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State/Territory Name: Maryland

State Plan Amendment (SPA) #: 19-0007

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Medicaid and CHIP Services
801 Market Street, Suite 9400
Philadelphia, Pennsylvania 19107



Division of Medicaid Field Operations East

SWIFT #092720194008

November 13, 2019

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 19-0007. The purpose of this amendment is to increase HCBS 1915(i) rates by 3.5 percent as set by legislature.

The effective date for this amendment is July 1, 2019. 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/

Director
Division of Medicaid Field Operations East
Regional Operations Group

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER <u>19-0007</u>	2. STATE MD
	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, 2019
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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	7. FEDERAL BUDGET IMPACT a. FFY <u>2019</u> \$ <u>1</u> b. FFY <u>2020</u> \$ <u>4</u>
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Att 4.19-B pg. 54-68 (19-0007)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Att. 4.19-B pg. 54-68 (16-0007)
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10. SUBJECT OF AMENDMENT
To increase Home and Community Based Services (HCBS) 1915(i) rates by 3.5% as set by legislature.

11. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

SIGNATURE OF STATE AGENCY OFFICIAL /s/	16. RETURN TO Dennis Schrader Medicaid Director Maryland Department of Health 20 W. Preston St, 5th Floor Baltimore, MD 21201
13. TYPED NAME Dennis Schrader	
14. TITLE Medicaid Director Maryland Department of Health	
15. DATE SUBMITTED September 26, 2019	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED September 26, 2019	18. DATE APPROVED November 13, 2019
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL July 1, 2019	20. SIGNATURE OF REGIONAL OFFICIAL /s/ for Francis McCullough
21. TYPED NAME Francis T. McCullough	22. TITLE Director, Division of Medicaid Field East Regional Operations Group

23. REMARKS

Methods and Standards for Establishing Payment Rates

1. **Services Provided Under Section 1915(i) of the Social Security Act.** For each optional service, describe the methods and standards used to set the associated payment rate. *(Check each that applies, and describe methods and standards to set rates):*

