. Have no active sanctions or disciplinary actions imposed by the jurisdictional licensing or certification authority, Medicare Program, Maryland Medical Assistance Program, or other federally funded healthcare program;
  - c. Have a completed criminal background check according to the State's requirements;
  - d. Work under the direct supervision of a licensed psychologist, a licensed BCBA-D or a licensed BCBA; and
  - e. Have the supervisory relationship documented in writing.
- 3. Registered Behavior Technicians (RBTs) and Behavior Technicians (BTs) shall:
  - a. Be 18 years old or older;
  - b. Be currently registered by the BACB or become registered by the BACB not later than December 31, 2018;
  - c. Have a high school diploma or national equivalent;
  - d. Have a completed criminal background check according to the State's requirements;
  - e. Work under the direct supervision of a licensed psychologist, a licensed BCBA-D or a licensed BCBA; and
  - f. Have the supervisory relationship documented in writing.

TN No. 16-0009 Approval Date: December 15, 2016 Effective Date: January 1, 2017

Supersedes TN No.: NEW

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

#### **Licensed Behavior Analysts**

19a. The Department's rates for Applied Behavioral Analysis (ABA) services, as defined in Attachment 3.1A Page 19-11C are effective for dates of service on or after January 1, 2017. The Department shall provide reimbursement to licensed behavior analysts who are enrolled in the Department and in good standing with the Behavior Analyst Certification Board (BACB).

19b. All governmental and non-governmental providers are reimbursed pursuant to the same fee schedule. Providers are paid according to the rates listed for the corresponding CPT codes that are based on the rates set by Maryland Medicaid. The current fee schedule is effective January 1, 2017 and is located on the Department's website at the link below:

#### dhmh.maryland.gov/providerinfo

19c. Reimbursement shall only be made for services preauthorized by the Medicaid Program or its designee.

19d. Payment limitations. The provider may not bill the Program or participant for:

- 1) Services that are:
  - i. Provided to an individual 21 years of age or older;
  - ii. Provided in a hospital, an institution for mental disease, an ICF-IID, a crisis residential program, a residential treatment center, a 24-hour, 365-day residential program funded with non-Medicaid federal, State, or local government funds, or nonconventional settings:
  - iii. Rendered when measurable functional improvement or continued clinical benefit is not met, and treatment is not deemed necessary;
  - iv. Not preauthorized by the Department or its designee;
  - v. Not delivered in accordance with the participant's treatment plan;
  - vi. Not medically necessary;
  - vii. Beyond the provider's scope of practice;
  - viii. Rendered but not documented in accordance to COMAR 10.09.28.04; or
  - ix. Rendered by mail, telephone, or otherwise not in person;
- 2) Services whose purpose is vocationally based or recreationally based;
- 3) Respite services;
- 4) Custodial care;
- 5) Completion of forms and reports;
- 6) Broken or missed appointments;
- 7) Travel to and from site of service; and
- 8) Services which duplicate a services that a participant is receiving under another medical care program.

TN No. 16-0009 Approval Date: December 15, 2016 Effective Date: January 1, 2017

Supersedes TN No.: 11-12