



Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

November 15, 2024

Daniel Tsai
Deputy Administrator and Director
Center for Medicaid and CHIP Services
Centers for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244-1850

Dear Mr. Tsai:

The Maryland Department of Health (the Department) is pleased to request an amendment to the Maryland HealthChoice demonstration (Project Number: 11-W-00099/3) under §1115 of the Social Security Act (42. U.S.C. 1315), with the goal to expand access to care for individuals with complex medical and social needs. The proposed amendment aims to promote the mission of the Moore-Miller Administration to improve health equity and eliminate disparities, as well as to expand access to affordable housing.

The Department is seeking authorization of three requests: 1) an expansion of the existing Assistance in Community Integration Services (ACIS) pilot program by increasing the number of participant spaces and updating its payment methodologies; 2) coverage of fertility preservation procedures for individuals with, or at risk, for iatrogenic infertility, including recipients of gender-affirming services; and 3) an expansion of Express Lane Eligibility (ELE) to include non-Modified Adjusted Gross Income (non-MAGI) adults.

Through this amendment, the Department will promote its mission of improving overall access to care by expanding housing and tenancy-based case management services to reduce unnecessary healthcare utilization, improving access to medically necessary services as well as reducing administrative burden on Medicaid participants and improving customer service by using available eligibility information.

The Department looks forward to working with CMS regarding these requests, which will increase access to care and services for individuals with complex medical and social needs.

Should you have any questions or concerns, please contact our Deputy Medicaid Director of Health Care Financing, Tricia Roddy, via email at tricia.rodny@maryland.gov or via telephone at (410) 767-5809 or Director of Innovation, Research, and Development, Alyssa Brown, via email at alyssa.brown@maryland.gov or via telephone at (410) 767-9795.

Sincerely,



Ryan Moran, DrPH, MHSA
Deputy Secretary, Health Care Financing and Medicaid Director
Maryland Department of Health



**Maryland HealthChoice Program
§1115 Waiver Amendment**

Maryland Department of Health

November 15, 2024

Table of Contents

Section 1: Amendment Introduction and Objectives	3
Section 2: Programs Overview	4
Section 3: Requested Policy Changes, Objectives, and Rationale	8
Section 4: Goals and Evaluation Design	10
Section 5: §1115 Waiver and Expenditure Authorities Proposed for Amendment	13
Section 6: Demonstration Budget Neutrality	14
Section 7: State Public Process and Indian Consultation Requirements	16
Section 8: State Contact Information	18
Section 9: Appendices	19
Appendix A: Summary of Public Comments	19
Appendix B: List of Attachments	20

Maryland §1115 Demonstration Amendment Submission

Section 1: Amendment Introduction and Objectives

In support of its commitment to advancing health outcomes for Marylanders with complex medical and social needs, the Maryland Department of Health (the Department) is requesting an amendment to its existing §1115 HealthChoice Demonstration Waiver (HealthChoice demonstration) (Project Number: 11-W-00099/3).¹ Specifically, Maryland is seeking approval to authorize: 1) an expansion of the existing Assistance in Community Integration Services (ACIS) pilot program; 2) coverage of fertility preservation services; and 3) an expansion of Express Lane Eligibility (ELE) for non-Modified Adjusted Gross Income (non-MAGI) adults. This proposed amendment seeks to implement these services and anticipates their inclusion in the overarching renewal of the HealthChoice demonstration, effective January 2027.

The amendment covers three programs:

- ACIS Pilot Program: Update existing payment methodologies and increase participant spaces to support statewide expansion of housing and tenancy-based case management services to individuals experiencing or who are at risk of homelessness;
- Fertility Preservation: Coverage of fertility preservation procedures for individuals with, or at risk, for iatrogenic infertility; and
- ELE: Implementation of ELE for Maryland's non-MAGI adult population.

These programs are in close alignment with state and federal priorities of not only considering the broad social determinants of health (SDOH) but also focusing on the individual-level health-related social needs (HRSN). Unmet HRSN results in poorer health outcomes as individuals experience issues in accessing critical care and furthers disparities in underserved populations. These three programs will address unmet community needs of Maryland's Medicaid population by expanding housing support services, providing vital coverage for those with iatrogenic infertility, and improving coverage retention and thus health care access for individuals.

Per CMS guidance, CMS will consider components of the previously-submitted amendments for the Reentry Demonstration and ELE for MAGI, as well as the Four Walls waiver extension with this amendment request.