<input type="checkbox"/>	HCBS Case Management																								
<input type="checkbox"/>	HCBS Homemaker																								
<input type="checkbox"/>	HCBS Home Health Aide																								
<input type="checkbox"/>	HCBS Personal Care																								
<input type="checkbox"/>	HCBS Adult Day Health																								
<input type="checkbox"/>	HCBS Habilitation																								
<input checked="" type="checkbox"/>	HCBS Respite Care COMMUNITY-BASED RESPITE CARE Community-based respite services are provided for a minimum of one hour and a maximum of six hours per day, and may not be billed on the same day as out of home respite. These are paid using a service unit of one hour.																								
	<table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 25%;"></th> <th style="width: 15%;">Annual Amount or Rate</th> <th style="width: 10%;">% FTE</th> <th style="width: 15%;">Salary</th> <th style="width: 15%;">Fringe Benefits (30%)</th> <th style="width: 20%;">Salary + Fringe Cost</th> </tr> </thead> <tbody> <tr> <td>Respite Supervisor</td> <td style="text-align: right;">\$50,000.00</td> <td style="text-align: center;">0.10</td> <td style="text-align: right;">\$5,000.00</td> <td style="text-align: right;">\$1,500.00</td> <td style="text-align: right;">\$6,500.00</td> </tr> <tr> <td>Admin. Support</td> <td style="text-align: right;">\$35,000.00</td> <td style="text-align: center;">0.05</td> <td style="text-align: right;">\$1,750.00</td> <td style="text-align: right;">\$525.00</td> <td style="text-align: right;">\$2,275.00</td> </tr> <tr> <td style="text-align: center;">Total</td> <td></td> <td style="text-align: center;">0.15</td> <td style="text-align: right;">\$6,750.00</td> <td style="text-align: right;">\$2,025.00</td> <td style="text-align: right;">\$8,775.00</td> </tr> </tbody> </table>		Annual Amount or Rate	% FTE	Salary	Fringe Benefits (30%)	Salary + Fringe Cost	Respite Supervisor	\$50,000.00	0.10	\$5,000.00	\$1,500.00	\$6,500.00	Admin. Support	\$35,000.00	0.05	\$1,750.00	\$525.00	\$2,275.00	Total		0.15	\$6,750.00	\$2,025.00	\$8,775.00
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Total cost for 1 FTE respite care worker	\$ 15,469.50								
Hourly Rate--Not Including Respite Care Worker (Based on 1386 hours)	\$14.04								
Hourly Rate for Administration + Respite Care Worker + \$1 Youth Activity Fee	\$28.04								
<p>Assumptions 68% billable time Respite Care worker has caseload of 15 Hourly rate is added to hourly pay for respite care worker of \$13/hour Additional \$1 youth activity fee per hour is added to total</p> <p>Payment for Community Based Respite Care service as outlined per Attachment 3.1-i page 24-25 and is reimbursed at an hourly unit of service. Community Based Respite Care providers are defined per Attachment 3.1-i page 25-26.</p>									
<p>The agency's fee schedule was set as of July 1, 2019. A link to all rates is published on the agency's website at http://dhmh.maryland.gov/providerinfo . State developed fee schedule rates are the same for both governmental and private individual practitioners and the fee schedule and any annual/periodic adjustments to the fee schedule are published at the above website address.</p> <p>OUT OF HOME RESPITE CARE Out of Home respite services are provided on an overnight basis for a minimum of 12 hours, and are reimbursed using a flat per diem rate. The service has a maximum of 24 units per year, subject to medical necessity criteria override. The service may not be billed on the same day as community-based respite.</p> <table border="1"> <tr> <td>Out-of-Home Respite</td> <td></td> </tr> <tr> <td>Median per diem rate for 109 "preferred" programs</td> <td>\$202.07</td> </tr> <tr> <td>10% Administrative Charge</td> <td>\$20.21</td> </tr> <tr> <td>Total</td> <td>\$222.28</td> </tr> </table> <p>The rate development is based on the Fiscal Year 2012 Maryland Interagency Rates Committee (IRC) rates for residential child care facilities and child placement agencies. The IRC is charged with developing and operating a rate process for residential child care and child placement agency programs that is fair, equitable and predictable, and is comprised of representatives from the Department of Budget and Management, Department of Health and Mental Hygiene Administration/Mental Hygiene Administration, Department of Human Resources/Social Services Administration, Department of Juvenile Services, Governor's Office for Children and the Maryland State Department of Education http://www.marylandpublicschools.org/MSDE/divisions/earlyinterv/IRC).</p>		Out-of-Home Respite		Median per diem rate for 109 "preferred" programs	\$202.07	10% Administrative Charge	\$20.21	Total	\$222.28
Out-of-Home Respite									
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Total	\$222.28								

The IRC identifies programs as "preferred" or "non-preferred." For this rate development, only preferred provider rates were incorporated. Additionally, only the per diem rates for group homes, therapeutic group homes, and treatment foster care providers were included.

The fiscal model identified in the August 2006 Real Choice Systems Change Grants for Community Living: A Feasibility Study to Consider Respite Services for Children with Disabilities in Maryland prepared by The Hilltop Institute (formerly the Center for Health Program Development and Management) at UMBC included a 10% administrative cost for training, family support, outreach and provider recruitment that was specific to the youth at the highest levels of care. A similar finding of a need for additional administrative funds was identified by the Respite Care Committee under the Maryland Blueprint for Children's Mental Health Committee.

Payment for Out Of Home Respite Care service as outlined per Attachment 3.1-i page 24-25 and is reimbursed at a hourly unit of service. Out Of Home Respite Care providers are defined per Attachment 3.1-i page 25-26.

