

Table of Contents

1.1 Submission of State Plan	3
A.1 Designation of Authority	4
Single State Agency	4
Attorney General Legal Authority	4
Intergovernmental Cooperation Act of 1986 (ICA) Waiver	5
Conducting Fair Hearings, Office of Administrative Hearings	5
Determination of Eligibility	7
Administration of SSI Program	8
A.2 State Plan Administration, Organization and Administration	8
Structure of the State's Executive Branch	10
Agencies Determining Eligibility other than the Medicaid Agency (DHR)	10
Single State Agency Title IV-A	10
Entity Determining Eligibility – Maryland Health Benefit Exchange	10
A.3 State Plan Administration Assurances	12
42 CFR 431.10, 42 CFR 431.12, 42 CFR 431.50	12
Statewide Basis for State Plan	12
Medical Care Advisory Committee	12
1.4 State Medical Care Advisory Committee	13
Tribal Consultation Requirement	13
Urban Indian Organizations	13
1.5 Pediatric Immunization Program	15
Attachments to Section 1	17
ATTACHMENT 1.1A Attorney General's Certification	17
ATTACHMENT 1.2A Executive Branch Organizational Chart	18
<i>Maryland Department of Health</i>	19
<i>Maryland Department of Health Organizational Chart</i>	20
<i>Health Care Financing Organizational Chart</i>	21

Table of Contents Section 2 to Attch 2.2

2. Section 2 – Coverage and Eligibility	4
2.1 Application, Determination of Eligibility and Furnishing Medicaid	4
(a) Agency Requirements	4
(b)(3) Presumptive Eligibility for Pregnant Women	5
(c) Risk Contract with HMO (MCO)	5
(d) Procedures for accepting applications	6
(e)(1-2) Express Lane Option	7
(e)(4) Income Eligibility - Maryland taxpayer filing	8
(e)(5)(c) CHIP Screen and Enrollment	11
2.2 Coverage and Conditions of Eligibility	12
2.3 Residence	13
2.4 Blindness	14
2.5 Disability	15
2.6 Financial Eligibility	16
2.7 Medicaid Furnished Out of State	17
Attachments 2.1, 2.1B, 2.2A, and Supplements	18
ATTACHMENT 2.1-A	18
Health Maintenance Organization definition	18
Organization's Primary Purpose	18
Accessibility to Services	18
Risk of Insolvency	19
Managed Care Organization	20
Organization's Primary Purpose	20
Accessibility to Services	20
Risk of Insolvency	21
ATTACHMENT 2.1-B Managed Care Organization	20
Organization's Primary Purpose	20
Accessibility to Services	20
Risk of Insolvency	21
ATTACHMENT 2.2-A	22
A. Mandatory Coverage - Categor. Needy and Other Required Special Groups	22
A.2.d-e. Individuals receiving AFDC	22
A.4 Families terminated from AFDC	23
A.11.a. Pregnant women and infants under 1 year	24
A(12) Deemed Newborns: (42 CFR 435.117, 1902(e)(4) of the Act)	25
A(13) Aged, Blind, and Disabled Individuals Receiving Cash Assistance	25
A(14) Qualified severely impaired blind and disabled inds. under age 65	27
A(15) SII, blind or disabled	30
A(18) December 1973 were eligible as an essential spouse	31
A(19) Institutionalized individuals	32

<i>A(21) SSI/SSP Eligible</i>	33
<i>A(22) OASDI and SSI/SSP</i>	34
<i>A(23) Disabled Widows or Widowers</i>	35
<i>A(24) Disabled Widows or Widowers who are divorced</i>	36
<i>A(25) Qualified Medicare Beneficiaries</i>	37
<i>A(26) Qualified Disabled and Working Individuals</i>	37
<i>A(27) Specified Low Income Medicare Beneficiaries</i>	38
<i>A(28) SSI benefits, monthly</i>	39
<i>A(29) Qualifying Individuals</i>	39
<i>B. Optional Groups Other Than the Medically Needy</i>	
<i>B(1) Meet income requirements, who do NOT receive cash assistance</i>	40
<i>B(2) Would be eligible if they were not institutionalized</i>	40
<i>B(3) Eligible for an additional 12 months after loss of financial eligibility</i>	41
<i>B(4) Provision of HCBS - eligibility</i>	42
<i>B(5) Hospice</i>	43
<i>B(10) SSI criteria with agreements under sect. 1616 and 1634 of the Act.</i>	44
<i>B(11) SSI criteria - supplementary payments</i>	46
<i>B(12) Institutionalized more than 30 days</i>	49
<i>B(13) Certain disabled children</i>	50
<i>B(16) Individuals</i>	51
<i>a. 65 years or older, or who are disabled</i>	51
<i>b. income does not exceed FPL</i>	51
<i>c. whose resources do not exceed maximum</i>	51
<i>B(18) Cost Effective Employer-based group health plan</i>	52
<i>B(19) COBRA</i>	52
<i>B(20) Reasonable Classification</i>	53
<i>B(23) Breast or Cervical Cancer</i>	54
<i>B(23) BBA Work Incentives</i>	55
<i>B(24) TWWIA Basic Coverage Group</i>	55
<i>C. Optional Coverage of the Medically Needy</i>	
<i>C(1) Pregnant women</i>	56
<i>C(2) Pregnancy-related and postpartum services</i>	56
<i>C(3) Individuals under age 18</i>	56
<i>C(5) Financially eligible individuals who are not described in section C.3</i>	57
<i>C(6 - 9) Caretaker relative and ABD</i>	59
<i>C(11) Blind and disabled individuals who:</i>	59
<i>C(12) Required to enroll in cost effective employer-based group</i>	60
<i>Optional Groups other than the Medically Needy</i>	61
<i>1915(i) HCBS State Plan categorically needy for HCBS-eligible inds.</i>	61
<i>(b) Inds. eligible for HCBS under a waiver</i>	62
<i>S10 MAGI-Based Income Methodologies</i>	63
<i>S10 Modified Adjusted Gross Income (MAGI) Conversion Plan</i>	65
<i>Table 1</i>	71
<i>S11 Reasonable Classification of Children</i>	148

<i>S14 AFDC Standards</i>	77
<i>S21 Presumptive Eligibility by Hospitals</i>	83
<i>S25 Eligibility Groups - Mandatory Coverage Parents / Caretaker Relatives</i>	86
<i>S28 Eligibility Groups - Mandatory Coverage - Pregnant Women</i>	89
<i>S30 Eligibility Groups - Mandatory Coverage -Infants, under Age 19</i>	93
<i>S32 Eligibility Groups - Mandatory Coverage -Adult Group</i>	98
<i>S33 Eligibility Groups - Mandatory Coverage -Former Foster Care Children</i>	101
<i>2.2A, SUP 33 - Application for Presumptive Eligibility for Medical Assistance</i>	104
<i>Presumptive Eligibility Training for State and Local Correctional Facilities</i>	108
<i>S50 Eligibility Groups - Options for Coverage - INDV. above 133% FPL</i>	145
<i>S51 Eligibility Groups - Options for Coverage - Parents /Caretaker Relatives</i>	146
<i>S52 Eligibility Groups - Options for Coverage - Reasonable Classification</i>	147
<i>S53 Eligibility Groups - Options for Coverage - Non IV-E Adoptive Asst.</i>	150
<i>S54 Eligibility Groups - Options for Coverage - Targeted Low Income Children</i>	152
<i>S55 Eligibility Groups - Options for Coverage - INDV. with Tuberculosis</i>	155
<i>S57 Eligibility Groups - Options for Coverage - Foster Care Adolescents</i>	156
<i>S59 Eligibility Groups - Options for Coverage -Family Planning Services</i>	
Supplements	158
<i>SUP 3 Attch. 2.2-A Cost Effectiveness - Caring for Disabled Children at Home</i>	158

