

Table of Contents

State/Territory Name: Maryland

State Plan Amendment (SPA) #: 18-0005

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179
- 3) Approved SPA Pages

CMS-10434 OMB 0938-1188

Package Information

Package ID MD2018MS00060
Program Name N/A
SPA ID MD-18-0005
Version Number 7
Submitted By Katia Fortune
Package Disposition 
Priority Code P2

Submission Type Official
State MD
Region Philadelphia, PA
Package Status Approved
Submission Date 7/19/2018
Approval Date 3/15/2019 4:53 PM EDT

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Philadelphia Regional Office
150 S. Independence Mall West, Suite 216, The Public Ledger Building
Philadelphia, PA 9106-34991



Division of Medicaid and Children's Health Operations

Mr. Dennis Schrader
Director
Maryland Department of Health, Office of Health Care Financing
201 West Preston Street
Baltimore, 21201

Re: Approval of State Plan Amendment MD-18-0005

Dear Mr. Dennis Schrader:

On July 19, 2018, the Centers for Medicare and Medicaid Services (CMS) received Maryland State Plan Amendment (SPA) MD-18-0005 to This SPA moves the Family Planning Program into the Maryland State Plan and expands program eligibility. This amendment would allow individuals of any age, with income at or below 259 percent of the federal poverty level, to qualify for Maryland's Family Planning Program. Maryland predicts a fiscal impact on Medicaid expenditures is at least \$338,314 (88 percent Federal Funds, 12 percent General Funds) for Fiscal Year 2019..

We approve Maryland State Plan Amendment (SPA) MD-18-0005 on March 15, 2019 with an effective date(s) of July 01, 2018.

Please see attached the following attachments associated with the approval of MD SPA 18-0005:

CMS Approval Letter- MD 18-0005
CMS Companion Letter-MD 18-0005
CMS 179 Coverage
Attachment 3.1 A-Page 16-A
.

Name	Date Created	
SWIFT-071020184122-MD 18-0005 -Approval Pkg	3/15/2019 4:53 PM EDT	

If you have any questions regarding this amendment, please contact Talbatha Myatt at 2158614259 or talbatha.myatt@cms.hhs.gov.

Sincerely,

Francis McCullough

Deputy Director

Division of Medicaid and Children's
Health Operations

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | MD2018MS0006O | MD-18-0005

Package Header

Package ID	MD2018MS0006O	SPA ID	MD-18-0005
Submission Type	Official	Initial Submission Date	7/19/2018
Approval Date	3/15/2019	Effective Date	N/A
Superseded SPA ID	N/A		

State Information

State/Territory Name: Maryland

Medicaid Agency Name: Maryland Department of Health, Office of Health Care Financing

Submission Component

State Plan Amendment

Medicaid

CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | MD2018MS0006O | MD-18-0005

Package Header

Package ID	MD2018MS0006O	SPA ID	MD-18-0005
Submission Type	Official	Initial Submission Date	7/19/2018
Approval Date	3/15/2019	Effective Date	N/A
Superseded SPA ID	N/A		

SPA ID and Effective Date

SPA ID MD-18-0005

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Financial Eligibility Requirements for Non-MAGI Groups	7/1/2018	NEW
Mandatory Eligibility Groups	7/1/2018	NEW
Parents and Other Caretaker Relatives	7/1/2018	MD-13-0020-MM1
Pregnant Women	7/1/2018	MD-17-0003
Optional Eligibility Groups	7/1/2018	NEW
Individuals Eligible for Family Planning Services	7/1/2018	MD-13-0020-MM1

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | MD2018MS0006O | MD-18-0005

Package Header

Package ID	MD2018MS0006O	SPA ID	MD-18-0005
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Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives The State of Maryland is pleased to submit Maryland State Plan Amendment 18-0005. Pursuant to Maryland SB0774/HB0994 of 2018, the Department proposes to move the Family Planning Program into the Maryland State Plan and expand eligibility. This amendment would allow individuals of any age, with income at or below 259 percent of the federal poverty level to qualify for the state's Family Planning Program.

Maryland matched the income eligibility for the Family Planning FPL to existing FPL income standards for Pregnant Women. Upon comparing FPL income standards with other eligibility groups, Maryland noticed that the eligibility page for S25 Parents and Other Caretaker Relatives included the 5 percent disregard. After confirming with CMS that state plan pages should not include the 5 percent disregard within the income standards, Maryland is including the S25 page within this SPA as a clean-up to deduct the 5 percent.