As of July 1, 2019, the agency's fee schedule rate increased by another 3.5% and is effective for all 1915(i) services provided on or after that date. A link to all rates is published on the agency's website at <http://dhmh.maryland.gov/providerinfo>. State developed fee schedule rates are the same for both governmental and private individual practitioners and the fee schedule and any annual/periodic adjustments to the fee schedule are published at the above website address.

For Individuals with Chronic Mental Illness, the following services:

<input type="checkbox"/>	HCBS Day Treatment or Other Partial Hospitalization Services					
<input checked="" type="checkbox"/>	HCBS Psychosocial Rehabilitation					
	Intensive In-Home Services (IIHS) - EBP					
	Personnel	Annual Amount or Rate	% FT E	Salary Cost	Fringe Benefits (25%)	Salary + Fringe Cost
	Therapist	\$50,000	1	\$50,000	\$12,500	\$62,500.00
	Supervisor/Clinical Lead	\$75,000	0.20	\$15,000	\$3,750	\$18,750.00
	Clinical Director	\$100,000	0.09	\$9,000	\$2,250	\$11,250.00
	Quality Assurance/Management Info. Systems Director	\$90,000	0.09	\$8,100	\$2,025	\$10,125.00
	Admin. Assistant	\$35,000	0.25	\$8,750	\$2,188	\$10,937.50

Billing Support Specialist	\$35,000	0.05	\$1,750	\$ 438	\$2,187.50
<i>Total</i>		1.68	\$ 92,600	\$ 23,150	\$115,750
Other Costs					
Rent (\$15/sq ft, 144 sq ft per FTE)					\$ 3,628.80
Cellular Phone, Internet & Communications (@\$110/month per FTE)					\$ 2,217.60
Office supplies and maintenance (paper, postage, pens, printing, copier/fax) @ \$750 per FTE					\$ 1,260.00
Mileage (20,000 miles per year @ \$0.555/mile)					\$ 11,100.00
Management Information System @\$150 per FTE					\$ 252.00
Insurance (general liability, professional liability) @ \$1,000 per FTE					\$ 1,680.00
Indirect Cost (7% of salaries)					\$ 6,482.00
Total Cost for 1 FTE Therapist					\$ 142,370.40
Weekly rate (Total Cost/52 weeks/11 clients)					\$ 248.90
HOPE Act Rate Increase FY 2017 (2%)					\$ 253.88
HOPE Act Rate Increase FY 2018 (2%)					\$ 258.96
HOPE Act Rate Increase FY 2019 (3.5%)					\$ 268.02
HOPE Act Rate Increase FY 2020 (3.5%)					\$ 277.40
Assumptions:					
Caseload of 11 clients					
Supervisor caseload of 5 therapists					
Maximum length of service is 16 weeks					
<p>Intensive In-Home Services (IIHS) providers may be reimbursed at a regular weekly rate of service. The approved IIHS providers will bill the Department of Health and Mental Hygiene directly for the services rendered. No more than one unit of service may be billed for services delivered at the same time by the same staff. Private and public IIHS providers will be reimbursed at the same rate.</p> <p>The rate development adheres to the CMS-accepted methodology for cost-based rates, which includes salary, fringe benefits, indirect costs, and transportation costs based on an average of the mileage experience in current IIHS program. Cost estimates conform to our experience with programs similar to IIHS in Maryland, including the salaries paid.</p> <p>An IIHS provider may bill for a week only if an IIHS activity occurred for the covered youth on at least one day of the billable week. A minimum of one (1) face-to-face contact is required per week. At least fifty percent (50%) of therapist's contacts with the youth and/or family must be face-to-face. A minimum of fifty percent (50%) of the therapist's time must be spent working outside the agency and in the youth's home or community, as documented in the case notes. An individual can only receive IIHS services from one provider at a time. Partial hospitalization/day treatment, mobile crisis response services (MCRS), and other family therapies cannot be charged at the same time. IIHS providers are expected to provide crisis response services for the youth on their caseload. An evidence-based practice (EBP) is defined as a program, intervention or service that:</p>					

1. is recognized by DHMH as an EBP for youth;
 - a. are derived from rigorous, scientifically controlled research; and
 - b. can be applied in community settings with a defined clinical population;
2. has a consistent training and service delivery model;
3. utilizes a treatment manual; and
4. has demonstrated evidence that successful program implementation results in improved, measureable outcomes for recipients of the service intervention.

