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State/Territory Name: Maryland

State Plan Amendment (SPA) #: MD-14-0011

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) SPA Summary Form
- 3) Approved SPA Pages

The complete title XXI state plan for Maryland consists of the most recent state plan posted on Medicaid.gov under CHIP and State Plan Amendments. The link is provided below. The following approved templates are in addition to, or replace sections of the state's posted current state plan. The attached approval letter(s) explain how these templates fit into that state plan.

 $\label{link-to-state} \begin{tabular}{ll} Link to state title XXI state plans and amendments: $$ \underline{http://medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Childrens-Health-Insurance-Program-CHIP/CHIP-State-Program-Information.html $$ \underline{http://medicaid.gov/Medicaid-CHIP-Program-Information.html} $$ \underline{http://medicaid.gov/Medicaid-CHIP-Program-Information.html} $$ \underline{http://medicaid.gov/Medicaid-CHIP-Program-Information.html} $$ \underline{http://medicaid.gov/Medicaid-CHIP-Program-Information/By-Information.html} $$ \underline{http://medicaid.gov/Medicaid-CHIP-Program-Information.html} $$ \underline{http://medicaid-CHIP-Program-I$

DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services 7500 Security Boulevard, Mail Stop S2-01-16 Baltimore, Maryland 21244-1850



Children and Adults Health Programs Group

DEC 1 9 2014

Charles E. Lehman Acting Deputy Secretary, Health Care Financing Department of Health and Mental Hygiene 201 West Preston Street Baltimore, MD 21201

Dear Mr. Lehman:

I am pleased to inform you that your Children's Health Insurance Program (CHIP) state plan amendment (SPA) number MD-14-0011, submitted on June 17, 2014, and related to Modified Adjusted Gross Income (MAGI) Eligibility, has been approved with an effective date of January 1, 2014.

The SPA number MD-14-0011 describes the state's plan to provide coverage in a separate CHIP, for children subject to Section 2101(f) of the Affordable Care Act, as specified in the state's submission of CS14: Children Ineligible for Medicaid as a Result of the Elimination of Income Disregards. A copy of the approved CS14 is attached, and should be incorporated within a separate subsection under section 4.1 of Maryland's approved CHIP state plan. Your title XXI project officer, Ms. Ticia Jones, is available to answer questions concerning this amendment and other CHIP-related issues. Ms. Jones' contact information is as follows:

Centers for Medicare & Medicaid Services Center for Medicaid and CHIP Services

Mail Stop: S2-01-16 7500 Security Boulevard Baltimore, MD 21244-1850 Telephone: (410) 786-8145 Facsimile: (410) 786-5882

E-mail: <u>Ticia.Jones@cms.hhs.gov</u>

Official communications regarding program matters should be sent simultaneously to Ms. Jones and to Mr. Francis McCullough, Associate Regional Administrator (ARA) in our Philadelphia Regional Office. Mr. McCullough's address is:

Centers for Medicare & Medicaid Services Division of Medicaid and Children's Health Operations The Public Ledger Building, Suite 216 150 South Independence Mall West Philadelphia, PA 19106

Page 2 – Mr. Charles E. Lehman

If you have additional questions, please contact Ms. Kelly Whitener, Director, Division of State Coverage Programs, at (410) 786-0719. It has been a pleasure working with you and your staff toward the approval of your MAGI Eligibility SPAs.

Sincerely,

Eliot Fishman
Director

Enclosure

cc:

Mr. Francis McCullough, ARA, CMS Region III, Philadelphia

MD.1081.R00.00 - Jan 01, 2014

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Children's Health Insurance Program Eligibility: Summary Page

State/Territory Maryland

name: Transmittal Number:

Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.

MD-14-0011

Type of SPA:

- MAGI Eligibility & Methods
- XXI Medicaid Expansion
- Establish 2101(f) Group
- Eligibility Processing
- Non-Financial Eligibility

Proposed Effective Date

01/01/2014 (mm/dd/yyyy)

Federal Statute/Regulation Citation

Federal Budget Impact

■ This SPA has a budget impact.

Total budget impact:

State Funds: \$

Federal Funds: \$

Subject of Amendment

Please provide a brief summary of SPA changes.

Character Count: 144 out of 2000

Maryland is updating its SPA to isolate income eligibility standards for children under the Medicaid Expansion into its own Medicaid CHIP pages.

Signature of State Agency Official

Submitted By: Molly Marra

Last Revision Nov 24, 2014

Date:

Submit Date: Jun 17, 2014

BACK

CONTINUE



SPA# MD-14-0011

CHIP Eligibility

State Name: Maryland	OMB Control Number: 0938-1148
Transmittal Number: MD - 14 - 0011	Expiration date: 10/31/2014
Child Health Insurance Program Eligibility - Children Ineligible for Medicaid as a Result of the Elimination of Income Disregards CS14	
Section 2101(f) of the ACA and 42 CFR 457.310(d)	
Children Ineligible for Medicaid as a Result of the Elimina	ation of Income Disregards
The CHIP agency provides coverage for this group of chi	Idren as follows:
The state has received approval from CMS to maintain Section 2101(f) such that no child in the state will be s	Medicaid eligibility for children who would otherwise be subject to ubject to this provision.
income disregards in accordance with 42 CFR 457.310	provided for children ineligible for Medicaid due to the elimination of 0(d). Coverage for this population will cease when the last child protected nation of income disregards has been afforded 12 months of coverage in a 016).
Describe the methodology used by the state to identify an afforded by Section 2101(f) of the Affordable Care Act:	d enroll children in a separate CHIP who are subject to the protection
The state has demonstrated and CMS has agreed that a state's existing separate CHIP.	Il children qualifying for section 2101(f) protection will qualify for the
The state will enroll all children in a separate CHIP when first renewal applying MAGI methods.	no lose Medicaid eligibility because of an increase in family income at their
below the following percentage of FPL. The state has	e family income falls above the converted MAGI Medicaid FPL but at or demonstrated and CMS has agreed that all or almost all the children who disregards were applied will be within this income range and therefore
317 % FPL	
income has not increased since the child's last determi	are found to be ineligible for Medicaid based on MAGI but whose family nation of Medicaid eligibility or who would have remained eligible for rd) if the value of their 2013 disregards had been applied to the family
C Other.	
Describe the benefits provided to this population:	
This population will be provided the same benefits as	are provided to children in the state's Medicaid program.
C This population will be provided the same benefits as	are provided to children in the state's separate CHIP.
C Other (consistent with Section 2103 of the SSA and 42	2 CFR 457 Subpart D).
Describe premiums and cost sharing required of this popu	ılation:

Approval Date: DEC 1 9 2014

Effective Date: January 1, 2014



CHIP Eligibility

- Cost sharing is the same as for children in the Medicaid program.
- C Premiums and cost sharing are the same as for targeted low-income children in the state's separate CHIP.
- No premiums, copayments, deductibles, coinsurance or other cost sharing is required.
- C Other premiums and/or cost-sharing requirements (consistent with Section 2103(e) of the SSA and 42 CFR 457 Subpart E).

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 50 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

V.20140415

Approval Date: DEC 1 9 2014

Effective Date: January 1, 2014