Table of Contents

ATTACHMENT 2.6A General Conditions of Eligibility	4
2(a) Categorically needy	4
2(5)(a) Not an inmate of a public institution	5
2(5)(b) Not a patient under age 65 in an institution for mental diseases	5
2(6) Assignment of rights to a third party	5
2(7) Required to furnish SSN	6
2(11) Required to apply for coverage under Medicare Part A	7
B. Post Eligibility Treatment of Institutionalized Individuals' Incomes	8
1(a-h) Items not considered in the post eligibility process	8
2(a) Personal Needs Allowance	9
2(b) AFDC related	9
2(c) Personal Needs Allowance Under 21 years	10
3(a) Community spouse monthly allowance	10
3(a)(i) Other dependent family allowance	11
3(b) Health care expenses	11
4(a) Institutionalized maintenance needs	12
4(b) Health care expenses described that have not been deducted under 3.c	12
5(a) Maintenance of the home	12
5(c) Financial eligibility SSI recipients	14
Eligibility Conditions and Requirements	15
1. Methods of Determining Income	15
(a)(1) AFDC-related individuals	15
(b) Aged individuals	16
(c) Blind individuals	18
(d) Disabled individuals	19
(f) Qualified Medicare beneficiaries	21
(g)(1) Qualified disabled and working individuals	22
(g)(2) Specified low-income Medicare beneficiaries.	22
(h) COBRA Continuation Beneficiaries	23
(i) Working Individuals With Disabilities -BBA	24
(ii) Working Individuals with Disabilities -Basic Coverage Group- TWWIIA	25
Income Methodologies	26
Resource Methodologies	27
More liberal than those used by the SSI program.	28
Payment of Premiums or Other Cost Sharing Charges- BBA eligibility group	34
Individuals whose annual adjusted gross income, exceeds \$75,000	35
Four income tiers for Employed Individuals with Disabilities	36
4. Spend-down - handling of Excess Income	37
a. Medically Needy	37
b. Categorically Needy	39
5. Methods for Determining Resources	41
(a) AFDC-related inds. (except for poverty level related pregnant women, infants and children)	41
(b) Aged individuals	42
(c) Blind individuals	43
(d) Disabled individuals	44
(h) Qualified Medicare beneficiaries	45
(i) qualified disabled and working individuals	45

(j) COBRA continuation beneficiaries	45
6. Resource Standard - Categorically Needy	46
(a) ABD	46
(e) Aged and Disabled	47
(f) Institutionalized Spouses	47
7. Resource Standard- Medically Needy	48
8. Resource Standard Qualified Medicare Beneficiaries	48
9. Resource Standard - Qualified Disabled and Working Individuals	49
9(1) COBRA continuation beneficiaries	49
10. Excess Resources	50
(a) Categorically Needy, Qualified Medicare	50
(b) Categorically needy	50
11. Effective Date of Eligibility	51
(a)(1) Prospective Period	51
(a)(2) Retroactive Period	51
(b) Qualified Medicare beneficiaries	52
12. Pre-OBRA 93 Transfer of Resources	53
13. Transfer of Assets -All eligibility groups	53
14. Treatment of Trusts - All eligibility groups	53
15. Institutionalized for at least 30 consecutive days	54
S10 MAGI-Based Income Methodologies	55
Modified Adjusted Gross Income (MAGI) Conversion Plan	56
Std. Methodology with State Data Method and Alt. Method	58
Table 1	62
Age Used for Children 42 CFR 435.603(f)(3)(iv)	68
S14 AFDC Income Methodology	69
S21 Presumptive Eligibility by Hospitals	75
S25 Eligibility Groups - Mandatory Coverage - Parents & Caretaker Relatives	78
S28 Eligibility Groups - Mandatory Coverage - Pregnant Women	81
S30 Eligibility Groups - Mandatory Coverage - Infants & Children, Age 19	85
S32 Eligibility Groups - Mandatory Coverage - Adult Group	90
S33 Eligibility Groups- Mandatory Coverage - Former Foster Care Children	93
S50 Eligibility Groups - Options for Coverage - Individuals above 133% FPL	96
S51 Eligibility Groups - Options for Coverage: Parents & Caretaker Relatives	97
S52 Eligibility Groups - Options for Coverage - Reasonable Classification	98
S53 Eligibility Groups - Options for Coverage - Non IV-E Adoption	101
S54 Eligibility Groups - Options for Coverage - Low Income Children	103
S55 Eligibility Groups - Options for Coverage - Tuberculosis	106
S57 Eligibility Groups - Options for Coverage - Foster Care Adolescents	107
S88 Non-Financial Eligibility - State Residency	109
S89 Non-Financial Eligibility - Citizenship and Non-Citizen Eligibility	113
Supplements to Attachment 2.6A	116
SUP 1 Attch. 2.6-A - Income Eligibility Levels - Categorically Needy	116
SUP 2 Attch. 2.6-A -Aged and Disabled - Resource levels	122
SUP 3 Attch. 2.6-A - Reasonable limits - necessary medical or remedial care not covered by Medicaid	124
SUP 4 Attch. 2.6-A - Income differing from those for the SSI Program	125
SUP 5 Attch. 2.6-A - More restrictive methods of treating resources than those of SSI Program	126
SUP 5a Attch. 2.6-A - More liberal methods under 1902 (r)(2) instead of FPL	127
SUP 6 Attch. 2.6-A - Standards for Optional State Supplementary Payments	128
SUP 7 Attch. 2.6-A - Income levels: Categorically Needy: More restrictive than SSI	129
SUP 8 Attch. 2.6-A - Resource Standards - Categorically Needy	130
SUP 8(a) Attch. 2.6-A - More liberal methods of treating income	131

SUP 8(b) Attch. 2.6-A - Less restrictive methods: Resources under section 1902 of the ACT	136
SUP 8(c) Attch. 2.6-A - State Long-term care insurance partnership	139
SUP 9 Attch. 2.6-A - Transfer of Resources	141
SUP 9(a) Attch.2.6-A - Transfer of Assets	148
SUP 9(b) Attch. 2.6-A - Transfer of Assets for less than fair market value on or After 2/06	153
SUP 10 Attch. 2.6-A Asset Transfers before and after 2/06 (1st SUP 10)	159
SUP 11 Attch. 2.6-A - Cost Effectiveness Methodology for Cobra continuation beneficiaries	160
SUP 12 Attch. 2.6-A - Evaluation of Jointly Held Resources	161
SUP 13 Attch. 2.6-A - Eligibility Under Section 1931 of the Act	164
SUP 16 Attch. 2.6-A - Asset Verification System	165
SUP 17 Attch.2.6-A - Disqualification for Long-term care Assistance: Substantial Home Equity	168
SUP 18 Attch. 2.6-A - Identification of Applicable FMAP Rates	169

Table of Contents

Table of Contents

3. Section 3 – Services: General Provision	6
3.1 Amount, Duration, and Scope of Service	7
(a)(1) <i>Categorically needy</i>	7
(iv) <i>Medical Conditions that may Complicate a Pregnancy</i>	7
<i>PACE: 1905(a)(26) and 1934</i>	9
(a)(2) <i>Medically needy</i>	10
(iv) <i>Other Medical Condition that may Complicate Pregnancy</i>	11
(vii) <i>Insitution for Mental Diseases over age 65</i>	11
(viii) <i>Intermediate Care Facility for the Mentally Retarded</i>	11
(a)(3) <i>Other Required Special Groups: Qualified Medicaire Beneficiaries</i>	14
(a)(4) <i>Other Required Special Groups: Qualified Disabled and Working Individuals</i>	14
(ii) <i>Specified Low-Income Medicaire Beneficiaries</i>	14
(iii) <i>Qualifying Individuals</i>	14
(a)(5) <i>Other Required Special Groups: Families Receiving Extended Medical Benefits</i>	15
(a)(6) <i>Limited Coverage for Certain Aliens</i>	16
(a)(7) <i>Homeless Individuals</i>	16
(a)(9) <i>EPSDT Services</i>	16
(a)(10) <i>Comparability of Services</i>	17
(b)(2) <i>Home Health Service Provision to Categorically Needy under 21 years</i>	18
(b)(3) <i>Home Health Service Provision to Medically Needy</i>	18
(c)(1) <i>Assurance of Transportation</i>	19
(c)(2) <i>Payment for Nursing Facility Services</i>	19
(d) <i>Methods and Standards to Assure Quality of Services</i>	20
(e) <i>Family Planning Services</i>	21
(f)(1) <i>Optometric Services</i>	22
(f)(2) <i>Organ Transplant Procedures</i>	22
(g) <i>Participation by Indian Health Service Facilities</i>	23
(h) <i>Respiratory Care for Ventilator-Dependent Services</i>	23
(i) <i>Community Supported Living Arrangements Services</i>	24
3.2 Coordination of Medicaid with Medicare and Other Insurance	25
(a)(1)(i) <i>Qualified Medicare Beneficiary (QMB): Buy-in</i>	25
(ii) <i>Qualified disabled and Working Individuals (QDWI)</i>	26
(iii) <i>Specified Low-Income Medicare Beneficiary (SLMB)</i>	26
(iv) <i>Qualifying Individual-1 (QI-1)</i>	26
(v) <i>Other Medicaid Recipients</i>	27
(b)(1) <i>Deductibles/Coinsurance</i>	28
(b)(1)(i) <i>Qualified Medicare Beneficiaries (QMBS)</i>	28
(iii) <i>Dual Eligible--QMB plus</i>	28
(c) <i>Premiums, Deductibles, Coinsurance and Other Cost Sharing Obligations</i>	29
3.3 Medicaid for Individuals Age 65 or Over in Institutions for Mental Disease	30
3.4 Special Requirements Applicable to Sterilization Procedures	31
3.5 Families Receiving Extended Medical Benefits	32
Attachment 3.1-A	36
CATEGORICALLY NEEDY	36
1. <i>Inpatient hospital services with limitations</i>	36
2. <i>Outpatient hospital services</i>	36

