

## **Table of Contents**

**State/Territory Name: Maryland**

**State Plan Amendment (SPA) #: 17-0007**

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**

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SWIFT #073120174007

**August 24, 2017**

Dennis Schrader, Secretary  
Maryland Department of Health  
201 West Preston Street  
Baltimore, Maryland 21201

Dear Mr. Schrader:

Enclosed is a copy of the approved State Plan Amendment (SPA), Transmittal Number 17-0007. The purpose of this SPA is to increase the reimbursement rate for Targeted Case Management providers by three and a half percent based on a legislative approved Cost of Living Adjustment.

The effective date for this amendment is July 1, 2017. The CMS 179 form and the Approved State Plan pages are attached.

If you have questions about this SPA, please contact Ms. Talbatha Myatt of my staff at 215-861-4259.

/s/ Sincerely,

Francis T. McCullough  
Associate Regional Administrator

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>	1. TRANSMITTAL NUMBER: 17-0007	2. STATE Maryland
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	

**FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE July 1, 2017
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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 2017: \$173,249.25 b. FFY 2018: \$519,747.75
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Att. 3.1A Pages 42, 43 and 44 (AMEND) Att. 4.19B pages 42, 43, and 44(amend)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Att. 4.19B Pages 42, 43, and 44
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10. SUBJECT OF AMENDMENT: To update DDA TCM rate based on legislatively approved rate increase.

11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Susan J. Tucker, Executive Director Office of Health Services
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13. TYPED NAME: Shannon McMahon	16. RETURN TO: Susan J. Tucker, Executive Director OHS – DHMH 201 W. Preston St., 1 <sup>st</sup> floor Baltimore, MD 21201
14. TITLE: Deputy Secretary, Office of Health Care Financing	
15. DATE SUBMITTED: 7/25/17	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: July 28, 2017	18. DATE APPROVED: August 24, 2017
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**PLAN APPROVED – ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2017	20. SIGNATURE OF REGIONAL OFFICIAL: /s/
21. TYPED NAME: Francis T. McCullough	22. TITLE: Associate Regional Administrator

23. REMARKS:  
Per SMA change form 179 box 8 to amend 4.19B pages and not 3.1A.

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

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**Reimbursement Methodology for Targeted Case Management Services – On  
DDA Waiting List**

1. Effective July 1, 2017, payments for Targeted Case Management services to the Community as defined per Section 3.1A, Supplement 7 shall be paid based on a fee-for-service schedule. The rate can be found below and is the same for both governmental and private individual practitioners.  
<http://dda.health.maryland.gov/SitePages/Home.aspx>
2. Initial Eligibility and Access Comprehensive Assessment is reimbursed at a flat rate of \$450.
3. Effective July 1, 2017, the rate will be \$18.61 per unit to reflect a planned FY 18 COLA. A planned Cost of Living Adjustment (COLA) as authorized by Maryland State Legislature, which effectively increases the rate for the State Fiscal Year 2018. A unit of service means a 15 minute increment.
4. The State assures that billed time does not exceed available productive time by practitioner.
5. Services can be provided by qualified professionals that meet the qualifications outlined in Section 3.1A, Supplement 7, §F. DDA Case Management Staff Qualifications.
6. Effective January 1, 2016, each provider will receive a pre-authorization for a specified number of units to be used for all of their clients. This creates flexibility based on individual need and better responsiveness to emergency and crisis situations. Providers will be responsible for meeting the minimum service requirements for all individuals and a process for requesting and authorizing additional units will be put in place to address extenuating circumstances.

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

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**Reimbursement Methodology for Targeted Case Management Services – Community Coordination Services**

1. Effective July 1, 2017, payments for Targeted Case Management services as defined per Section 3.1A, Supplement 7 shall be paid based on a fee-for-service schedule. The rate can be found below and is the same for both governmental and private individual practitioners.  
<http://dda.health.maryland.gov/SitePages/Home.aspx>
2. Initial Eligibility and Access Comprehensive Assessment is reimbursed at a flat rate of \$450.
3. Effective July 1, 2017, the rate will be \$18.61 per unit to reflect a planned FY 18 COLA. A planned Cost of Living Adjustment (COLA) is authorized by Maryland State Legislature, which effectively increases the rate for the State Fiscal Year 2018. A unit of service means a 15 minute increment.
4. The State assures that billed time does not exceed available productive time by practitioner.
5. Services can be provided by qualified professionals that meet the qualifications outlined in Section 3.1A, Supplement 7, §F. DDA Case Management Staff Qualifications.
6. Effective January 1, 2016, each provider will receive a pre-authorization for a specified number of units to be used for all of their clients. This creates flexibility based on individual need and better responsiveness to emergency and crisis situations. Providers will be responsible for meeting the minimum service requirements for all individuals and a process for requesting and approving additional units will be put in place to address extenuating circumstances.

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

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**Reimbursement Methodology for Targeted Case Management Services – Transitioning to the Community**

1. Effective July 1, 2017, payments for Targeted Case Management services to the Community as defined per Section 3.1A, Supplement 7 shall be paid based on a fee-for-service schedule. The rate can be found below and is the same for both governmental and private individual practitioners.  
<http://dda.health.maryland.gov/SitePages/Home.aspx>
2. Initial Eligibility and Access Comprehensive Assessment is reimbursed at a flat rate of \$450.
3. Effective July 1, 2017, the rate will be \$18.61 per unit to reflect a planned FY 18 COLA. A planned Cost of Living Adjustment (COLA) is authorized by Maryland State Legislature, which effectively increases the rate for the State Fiscal Year 2018. A unit of service means a 15 minute increment.
4. The State assures that billed time does not exceed available productive time by practitioner.
5. Services can be provided by qualified professionals that meet the qualifications outlined in Section 3.1A, Supplement 7, §F. DDA Case Management Staff Qualifications.
6. Effective January 1, 2016, each provider will receive a pre-authorization for a specified number of units to be used for all of their clients. This creates flexibility based on individual need and better responsiveness to emergency and crisis situations. Providers will be responsible for meeting the minimum service requirements for all individuals and a process for requesting and approving additional units will be put in place to address extenuating circumstances.