

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:  
09-05

2. STATE  
Maryland

**FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

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  
January 1, 2009

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 2009      \$ 121,178  
b. FFY 2010      \$ 163,995

8. PAGE NUMBER OF THE PLAN SECTION OR  
ATTACHMENT:

Attachment 3.1A      Page 5  
Attachment 3.1A      Page 29C-A  
Attachment 3.1B      Page 5  
Attachment 4.19 A&B      Page 65  
Attachment 4.19 A&B      Page 66

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (*If Applicable*):

Attachment 3.1A      Page 5  
New  
Attachment 3.1B      Page 5  
New  
New

10. SUBJECT OF AMENDMENT:

Adding comprehensive environmental lead investigation as a service under diagnostic services.

11. GOVERNOR'S REVIEW (*Check One*):

- GOVERNOR'S OFFICE REPORTED NO COMMENT  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED: The Secretary of the  
Department of Health and Mental Hygiene

12. SIGNATURE OF STATE AGENCY OFFICIAL:

  
13. TYPED NAME: John M. Colmers

14. TITLE: Secretary, Department of Health & Mental  
Hygiene

15. DATE SUBMITTED: March 31, 2009

16. RETURN TO:

Susan Tucker  
Executive Director  
Office of Health Services  
Department of Health & Mental Hygiene  
201 W Preston St, 1<sup>st</sup> floor  
Baltimore MD 21201

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

18. DATE APPROVED:

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

22. TITLE:

23. REMARKS:

AMOUNT, DURATION AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED  
TO THE CATEGORICALLY NEEDY

12. Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist.

a. Prescribed drugs.

Provided: // No limitations       With limitations\*  
 Not provided.

b. Dentures.

Provided: // No limitations       With limitations\*  
 Not provided.

c. Prosthetic devices.

Provided: // No limitations       With limitations\*  
 Not provided.

d. Eyeglasses.

Provided: // No limitations       With limitations\*  
 Not provided.

13. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in the plan.

a. Diagnostic services-

Provided: // No limitations       With limitations\*  
 Not provided.

\*Description provided on attachment.

TN No.

Supersedes

TN No.

Approval Date

91-19

Effective Date

HCFA ID:

0069P/0002P

STATE PLAN FOR MEDICAL ASSISTANCE  
UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE OF MARYLAND

PROGRAM	LIMITATIONS
Comprehensive Environmental Lead Investigations	<p>A. The service includes one comprehensive environmental lead investigation per dwelling with on-site inspection and time devoted to travel, documentation, or follow-up.</p> <p>B. The service is limited to Medicaid enrollees under age 7 with confirmed elevated blood lead levels of <math>10 \geq \mu\text{g/dL}</math>.</p> <p>C. Provider limitations:</p> <ul style="list-style-type: none"><li>a. Only providers that also receive funding from the Centers for Disease Control (CDC) or Title V for lead investigations for children without Medicaid coverage may participate.</li><li>b. Investigations shall be performed by Lead Risk Assessors who are accredited by the Maryland Department of the Environment with enforcement authority to ensure that lead risks are abated.</li></ul>

TN NO.  
Supercedes TN No. NEW

Approval Date:  
Effective Date:

AMOUNT, DURATION AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED  
TO THE MEDICALLY NEEDY

c. Prosthetic devices.

/X/ Provided: // No limitations /X/ With limitations\*  
// Not provided.

d. Eyeglasses.

/X/ Provided: // No limitations /X/ With limitations\*  
// Not provided.

13. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in the plan.

a. Diagnostic services-

/X/ Provided: // No limitations /X/ With limitations\*  
// Not provided.

b. Screening services.

// Provided: // No limitations // With limitations\*  
// Not provided.

c. Preventive services.

// Provided: // No limitations // With limitations\*  
// Not provided.

d. Rehabilitative services.

/X/ Provided: // No limitations /X/ With limitations\*  
// Not provided.

14. Services for individuals age 65 or older in institutions for mental diseases.

a. Inpatient hospital services.

/X/ Provided: // No limitations /X/ With limitations\*  
// Not provided.

b. Skilled nursing facility services.