The rate for the IIHS-EBP (and, in particular, the caseload used) was based on Functional Family Therapy, an established EBP in Maryland. The rate is higher for those programs that are identified as an EBP, in keeping with the established practice of different reimbursement rates for an EBP versus non-EBP service (e.g., Mobile Treatment Services and Assertive Community Treatment).

The weekly rate for the IIHS-EBP program is based on the cost of a therapist with a maximum caseload of 11 and a maximum length of stay in the program of 16 weeks. The supervisor caseload is a ratio of 1:5. The rate includes other costs, including mileage costs (at least 50% of face-to-face contacts must be in the home or community, and the therapist must see the youth and family face-to-face at least once each week), rent, and communications costs.

Payment for Intensive In-Home service as outlined per Attachment 3.1-i page 15-16 and is reimbursed a weekly unit of service. Intensive In-Home providers are defined per Attachment 3.1-i page 16-19.

As of July 1, 2019, the agency's fee schedule rate increased by another 3.5% and is effective for all 1915(i) services provided on or after that date. A link to all rates is published on the agency's website at <http://dhmh.maryland.gov/providerinfo>. State developed fee schedule rates are the same for both governmental and private individual practitioners and the fee schedule and any annual/periodic adjustments to the fee schedule are published at the above website address.

INTENSIVE IN-HOME SERVICES (IIHS)--NON EBP

Personnel	Annual Amount or Rate	% FT E	Salary Cost	Fringe Benefits (25%)	Salary + Fringe Cost
Therapist	\$50,000	0.50	\$25,000	\$6,250	\$31,250.00
Supervisor/Clinical Lead	\$75,000	0.20	\$15,000	\$3,750	\$18,750.00
In-Home Stabilizer	\$40,000	0.50	\$20,000	\$5,000	\$25,000.00

Clinical Director	\$100,000	0.08	\$8,000	\$2,000	\$10,000.00
Admin. Assistant	\$35,000	0.25	\$8,750	\$2,188	\$10,937.50
Billing Support Specialist	\$35,000	0.05	\$1,750	\$438	\$2,187.50
Total		1.58	\$ 78,500	\$19,625	\$98,125

Other Costs	
Rent (\$15/sq ft, 144 sq ft per FTE)	\$3,412.80
Cellular Phone, Internet & Communications (@\$110/month per FTE)	\$2,085.60
Office supplies & maintenance (paper, postage, pens, printing, copier/fax) @ \$750 per FTE	\$1,185.00
Mileage (20,000 miles per year @ \$0.555/mile)	\$11,100.00
Management Information System @\$150 per FTE	\$237.00
Insurance (general liability, professional liability) @\$1,000 per FTE	\$1,580.00
Indirect Cost (7% of salaries)	\$5,495.00
Total Cost FTE	\$123,220.40
Weekly rate (total cost/(52*12))	\$197.47
HOPE Act Rate Increase FY 2017 (2%)	\$201.42
HOPE Act Rate Increase FY 2018 (2%)	\$205.45
HOPE Act Rate Increase FY 2019 (3.5%)	\$212.64
HOPE Act Rate Increase FY 2020 (3.5%)	\$220.08

Assumptions:

Caseload of 12 clients
 Supervisor caseload of 5 therapists
 Youth may stay in for a year
 Clients are supported by .5 FTE therapist, .5FTE in-home stabilizer, .2 supervisor/clinical lead, and .08 clinical director.