2.b. Rural health clinic	36
2.c. Federally qualified health center	36
3. Other laboratory and x-ray services	36
4.a. Nursing facility services	37
4.b. Early and periodic screen for individuals under 21	37
4.c. Family Planning services	37
5.a. Physicians' services	37
5.b. Medical and surgical services	37
6. Medical care and any other type of remedial care	38
6.a. Podiatrists' services	38
6.b. Optometrists' services.	38
6.c. Chiropractors' services	38
7. Home health services	38
7.a. Intermittent or part-time nursing services	38
7.b. Home health aide services	38
7.c. Medical supplies, equipment, and appliances	38
7.d. Physical or occupational therapy, speech pathology, audiology services	39
8. Private duty nursing services	39
9. Clinic services	40
10. Dental services	40
11. Physical therapy and related services	40
11.a Physical therapy	40
11.b. Occupational therapy	40
11.c. Speech pathologist or audiologist	40
12. Prescribed drugs, dentures, prosthetic devices, and eyeglasses	41
12.a. Prescribed drugs	41
12.b. Dentures	41
12.c. Prosthetic devices	41
12.d. Eyeglasses	41
13. Diagnostic services	41
13.b. Screening services	42
13.c. Preventive services	42
13.d. Rehabilitative services	42
14. Services for individuals age 65 or older in institutions for mental diseases	42
14.a. Inpatient hospital services	42
14.b. Nursing facility services	42
ICF Services for the Intellectually Disabled	43
16. Inpatient psychiatric facility services for individuals under 21 years of age	43
17. Nurse-midwife services	43
18. Hospice care	43
19. Case management services	44
20. Extended services for pregnant women	44
20.a. Pregnancy-related and postpartum services, 60-days post-partum	44
20.b. Services for medical conditions that my complicate pregnancy	44
20.c. Services related to pregnancy, prenatal, delivery, postpartum, family planning	44
21. Presumptive Eligibility Ambulatory prenatal care for pregnant women	45
22. Respiratory care services	45
23. Any other medical care recognized under State law	45
23.a Transportation	45
23.b. Services of Christian Science nurses	45
23.c. Care and services provided in Christian Science sanatoria	46
23.d. Nursing facility services for patients under 21 years of age	46
23.e. Emergency hospital services	46

23.f. Personal care services in recipient's home	46
23.g. Nurse Anesthetist services	46
23.h. Certified pediatric or family nurse practitioners' services	46
26. PACE services	47
28. Freestanding Birth Center Services (FBCS)	48
28.i. Licensed or Otherwise State-Approved Freestanding Birth Centers	48
28.ii. Licensed or State-Recognized covered professionals - services at FBC	48
Enhanced Services for Pregnant and Postpartum Recipients	49
post partum family planning services	49
Inpatient Services	53
2.A. Outpatient Services	54
2.a.1. Provider-Based Outpatient Oncology Facilities	55
2.B. Rural Health Center Services	56
2.C Federally Qualified Health Center Services	57
3.A. Radiology Services	58
3.B. Laboratory Services	59
4.A. Nursing facility services	60
4.B. EPSDT, under 21 years	61
Healthy Kids Program Practitioner	61
Vision services	62
Dental	63
Audiology	63
Medical day care	64
SUD and Alcohol treatment	65
School Health-Related Services	73
Private Duty Nursing Services	74
Home Health	74
Limitations	75
Other Licensed Practitioners (RN, LPN, CNA, HHA, CMT)	76
Durable Medical Equipment	78
Intermediate Care Facility	78
Out of state facility	78
4.C Family Planning Services	79
4.D Tobacco Cessation counseling services	81
Tobacco Cessation Counseling Service - pregnant women	81
4.D.1 Face-to-Face Tobacco Cessation Counseling Services	81
i. By or under supervision of a physician	81
ii. By any other health care professional	81
5. Physicians' services	82
Limitations	82
Preauthorization:	84
Inpatient Services	86
6. Medical care	87
6.a. Podiatrists' Services	87
6.b. Optometrists services	88
6.c. Chiropractors' services	91
6.d. Nutrition Therapy Program	92
6.e. Advanced Practice Nurse Services	93
6.f. Pharmacist prescriber services	95
6.g. Licensed Mental Health Practitioners	96
6.i. Licensed Behavior Analyst Services	103
6.j. Licensed School Psychologist	104
7. Home Health Services	105

<i>Medical Supplies and Equipment</i>	
7.a. Hearing Aids	110
8. Private Duty Nursing	112
9. Clinic Services	115
Ambulatory Services	117
Four Walls Exceptions	120
10. Dental Services	123
11. Physical Therapy and services	129
11.a. Physical Therapy	129
11.b. Occupational Therapy	131
11.c. Audiology Services	134
12.A. Prescribed Drugs	139
Covered excluded drugs	141
(c) Agents when used for the symptomatic relief cough and colds	141
(d) Prescription vitamins and mineral products	141
(e) Over the Counter medications	141
Rebates	143
12.B Dentures	144
12.C Prosthetic Devices	145
12.D Eyeglasses	147
12.C Environmental Lead Investigations	151
13. Other diagnostic, screening, preventive services	156
a. Doula Services	152
b. Home Visiting Services	154
d. Rehabilitation Services	156
Mobile Treatment Services (MTS)	156
Medication Therapy Management (MTM)	165
Psychiatric Rehabilitation Programs	168
d.5 Adult medical day care services	174
Community-based Substance Use Disorders	176
Community Violence Prevention Services	191
Therapeutic Behavioral Services	193
Behavioral Health Crisis Services	201
f. Administration of COVID-19 Vaccinations	164
14. Services for individuals age 65 or older in institutions for mental diseases	204
15. ICF Services for the intellectually disabled	205
16. Inpatient Psychiatric Services for Individuals under Age 21 in Psychiatric Facilities	206
18. Hospice Care Services	209
20. Pregnancy-related for 60 days after pregnancy ends	210
23. Any other medical care type of remedial care recognized by the Secretary	211
23.A Transportation	211
23.a.1. Emergency Service Transporters	211
23.a.2. IDEA	212
23.f Personal Assistant services in the Home or Community	214
23.H Nurse Practitioner Services	216
26. PACE services	220
30. Coverage of Routine Patient Cost in Qualifying Clinical Trials	221
Supplements to Attachment 3.1-A	223
SUP 1 to Attch. 3.1A - Case Mangement Services	223
SUP 1-A to Attch. 3.1A - HIV-Infected Individuals	228
SUP 3 to Attch. 3.1A - Targeted Case Mangement for Indvd. with Serious Mental Health Disorders	243
Individuals transitioning to a community setting	243

<i>Comprehensive Assessment and Periodic Reassessment</i>	244
<i>Development (and Periodic Revision) of a Specific Care Plan</i>	244
<i>Referral and Related Activities</i>	245
<i>Monitoring and Follow-up Activities:</i>	246
<i>Qualifications of providers</i>	247
<i>Mental health case management</i>	248
<i>Freedom of choice</i>	250
<i>Freedom of Choice Exception</i>	250
<i>Access to Services</i>	251
<i>Limitations</i>	251
<i>Care Coordination for Children and Youth</i>	253
<i>Individuals transitioning to a community setting</i>	254
<i>Definition of services</i>	255
<i>Initial assessment</i>	255
<i>Care coordinator</i>	255
<i>Coordination and facilitation of the team</i>	255
<i>Development (and Periodic Revision) of a Specified Plan of Care</i>	255
<i>Requirements of the Plan of Care</i>	256
<i>Referral and Related Activities</i>	258
<i>Monitoring and Follow-up Activities</i>	258
<i>Care Coordination Organization</i>	259
<i>Qualifications of providers</i>	259
<i>Peer Support Partners</i>	260
<i>Initial Assessment completed in 10 days</i>	260
<i>Electronic Health Record</i>	260
<i>Plan of Care</i>	260
<i>Care Coordination Organization qualifications</i>	261
<i>PACE State Plan Amendment</i>	267
<i>Eligibility</i>	267
<i>Rate-setting Methodology</i>	273
SUP 6 to Attch. 3.1A - Early Intervention Services Case Management	274
SUP 7 to Attch. 3.1A - Targeted Case Management: On DDA Waiting List	281
<i>Transitioning to the Community</i>	
<i>Community Coordination Services</i>	
SUP 10 to Attch. 3.1A - Case Mang. Services - Service Coordination for Children with Disabilities	306
Enclosure 31 - 1915(j) Self-Directed Personal Assistance Services Pre-Print	321
<i>Amount, Duration and Scope of Services</i>	321
<i>Election of Self-Directed Services</i>	323
<i>Supplement 11 to Attachment 3.1A and 3.1B</i>	325