¹ HealthChoice, Maryland's statewide mandatory Medicaid managed care program, was implemented in July 1997 under the authority of §1115 of the Social Security Act. The initial demonstration was approved for five years. In January 2002, the Department completed the first comprehensive evaluation of HealthChoice as part of the first §1115 waiver renewal. The 2002 evaluation examined HealthChoice performance by comparing service use during the program's initial years with utilization during State Fiscal Year (SFY) 1997, the final year without managed care. The Centers for Medicare & Medicaid Services (CMS) approved subsequent program renewals in 2005, 2007, 2010, 2013, 2016 and 2021.

Section 2: Program Overview

The components proposed under this amendment will expand access to care for individuals with complex medical and social needs. To do so, this amendment aligns with the Moore-Miller mission and two of the 2024 Maryland State Plan priorities, both related to health and housing: 6. *Making the State of Maryland a Desirable and Affordable Home for All Residents* and 8. *Ensuring World-Class Health Systems for All Marylanders*.²

ACIS Pilot Program

The ACIS Pilot Program has been in effect in Maryland since July 1, 2017. Since its launch, this pilot program has expanded from one to four counties, and now seeks to ensure more coverage options across the state.

Over the last decade, the connection between housing and health has become more clear to the health care system and policymakers across the country. Individuals experiencing homelessness have higher rates of illness and die 12 years earlier on average than the general population.³ Homelessness negatively impacts an individual's physical and mental health and is a strong predictor of poor health outcomes. Access to treatment and preventive care is more difficult for those experiencing homelessness, which often leads to the overuse of emergency departments (EDs) and other inpatient settings.⁴ As an early adopter of housing supports options through Medicaid, Maryland understands this connection and has seen the impact that this work has on its residents.

Priority 6 for Maryland's 2024 State Plan has four key objectives. Expansion of the ACIS pilot specifically aligns with Objective 6.3, to *House the most vulnerable*. By providing housing and tenancy-case management services, the ACIS pilot connects qualifying individuals with stable housing supports and options. ACIS also aligns with Objective 8.1, to *Improve eligibility and access to quality care*, under Priority 8, by specifically partnering with community-based organizations, nonprofits and homeless service providers to provide services and collaborate across sectors to address participant needs.

The ACIS pilot provides housing and tenancy-based case management services to eligible Medicaid participants to assist them in obtaining the services of state and local housing programs. The Department works with local governmental agencies, known as Lead Entities (LE), to provide a set of home and community-based services to eligible participants.

To qualify for ACIS, Medicaid participants must meet specific health and housing needs-based criteria:

1. Health criteria (at least one)

²<https://governor.maryland.gov/priorities/Documents/2024%20State%20Plan.pdf>

³<https://nhchc.org/wp-content/uploads/2019/08/homelessness-and-health.pdf>

⁴<https://health.maryland.gov/mmcp/Documents/HealthChoice%20Community%20Pilots/ACIS/SummaryReportACISProgramAssessment-September2023-For%20Dept%20%281%29.pdf>

- a. Repeated incidents of emergency department (ED) use (defined as more than four visits per year) or hospital admissions; or
 - b. Two or more chronic conditions as defined in §1945(h)(2) of the Social Security Act.
- 2. Housing Criteria (at least one)
 - a. Individuals who will experience homelessness upon release from the settings defined in 24 CFR 578.3; or
 - b. Those at imminent risk of institutional placement.

Following three rounds of competitive funding opportunities and the current rolling application process, four LEs have been awarded ACIS participant spaces and currently partake in the pilot to provide services to eligible participants.

In the fall of 2023, the Hilltop Institute published *Assistance in Community Integration Services Program Assessment (Calendar Year (CY) 2018 to CY 2021)*. This evaluation demonstrated positive health and housing outcomes for ACIS participants.

Overall, 77 percent of all pilot participants received stable housing. There was also a statistically significant reduction in the mean number of ED visits and inpatient admissions. ACIS participants with four or more ED visits in the pre- versus post-ACIS year declined 37 percent⁵. By reaching this high-utilizing population, Maryland has the opportunity to target and close specific health disparities related to housing and ED use.

Additionally, ACIS has higher enrollment with minority populations and has a unique opportunity to affect their individual housing HRSNs. Recent data for the HealthChoice population indicates that 43 percent of the HealthChoice population are Black, 24 percent are Hispanic/Other and 26 percent are white. Male participants represent 47 percent of the population.⁶ By comparison, in Hilltop's CY 2018-2021 assessment of ACIS, 58 percent of participants were Black, 21 percent were Hispanic/Unknown/Other and 21 percent were white, with 61 percent of the population being male.