In order to expand the Medicaid Family Planning Program to include women and men of all ages with incomes up to 259 percent, Maryland predicts a fiscal impact on Medicaid expenditures is at least \$338,314 (88 percent Federal Funds, 12 percent General Funds) for Fiscal Year 2019. Maryland is requesting an effective date of July 1, 2018.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2018	\$74429
Second	2019	\$297716

Federal Statute / Regulation Citation

n/a

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created
No items available	

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | MD2018MS0006O | MD-18-0005

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Package ID	MD2018MS0006O	SPA ID	MD-18-0005
Submission Type	Official	Initial Submission Date	7/19/2018
Approval Date	3/15/2019	Effective Date	N/A
Superseded SPA ID	N/A		

Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

Describe Susan J. Tucker, Executive Director,
Office of Health Services Maryland
Department of Health

Submission - Public Comment

MEDICAID | Medicaid State Plan | Eligibility | MD2018MS0006O | MD-18-0005

Package Header

Package ID	MD2018MS0006O	SPA ID	MD-18-0005
Submission Type	Official	Initial Submission Date	7/19/2018
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Superseded SPA ID	N/A		

Indicate whether public comment was solicited with respect to this submission.

- Public notice was not federally required and comment was not solicited
 Public notice was not federally required, but comment was solicited
 Public notice was federally required and comment was solicited

Indicate how public comment was solicited:

- Newspaper Announcement
 Publication in state's administrative record, in accordance with the administrative procedures requirements
 Email to Electronic Mailing List or Similar Mechanism
 Website Notice
 Public Hearing or Meeting
 Other method

Upload copies of public notices and other documents used

Name	Date Created	
Public Notice Printed in Register 6.22	7/10/2018 12:56 PM EDT	

Upload with this application a written summary of public comments received (optional)

Name	Date Created	
No items available		

Indicate the key issues raised during the public comment period (optional)

- Access
 Quality
 Cost
 Payment methodology
 Eligibility
 Benefits
 Service delivery
 Other issue

Submission - Tribal Input

MEDICAID | Medicaid State Plan | Eligibility | MD2018MS0006O | MD-18-0005

Package Header

Package ID MD2018MS0006O	SPA ID MD-18-0005
Submission Type Official	Initial Submission Date 7/19/2018
Approval Date 3/15/2019	Effective Date N/A
Superseded SPA ID N/A	

One or more Indian health programs or Urban Indian Organizations furnish health care services in this state

- Yes
- No

This state plan amendment is likely to have a direct effect on Indians, Indian health programs or Urban Indian Organizations

- Yes
- No

The state has solicited advice from Indian Health Programs and/or Urban Indian Organizations, as required by section 1902(a)(73) of the Social Security Act, prior to submission of this SPA

Complete the following information regarding any solicitation of advice and/or tribal consultation conducted with respect to this submission:

Solicitation of advice and/or Tribal consultation was conducted in the following manner:


- All Indian Health Programs
- All Urban Indian Organizations

Date of solicitation/consultation:	Method of solicitation/consultation:
6/25/2018	Email

States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such consultation below:

- All Indian Tribes

The state must upload copies of documents that support the solicitation of advice in accordance with statutory requirements, including any notices sent to Indian Health Programs and/or Urban Indian Organizations, as well as attendee lists if face-to-face meetings were held. Also upload documents with comments received from Indian Health Programs or Urban Indian Organizations and the state's responses to any issues raised. Alternatively indicate the key issues and summarize any comments received below and describe how the state incorporated them into the design of its program.

Name	Date Created	
MD 18-0005 UIO Approval	7/9/2018 4:31 PM EDT	

Indicate the key issues raised (optional)

- Access
- Quality
- Cost
- Payment methodology
- Eligibility
- Benefits
- Service delivery
- Other issue

Medicaid State Plan Eligibility

Financial Eligibility Requirements for Non-MAGI Groups

MEDICAID | Medicaid State Plan | Eligibility | MD2018MS0006O | MD-18-0005

Package Header

Package ID	MD2018MS0006O	SPA ID	MD-18-0005
Submission Type	Official	Initial Submission Date	7/19/2018
Approval Date	3/15/2019	Effective Date	7/1/2018
Superseded SPA ID	NEW		
	User-Entered		

The state applies the following financial methodologies for all eligibility groups whose eligibility is not based on modified adjusted gross income (MAGI) rules (described in 42 C.F.R. §435.603):

A. Financial Eligibility Methodologies

The state determines financial eligibility consistent with the methodologies described in 42 C.F.R. §435.601.