Table of Contents

Attachment 3.1B	5
Amount, Duration, and Scope of Services Provided Medically Needy Groups(s)	5
1. Inpatient hospital services	6
2.a. Outpatient hospital services	6
2.b. Rural health clinic services	6
2.c. Federally qualified health center (FQHC) services	6
3. Other laboratory and X-ray services	6
4.a. Nursing facility services	6
4.b. Early periodic screening, diagnostic and treatment services for individuals under 21 years of age	6
4.c. Family planning services and supplies for individuals of childbearing age	6
5.a. Physicians' services	7
5.b. Medical and surgical services furnished by a dentist	7
6. Medical care and any other type of remedial care recognized under State law	8
a. Podiatrists' Services	8
b. Optometrists' Services	8
c. Chiropractors' Services	8
d. Other Practitioner's Services	8
7. Home Health Services	8
a. Intermittent or part-time nursing services	8
b. Home health aide services provided by a home health agency	8
c. Medical supplies, equipment, and appliances	8
d. Therapy related services	8
e. Newborn early discharge assessment visit	8
8. Private duty nursing services.	9
9. Clinic services.	9
10. Dental services.	9
11. Physical therapy and related services	9
a. Physical therapy	9
c. Speech pathologist or audiologist.	9
12. Prescribed drugs, dentures, prosthetic, and eyeglasses	9
a. Prescribed drugs	9
b. Dentures	9
c. Prosthetic devices	10
d. Eyeglasses	10
13. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in the plan	10
a. Diagnostic services	10
d. Rehabilitative services	10
14. Services for individuals age 65 or older in institutions for mental diseases	10
a. Inpatient hospital services	10
b. Skilled nursing facility services	10
c. Intermediate care facility services	11
15. a. Intermediate care facility services	11
16. Inpatient psychiatric facility services for individuals under 21 years of age	11
17. Nurse-midwife services	11
18. Hospice care	11
19. Case management services	12

20. Extended services for pregnant women	12
21. Nurse practitioners' services	12
22. Respiratory care services	13
23. Any other medical care	13
a. Transportation	13
d. Skilled nursing facility services for patients 21 years of age	13
e. Emergency hospital services	13
f. Personal care services	13
g. Nurse Anesthetist services	14
24. PACE (Program of All-Inclusive Care for the Elderly)	15
30. Coverage of Routine Patient Cost in Qualifying Clinical Trials	16
Attachment 3.1 D	17
Non-Emergency Medical Transportation	17
Attachment 3.1 E	20
Standards for the Coverage of Organ Transplant Services	20
Attachment 3.1 F	21
Quality Measurement	21
Evaluations	21
Attachment 3.1 G	31
General Eligibility Requirements	31
Compliance w/ 42 CFR 435, Subpart J	31
Compliance w/ 1413(b)(1)(A) of the Affordable Care Act	31
Compliance w/ 1413(b)(1)(B) of the Affordable Care Act	31
MAGI standard	31
Redetermination Processing	32
Coordination of Eligibility and Enrollment	32
Supplement to Attachment 3.1G	168
Attachment 3.1 H	34
Application for Hospital Presumptive Eligibility	34
Supplement to Attachment 3.1H	234
Attachment 3.1 I	35
1915(i) State plan Home and Community-Based Services	35
1. Services	35
2. Concurrent Operation with Other Programs	35
3. SMA Line of Authority for Operating the State plan HCBS Benefit	36
4. Distribution of State plan HCBS Operational and Administrative Functions	37
5. Conflict of Interest Standards	38
6. Fair Hearings and Appeals	38
7. No FFP for Room and Board	38
8. Non-duplication of services	38
Number Served	39
Financial Eligibility	39
Medically Needy	39
Evaluation/Reevaluation of Eligibility	40
Qualifications of Individuals Performing Evaluation/Reevaluation.	40
Process for Performing Evaluation/Reevaluation.	40
Reevaluation Schedule	41
Needs-based HCBS Eligibility Criteria	41
Needs-based Institutional and Waiver Criteria	43
Target Group	46
Serious emotional disturbance	

<i>Adjustment Authority</i>	46
Home and Community-Based Settings	47
Person-Centered Planning & Service Delivery	49
<i>Face-to-Face Assessment</i>	49
<i>Care Coordination Organizations</i>	49
<i>Responsibility for Development of Person-Centered Service Plan</i>	50
<i>Care Coordination model</i>	50
<i>Supporting the Participant in Development of Person-Centered Service Plan</i>	51
<i>Informed Choice of Providers</i>	52
<i>Approval of the Medicaid Agency</i>	52
<i>Maintenance of Person-Centered Service Plan Forms</i>	53
Services	54
<i>Intensive In-Home Services</i>	54
<i>Categorically needy</i>	54
<i>Medically needy</i>	55
<i>Provider Qualifications</i>	55
<i>Verification of Provider Qualifications</i>	57
<i>Service Delivery Method</i>	57
<i>Community-Based Respite Care</i>	58
<i>Categorically needy</i>	58
<i>Medically needy</i>	59
<i>Provider Qualifications</i>	59
<i>Out-of-Home Respite</i>	61
<i>Categorically needy</i>	61
<i>Medically needy</i>	61
<i>Provider Qualifications</i>	61
<i>Family Peer Support</i>	63
<i>Categorically needy</i>	64
<i>Medically needy</i>	64
<i>Provider Qualifications</i>	64
<i>Expressive and Experiential Behavioral Services</i>	67
<i>Categorically needy</i>	67
<i>Medically needy</i>	67
<i>Verificaiton of Provider Qualifications</i>	68
Youth Peer Support	69
<i>Categorically Needy</i>	69
<i>Medically needy</i>	69
<i>Financial Management</i>	69
<i>Certified peer recovery specialist</i>	70
Participant-Direction of Services	71
<i>Description of Participant-Direction</i>	71
<i>Opportunities for Participant-Direction</i>	73
<i>Participant-Budget Authority</i>	73
Quality Improvement Strategy	74
System Improvement	88
Attachment 3.1 K	89
Community First Choice State Plan Option	89
<i>i. Eligibility</i>	89
<i>ii. Service Delivery Models</i>	90
<i>iii. Service Package</i>	91
<i>iv. Use of Direct Cash Payments</i>	99
<i>v. Assurances</i>	100

vi. Assessment and Service Plan	101
vii. Home and Community-based Settings	104
viii. Qualifications of Providers of CFC Services	105
ix. Quality Assurance and Improvement Plan	106
Attachment 3.1 L	112
Alternative Benefit Plan	113
<i>State Plan Adult Benefit</i>	
<i>Alternative Benefit Plan Cost Sharing</i>	
Essential Health Benefit 1: Ambulatory patient services	118
Essential Health Benefit 2: Emergency services	122
Essential Health Benefit 3: Hospitalization	123
Essential Health Benefit 4: Maternity and newborn care	125
Essential Health Benefit 5: Mental health and substance use disorder services	127
Essential Health Benefit 6: Prescription drugs	130
Essential Health Benefit 7: Rehabilitative and habilitative services and devices	131
Essential Health Benefit 8: Laboratory services	134
Essential Health Benefit 9: Preventive and wellness services and chronic disease management	135
Essential Health Benefit 10: Pediatric services including oral and vision care	137
Base Benchmark Benefits: Not covered due to substitution	139
Other Base Benchmark Benefits Not Covered	149
Other 1937 Covered Benefits that are not Essential Health Benefits	150
<i>Medical Care by Other Licensed Pract. - Podiatrist</i>	150
<i>Family Planning Services and Supplies</i>	150
<i>Counseling and Pharm. For Cessation of Tobacco</i>	150
<i>Health Homes</i>	151
<i>Non-Emergency Transportation</i>	151
<i>Optometrist Services</i>	151
<i>Mobile Treatment</i>	152
<i>Psychiatric Rehabilitation Program - Not in IMD</i>	152
<i>Outpatient Mental Health Clinic Serv, - Not in IMD</i>	152
<i>Nursing Home Custodial Care</i>	153
<i>Other Services Extended to Pregnant Women</i>	153
<i>Community-Based Substance Abuse Services</i>	154
<i>Program of All-Inclusive Care for the Elderly</i>	154
<i>Rural Health Center Services</i>	154
<i>Intermediate Care Facilities - Intellectually Dis.</i>	155
<i>Case Management - Mental Illness</i>	155
<i>Case Management- HIV</i>	155
<i>Case Management- Developmental Disabilities</i>	156
<i>Free Standing Birth Center Services</i>	156
Service Delivery Systems	161
<i>Managed Care Organizations</i>	161
<i>Benefits Assurances</i>	159
<i>Fee-For-Service</i>	161
Employer Sponsored Insurance and Payment of Premiums	164
General Assurances	165
Payment Methodology	166
Attachment 3.2A	167