Based on stakeholder requests and the positive evaluation outcomes referenced above, Maryland Governor Wes Moore allocated \$5.4 million in State General Funds for the ACIS pilot to expand as a program in State Fiscal Year (SFY) 2025. Previously, state funding was not available for the ACIS pilot; LEs were required to provide their local dollars to participate in the pilot program and gain access to federal matching dollars. With this funding, the ACIS pilot will transition into a program, can expand to provide housing and tenancy-based case management services statewide and allow Medicaid providers to receive reimbursement through the Departmental claiming process.

⁵<https://health.maryland.gov/mmcp/Documents/HealthChoice%20Community%20Pilots/ACIS/SummaryReportACISProgramAssessment-September2023-For%20Dept%20%281%29.pdf>

⁶<https://health.maryland.gov/mmcp/healthchoice/Documents/HealthChoice%20Monitoring%20and%20Evaluation/HealthChoice%20Post-Award%20Forum/2024/Final%20HealthChoice%20Evaluation%20CY%202018-CY%202022.docx.pdf>

As of SFY 2024 Q4, 620 of the 900 available ACIS participant spaces have been allocated across the four current LEs. The Department anticipates that the removal of the required local match, now fulfilled by the Governor's State General Fund allocation, will encourage additional LEs to apply to participate in the program. Current LEs and two other jurisdictions have indicated interest in program participation upon the removal of the required local match. The remaining 280 spaces are expected to be allocated to current and new LE applicants during CY 2025.

To further ACIS program sustainability and catalyze expansion, Maryland was competitively selected to participate in the 2024 Housing and Services Partnership Accelerator technical assistance (HSPA TA) opportunity, along with six other states. Convened by the U.S. Department of Housing and Urban Development (HUD) and the Department of Health and Human Services (HHS), the Department is utilizing this opportunity to develop interagency partnerships with the Department of Disabilities, the Department of Aging, and the Department of Housing and Community Development (DHCD), and design strategies to further expand ACIS statewide.

HSPA TA is also supporting Maryland in determining ways to streamline eligibility requirements between programs and ensure strong linkages between the state agencies. TA coaches with significant health and housing policy and program experience are helping Maryland to develop a robust work plan for the year to achieve the key objectives by aligning resources, devising communication strategies as well as determining timelines for implementation. HSPA TA has strengthened the partnership and innovation efforts between Maryland's departments of health, housing, aging, and disabilities to solve some of its hardest challenges in addressing homelessness, housing instability, and health outcomes for the vulnerable, elderly and disabled.

Fertility Preservation Services

House Bill 283—*Maryland Medical Assistance Program - Gender-Affirming Treatment (Trans Health Equity Act)*—(Ch. 253 of the Acts of 2023) requires Maryland Medicaid to cover fertility preservation procedures for participants receiving certain gender-affirming services.

In response to this legislation, the State proposes in this amendment to cover these services for all Medicaid eligible participants who have been diagnosed with, or are at risk for, iatrogenic infertility, and whose related treatment may cause a substantial risk of sterility, to receive coverage for fertility preservation services, including storage of sperm and oocytes. This may include Medicaid participants receiving gender-affirming services or cancer treatment, thereby expanding access to the same reproductive services as others and improving their ability to start families.

This amendment will assist the State in bolstering the wellbeing of Marylanders by aligning with Priority 8 for the 2024 State Plan, *Ensuring World-Class Health Systems For All Marylanders*, specifically Objectives 8.1 *Improving eligibility and access to quality care* and 8.3 *Improving health equity and eliminate disparities*.

The Department notes that implementation of this section is contingent upon enactment of statutory changes by the Maryland General Assembly and availability of State General Funds.

Express Lane Eligibility for the Non-MAGI Population

The Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) authorized states to establish ELE to more-efficiently enroll eligible children in Medicaid and the Children's Health Insurance Program (CHIP). ELE permits states to rely on findings, such as income, household size, or other factors of eligibility from another program designated as an express lane agency (ELA) to facilitate enrollment in Medicaid/CHIP. ELAs may include Supplemental Nutrition Assistance Program (SNAP), School Lunch, Temporary Assistance for Needy Families (TANF), Head Start, National School Lunch Program (NSLP), and Women, Infants, and Children (WIC), among others. A state may also use information from state income tax data to identify children in families that might qualify, so that families do not have to submit income information. By decreasing the amount of information and paperwork needed from Medicaid participants, ELE programs increase the likelihood that individuals and families will retain coverage upon renewal.