B. Eligibility Determinations of Aged, Blind and Disabled Individuals

Eligibility is determined for aged, blind and disabled individuals based on one of the following:

SSA Eligibility Determination State (1634 State)

The state has an agreement under section 1634 of the Social Security Act for the Social Security Administration to determine Medicaid eligibility of SSI beneficiaries. For all other individuals who seek Medicaid eligibility on the basis of being aged, blind or disabled, the state requires a separate Medicaid application and determines financial eligibility based on SSI income and resource methodologies.

State Eligibility Determination (SSI Criteria State)

The state requires all individuals who seek Medicaid eligibility on the basis of being aged, blind or disabled, including SSI beneficiaries, to file a separate Medicaid application, and determines financial eligibility based on SSI income and resource methodologies.

State Eligibility Determination (209(b) State)

The state requires all individuals who seek Medicaid eligibility on the basis of being aged, blind or disabled, including SSI beneficiaries, to file a separate Medicaid application, and determines financial eligibility using income and resource methodologies more restrictive than SSI.

C. Financial Responsibility of Relatives

The state determines the financial responsibility of relatives consistent with the requirements and methodologies described in 42 C.F.R. §435.602.

D. Additional Information (optional)

n/a

Medicaid State Plan Eligibility

Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | MD2018MS0006O | MD-18-0005

Package Header

Package ID	MD2018MS0006O	SPA ID	MD-18-0005
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Approval Date	3/15/2019	Effective Date	7/1/2018
Superseded SPA ID	NEW		
	User-Entered		

Mandatory Coverage

A. The state provides Medicaid to mandatory groups of individuals. The mandatory groups covered are:

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Infants and Children under Age 19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Parents and Other Caretaker Relatives	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Pregnant Women	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Deemed Newborns	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Former Foster Care Children	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Transitional Medical Assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Extended Medicaid due to Spousal Support Collections	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
SSI Beneficiaries	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Closed Eligibility Groups	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Deemed To Be Receiving SSI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Working Individuals under 1619(b)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualified Medicare Beneficiaries	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualified Disabled and Working Individuals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Specified Low Income Medicare Beneficiaries	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Eligibility Group Name		Covered In State Plan	Include RU In Package <small>?</small>	Included in Another Submission Package	Source Type <small>?</small>
Qualifying Individuals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | MD2018MS0006O | MD-18-0005

Package Header

Package ID	MD2018MS0006O	SPA ID	MD-18-0005
Submission Type	Official	Initial Submission Date	7/19/2018
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Superseded SPA ID	NEW		
	User-Entered		

B. The state elects the Adult Group, described at 42 CFR 435.119.

Yes No

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Adult Group	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED

C. Additional Information (optional)

Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

Parents and Other Caretaker Relatives

MEDICAID | Medicaid State Plan | Eligibility | MD2018MS0006O | MD-18-0005

Parents and other caretaker relatives of dependent children with household income at or below a standard established by the state.

Package Header

Package ID	MD2018MS0006O	SPA ID	MD-18-0005
Submission Type	Official	Initial Submission Date	7/19/2018
Approval Date	3/15/2019	Effective Date	7/1/2018
Superseded SPA ID	MD-13-0020-MM1		
	User-Entered		

The state covers the mandatory parents and other caretaker relatives group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Are parents or other caretaker relatives (defined at 42 CFR 435.4), including pregnant women, of dependent children (defined at 42 CFR 435.4) under age 18. Spouses of parents and other caretaker relatives are also included.