Table of Contents

Section 4 - General Program Administration	6
4.1 Methods of Administration	6
4.2 Hearings for Applicants and Recipients	7
4.3 Safeguarding Information on Applicants and recipients	8
4.4 Medicaid quality Control (MMIS)	9
4.5 Medicaid Agency Fraud Detection and Investigation Program	10
4.6 Reports	11
4.7 Maintenance of Records	12
4.8 Availability of Agency Program Manuals	13
4.9 Reporting Provider Payments to IRS	14
4.10 Free Choice of Providers	15
4.11 Relations with Standard-Setting and Survey Agencies	16
(a) <i>Establishing the Office of Health Care Quality</i>	16
(b) <i>OHCQ responsible for establishing and maintaining standards</i>	16
(d) <i>State Department of Health and Mental Hygiene Office of Health Care Quality</i>	17
4.12 Consultation to Medical Facilities	18
(a) <i>to hospitals, SNFs, Home Health, clinics, and laboratories</i>	18
(b) <i>Facilities providing services under 42 CFR 431.105(b)</i>	18
4.13 Required Provider Agreement	19
(e) <i>Provide Education, Complete Documentation, and Maintain Advanced Directives</i>	20
1(a) <i>Rights to make choices, and create Advance Directives</i>	20
2(a–d) <i>Provision of info: admission to Hosp., SNFs, Home Health, Personal Care, Hospice</i>	21
2(e) <i>At time of enrollment in Health Maintenance Organization</i>	21
4.14 Utilization Control	22
(a) <i>Contract with Utilization and Quality Control peer Review Organization</i>	22
(b) <i>Inpatient Hospital Services</i>	23
<i>Utilization Review of Hospital, Long Term Care, and Community Services</i>	24
(c) <i>Control of Utilization of Inpatient Services in Mental Hospitals</i>	25
(d) <i>Control of Utilization of Skilled Nursing Facilities</i>	26
(e) <i>Control of Utilization in intermediate care facility services</i>	27
(f) <i>Control of Utilization in each Health Maintenance Organization</i>	28
4.15 Inspection of Care ICFs, Inpatient Psychiatric Services, and Mental Hospitals	29
4.16 Relations with State Health and Vocational Rehabilitation and Title V Grantees	30
4.17 Liens and Adjustments or Recoveries	31
(a) <i>Liens</i>	31
(b) <i>Adjustments or Recoveries</i>	32
(1) <i>permanently institutionalized individuals</i>	32
(3) <i>medical assistance at age 55 or older</i>	32
(i) <i>Medical assistance for Medicare cost Sharing</i>	33
(ii) <i>Asset disregard - Attachment 2.6-A</i>	34
(c) <i>Adjustments or Recoveries: Limitations</i>	35
(d) <i>ATTACHMENT 4.17-description of contents</i>	36
(1) <i>Method of assessing: individual cannot reasonably discharged to home</i>	36
(2) <i>Son or Daughter has been providing care</i>	36
(3) <i>Definitions of key terms</i>	36
(4) <i>Waiving Estate Recovery</i>	37
(5) <i>When Adjustment / Recovery is not cost-effective</i>	37

(6) Collection Procedures	37
4.18 Recipient Cost Sharing and Similar Charges	38
(b)(2)(i) No Deductible, coinsurance, copayment, or similar charge (Under Age 21)	38
(b)(3)(ii) Charges for services furnished apply to individuals 21 years or older	40
(b)(3)(iii) Attachment 4.18-A for categorically needy and qualified Medicare beneficiaries	40
(A) Service(s) for which charge applied	40
(B) Nature of charges imposed	40
(C) Amounts of and basis for determining charges	40
(D) Methods used to collect charges	41
(E) Inability to pay - Proof of inability to pay	41
(F) Implementing and Enforcing Exclusions from Cost sharing	41
(G) Cumulative maximum	41
(c) Medically Needy	43
(2)(i) No deduction, coninsurance, copayment or similar charge under age 21	43
(3)(ii) Charges apply to services furnished to individuals 21 or older	45
3(iii) Medically Needy and Other optional groups	46
(A) Service(s) for which charge applied	46
(B) Nature of charges imposed	46
(C) Amounts of and basis for determining charges	46
(D) Methods used to collect charges	46
(E) Inability to pay - Proof of inability to pay	47
(F) Implementing and Enforcing Exclusions from Cost sharing	47
(G) Cumulative maximum	47
4.19 Payment for Services- Inpatient Hospital Services	48
(a) Attachment 4.19-A Methods and standards for determining rates for payment	48
Inappropriate level of care days	48
Rates set by the Maryland Health Services Cost Review Commission	48
(b) FQHCs	49
rural health clinics	49
(c) Reserving a bed during temporary absence from an inpatient facility	50
(d) Payments to SNFs and ICFs	51
(2) No SNF payments to swing-bed hospital	51
(3) No payment for ICF services to a swing-bed hospital	51
(e) Timely payment of all claims	52
(f) Providers must meet Medicaid qualifications to participate	53
(g) Appropriate audit of records	54
(h) Documentation and availability of payments	55
(i) Payments are sufficient so that accessibility same as for general pop.	56
(j) Public Notice of Changes	57
(k) Emergency MA for alien not lawfully admitted for permanent residence	57
(m) Reimbursement for Vaccines under the Pediatric Immunization Program	58
(ii) Regional maximum payment rate established by the DHHS Secretary	58
(iii) access to immunizations is assured	58
4. 20 Direct Payments to Certain Recipients for Physicians' or Dentists Services	59
4.21 Prohibition Against Reassignment of Provider Claims	60
4.22 Third Party Liability	61
(b)ATTACHMENT 4.22-A (Description of Contents)	61
(1) (1) Frequency of Data exchange diagnosis and trauma codes	61
(3) Follow up on information obtained through state motor vehicle accident report	61
(4) Paid claims identified – highest third party collections	61
(c) Providers are required to bill liable 3rd parties	62
(d) ATTACHMENT4.22-B	62
(1) Provider compliance with 3rd party billing	62