During unwinding of the continuous eligibility provisions of the Families First Coronavirus Response Act (FFCRA), Maryland received CMS approval under §1902(e)(14)(A) of the Social Security Act to temporarily renew Medicaid eligibility for individuals who are also receiving benefits under SNAP for the non-MAGI population (both children and adults). This authority will expire after June 2025. Medicaid and its sister agency, the Maryland Department of Human Services (DHS), partnered to successfully implement this temporary flexibility. DHS oversees Maryland's SNAP program and manages enrollment and eligibility for the State's non-MAGI participants. Leveraging the (e)(14)(A) authority, the State adopted system enhancements to renew Medicaid eligibility for SNAP participants using gross income as determined by SNAP without conducting a separate income determination.

Although official results are still pending, it is understood that the reduced administrative burden on both MAGI and non-MAGI participants led to individuals more easily keeping coverage, decreased churn, and fewer gaps in coverage. The (e)(14)(A) flexibility resulted in significant improvements to ex parte renewal rates for the non-MAGI population.⁷ Maryland has experienced successful ex parte renewals for the non-MAGI population being as high as roughly 80 percent in some months due to the use of SNAP income data.

In light of these successes, indicating that barriers to retain health care coverage have been lessened, Maryland seeks to continue this flexibility for non-MAGI adults via this amendment when the (e)(14)(A) authority sunsets on June 30, 2025. The State is pursuing separate SPA authority for the MAGI and non-MAGI child population. Further, ELE aligns closely with Priority 8 for the 2024 State Plan, *Ensuring World-Class Health Systems For All Marylanders*, specifically Objectives 8.1 *Improve eligibility and access to quality care*. Participants continuing to have access to critical health care coverage enables continuity of care for individuals and improves access.

The Department notes that this authority is also being pursued for the MAGI adult population in a previous

⁷ Ex parte renewal, also known as "auto renewal," refers to Medicaid beneficiaries who can automatically be granted a new 12-month certification period based on information known to the agency, without requiring any action by the beneficiary.

waiver amendment request, which will be considered alongside the current, non-MAGI, request. Enabling the use of ELE for non-MAGI participants will further align the two Medicaid populations.

Section 3: Requested Policy Changes, Objectives, and Rationale

Assistance in Community Integration Services (ACIS) Pilot

As published in DHCD's 2020/2021 Report on Homelessness, known as the Point in Time Report, 4,550 individuals were identified as experiencing homelessness in 2021;⁸ the Maryland Interagency Council on Homelessness calculated that 5,350 individuals in Maryland experienced homelessness at some point in 2022.⁹ This increase in homelessness indicates a growing demand for stable housing and supports for Marylanders. The Department requests an amendment to the existing ACIS Special Terms and Conditions (STCs) to expand the pilot to better serve this population. This expansion is facilitated by an investment from the Moore-Miller Administration of \$5.4 million in State General Funds, starting in SFY 2025. To this end, the Department submits a twofold request: 1) update existing payment methodologies to require ACIS LEs to bill through the standard claiming process; and 2) to allow an additional 1,240 participant spaces for the ACIS pilot to facilitate participation from additional jurisdictions within Maryland.

Updated Payment Methodologies

The existing ACIS pilot STCs indicate a local match requirement and outline the manual invoicing process and requirements. The allocation of \$5.4 million in the Governor's budget allows the Department to remove the local match component and replace it with State General Funds. With this inclusion of sustainable funding, the Department will require the LEs to enroll as Medicaid providers and bill for ACIS services using the standard claiming process. The Department will create a standard billing code and unit rate based on past pilot expenditures and cost based budgeting.

Requested Expansion

With the addition of dedicated State General Funds for the ACIS program in the SFY 2025 budget and stronger interagency collaboration to improve housing stability for homeless Marylanders, facilitated by the HSPA TA opportunity, the Department is well poised to expand the ACIS pilot.

Maryland's DHCD is leading the development of a comprehensive Permanent Supportive Housing (PSH) strategy and needs assessment for Maryland, which identifies new funding for housing rental subsidies. They are also building capacity to dedicate more PSH units within affordable housing properties. This work will ensure increased capacity and housing stability for individuals at risk for or experiencing homelessness. The launch of the new PSH strategy will result in an increased demand for housing case management services to support homeless Marylanders.

Based on allocated state funding, positive evaluation results indicated in the pilot overview, interagency

⁸ <https://dhcd.maryland.gov/HomelessServices/Documents/2021AnnualReport.pdf>

⁹ <https://homeless.baltimorecity.gov/sites/default/files/MD%20CoC%20PIT%20Report%202022.pdf>

collaboration from HSPA TA work and stakeholder requests, the Department is requesting an additional 1,240 participant spaces for the ACIS Pilot, bringing the total cap to 2,140 participants annually. The Department seeks continued authority to waive Section 1902(a)(10)(B) and Section 1902(a)(23)(A) of the Social Security Act to enable the State to provide benefits specified in the STCs to participants enrolled in the ACIS pilot which are not available under the Medicaid State Plan.