// Provided: // No limitations // With limitations\*  
// Not provided.

\*Description provided on attachment.

TN No.

Supersedes

Approval Date

Effective Date

TN No.

93-10

HCFA ID: 0069P/0002P

**Attachment 4.19 A&B**  
**Reimbursement Methodology for Comprehensive Environmental Lead Investigation**

1. Requests for payment of Comprehensive Environmental Lead Investigation services shall be submitted by an approved provider according to procedures established by the Department. The Department reserves the right to return to the provider, before payment, all invoices not properly signed and completed.
2. The provider shall submit a request for payment on the invoice form designated by the Department. A separate invoice shall be submitted for each participant. The completed form shall indicate the:
  - a. Date or dates of service;
  - b. Participant's name and Medical Assistance number;
  - c. Provider's name, location, and provider number; and
  - d. Nature, unit or units, and procedure code of covered services provided.
3. The provider shall bill the Program for the appropriate fee specified below.
4. The Program will make no direct payment to recipients.
5. Billing time limitations for services covered under this chapter shall be the same as those set forth in COMAR 10.09.36. General Medical Assistance Provider Participation Criteria.
6. Payment shall be made only to a qualified provider for covered services rendered to a participant.
7. Payment will be the same to governmental and private providers. Payments to governmental providers do not exceed their reasonable costs.
8. Providers receive and retain the total Medicaid payment claimed by the State; no portion of the payment is returned to the State.
9. The State share of the rate comes from funds appropriated to the Medicaid budget.
10. There are no supplemental or enhanced payments made.
11. Rate development - The following details the rate development for the comprehensive environmental lead investigation. This follows the CMS-accepted methodology for cost-based rates, which includes salary, fringe benefits, indirect costs, and transportation costs.

<u>TIME:</u>		<u>COST</u>
Inspection Time	6 Hours	
Travel Time	1 Hour	
Documentation Time	5 Hours	
Follow-up Time	<u>5 Hours</u>	
 Total per Case	 17 Hours	

SALARY AND FRINGE

Lead Risk Assessors -		
Average Hourly Rate = \$29.05		
17 Hours x \$29.05 (Avg Hourly Rate)		\$493.90
Fringe 37.5%		<u>\$185.21</u>

TIME, SALARY & FRINGE TOTAL PER COMPREHENSIVE ENVIRONMENTAL LEAD INVESTIGATION	<u>\$679.11</u>
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TRAVEL

Estimated 26 mile round trip  
26 miles (average) at \$.505./mile = estimated \$13.13.  
Total Travel Expenses/Case \$13.13

EQUIPMENT

{	Purchase price estimated at \$15,000		}
	(Ten year expected life x 4= \$60,000)	\$6,000/year	
	Annual source replacement x 4 Instruments	\$10, 000/year	
	Ring Badges for Radiation detection	<u>\$526/year</u>	
	Total per year	<u>\$16,526 /year</u>	

Total equipment cost per inspection \$16,526 X 80% Total Medicaid cases =  
13,220.80/400 /Medicaid cases per year) \$33.05

OVERHEAD

Rent/utilities –	34.20
Accounting, Audits and IT Support (5% of total salary and fringe)	33.96
Telephone charges –	14.40

Total Overhead/Case \$82.56

TRAVEL & EQUIPMENT AND OVERHEAD TOTAL \$128.74

TIME, SALARY & FRINGE TOTAL	\$ 679.11
TRAVEL, EQUIPMENT AND OVERHEAD TOTAL	<u>\$ 128.74</u>
TOTAL COST PER ENVIRONMENTAL INVESTIGATION	<u>\$ 807.85</u>

12. Effective January 1, 2009, the service will be covered using the procedure code T1029 – Comprehensive Environmental Lead Investigation, per dwelling – at a rate of \$807.85. Subsequently, the rate will increased by 2% annually. This rate can be found on the Department of Health and Mental Hygiene’s website at: <http://www.dhmm.state.md.us/>.