(2) Threshold for seeking recovery	62
(3) Method for determining when to seek recovery	62
(f) Cooperative Agreements for enforcement of Rights to and collection of 3rd party benefits	63
(g) Laws relating to medical child support under section 1908	63
(h) Cost effectiveness of employer-based group health plan	63
4.23 Use of Contracts	64
4.24 Standards for Payment to NFs and ICFs for Scvs for the Mentally Retarded	65
4.25 Program for Licensing Administrators of Nursing Homes	66
4.26 Drug Utilization Review Program	67
(a)(1) Outpatient drug claims	67
(a)(2) Outpatient drugs meet the following criteria	67
(b) Reduction of Fraud	67
(c) Assess data use against predetermined standards	67
(d) Retrospective DUR for SNFs	68
(e)(1) Prospective review of drug therapy	68
(e)(2) Prospective DUR includes screening	68
(e)(3) Includes counseling	68
(f)(1) Retrospective DUR	68
(f)(2) Assesses drug use against explicit predetermined standards	69
(f)(3) DUR is run through State DUR Board	69
(g)(1) DUR Board is under contract with a private firm	69
(g)(2) DUR Board membership includes Health professionals	69
(g)(3) Activities of DUR Board	69
(g)(4) Interventions include	70
(h) Annual DUR report to the Secretary	70
(i)(1) Point-of-sale electronic claims management system	70
(i)(2) Prospective DUR will use electronic POS	70
(j) Hospital dispensation of outpatient drugs	70
(k) DUR Program claim review limitations	71
4.27 Disclosure of Survey Information and Provider Contractor Evaluation	72
4.28 Appeals Process for SNF and Intermediate Care Facility	73
4.29 Conflict of Interest Provisions	74
4.30 Exclusion of Providers and Suspension of Practitioners and Other Individuals	75
(a) Broader sanctions	75
(b)(1) Exclusion from participation	76
(2)(b) No payment / participation for a determined period	77
(c)(1) Prompt notification to HCFA	77
(c)(2) Access to information regarding sanctioned providers	77
4.31 Disclosure of Information by Providers and Fiscal Agents	78
4.32 Income and Eligibility Verification System	78
4.33 Medicaid Eligibility Cards for Homeless Individuals	79
4.34 Systematic Alien Verification for Entitlements	80
4.35 Remedies for SNF/ICF that Do Not Meet Requirements	81
(a) Fulfillment of 1919 (h) (2) (A) through (D)	81
(b) Remedies used by the State	81
(d) Incentive programs	81
Enforcement of Compliance for Nursing Facilities	82
(a) Enforcement action	82
(i) Notice for penalties (excluding civil monetary)	82
(ii) Civil Monetary penalty notifications	82
(iii) Immediate Jeopardy notifications and all others	82
(iv) Notification of Termination	82

(b) <i>Factors to be Considered in Selecting Remedies</i>	82
c) <i>Application of Remedies</i>	83
(i) <i>Immediate jeopardy</i>	83
(ii) <i>Denial of payment for new admissions - non compliance</i>	83
(iii) <i>Denial of payment - substandard care 3 surveys</i>	83
(d) <i>Available Remedies</i>	83
4.36 <i>Required Coordination Between the Medicaid and WIC Programs</i>	85
4.37 <i>Reimbursements for Prescribed Drugs</i>	86
4.41 <i>Resident Assessment for Nursing Facilities</i>	87
(a) <i>Specified instrument for assessing SNF / NF residents</i>	87
(b) <i>Transmittal #241 of State Operations Manual</i>	87
4.42 <i>Employee Education About False Claims Recoveries</i>	88
4.46 <i>Provider Provider Screening and Enrollment</i>	93
<i>Provider Screening</i>	93
<i>Enrollment and Screening of Providers</i>	93
<i>Verification of Provider Licenses</i>	93
<i>Revalidation of Enrollment</i>	93
<i>Termination or Denial of Enrollment</i>	93
<i>Reactivation of Provider Enrollment</i>	93
<i>Appeal Rights</i>	94
<i>Site Visits</i>	94
<i>Criminal Background Checks</i>	94
<i>Federal Database Checks</i>	94
<i>National Provider Identifier</i>	94
<i>Screening Levels for Medicaid Providers</i>	94
<i>Application Fee</i>	94
<i>Temp Moratorium: of New Providers / Suppliers</i>	94
4.50 <i>Medicaid Recovery Audit Contractor Program</i>	91
<i>Exception from Recovery audit contractors (RACs)</i>	91
FFS <i>Interim Payments During Change Healthcare Cybersecurity Incident</i>	95
FFS <i>Interim Payments due to Extenuating Circumstances</i>	96

Table of Contents

Table of Contents

Attachment 4.14A Reserved for Future Use	7
Attachment 4.14C Reserved for Future Use	8
Attachment 4.16-A Coop. Agreement: MDH, MSDE, Vocational Rehabilitation	9
2. The Division will refer to Dept. of Social Services to apply for benefits	9
3. The Division will refer clients to Medicaid service providers	10
4. The Division will encourage clients under Age 21 to see preventative Medicaid services	10
5. Medicaid will pay established rates	10
7. Medicaid will keep the Division apprised of services available	10
8. The Division will maintain confidentiality	10
9. Parties will identify a Liaison	10
10. Liaison Responsibilities	11
11. Agreement effective as of Aug. 1979, to be renewed annually	11
12. Termination with 60 days of notice to other parties	11
Attachment 4.16B Coop. Agreement: Medicaid, MCH, Family Planning, WIC	12
Preface and definitions of parties	12
I. Administration and Policy	14
II. Reimbursement & Contract Monitoring	15
III. Data Exchange	17
31. Data for annual federal grant applications, and federal or State required reporting	17
32. Data related to ongoing program operations	17
33. Data for utilization studies to assess impact of Dent-Care Loan Assistance	18
IV. Outreach and Referral Activities	18
A. All MCH Populations	18
B. Primary Preventive Care for Children and Oral Health	18
C. Children With Special Health Care Needs	19
D. Pregnant Women and Infants	19
E. Family Planning	19
F. WIC	20
V. Training and Technical Assistance	20
A. All MCH Programs	20
B. Primary Preventive Pediatric Medical and Dental Providers	21
C. Specialty Providers - Children with Special Health Care Needs	21
D. Well Women, Prenatal and Family Planning Providers	21
E. WIC Staff and Providers	21
VI. Provider Capacity	22
A. All MCH Providers	22
B. Primary Preventive Pediatric Medical and Dental Health Providers	22
C. Specialty Providers	22
D. Obstetrical and Perinatal Providers	22
E. Family Planning Providers	23
F. WIC Services	23
VII. Systems Coordination	23
A. All MCH Programs	23
B. Primary Preventive Care and Oral Health	23
C. Children with Special Health Care Needs	23

D. Pregnant Women and Infants	24
E. Family Planning	24
F. WIC	24
VIII. Quality Assurance Activities	24
A. All MCH Populations	24
B. Primary Preventive Care for Children and Oral Health	25
C. Children with Special Health Care Needs	25
D. Pregnant Women and Infants	25
E. Family Planning	26
F. WIC	26
Effective Date	26
Modifications	26
Attachment 4.16C Intra-Agency Agreement between Maryland Medical Assistance Program and Office of Healthcare Quality	28
Attachment 4.17A Medical Review Process: Discharged to Return Home	31
(a) Utilization Control Agent (UCA)	31
1. Part II of the DHMH Form 4245	31
2. Request for medical eligibility	31
3. Appeals to the UCA decision	31
(b) Definitions:	31
(c) A son or daughter - submission of evidence	32
Maryland Medicaid Assistance Program – Physician Report	33
Notice of Medical Review Decision- Home Property	34
Procedures for Appeal of UCA Decision	35
Explanation of a Lien	36
Attachment 4.18-A Categorically Needy Charges	38
A. Charges imposed on categorically needy for services other than provided under the Act	38
B. The method used to collect cost sharing charges for categorically needy individuals	39
C. The basis for determining whether an individual is unable to pay the charge	39
D. The procedures for implementing and enforcing the exclusions from cost sharing	40
E. Cumulative maximums on charges	40
Attachment 4.18-C Medically Needy Charges	41
A. The following charges are imposed on the medically needy for services	41
B. The method used to collect cost sharing charges for medically needy individuals	42
C. The basis for determining whether an individual is unable to pay the charge	42
D. The procedures for implementing and enforcing the exclusions from cost sharing	43
E. Cumulative maximums on charges	43
Attachment 4.18-D Optionally Categorical	44
A. Optionally categorical monthly premium - pregnant women and infants	44
B. Billing method for premium payment	44
C. State or Local funds used to pay premiums	45
D. Criteria to waive payment - undue hardship	45
Attachment 4.18-E Optional Sliding Scale, Qualified Disabled and Working Individ.	46
A. Method for determining a monthly premium	46
B. Billing method	46
C. State or Local funds used to pay premiums	47
D. Criteria to waive payment - undue hardship	47
Attachment 4.18-F One or More Options for Imposing Cost Sharing	48
A. Groups of individuals with family income above 100 percent but below 150 percent of the FPL	48