Intensive In-Home Services (IIHS) providers may be reimbursed at a regular weekly rate of service. The approved IIHS providers will bill the Department of Health and Mental Hygiene directly for the services rendered. No more than one unit of service may be billed for services delivered at the same time by the same staff. Private and public IIHS providers will be reimbursed at the same rate.

The rate development adheres to the CMS-accepted methodology for cost-based rates, which includes salary, fringe benefits, indirect costs, and transportation costs based on an average of the mileage experience in current IIHS program. Cost estimates conform to our experience with programs similar to IIHS in Maryland, including the salaries paid.

An IIHS provider may bill for a week only if an IIHS activity occurred for the covered youth on at least one day of the billable week. A minimum of one (1) face-to-face contact is required per week. At least fifty percent (50%) of therapist's contacts with the youth and/or family must be face-to-face. A minimum of fifty percent (50%) of the therapist's time must be spent working outside the agency and in the youth's home or community, as documented in the case notes. An individual can only receive IIHS services from one provider at a time. Partial hospitalization/day treatment, mobile crisis response services (MCRS), and other family therapies cannot be charged at the same time. IIHS providers are expected to provide crisis response services for the youth on their caseload.

The weekly rate for the IIHS program is based on the cost of a therapist (.5 FTE) and in-home stabilizer (.5 FTE) with a shared caseload of 1:12. An in-home stabilizer provides some of the face-to-face services. The supervisor caseload is a ratio of 1:5. The rate includes other costs, such as rent, communications (phone, internet), and mileage.

Payment for Intensive In-Home service as outlined per Attachment 3.1-i page 15-16 and is reimbursed a weekly unit of service. Intensive In-Home providers are defined per Attachment 3.1-i page 16-19.

As of July 1, 2019, the agency's fee schedule rate increased by another 3.5% and is effective for all 1915(i) services provided on or after that date. A link to all rates is published on the agency's website at <http://dhmh.maryland.gov/providerinfo>. State developed fee schedule rates are the same for both governmental and private individual practitioners and the fee schedule and any annual/periodic adjustments to the fee schedule are published at the above website address.

MOBILE CRISIS RESPONSE SERVICES

MOBILE CRISIS & STABILIZATION SERVICES (MCRS)

	Annual Amount or Rate	%FTE	Salary Cost	Fringe Benefits (30%)	Salary + Fringe Cost
Crisis Responder	\$50,000.00	0.75	\$37,500.00	\$11,250.00	\$48,750.00
Clinical Supervisor	\$65,000.00	0.17	\$10,833.33	\$3,250.00	\$14,083.33
Crisis Stabilizer	\$35,000.00	0.25	\$8,750.00	\$2,625.00	\$11,375.00
Administrative Support	\$35,000.00	0.17	\$5,833.33	\$1,750.00	\$7,583.33
Clinical Director	\$100,000.00	0.06	\$6,250.00	\$1,875.00	\$8,125.00
Total		1.40	\$69,166.67	\$20,750.00	\$89,916.67
Other Costs (based on FTE)					
Rent (144 Square Feet @ \$15 per square foot per FTE)					\$3,015.00
Cellular Phone, Internet & Communications (@ \$110/month per FTE)					\$1,842.50
Milage (10,000 miles per year @ \$0.555/mile)					\$5,550.00
Insurance (general liability, professional liability) @ \$1,000 per FTE					\$1,395.83
Indirect Cost (7% salaries)					\$4,841.67
			Total cost for 1 FTE crisis responder/stabilizer		\$106,561.67
			15 minute rate		\$28.55
			Crisis Assessment Rate		\$342.59

Mobile Crisis Response and Stabilization (MCRS) providers may be reimbursed at a 15 minute service interval. There is also a single assessment rate for the development of the initial crisis plan with the care coordinator and family at the beginning of services under the 1915(i) HCBS benefit. The approved MCRS providers will bill the Department of Health and Mental Hygiene directly for the services rendered. No more than one unit of service may be billed for services delivered at the same time by the same staff. Private and public MCRS providers will be reimbursed at the same rate.

