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State/Territory Name: Maryland

State Plan Amendment (SPA) #: 20-0002

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MD - Submission Package - MD2020MS0002O - (MD-20-0002) - Eligibility

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CMS-10434 OMB 0938-1188

Package Information

Package ID	MD2020MS0002O	Submission Type	Official
Program Name	N/A	State	MD
SPA ID	MD-20-0002	Region	Philadelphia, PA
Version Number	1	Package Status	Approved
Submitted By	Katia Fortune	Submission Date	3/31/2020
Package Disposition		Approval Date	6/5/2020 4:24 PM EDT
Priority Code	P2		

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



Center for Medicaid & CHIP Services

June 05, 2020

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

Re: Approval of State Plan Amendment MD-20-0002

Dear Dennis R. Schrader:

On March 31, 2020, the Centers for Medicare and Medicaid Services (CMS) received Maryland State Plan Amendment (SPA) MD-20-0002 to make a technical change previously announced in SPA ID MD-18-0005 to reflect integration into the streamlined application and update the reviewable units for Family Planning to apply the MAGI household rules and income rules to Family Planning Applicants.

We approve Maryland State Plan Amendment (SPA) MD-20-0002 on June 05, 2020 with an effective date(s) of February 01, 2020.

The previous financial methodology only counted the income of the beneficiary in a household of one. The new methodology in this SPA includes the income of all household members and the household size is determined by the number of members in the household.

In response to the coronavirus pandemic, the Families First Coronavirus Response Act (FFCRA) was signed into law (Pub. L. 116-127). The FFCRA authorizes a temporary 6.2 percentage point increase to each qualifying state Federal Medical Assistance Percentage (FMAP) under section 1905(b) of the Social Security Act. States may claim this enhanced FMAP for expenditures beginning January 1, 2020 and extending through the last day of the calendar quarter in which the public health emergency is declared by the Secretary of Health and Human Services ("Secretary"). However, in order to qualify for the enhanced FMAP, states need to meet certain requirements in section 6008 of the FFCRA. Under section 6008(b)(1) of the FFCRA, states cannot impose more restrictive eligibility standards, methodologies, or procedures during this public health emergency than the state had in place as of January 1, 2020.

During the review of this SPA, CMS concluded that this change of income methodology could result in some beneficiaries who were previously eligible losing eligibility. In order to comply with the FFCRA maintenance of effort (MOE) requirement, Maryland has agreed to take the following measures until the Secretary declares the end of the public health emergency: 1) reinstate any individuals who were terminated as of February 1 if they would have remained eligible under the household size of one income counting methodology and 2) enroll any individuals who have been denied eligibility as of February 1, 2020 if they would have been eligible under the household size of one income counting methodology.

Name	Date Created
No items available	

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

Sincerely,
James G. Scott
Director
Center for Medicaid & CHIP Services

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | MD2020MS00020 | MD-20-0002

Package Header

Package ID	MD2020MS00020	SPA ID	MD-20-0002
Submission Type	Official	Initial Submission Date	3/31/2020
Approval Date	6/5/2020	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 | MD2020MS0002O | MD-20-0002

Package Header

Package ID	MD2020MS0002O	SPA ID	MD-20-0002
Submission Type	Official	Initial Submission Date	3/31/2020
Approval Date	6/5/2020	Effective Date	N/A
Superseded SPA ID	N/A		

SPA ID and Effective Date

SPA ID MD-20-0002

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Optional Eligibility Groups	2/1/2020	MD-19-0004
Individuals Eligible for Family Planning Services	2/1/2020	MD-18-0005

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | MD2020MS00020 | MD-20-0002

Package Header

Package ID	MD2020MS00020	SPA ID	MD-20-0002
Submission Type	Official	Initial Submission Date	3/31/2020
Approval Date	6/5/2020	Effective Date	N/A
Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives To reflect integration into single streamlined application we need to update the RU for Family Planning to apply the MAGI household rules and income rules to FP applicants.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2020	\$0
Second	2021	\$0

Federal Statute / Regulation Citation

42 CFR 435.603, 42 CFR 435.214

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | MD2020MS0002O | MD-20-0002

Package Header

Package ID MD2020MS0002O
Submission Type Official
Approval Date 6/5/2020
Superseded SPA ID N/A