The state elects the following options:

- a. This eligibility group includes individuals who are parents or other caretakers of children who are 18 years old, provided the children are full-time students in a secondary school or the equivalent level of vocational or technical training.
- b. Options relating to the definition of caretaker relative:
- c. Options relating to the definition of dependent child:
 - i. The state elects to eliminate the requirement that a dependent child must be deprived of parental support or care by reason of the death, physical or mental incapacity, or absence from the home or unemployment of at least one parent.
 - ii. The child must be deprived of parental support or care, but a less restrictive standard is used to measure unemployment of the parent (select the one that applies):

2. Have household income at or below the standard established by the state.

Parents and Other Caretaker Relatives

MEDICAID | Medicaid State Plan | Eligibility | MD2018MS0006O | MD-18-0005

Package Header

Package ID	MD2018MS0006O	SPA ID	MD-18-0005
Submission Type	Official	Initial Submission Date	7/19/2018
Approval Date	3/15/2019	Effective Date	7/1/2018
Superseded SPA ID	MD-13-0020-MM1		
	User-Entered		

B. Financial Methodologies

MAGI-based methodologies are used in calculating household income. Please refer as necessary to MAGI-Based Methodologies, completed by the state.

C. Income Standard Used

1. The income standard for this group is based on a percentage of the federal poverty level.

- Yes
- No

2. The state uses the following income standard for this group:

FPL 123.00%

Parents and Other Caretaker Relatives

MEDICAID | Medicaid State Plan | Eligibility | MD2018MS0006O | MD-18-0005

Package Header

Package ID	MD2018MS0006O	SPA ID	MD-18-0005
Submission Type	Official	Initial Submission Date	7/19/2018
Approval Date	3/15/2019	Effective Date	7/1/2018
Superseded SPA ID	MD-13-0020-MM1		
	User-Entered		

D. Basis for Income Standard

1. Minimum Income Standard

a. The minimum income standard used for this group is the state's AFDC payment standard in effect as of May 1, 1988, converted to MAGI-equivalent amounts by household size. The standard is described in AFDC Income Standards.

b. The state certifies that it has submitted and received approval for its converted May 1, 1988 AFDC payment standard.

2. Maximum income standard

a. The state certifies that it has submitted and received approval for its converted income standard(s) for parents and other caretaker relatives to MAGI-equivalent standards and the determination of the maximum income standard to be used for parents and other caretaker relatives under this eligibility group.

b. The state's maximum income standard for this eligibility group is:

- i. The state's effective income level for section 1931 families under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.
- ii. The state's effective income level for section 1931 families under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.
- iii. The state's effective income level for any population of parents/caretaker relatives under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.
- iv. The state's effective income level for any population of parents/caretaker relatives under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.

c. The amount of the maximum income standard is:

- i. A percentage of the federal poverty level: 123.00%
- ii. The state's AFDC payment standard in effect as of July 16, 1996, converted to a MAGI-equivalent standard. The standard is described in AFDC Income Standards.
- iii. The state's AFDC payment standard in effect as of July 16, 1996, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date, converted to a MAGI-equivalent standard. The standard is described in AFDC Income Standards.
- iv. The state's TANF payment standard, converted to a MAGI-equivalent standard. The standard is described in AFDC Income Standards.
- v. Other dollar amount

Parents and Other Caretaker Relatives

MEDICAID | Medicaid State Plan | Eligibility | MD2018MS0006O | MD-18-0005

Package Header

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Superseded SPA ID	MD-13-0020-MM1		
	User-Entered		

E. Additional Information (optional)

Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | MD2018MS0006O | MD-18-0005

Women who are pregnant or post-partum, with household income at or below a standard established by the state.

Package Header

Package ID	MD2018MS0006O	SPA ID	MD-18-0005
Submission Type	Official	Initial Submission Date	7/19/2018
Approval Date	3/15/2019	Effective Date	7/1/2018
Superseded SPA ID	MD-17-0003		
	System-Derived		

The state covers the mandatory pregnant women group in accordance with the following provisions:

A. Characteristics

1. Individuals qualifying under this eligibility group must be pregnant or post-partum, as defined in 42 CFR 435.4.
2. Pregnant women in the last trimester of their pregnancy without dependent children are eligible for full benefits under this group in accordance with section 1931 of the Act, if they meet the income standard for state plan Parents and Other Caretaker Relatives at 42 C.F.R. 435.110.

- Yes
- No

B. Financial Methodologies

MAGI-based methodologies are used in calculating household income. Please refer as necessary to MAGI-Based Methodologies, completed by the state.