The rate development adheres to the CMS-accepted methodology for cost-based rates, which includes salary, fringe benefits, indirect costs, and transportation costs based on an average of the mileage experience in similar non-office based programs. (Salaries are assumed based on the credentials for the personnel and the salaries paid to similar individuals in other programs.)

The design of MCRS was based in part on the Mobile Urgent Treatment Team (MUTT) in Milwaukee, which is a part of Wraparound Milwaukee. MUTT has identified that approximately 50% of a MUTT clinician's time is spent in face-to-face clinical care, with the remaining time spent in travel, documentation, and non-face to face activities. For every crisis responder that is employed, there needs to be a percentage of a clinical supervisor and a crisis stabilizer to ensure that the crisis calls are appropriately triaged and the necessary level of clinical expertise is available.

Payment for Mobile Crisis Response service as outlined per Attachment 3.1-i page 19 and is reimbursed per fifteen minute unit of service. Mobile Crisis Response providers are defined per Attachment 3.1-i page 21-22.

As of July 1, 2019, the agency's fee schedule rate increased by another 3.5% and is effective for all 1915(i) services provided on or after that date. A link to all rates is published on the agency's website at <http://dhmh.maryland.gov/providerinfo>. State developed fee schedule rates are the same for both governmental and private individual practitioners and the fee schedule and any annual/periodic adjustments to the fee schedule are published at the above website address.

EXPRESSIVE AND EXPERIENTIAL BEHAVIORAL SERVICES

Proposed Rates

Expressive Therapies--Individual, certified	45-50 minutes	\$69.31
Expressive Therapies--Individual, certified	75-80 minutes	\$90.11
Expressive Therapies--Individual, licensed	45-50 minutes	\$76.24
Expressive Therapies--Individual, licensed	75-80 minutes	\$99.88
Expressive Therapies--Group, certified	45-60 minutes	\$26.93
Expressive Therapies--Group, certified	75-90 minutes	\$35.01
Expressive Therapies--Group, licensed	45-60 minutes	\$30.31
Expressive Therapies--Group, licensed	75-90 minutes	\$39.41

Rates from FY13 PMHS:

45-50 minute rate for an individual clinician in the PMHS, FY 13	62.19
75-80 minute rate for C&A Prolonged Psychotherapy	80.85
45-60 minute rate for C&A group psychotherapy	27.2
Prolonged rate for C&A Group Psychotherapy	35.36

The approved expressive & experiential behavioral therapy providers will bill the Department of Health and Mental Hygiene directly for the services rendered. No more than one unit of service may be billed for services delivered at the same time by the same staff. Private and public expressive and experiential behavioral therapy providers will be reimbursed at the same rate.

Rate development: The following details the rate development for expressive and experiential behavioral therapy services. Expressive and Experiential Behavioral Therapy Services Providers must have a) A bachelor's or master's degree from an accredited college or university; and (b) Current registration in the applicable association. The applicable registrations and associations include the following:

- Dance Therapist Registered or Academy of Dance Therapists Registered in The American Dance Therapy Association
- Certified by The Equine Assisted Growth and Learning Association (EAGALA) to provide services under the EAGALA model or The North American Handicapped Association
- Horticultural Therapist Registered by The American Horticultural Therapy Association
- Music Therapist-Board Certified by the Board for Music Therapists, Inc in the American Association for Music Therapy, Inc.\

· Registered Drama Therapist or Board Certified Trainer in the National Association for Drama Therapy

These associations, registrations and certifications were identified as having comprehensive standards, continuing education requirements, and examinations. As such, the rate for this service has been aligned with the Medicaid rate for individual practitioners (licensed certified social worker-clinical, nurse psychotherapist, licensed clinical professional counselor, licensed clinical marriage and family therapist, and certified registered nurse practitioner-psychiatric) for 45-50 minutes of individual therapy with a child or adolescent (\$62.19/hour). These rates were set by the State of Maryland at approximately 70% of the Medicare rate for individual therapy provided by practitioners of a similar skill level.

