

## **Table of Contents**

**State/Territory Name: Maryland**

**State Plan Amendment (SPA) #: 18-0001**

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 #020620184005

**March 14, 2018**

Dennis Schrader, Medicaid Director  
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 18-0001. The purpose of this SPA is to amend the SPA language to avoid duplication of ABA services provided by other programs and to clarify ABA payment procedures.

The effective date for this amendment is April 1, 2018. 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.

Sincerely,  
/s/

Francis T. McCullough  
Associate Regional Administrator

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>  <b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER: <b>18-0001</b>	2. STATE <b>Maryland</b>
	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 <b>April 1<sup>st</sup>, 2018</b>	

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: <b>N/A</b>	7. FEDERAL BUDGET IMPACT: a. FFY <u>2016</u> : \$ <u>0</u> b. FFY <u>2017</u> : \$ <u>0</u>
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  <b>Att. 4.19B pg 24 (AMEND)</b>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  <b>Att. 4.19B pg 24 (16-0009)</b>

10. SUBJECT OF AMENDMENT: To amend language to avoid duplication of services provided by other programs, and to clarify ABA payment procedures

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	<b>Susan J. Tucker, Executive Director</b>
<input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	<b>Office of Health Services</b>

12. SIGNATURE OF STATE AGENCY OFFICIAL:  <b>/s/ Dennis Schrader</b>	16. RETURN TO: <b>Susan J. Tucker, Executive Director</b> <b>OHS – DHMH</b> <b>201 W. Preston St., 1<sup>st</sup> floor</b> <b>Baltimore, MD 21201</b>
13. TYPED NAME: <b>Dennis Schrader</b>	
14. TITLE: <b>Medicaid Director,</b> <b>Maryland Department of Health</b>	
15. DATE SUBMITTED: <b>February 2, 2018</b>	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: <b>February 2, 2018</b>	18. DATE APPROVED: <b>March 14, 2018</b>
PLAN APPROVED – ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>April 1, 2018</b>	/s/ <b>[Redacted Signature]</b>
21. TYPED NAME: <b>Francis T. McCullough</b>	22. TITLE: <b>Associate Regional Administrator</b>

23. REMARKS: The state permits CMS to make a pen and ink change to SPA 18-0001 Form 179 with the submission date of February 2nd, 2018

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

---

**Licensed Behavior Analysts**

19a. The Department's reimbursement rate for Applied Behavioral Analysis (ABA) services, as defined in Attachment 3.1A Page 19-11C, is effective for dates of service on or after April 1<sup>st</sup>, 2018. 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 rates set by Maryland Medicaid. The current fee schedule is published on the Department's website at:

[health.maryland.gov/providerinfo](http://health.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 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 or telephone;
- 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.