1(a) Cost sharing	48
(b) Limitations	48
(c) No cost sharing imposed for specified services	49
(d) Enforcement	49
2. Premiums	50
B. Groups of individuals with family income above 150 percent of the FPL	50
(1)(a) Cost sharing amounts	50
(b) Limitations	51
(c) No cost sharing imposed for specified services	51
(d) Enforcement	52
2. Premiums	52
(a) Premiums are imposed	52
(b) Limitation	53
(c) No premiums shall be imposed for the following individuals	53
(d) Enforcement	53
C. Period of determining aggregate 5 percent cap	54
D. Method for tracking cost sharing amounts	54
Attachment 4.19A Payment levels, access to care, equal to general public	55
Reimbursement Limitations	55
Payment for Services: Methods and Standards for Establishing Payment Rates	56
I. Inpatient Hospital Services	56
A. All Payer Hospital Rate System	56
Uncompensated Care Methodology	56
B. Maryland State Operated Chronic / Psychiatric Hospitals	57
C. Acute General or Special Hospital	57
D. Private Psychiatric Hospitals	58
E. Private Freestanding Pediatric Rehabilitation Hospitals	58
F. Medically Monitored Intensive Inpatient Treatment Services	58
G. Residential treatment center - Ages 12 - 21	59
H. Children's Residential Treatment Center	59
II. Disproportionate Share Payments	60
A. Deeming	60
B. Payments	60
C. Redistribution of an Overpayment	62
III. District of Columbia (D.C.) Hospitals	63
A. Inpatient	63
IV. Out of State Hospitals	65
A. Reimbursement	65
B. Inpatient Organ Transplant	65
C. Special Rehabilitation	65
D. Out of State Psychiatric Hospitals	66
SUP 1 to ATTACHMENT 4.19A	67
Payment Adjustment for Provider Preventable Conditions	67
Health Care-Acquired Conditions	67
Other Provider-Preventable Conditions	67
Present on Admission (POA)	68
Table 1: PPC Regression	69
Attachment 4.19A&B	71
D. Out-of-State hospitals	71
SSA letter - 1977	74
3-Year waiver to participate in the All-Payer Model: 1980-1983	75
1983 Continuation of Medicare / Medicaid waiver - transition from demonstration to program	77

<i>Terms and Conditions</i>	79
<i>Acceptance of terms and conditions</i>	80
STEPS Case Management	82
Reimbursement Methodology - Early Intervention Services Case Management	83
Reimbursement Methodology - EPSDT diagnostic and treatment related services	83
Reimbursement Methodology - Service Coordination for Children with Disabilities	87
Reimbursement Methodology - Mental Health Rehabilitation Services Program	90
Preface to Attachment 4.19B	92
Reimbursement Limitations	93
Tobacco Cessation Counseling Services for Pregnant Women	
Payment Adjustment for Provider Preventable Conditions	94
1. <i>Wrong surgical or other Invasive Procedures</i>	94
2. <i>Limitations on Reductions</i>	94
Attachment 4.19B Payment levels, access to care, equal to general public	95
Provider Payment for Prenatal Risk Assessment and Prenatal Education	95
Tobacco Cessation Counseling Services for Pregnant Women	96
Doula Services	97
Home Visiting Services	99
Remote Patient Monitoring	101
Reimbursement Methodology for On-Site Environmental Lead Inspection	102
<i>Risk assessors accredited by Maryland Department of Environment</i>	103
Reimbursement for Preventative Services: Community Violence Prevention Services	104
Physician and Osteopath Rates	105
(5)(c) <i>State Trauma Registry - emergency room or inpatient services</i>	105
(5)(e) <i>R Psychiatric Evaluation to schools required by IEP or IFSP</i>	106
<i>Mobile Integrated Health</i>	106
(5)(f) <i>Payment Limitations</i>	106
Reimbursement Template -Physician Services - Amount of Minimum Payment	108
<i>Rates reflect all Medicare site of service</i>	108
<i>Rates are statewide</i>	108
<i>March 2013 Deloitte release</i>	108
<i>Method of Payment</i>	108
<i>E&M and vaccine admin codes: Payable and Non-paid</i>	108
<i>Physician Services – Vaccine Administration</i>	109
<i>State Regional maximum administration fee set by the Vaccines for Children program</i>	109
<i>Documentation of Vaccine Administration Rates in Effect 7/1/09</i>	109
<i>Single rate</i>	109
<i>Separate administration fee for VFC vaccines</i>	109
<i>Effective Date of Payment</i>	110
<i>E&M Services</i>	110
<i>Vaccine Administration</i>	110
<i>PRA Disclosure Statement</i>	110
<i>2009 SPA Codes that will NOT receive payment</i>	111
<i>Covered E&M Codes</i>	111
<i>Maryland Vaccines for Children (VFC) Crosswalk</i>	112
<i>Reimbursement for Collaborative Care Model</i>	113
6. Advanced Practice Nursing Reimbursement	114
7. Physician Assistant Rates	116
8. Podiatrist Rates	118
9. Physical Therapist Rates	120
10. Dentist Rates	121
11. Optometrist Rates	122

4. Reimbursement Method for Mental Health Case Management (MHCM)	123
4. Reimbursement Method for MHCM: Care Coordination for Children	124
Mental Health Case Management	125
Reimbursement Methodology for HIV Targeted Case Management Services	126
Reimbursement Methodology for Behavioral Health Crisis Services	127
Community-Based Substance Use Disorder Services Reimbursement Methodology	128
1905(a)(29) Medication-Assisted Treatment (MAT)	129
12. Nutritionist Rates	130
13. Occupational Therapist Rates	131
14. Speech Therapist Rates	132
15. Audiologist Rates	133
16. Therapeutic Behavioral Aide Rates	134
17. EPSDT – Private Duty Nursing and Other Licensed Practitioners	135
19. Licensed Behavior Analysts	136
Pharmacist Prescriber Rates	137
18. Licensed Mental Health Practitioners	140
Home Health Agencies	142
Ambulatory Surgery Rates	143
Provider-Based Outpatient Oncology Facilities	145
Urgent Care Centers	146
2a. Outpatient hospital services	147
6. D.C. Outpatient	148
2.b. Rural Health Clinics	149
2.c. Federally qualified health center services	150
28. Freestanding Birth Centers: Reimbursement	153
A. Payment for Drugs	154
Disposable Medical Supplies and Durable Medical Equipment	156
<i>Rental Reimbursement for DME w/o Medicare</i>	157
<i>Replacement of Prosthetic Devices</i>	158
<i>Hearing Aids</i>	159
<i>Eyeglasses</i>	160
<i>Enteral Nutrition Products</i>	161
<i>Enteral and Parenteral Therapy Supplies</i>	162
3. Other Lab and X-ray Services: Laboratory Services	163
<i>X-ray Services</i>	164
Local Health Departments and General Clinics	165
Free Standing Dialysis Facility Services	166
Family Planning Clinics	167
Outpatient Mental Health Clinics	168
Licensed School Psychologists	169
Prosthetic Devices	170
23. A. Transportation Services	171
1. <i>Emergency Service Transporters</i>	171
2. <i>Transportation under the Individuals with Disabilities Education Act (IDEA)</i>	171
3. <i>Emergency Service Transporter Supplemental Payment Program (ESPP)</i>	172
Reimbursement Methodology: Hospice Care	177
Reimbursement Methodology for Targeted Case Management (TCM) – DDA Waiting List	179
Reimbursement Methodology for TCM –Transitioning to the Community	181
Reimbursement Methodology for TCM –Community Coordination Services	183
Health Homes Provider Standards	
<i>Health Homes Service Delivery Systems</i>	
<i>Health Home Payment Methodology</i>	

Agency Rates	
Rate development	
Assurances	
1915(b)(4) Waivers Maryland Community First Choice, 1915(K)	185
I. State Plan Services	185
A. Personal Assistance Services	185
B. Nurse Monitoring	185
C. Consumer Training	185
D. Personal Emergency Response System	186
E. Supports Planning	186
F. Financial Management Service	186
II. Non-State Plan CFC Services	186
i. Home Delivered Meals	186
ii. Accessibility Adaptations	186
iii. Environmental Assessments	187
iv. Technology that substitutes for human assistance	187
III. Transition Services - State Plan Service	187
Methods and Standards for Establishing Payment Rates	188
§1915(i) State plan HCBS	188
HCBS Community-Based Respite Care	188
Community-Based Respite Care	188
Out of Home Respite Care	189
Intensive In-Home Services	190
Mobile Crisis Response Services	191
Expressive and Experiential Behavioral Services	191
Family Peer Support	192
Youth Peer Support	192
Customized Goods and Services	193
HCBS Psychosocial Rehabilitation	189
Intensive In-Home Services (IIHS) - EBP	191
Mobile Crisis Response Services	192
Expressive and Experimental Behavioral Services	192
Family Peer Support	193
Other Services	
Customized Goods and Services	
Community Personal Assistance Services - State Plan Option Reimbursement	194
Out of Home Respite Care	189
SUP 1 to ATTACHMENT 4.19B	195
Payment of Medicare Part A and Part B Deductible/Coinsurance	195
General method for payment	195
QMBs	196
Other Medicaid Recipients	196
Dual Eligible (QMB Plus)	196
Item 1: Outpatient Psychiatric Services	197
Item 2: Part A Coinsurance Days	197
Item 3: Part B (QMB ONLY and QMB Plus)	197
Item 4: Ambulance and Wheelchair Van Services	199