C. Income Standard Used

The state uses the following income standard for this group:

FPL 259.00%

Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | MD2018MS0006O | MD-18-0005

Package Header

Package ID	MD2018MS0006O	SPA ID	MD-18-0005
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Superseded SPA ID	MD-17-0003		
	System-Derived		

D. Benefits for Pregnant Women

Benefits for individuals in this eligibility group consist of the following:

- 1. All pregnant women eligible under this group receive full Medicaid coverage under this state plan.
- 2. Pregnant women whose income exceeds the income limit specified for full coverage of pregnant women receive only pregnancy-related services.

Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | MD2018MS0006O | MD-18-0005

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	System-Derived		

E. Basis for Pregnant Women Income Standard

1. Minimum income standard

The state had an income standard higher than 133% FPL established as of December 19, 1989 for determining eligibility for pregnant women, or as of July 1, 1989, had authorizing legislation to do so.

- Yes
 No

a. The amount of the minimum income standard (no higher than 185% FPL) is:

FPL 185.00%

2. Maximum income standard

a. The state certifies that it has submitted and received approval for its converted income standard(s) for pregnant women to MAGI-equivalent standards and the determination of the maximum income standard to be used for pregnant women under this eligibility group.

b. The state's maximum income standard for this eligibility group is:

- i. The state's highest effective income level for coverage of pregnant women under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified pregnant women), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related pregnant women), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related pregnant women), 1902(a)(10)(A)(ii)(I) (pregnant women who meet AFDC financial eligibility criteria) and 1902(a)(10)(A)(ii)(IV) (institutionalized pregnant women) in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- ii. The state's highest effective income level for coverage of pregnant women under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified pregnant women), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related pregnant women), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related pregnant women), 1902(a)(10)(A)(ii)(I) (pregnant women who meet AFDC financial eligibility criteria) and 1902(a)(10)(A)(ii)(IV) (institutionalized pregnant women) in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- iii. The state's effective income level for any population of pregnant women under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- iv. The state's effective income level for any population of pregnant women under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- v. 185% FPL

c. The amount of the maximum income standard is:

FPL 259.00%

G. Additional Information (optional)

Medicaid State Plan Eligibility

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | MD2018MS0006O | MD-18-0005

Package Header

Package ID	MD2018MS0006O	SPA ID	MD-18-0005
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	User-Entered		

A. Options for Coverage

The state provides Medicaid to specified optional groups of individuals. *

Yes No



The optional eligibility groups covered in the state plan are (elections made in this screen may not be comprehensive during the transition period from the paper-based state plan to MACPro):

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Optional Coverage of Parents and Other Caretaker Relatives	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Reasonable Classifications of Individuals under Age 21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Children with Non-IV-E Adoption Assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Independent Foster Care Adolescents	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Optional Targeted Low Income Children	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Individuals above 133% FPL under Age 65	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Needing Treatment for Breast or Cervical Cancer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Family Planning Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals with Tuberculosis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Electing COBRA Continuation Coverage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Individuals Eligible for but Not Receiving Cash Assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Cash Except for Institutionalization	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Optional State Supplement Beneficiaries	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals in Institutions Eligible under a Special Income Level	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
PACE Participants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Hospice	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children under Age 19 with a Disability	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Age and Disability-Related Poverty Level	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Work Incentives	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Ticket to Work Basic	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Ticket to Work Medical Improvements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Family Opportunity Act Children with a Disability	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services Who Are Otherwise Eligible for HCBS Waivers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | MD2018MS0006O | MD-18-0005

Package Header

Package ID	MD2018MS0006O	SPA ID	MD-18-0005
Submission Type	Official	Initial Submission Date	7/19/2018
Approval Date	3/15/2019	Effective Date	6/1/2018
Superseded SPA ID	NEW		
	User-Entered		

B. Medically Needy Options for Coverage

The state provides Medicaid to specified groups of individuals who are medically needy. *

Yes No

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | MD2018MS0006O | MD-18-0005

Package Header

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Superseded SPA ID	NEW		
	User-Entered		

C. Additional Information (optional)

Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Individuals Eligible for Family Planning Services

MEDICAID | Medicaid State Plan | Eligibility | MD2018MS0006O | MD-18-0005

Individuals, regardless of gender, who are not pregnant, and have household income at or below a standard established by the state, whose coverage is limited to family planning and related services.

