MARYLAND MEDICAL ASSISTANCE PROGRAM
Community First Choice Transmittal No. 14
Community Personal Assistance Services Transmittal No. 16
Home and Community-Based Options Waiver Transmittal No. 17
Increased Community Services Transmittal No. 4
June 7, 2023

To: Community First Choice Providers
   Community Personal Assistance Services Providers
   Home and Community-Based Options Waiver Providers
   Increased Community Services Providers

From: Marlana R. Hutchinson, Director
Office of Long Term Services and Supports

Subject: Discontinuation of Telehealth for Certain Services

Note: Please ensure the appropriate staff members in your organization are informed of the contents of this transmittal.

On December 22, 2021, via Provider Transmittal 27-22, the Maryland Department of Health (MDH), Medicaid Office of Long Term Services and Supports, authorized the continuation of reimbursement to providers for services determined to be clinically appropriate for delivery via telehealth. This guidance outlined in this transmittal supersedes the previous authorization in PT 27-22.

Effective July 1, 2023, the following services may no longer be provided via telehealth. MDH will not reimburse providers for these services delivered via telehealth after June 30, 2023:

<table>
<thead>
<tr>
<th>Service</th>
<th>Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal assistance services (includes all activities required of the Residential Service Agency and its Registered Nurse)</td>
<td>CPAS, CFC</td>
</tr>
<tr>
<td>Initial, significant change and redetermination assessments,</td>
<td>CPAS, CFC, HCBOW,</td>
</tr>
</tbody>
</table>
including the assessment completed for the purposes of the Preadmission Screening and Resident Review (PASRR) Level II Evaluation.  

**Case management services:**
1. Initial meeting upon assignment;
2. Discharge planning or meeting for the purpose of transitioning an individual from a facility to the community;
3. Initial and revised plan of service (POS) development;
4. Annual eligibility meeting for the redetermination of medical, technical and financial eligibility, which includes annual POS development;
5. Follow-up on an immediate jeopardy reportable event as required by the MDH’s policy; and
6. Any time a Community Settings Questionnaire is required, including at initial enrollment, annual redetermination, when the participant relocates, and upon request by the MDH.

The following services may continue to be provided via telehealth after June 30, 2023, when rendered in accordance with both COMAR 10.09.49 Telehealth Services and the limitations specified below:

<table>
<thead>
<tr>
<th>Service</th>
<th>Program</th>
<th>Limitations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychological and psychiatric evaluations, as applicable, required as part of the PASRR Level II Evaluation</td>
<td>See footnote below</td>
<td></td>
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</tbody>
</table>
| Participant and family consultation                                     | CFC, HCBOW, ICS                  | **Consumer training:**
|                                                                        |                                   | (1) Training on financial management and medication management must be provided in person; and
|                                                                        |                                   | (2) If a participant is unable to participate fully in the service when delivered via telehealth, the training must be provided in person. |
|                                                                        |                                   | **Family training:**
|                                                                        |                                   | (1) The initial assessment for training and counseling following a rehabilitative or hospital |

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1 Applicable to any individual subject to PASRR, not only those who are participants of the CPAS, CFC, HCBOW and ICS programs.
stay shall be performed in person; and
(2) If family members are unable to participate fully in the service when delivered via telehealth, the training must be provided in person.

**Behavioral consultation:**
(1) The initial assessment to evaluate a participant's behavior, assess the situation and determine the contributing factors, must be performed in person; and
(2) If recommendations require hands-on training or intervention, the report must be reviewed with the participant in person.

**Dietician and Nutritionist Services:**
(1) The initial assessment for training and counseling following a rehabilitative or hospital stay shall be performed in person; and
(2) If a participant is unable to participate fully in the service when delivered via telehealth, the services must be provided in person.

<table>
<thead>
<tr>
<th>Case management services, other than those specified in the table above</th>
<th>CPAS, CFC, HCBOW, ICS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse monitoring</td>
<td>CPAS, CFC</td>
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</table>

(1) Initial visit upon assignment must be completed in person; and
(2) At least one of the two visits required annually must be completed in person.

If you have any questions regarding this transmittal, please contact Carrie Goodman, Chief, Division of Clinical Support, at (410) 767-6765 or carrie.goodman@maryland.gov.