Expressive and experiential behavioral therapy service providers who are licensed mental health professionals (licensed certified social worker-clinical, nurse psychotherapist, licensed clinical professional counselor, licensed clinical marriage and family therapist, and certified registered nurse practitioner-psychiatric) are reimbursed for this service at a rate that is 10% greater than the standard rate for non-mental health licensed professionals providing the same service. A differential was selected based on the additional costs to providers to obtain and maintain their license and the cost of and time required to obtain continuing education credits.

In the 1915(c) PRTF Demonstration Waiver (RTC Waiver), it was difficult to 1) ascertain how many of the expressive and experiential behavioral service providers were also licensed mental health clinicians and 2) encourage licensed mental health clinicians who were already Public Mental Health System providers to enroll to provide the additional service (a necessary step in helping families and youth to identify the most appropriate provider to address their needs). As a result, the higher rate was developed to address both of these issues through a mechanism to encourage provider enrollment and more accurately track provider utilization. The group rates were set based on the C&A Group Psychotherapy Rates.

Payment for Expressive and Experiential Behavioral service as outlined per Attachment 3.1-i page 29-30 and is reimbursed either a 45-50 unit of service or a 75-80 unit of service. Expressive and Experiential Behavioral providers are defined per Attachment 3.1-i page 27-29.

As of July 1, 2019, the agency's fee schedule rate increased by another 3.5% and is effective for all 1915(i) services provided on or after that date. A link to all rates is published on the agency's website at <http://dhmh.maryland.gov/providerinfo>. State developed fee schedule rates are the same for both governmental and private individual practitioners and the fee schedule and any annual/periodic adjustments to the fee schedule are published at the above website address.

FAMILY PEER SUPPORT

Personnel	Annual Amount or Rate	% F T	Salary Cost	Fringe Benefits (25%)	Salary + Fringe Cost
Family Support Partner	\$36,000	1	\$36,000	\$9,000	\$45,000.00
Family Support Partner Supervisor	\$58,500	0.10	\$5,850	\$1,463	\$7,312.50
Administrative Assistant	\$35,000	0.25	\$8,750	\$2,188	\$10,937.50
Billing Support Specialist	\$35,000	0.05	\$1,750	\$438	\$2,187.50
Administrator	\$55,000	0.05	\$2,750	\$688	\$3,437.50
<i>Total</i>		1.45	\$55,100	\$13,775	\$68,875.00

Billable Time		
Family Support Partner	2080	Total work hours per year (8 hour day * 260 days)
Family Support Partner Supervisor		
Administrative Assistant	160	Vacation, sick & holiday leave: 20 days@8 hours per day
Billing Support Specialist	128	Training: 16 days @8hours per day
Administrator	440	Travel (not with client): 10 hours per week *44 weeks
<i>Total</i>	728	Total Non-Billable Time
	1352	Total Projected Billable Time
	0.35	% Non-Billable
Other Costs		
Rent (\$15/sq ft, 144 sq ft per FTEs)		\$3,132.00
Cellular Phone, Internet & Communications (@\$110/month per FTE)		\$1,914.00
Mileage (10,500 miles per year @ \$0.555/mile)		\$5,827.50
Office supplies & maintenance (printing, copier/fax, etc) @ \$750 per FTE		\$1,088
Management Information System User Fees (@\$150/FTE)		\$218
Insurance (general liability, professional liability) @ \$1,000 per FTE		\$1,450
Indirect Cost (7% of salaries)		\$3,857
Total Cost FTE		\$ 86,360.50
15 minute rate		\$17.80
15 minute telephonic/non-face-to-face rate		\$8.89