Table of Contents

ATTACHMENT 4.19-C Reserving Beds, SNF and ICF	4
A. Therapeutic Home Visits	4
B. Leave for Hospitalization	4
Capital-related payments - SNF / ICF	5
Hospitals Not Participating in the Medicare Experiment - Capital-related costs	6
Hospitals Participating in the Medicare Experiment - Capital-related costs	6
ATTACHMENT 4.19-D Nursing Facility Payment Rates - SNF Rates	
COMAR10.09.10 - facility payment rates	7
Prospective Reimbursement Methodology	8
Administrative/Routine Costs	8
Other Patient Care Costs	9
Capital Costs	9
Nursing Services Costs	10
<i>Final Nursing Service rate</i>	10
Reimbursement of Allowable Ancillary Services	11
<i>Class A Support Surface</i>	11
<i>Class B Support Surface</i>	11
<i>Power wheelchairs</i>	11
<i>Bariatric beds and negative pressure wound therapy</i>	11
SNF Pay-for-Performance	18
(1) <i>Staffing levels and staff stability</i>	18
(2) <i>Family satisfaction</i>	18
<i>Scoring and Payment Distribution</i>	19
Intermediate Care Facilities for the Mentally Retarded - payment rates	20
COMAR 10.09.10.30	32
.30 <i>Reimbursement Classes</i>	32
A. <i>Administrative And Routine Cost Center</i>	32
B. <i>Other Patient Care Cost Center Classes</i>	33
C. <i>Nursing Service cost center classes (until 06/30/20)</i>	33
D. <i>Nursing Service cost center as of 07/01/2020</i>	34
ATTACHMENT 4.19-E Timely Claims Payment	35
Definition of Claim	35
UB-04 Form	35
CMS-1500	35
ATTACHMENT 4.22-A	36
1. Data exchanges, diagnosis and trauma code edits, 433.138	36
A. <i>Health Insurance Information</i>	36
<i>Applications for Supplemental Security Income</i>	36
<i>Automated data match with Blue Cross and Blue Shield</i>	37
<i>MA recipient file with Blue Cross and Blue Shield enrollee files</i>	37
B. <i>SWICA and SSA Wage and Earnings files</i>	37
C. <i>State IV-A Agency</i>	37
D. <i>State Worker's Compensation Commission</i>	37
E. <i>State Motor Vehicle Accident Report Files</i>	37
F. <i>Diagnosis and Trauma Code Edits</i>	38
2. Methods used for follow up requirements of 433.138	38

A. Validation Process	38
B. Incorporation of validated information	39
1. Blue Cross and Blue Shield of Maryland	39
2. Other carriers	39
C. Timeframe for incorporation	39
D. System for tracking timeliness of follow-up	39
SWICA and SSA Wage and Earnings files	40
A. Identification - Third party liability	40
B. Incorporation of validated information	40
C. Timeframe for incorporation	41
D. System for tracking timeliness of follow-up	41
State IV - A Agency	42
A. Identification - Third party liability	42
B. Incorporation of validated information	42
C. Timeframe for incorporation	43
D. System for tracking timeliness of follow-up	43
State Workers Compensation Commission	44
A. Identification	44
B. Incorporation of validated information	44
C. Timeframe for incorporation	44
D. System for tracking timeliness of follow-up	44
3. Method for State Motor Vehicle Accident data exchange, 433.138	45
4. Methods: follow up on paid claims ID under 433.138(e)	46
A. Identification - MMIS	47
B. Incorporation of validated information	47
C. Timeframe for incorporation	47
D. System for tracking timeliness of follow-up	47
ATTACHMENT 4.22-B Requirements for Third Party Liability - Payment of Claims	49
ATTACHMENT 4.22-C Cost Effectiveness of Employer-Based Group Health Plans	51
ATTACHMENT 4.30 Sanctions for Psychiatric Hospitals	52
ATTACHMENT 4.32 Income and Eligibility Verification System	53
PARIS match	54
ATTACHMENT 4.33-A Medicaid Eligibility Cards - Homeless Individuals	55
ATTACHMENT 4.34-A Requirements for Advance Directives Under State Plan	56
1. Living Will	56
2. Durable Power of Attorney for Health Care	56
3. Discussion with Physician	56
ATTACHMENT 4.35-A Eligibility Conditions and Requirements - Enforcement of Compliance for SNFs	57
ATTACHMENT 4.35-B Enforcement Compliance for SNFS - Termination of Provider Agreement	58
ATTACHMENT 4.35-C Enforcement Compliance for SNFS – Temporary Management	59
ATTACHMENT 4.35-D Enforcement Compliance for SNFs - Denial of Payment for New Admissions	60
ATTACHMENT 4.35-E Enforcement Compliance for SNFs - Civil Monetary Penalty	61
ATTACHMENT 4.35-F Enforcement Compliance for SNFs - State Monitoring	62

ATTACHMENT 4.35-G Enforcement Compliance for SNFs - Transfer of Residents / Transfer and Closure 63

ATTACHMENT 4.35-H Enforcement Compliance for SNFs - Additional Remedies 64

ATTACHMENT 4.42-A Enforcement of False Claims Recovery Act 65

ATTACHMENT 4.43 Cooperation with Medicaid Integrity Program Efforts 66

ATTACHMENT 4.44 Prohibition on Payments to Entities Located Outside of the US 67

Table of Contents

Section 5 - Personnel Administration	4
5.1 Standards of Personnel Administration	4
a) <i>Conformity with Federal standards</i>	4
b) <i>Affirmative Action Plan</i>	4
5.3 Training Programs: Subprofessional and Volunteer Program	6
Section 6 - Financial Administration	7
6.1 Fiscal Policies and Accountability	7
6.2 Cost Allocation	8
6.3 State Financial Participation	9
a) <i>State funds are used in both assistance and administration</i>	9
<i>Local Participation</i>	9
b) <i>State and Federal funds apportionment</i>	9
Section 7 - General Provisions	10
7.1 Plan Amendments	10
7.2 Nondiscrimination	11
7.4 State Governor's Review	12
Attachment 7.2A	13
Policy on Equal Employment Opportunity (EEO)	14
I. <i>Executive Summary</i>	14
II. <i>Background</i>	14
III. <i>Policy Statements</i>	15
IV. <i>References</i>	17
Service Nondiscrimination Policy	18
I. <i>Executive Summary</i>	18
II. <i>Background</i>	18
III. <i>Policy Statements</i>	18
IV. <i>References</i>	20
Attachment 7.4B - Temporary Extension to Disaster Relief Policies 22-0019A	22
Page 2 - Temporary Extension to the Disaster Relief Policies for the COVID-19 National Emergency	23
Attachment 7.7-A Vaccine and Vaccine Administration at Section 1905(a)(4)(E)	24
Attachment 7.7-B COVID-19 Testing at section 1905(a)(4)(F)	27
Attachment 7.7-C COVID-19 Treatment at section 1905(a)(4)(F)	30

Table of Contents

MD-18-0005	
Parents and Other Caretaker Relatives	2
Pregnant Women	5
MD-18-0008	9
Health Homes Intro	20
Health Homes Geographic Limitations	21
Health Homes Population and Enrollment Criteria	22
Health Homes Providers	25
Health Homes Service Delivery Systems	29
Health Homes Services	30
MD-19-0004	37
Individuals Receiving State Plan Home and Community-Based Services	42
MD-20-0002	48
Individuals Eligible for Family Planning Services	53
MD-20-0013	59
Presumptive Eligibility	65
Individuals Eligibility for Family Planning Services - Presumptive Eligibility	67
MD-22-0014	72
Continuous Eligibility for Pregnant Women and Extended Postpartum Coverage	76
MD-23-0005	77
Mandatory Eligibility Groups	78
Former Foster Care Children	81
MD-23-0010	85
Eligibility Determinations of Individuals Age 65 or Older Who Have Blindness or a Disability	93
Non-MAGI Methodologies	94
Optional Eligibility Groups	100
Ticket to Work Basic	104
MD-23-0016	113
Continuous Eligibility for Children	120
MD-24-0014	122
Health Homes Payment Methodologies	131
Health Homes Monitoring, Quality Measurement and Evaluation	136
MD-25-0003	139
Reporting	139