Package Header

Package ID	MD2018MS0006O	SPA ID	MD-18-0005
Submission Type	Official	Initial Submission Date	7/19/2018
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Superseded SPA ID	MD-13-0020-MM1		
	User-Entered		

The state covers the family planning eligibility group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Are not pregnant
2. Are not otherwise eligible for and enrolled in mandatory coverage under the state plan
3. Are not otherwise eligible for and enrolled in optional full Medicaid coverage under the state plan
4. Have household income that does not exceed the income standard established by the state for this group

Individuals Eligible for Family Planning Services

MEDICAID | Medicaid State Plan | Eligibility | MD2018MS0006O | MD-18-0005

Package Header

Package ID	MD2018MS0006O	SPA ID	MD-18-0005
Submission Type	Official	Initial Submission Date	7/19/2018
Approval Date	3/15/2019	Effective Date	7/1/2018
Superseded SPA ID	MD-13-0020-MM1		
	User-Entered		

B. Individuals Covered

1. The state covers all individuals who meet the characteristics described in section A.

- Yes
- No

Individuals Eligible for Family Planning Services

MEDICAID | Medicaid State Plan | Eligibility | MD2018MS0006O | MD-18-0005

Package Header

Package ID	MD2018MS0006O	SPA ID	MD-18-0005
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Superseded SPA ID	MD-13-0020-MM1		
	User-Entered		

C. Income Standard Used

1. The state uses the same income standard for all individuals covered.

- Yes
- No

2. The income standard for this eligibility group is:

259.00% FPL

Individuals Eligible for Family Planning Services

MEDICAID | Medicaid State Plan | Eligibility | MD2018MS0006O | MD-18-0005

Package Header

Package ID	MD2018MS0006O	SPA ID	MD-18-0005
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Superseded SPA ID	MD-13-0020-MM1		
	User-Entered		

D. Financial Methodologies

1. MAGI-based methodologies are used in calculating household income. Except as described in this section, for information on the methodology used for this group, please refer as necessary to MAGI-Based Methodologies, completed by the state.

2. The state uses the same financial methodology for all individuals covered.

- Yes
 No

3. In determining eligibility for this group, the state includes the following household members:

- a. All household members
 b. Only the individual

4. In determining eligibility for this group, the state increases the family size by one, counting the individual as two

- Yes
 No

5. In determining eligibility for this group, the state counts the income of:

- a. All household members
 b. Only the individual

Individuals Eligible for Family Planning Services

MEDICAID | Medicaid State Plan | Eligibility | MD2018MS0006O | MD-18-0005

Package Header

Package ID	MD2018MS0006O	SPA ID	MD-18-0005
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Approval Date	3/15/2019	Effective Date	7/1/2018
Superseded SPA ID	MD-13-0020-MM1		
	User-Entered		

E. Basis for Income Standard - Maximum Income Standard

1. The state certifies that it has submitted and received approval for its converted income standard(s) for pregnant women to MAGI-equivalent standards and the determination of the maximum income standard to be used for this eligibility group.
2. The state's maximum income standard for this eligibility group is the highest of the following:
- a. The state's current effective income level for the Pregnant Women eligibility group (42 CFR 435.116) under the Medicaid state plan.
 - b. The state's current effective income level for pregnant women under a Medicaid 1115 Demonstration.
 - c. The state's current effective income level for Targeted Low-Income Pregnant Women under the CHIP state plan.
 - d. The state's current effective income level for pregnant women under a CHIP 1115 Demonstration.

3. The amount of the maximum income standard is:

259.00% FPL

F. Family Planning Benefits

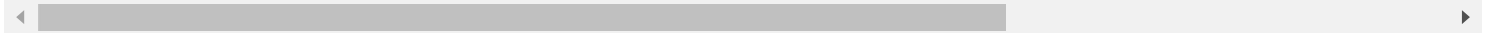
Benefits for this eligibility group are limited to family planning and related services described in the Benefit and Payments section of the state plan.

G. Additional Information (optional)

n/a

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 0938-1188. The time required to complete this information collection is estimated to average 40 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.

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DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
801 Market Street
Suite 9400
Philadelphia, Pennsylvania 19107-3134



Regional Operations Group

SWIFT #071020184122

March 15, 2019

Dennis Schrader, Secretary
Maryland Department of Health
201 West Preston Street
Baltimore, Maryland 21201

Dear Mr. Schrader:

Enclosed is a copy of the approved State Plan Amendment (SPA), Transmittal Number 18-0005. This SPA moves the Family Planning Program into the Maryland State Plan and expands program eligibility. This amendment would allow individuals of any age, with income at or below 259 percent of the federal poverty level, to qualify for Maryland's Family Planning Program. Maryland predicts a fiscal impact on Medicaid expenditures is at least \$338,314 (88 percent Federal Funds, 12 percent General Funds) for Fiscal Year 2019.

