

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

January 19, 2021

Tricia Roddy, Acting Medicaid Director
Maryland Department of Health
201 W Preston Street, Room 525
Baltimore, MD 21201

RE: Family Supports # MD 1466.R01.04 & Community Supports # MD 1506.R01.04
amendments

Dear Ms. Roddy:

The Centers for Medicare & Medicaid Services (CMS) is approving your request to amend Family & Community Supports waivers for Developmental Disability population. The CMS Control Numbers for the amendments are MD 1466.R01.04 & MD 1506.R01.04. Please use these numbers in future correspondence relevant to the waiver actions.

With the amendments, the state: 1. Updates and reordering language to better clarify; 2. Updates to eligibility to remove initial cost cap limits; 3. Updates to the transition strategy for the new Long-Term Services and Supports (LTSS) fee-for-service billing; 4. Updates to services including, A. Consolidating standalone nursing support services under one service title of Nursing Support Services. B. Adding virtual supports as a service delivery option, and C. Supporting participants in an acute care hospital when necessary supports (including communication and intensive personal care) are not available in that setting, or when the individual requires those services for communication and behavioral stabilization, and such services are not covered in such settings; 5. Updates to the self-directed service delivery model; 6. Updates to billing units including: a. changing all hourly service units to 15-minute units; b. changing the monthly unit for Support Broker Services to an Upper Pay Limit; and 7. Update language to reflect final rates, cost components, and geographical differential. 8. The Community Supports waiver streamlined eligibility for new applicants so individuals 18 years of age and older are supported in the Community Supports Waiver. The effective date for both of these amendments is January 19, 2021.

The waivers continues to be cost-neutral. The average per capita cost of waiver services estimates (Appendix J.1) have been approved. This approval is subject to your agreement to serve no more individuals than the total number of unduplicated participants indicated in Appendix J.2 of the waiver. If the state wishes to serve more individuals or make any other alterations to this waiver, an amendment must be submitted for approval.

It is important to note that CMS' approval of the waiver amendments solely addresses the state's compliance with the applicable Medicaid authorities. CMS' approval does not address the state's independent and separate obligations under federal laws including, but not limited to, the Americans with Disabilities Act, Section 504 of the Rehabilitation Act, or the Supreme Court's Olmstead decision. Guidance from the Department of Justice concerning compliance with the Americans with Disabilities Act and the Olmstead decision is available at http://www.ada.gov/olmstead/q&a_olmstead.htm.

Thank you for your cooperation during the review process. If you have any questions concerning this information, please contact me at (206) 615-2356, or your staff may contact Alice Robinson Ross at Alice.RobinsonRoss@CMS.HHS.gov or (215) 861-4261.

Sincerely,

David L. Meacham, Director
Division of HCBS Operations and Oversight

Enclosure

cc:

Marlana Hutchinson, MDH
Alisa Jones, MDH
Dominique Mathurin, CMS DHCBSO
Deanna Clark, CMS DLTSS
Talbatha Myatt, CMS State Lead
Edi Joxhe, CMS FMG