	<p>Assumptions: *Supervisor: FSP ratio is 1:10</p> <p>The rate development adheres to the CMS-accepted methodology for cost-based rates, which includes salary, fringe benefits, indirect costs, and transportation costs based on an average of the mileage experience in current peer support programs. Cost estimates conform to our experience with peer support in Maryland.</p> <p>The 15-minute rate was calculated as the cost for one family support partner for 12 months divided by 1,352 billable service hours. This was based on the amount of time that is spent traveling (without the family present), completing documentation, participating in training (including the Wraparound Practitioners Certificate Program), and leave time. Indirect costs were calculated at the standard 10% of salaries.</p> <p>The telephonic rate is established at 50% of the regular rate.</p> <p>Payment for Family Peer Support service as outlined per Attachment 3.1-i page 26-27 and is reimbursed a fifteen minute unit of service. Family Peer Support providers are defined per Attachment 3.1-i page 27-29.</p> <p>As of July 1, 2019, the agency's fee schedule rate increased by 3.5% and is effective for all 1915(i) services provided on or after that date. A link to all rates is published on the agency's website at http://dhmh.maryland.gov/providerinfo. State developed fee schedule rates are the same for both governmental and private individual practitioners and the fee schedule and any annual/periodic adjustments to the fee schedule are published at the above website address.</p> <p><input type="checkbox"/> HCBS Clinic Services (whether or not furnished in a facility for CMI)</p>
<p><input checked="" type="checkbox"/></p>	<p>Other Services (specify below)</p> <p>CUSTOMIZED GOODS AND SERVICES</p>
	<p>Customized Goods and Services are those used in support of the child and family's Plan of Care (POC) for a participant receiving care coordination from a Care Coordination Organization (CCO). All customized goods and services expenditures must be used to support the individualized POC for the child and family and are to be used for reasonable and necessary costs. Reasonable, defined as a cost that, in its nature and amount, does not exceed that which would be incurred by a prudent person under the circumstances prevailing at the time the decision was made to incur the cost. Necessary, defined as those that are likely to improve outcomes or remediate a particular and specified need identified in the POC. The CCO must have a written customized goods and services policy and procedures to ensure accountability and comply with requirements established by DHMH. The CCO shall submit requests for customized goods and services within the bounds of the program to the Department or its designee for approval and purchase.</p>

	<p>Reimbursement for purchases under the Goods and Services benefit will require prior approval and be reviewed on a per request basis. Prior to reimbursement, it must be demonstrated that the purchaser received multiple quotes and paid a price that a prudent buyer would have paid. Claims under this benefit will be capped at \$2,000 per year per beneficiary. The state must adhere to CMS record keeping requirements (42 CFR §431.107) and providers must keep records of documented medical necessity for CGS</p> <p>Unallowable costs include, but are not limited to the following: Unallowable costs for customized goods and services include, but are not limited to the following:</p> <ol style="list-style-type: none"> (1) Alcoholic beverages; (2) Bad debts; (3) Contributions and donations; (4) Defense and prosecution of criminal and civil proceedings, claims, appeals, and patent infringement; (5) Entertainment costs (6) Incentive compensation to employees; (7) Personal use by employees of organization-furnished automobiles, including transportation to and from work; (8) Fines and penalties; (9) Goods or services for personal use; (10) Interest on borrowed capital/lines of credit; (11) Costs of organized fundraising; (12) Costs of investment counsel/management; (13) Lobbying; or (14) Renovation/remodeling and capital projects <p>Customized Goods and Services should be used as the funding source of last resort for those costs that cannot be covered by any other source and that are vital to the implementation of the POC.</p> <p>Payment for Customized Goods and Services as outlined per Attachment 3.1-i page 31 and is reimbursed for approved purchases. Customized Goods and Services providers are defined per Attachment 3.1-i page 32-36.</p>