The effective date for this amendment is July 1, 2018. The CMS 179 form and the Approved State Plan pages are attached. Please also find the attached a companion letter that accompanies the approval of SPA 18-0005 that serves to memorialize our agreement with the state regarding implementation of the eligibility and enrollment processes for the state's family planning program.

If you have questions about this SPA, please contact Ms. Talbatha Myatt of my staff at 215-861-4259.

Sincerely,
/s/

Francis T. McCullough
Deputy Director
Eastern Regional Operations Group

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Medicaid and CHIP Services
Regional Operations Group
801 Market Street, Suite 9400
Philadelphia, Pennsylvania 19107-3134



Division of Medicaid Field Operations East

SWIFT# 071020184122

March 15, 2019

Dennis Schrader, Director
Maryland Department of Health
201 West Preston Street
Baltimore, Maryland 21201

Dear Mr. Schrader:

Re: SPA MD 18-0005

This letter is being sent as a companion to the Centers for Medicare & Medicaid Services (CMS) approval of Maryland State Plan Amendment (SPA) MD-18-0005, which was submitted on July 19, 2018. Maryland submitted this SPA to transition the authority for its family planning program from the state's section 1115 demonstration, Maryland HealthChoice (demonstration number 11-W-00099/3), to the state plan, consistent with section 1902(a)(10)(A)(ii)(XXI) of the Social Security Act (the Act), implemented at 42 CFR 435.214.

During the review of SPA MD-18-0005, CMS learned that Maryland is not operating its family planning program application and eligibility processes consistent with the requirements in applicable statute and regulations. The state has committed to full implementation and compliance with statute and federal regulations by September 1, 2019 by fully integrating application and eligibility determination processes for the family planning and related services eligibility group under 42 CFR 435.214 (Family Planning Eligibility Group), into its integrated eligibility system, Maryland Health Connection.

The state must have a coordinated eligibility and enrollment process when an individual applies for Medicaid whether it is through the separate family planning application or the single streamlined application which permits application and eligibility determination for Medicaid on all bases, in accordance with sections 1902(a)(8), 1902(a)(10), and 1943 of the Act and implementing regulations at 42 CFR 435.906, 435.911, 435.214. In addition, the state must use MAGI income methodology to determine eligibility for the Family Planning Eligibility Group, in accordance with section 1902(e)(14) of the Act and implementing regulations at 42 CFR 435.603 and 435.214.

The state must provide individuals the opportunity to apply for Medicaid (including for the state’s Family Planning Eligibility Group) in accordance with 42 CFR 435.907. In addition, the state’s Family Planning Program application must ask only the questions necessary to make an eligibility determination consistent with the requirements in 42 CFR 435.214, in accordance with 42 CFR 435.907(e). Beneficiaries whose financial eligibility is determined using MAGI-based income must be renewed once every twelve months, consistent with the renewal processes described in 42 CFR 435.916.

CMS sent the state a request for additional information (RAI) on October 5, 2018. Based on the formal RAI response and several subsequent discussions between CMS and the state, Maryland has agreed to implement the following changes to its application, enrollment, and eligibility determination processes prior to and until integration of the Family Planning Eligibility Group into Maryland Health Connection on September 1, 2019:

Pre-system integration changes:	Timeline
Revise the “What Does Medicaid Cover” page of the Maryland Health Connection website to include information on the Family Planning Program.	Implemented January 2019
Revise the Maryland Health Connection consumer and worker portals and single, streamlined application dashboards to include information on the Family Planning Program.	Implemented January 2019
Revise the eligibility determination page to include information on the Family Planning Program.	Implemented January 2019
Include information on the managed care organization (MCO) plan shopping page to note that individuals may be eligible for the Family Planning Program even if they are enrolled in a qualified health plan (QHP).	Implemented January 2019
Add information to eligibility notices for individuals determined ineligible for full-benefit Medicaid and eligible for QHPs regarding the availability of the Family Planning Program.	Implemented January 2019
Add information to the Family Planning Program application and on the Family Planning Program website to inform consumers about the availability of full Medicaid benefits and include a link to the single, streamlined application.	Implemented January 2019
Family application clearly states that coverage is for a 12 month period, that reapplication materials will be sent prior to the end of the 12 month period and that individual must re-apply to continue receiving benefits.	Implemented January 2019
Modify and distribute the Family Planning Program application to collect only the information necessary for a MAGI eligibility determination.	By March 31, 2019
Implement telephonic access to the single, streamlined application in family planning clinics.	By March 31, 2019