SPA ID MD-20-0002
Initial Submission Date 3/31/2020
Effective Date N/A

Governor's Office Review

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

Describe Dennis Schrader
Medicaid Director
Maryland Department of Health
201 W. Preston St
Baltimore, MD 21201

Submission - Public Comment

MEDICAID | Medicaid State Plan | Eligibility | MD2020MS0002O | MD-20-0002

Package Header

Package ID	MD2020MS0002O	SPA ID	MD-20-0002
Submission Type	Official	Initial Submission Date	3/31/2020
Approval Date	6/5/2020	Effective Date	N/A
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

Submission - Tribal Input

MEDICAID | Medicaid State Plan | Eligibility | MD2020MS00020 | MD-20-0002

Package Header

Package ID MD2020MS00020
Submission Type Official
Approval Date 6/5/2020
Superseded SPA ID N/A

SPA ID MD-20-0002
Initial Submission Date 3/31/2020
Effective Date 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, as described in the state consultation plan.

- Yes
 No

Explain why this SPA is not likely to have a direct effect on Indians, Indian Health Programs or Urban Indian Organizations: This is a technical change previously announced in SPA ID MD-18-0005, for which Maryland obtained UIO approval.

Medicaid State Plan Eligibility

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | MD2020MS00020 | MD-20-0002

Package Header

Package ID	MD2020MS00020	SPA ID	MD-20-0002
Submission Type	Official	Initial Submission Date	3/31/2020
Approval Date	6/5/2020	Effective Date	2/1/2020
Superseded SPA ID	MD-19-0004		
	System-Derived		

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 type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Reasonable Classifications of Individuals under Age 21		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Children with Non-IV-E Adoption Assistance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Independent Foster Care Adolescents		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Optional Targeted Low Income Children		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Individuals above 133% FPL under Age 65		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Needing Treatment for Breast or Cervical Cancer		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Family Planning Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals with Tuberculosis		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Electing COBRA Continuation Coverage		<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 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 Eligible for Cash Except for Institutionalization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Home and Community- Based Waiver Services under Institutional Rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Optional State Supplement Beneficiaries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals in Institutions Eligible under a Special Income Level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
PACE Participants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Hospice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children under Age 19 with a Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Age and Disability-Related Poverty Level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Work Incentives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Ticket to Work Basic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Ticket to Work Medical Improvements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Family Opportunity Act Children with a Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals Receiving State Plan Home and Community-Based Services Who Are Otherwise Eligible for HCBS Waivers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | MD2020MS00020 | MD-20-0002

Package Header

Package ID	MD2020MS00020	SPA ID	MD-20-0002
Submission Type	Official	Initial Submission Date	3/31/2020
Approval Date	6/5/2020	Effective Date	2/1/2020
Superseded SPA ID	MD-19-0004		
	System-Derived		

B. Medically Needy Options for Coverage

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

Yes No

The medically needy eligibility groups covered in the state plan are:

1. Mandatory Medically Needy:

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Medically Needy Pregnant Women		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Medically Needy Children under Age 18		<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 ?
Protected Medically Needy Individuals Who Were Eligible in 1973		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

2. Optional Medically Needy:

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Medically Needy Reasonable Classifications of Individuals under Age 21		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Medically Needy Parents and Other Caretaker Relatives		<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 ?
Medically Needy Populations Based on Age, Blindness or Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | MD2020MS0002O | MD-20-0002

Package Header

Package ID	MD2020MS0002O	SPA ID	MD-20-0002
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Superseded SPA ID	MD-19-0004		
	System-Derived		

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 | MD2020MS0002O | MD-20-0002

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.

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	System-Derived		

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 | MD2020MS0002O | MD-20-0002

Package Header

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Superseded SPA ID	MD-18-0005		
	System-Derived		

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 | MD2020MS0002O | MD-20-0002

Package Header

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	System-Derived		

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 | MD2020MS00020 | MD-20-0002

Package Header

Package ID	MD2020MS00020	SPA ID	MD-20-0002
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	System-Derived		

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 | MD2020MS0002O | MD-20-0002

Package Header

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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.

This view was generated on 6/5/2020 5:05 PM EDT