TN No. \_\_\_\_\_

Supersedes

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FEDERAL REGULATION CITATIONS: SPA 09-05

- Attachment 2.2A 42 CFR 435.10
- Attachment 2.6A 42 CFR Part 435, Section 435.10 and Subparts G&H AT-78-90, AT-80-6, AT-80-34, 1902(l) and (n) of the Act, P.L. 99-509 (Secs. 9401 and 9402), 1902 (l) and (n) and 1920 of the Act, P.L. 99-509 (Secs. 9401, 9402, and 9407)
- Attachment 3.1A Part 400, Subpart B and 1902(e)(5), 1905(a)(18) through (20), and 1920 of the Act, P.L. 99-272 (Sections 9501, 9505 and 9526) and 1902(a), 1902(a)(47), 1902 (e)(7) through (9), and 1920 of the Act, P.L. 99-509 (Sections 9401(d), 9403, 9406 through 9408) and P.L. 99-514 (Section 1985(c)(3))
- Attachment 3.1B 42 CFR Part 440, Subpart B, 42 CFR 441.15, AT-78-90, AT-80-34
- Attachment 3.1C 42 CFR 431.53, AT-78-90
- Attachment 3.1F 1905(a)(24) and 1930 of the Act, P.L. 101-508 (Section 4712 OBRA 90)
- Attachment 4.18A 447.51 through 447.58
- Attachment 4.18C 447.51 through 447.58
- Attachment 4.18-F 447.50-447.59
- Attachment 4.19 A&B (a) 42 CFR 447.252, 46 FR 44964, 48 FR 56046, 50 FR 23009, 1902(e)(7) of the Act, P.L. 99-509 (Section 9401(d))
- (b) 42 CFR 447.201, 42 CFR 447.302, AT-78-90, AT-80-34, 1903(a)(1) and (n) and 1920 of the Act, P.L. 99-509 (Section 9403, 9406 and 9407), 52 FR 28648
- Attachment 4.16 42 CFR 431.615(c) AT-78-90
- Attachment 4.19D (d) 42 CFR 447.252, 47 FR 47964, 48 FR 56046, 42 CFR 447.280, 47 FR 31518, 52 FR 28141
- Attachment 4.22A (a) 433.137( a), 50 FR 46652, 55 FR 1423
- Attachment 4.22B (b) 433.138(f), 52 FR 5967, 433.138(g)(1)(ii) and (2)(ii), 52 FR 5967, 433.133(g)(3)(i) and (iii), 52 FR 5967, 433.138(h)(4)(i) through (iii), 52 FR 5967
- Attachment 4.22C Section 1906 of the Act
- Attachment 4.26 1927(g) 42 CFR 456.700, 1927(g)(1)(A), 1927(g)(1)(a) 42 CFR 456.705(b) and 456.709(b), 1927(g)(1)(B) 42 CFR 456.703(d) and (f), 1927(g)(1)(D) 42 CFR 456.703(b), 1927(g)(2)(A) 42 CFR 456.705(b), 1927(g)(2)(A)(i) 42 CFR 456.705(b), 1927(g)(2)(A)(i) 42 CFR 456.705(b), (1)-(7), 1927(g)(2)(A)(ii) 42 CFR 456.705(c) and (d), 1927(g)(2)(B) 42 CFR 456.709(a), 1927(g)(2)(C) 42 CFR 456.709(b), 1927(g)(2)(D) 42 CFR 456.711, 1927 (g)(3)(A) 42 CFR 456.716(a), 1927 (g)(3)(B) 42 CFR 456.716 (A) and (B), 1927(g)(3)(C) 42 CFR 456.716 (d) 1927(g)(3)(C) 42 CFR 456.711 (a)-(d), 1927 (g)(3)(D) 42 CFR 456.712 (A) and (B), 1927(b)(1) 42 CFR 456.722, 1927(g)(2)(A)(i) 42 CFR 456.705(b), 1927(j)(2) 42 CFR 456.703(c)
- Attachment 4.32A (a) 435.940 through 435.960, 52 FR 5967
- Attachment 4.33A (a) 1902(a)(48) of the Act, P.L. 99-570 (Section 11005), P.L. 100-93 (Section 6(a)(3))
- Attachment 4.35A (a) 1919(b)(1) and (2) of the Act, P.L. 100-103 (Section 4212(a))
- Attachment 4.35B (b) Same as above