We continue to be available to provide technical assistance. If you have any questions about this letter, please contact Ms. Talbatha Myatt of my staff at 215-861-4259.

/s/ Sincerely,

Francis T. McCullough
Deputy Director
Eastern Regional Operations Group

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 18-0005	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 July 1 st , 2018	
5. TYPE OF PLAN MATERIAL (Check One):			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: N/A		7. FEDERAL BUDGET IMPACT: a. FFY 2018: \$ 0 b. FFY 2019: \$ 0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1A pg 16-A (18-0005)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1A pg 16-A (91-16)	
10. SUBJECT OF AMENDMENT: To expand eligibility for the Family Planning Program			
11. GOVERNOR'S REVIEW (Check One):			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED:	
<input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED			
<input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: /s/		16. RETURN TO: Dennis Schrader Medicaid Director 201 W. Preston St., 5th floor Baltimore, MD 21201	
13. TYPED NAME: Dennis Schrader			
14. TITLE: Medicaid Director, Maryland Department of Health			
15. DATE SUBMITTED: July 9, 2018			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: March 14, 2019		18. DATE APPROVED: March 15, 2019	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2018		20. SIGNATURE OF REGIONAL OFFICIAL: /s/	
21. TYPED NAME: Francis McCullough		22. TITLE: Deputy Director	
23. REMARKS:			

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

4. C. Family planning services and family planning related services for women and men of any age seeking contraceptive services.

Covered Services

- A. The family planning program covers services and supplies to prevent or delay pregnancy and medical, diagnostic and treatment services provided pursuant to a family planning visit.
- B. Family planning services and supplies are limited to those services and supplies whose primary purpose is family planning and are provided in a family planning setting. Family planning services and supplies are reimbursable at the 90% matching rate. Family planning services are provided, as listed below:
 - a. Approved methods of contraception;
 - b. Contraceptive management, patient education, and counseling.
 - c. Sexually transmitted infection (STI)/ sexually transmitted disease (STD) testing, pap smears, and pelvic exams in conjunction with the family planning method of choice;
 - d. Drugs, supplies, or devices related to services described above that are prescribed by a health care provider who meets the state's provider enrollment requirements.
- C. Family planning related services and supplies are defined as those services provided as part of or as follow up to a family planning visit and are reimbursable at the state's regular Federal Medical Assistance Percentage (FMAP) rate. Family planning related services are provided, as listed below:
 - a. Colposcopy and procedures done during a colposcopy or repeat pap smear performed as a follow up to an abnormal pap smear which is done as part of a routine/periodic family planning visit.
 - b. Drugs for the treatment of STIs/STDs. A follow up visit for the treatment/drugs and subsequent follow up visits to rescreen for STIs/STDs may be covered.
 - c. Drugs/treatment for vaginal infections/disorders, other lower genital tract and genital skin infections/disorders, and urinary tract infections, where these conditions are diagnosed during a routine/periodic family planning visit. A follow up visit for the treatment/drugs may also be covered.
 - d. Other medical diagnosis, treatment, and preventive services that are routinely provided pursuant to family planning services in a family planning setting.
 - e. Treatment of major complications arising from a family planning procedure such as:
 - i. Treatment of a perforated uterus due to an intrauterine device insertion;
 - ii. Treatment of severe menstrual bleeding caused by a Depo-Provera injection requiring a dilation and curettage; or,
 - iii. Treatment of surgical or anesthesia related complications during a sterilization procedure.

Limitations:

- 1. Preconception/Infertility Services.
- 2. Drugs for the treatment of HIV/AIDS and hepatitis.
- 3. Transportation services.
- 4. Individuals who have had a sterilization procedure or a hysterectomy are not covered for the family planning services/supplies provided through this program.