The table below indicates the current federal funding participation and new federal funding participation based on the expansion request.

Table 1. Total ACIS Pilot Budget with Increased Participant Cap

	Current Pilot	Requested Addition	Proposed Expansion Budget
State General Funds	\$3,600,000 (local match)	N/A	\$5,400,000
Matching Federal Funds	\$3,600,000	\$1,800,000	\$5,400,000
Total Pilot Expenditures	\$7,200,000	N/A	\$10,800,000
Maximum participants served	900	1,240	2,140

Fertility Preservation Services

The Department requests authority to provide fertility preservation services for Medicaid eligible individuals who have been diagnosed with, or are at risk for, iatrogenic infertility, and whose related treatment may cause a substantial risk of sterility, to receive coverage for fertility preservation services, including storage of sperm and oocytes.

“Fertility preservation services” are defined as procedures that are considered medically necessary to preserve fertility due to a need for medical treatment that may directly or indirectly cause iatrogenic infertility. “Iatrogenic Infertility” is the impairment of fertility by surgery, radiation, chemotherapy or other medical treatments or interventions affecting reproductive organs or processes. Examples include, but are not limited to, treatments for cancer and certain gender-affirming procedures. Fertility preservation services are distinct and different from infertility services.

The Department proposes to cover the following fertility preservation services:

- Fertility preservation consultation;
- Fertility preservation procedures such as applicable laboratory assessments, medications and medically-necessary treatments;
- Ovulation induction, monitoring and oocyte retrieval;
- Oocyte cryopreservation and evaluation;
- Ovarian tissue cryopreservation and evaluation;
- Transposition of the ovary(s);
- Sperm extraction, cryopreservation and evaluation;
- Gonadal suppression with GNRH analogs; and

- Storage of cryopreserved sperm and oocytes for up to three years on a non-renewable basis, *i.e.*, a single payment in a one-time increment.

Eligible Medicaid participants under this program must meet the following requirements:

1. The individual is of reproductive age (*i.e.*, between puberty and menopause); and
2. The individual is diagnosed by a reproductive endocrinologist as having an active diagnosis requiring treatment that may cause a substantial risk of iatrogenic infertility.

The Department seeks authority to waive Section 1902(a)(10)(B) to allow Medicaid to provide fertility preservation services to eligible participants which are not available under the Medicaid State Plan.

Express Lane Eligibility for the Non-MAGI Population

The Department requests for ELE authority for renewal purposes effective July 1, 2025, allowing the State to avoid a gap in renewal functionality after the §1902(e)(14)(A) authority expires on June 30, 2025.

Under the ELE process, eligible non-MAGI adults who receive SNAP benefits and meet Medicaid income thresholds may be automatically renewed in Medicaid, contingent on meeting other Medicaid eligibility criteria as defined by the Department. The process applies to the following population, which is a continuation of current §1902(e)(14)(A) waiver authority:

1. Adults aged 19 to 64 whose SNAP verified income is at or below 300 percent of the Federal Benefit Rate (FBR).

The Department seeks to waive Section 1902(a)(10)(A), Section 1902(a)(10)(C)(i)-(iii), and Section 1902(a)(17) of the Social Security Act governing eligibility standards and procedures to enable streamline eligibility procedures for the adult non-MAGI population.

Section 4: Goals and Evaluation Design

Maryland's HealthChoice demonstration evaluation design will be modified to incorporate the proposed changes as relevant and outlined in this amendment proposal.

These programs aim to promote the mission of the Moore-Miller Administration and of the Maryland Medicaid program by improving SDOH and overall access to care. Through the amendment, Maryland Medicaid will promote this objective through the following goals:

1. Expanding housing and tenancy-based case management to reduce unnecessary healthcare utilization and address housing related SDOH;
2. Improving access to medically necessary services; and
3. Reducing the administrative burden on Medicaid participants, diminish churn, and improve customer service by using available eligibility information.

Table 2. Goals and Objectives

Program	Program Goal	Amendment Objective
ACIS Pilot	The goals of the ACIS program are to reduce unnecessary health services use, increase housing stability, and improve health outcomes for Medicaid participants at risk of institutional placement or homelessness.	To expand existing participant spaces and simplify payment methodologies thereby encouraging additional LEs to participate in ACIS and serve more Medicaid participants.
Fertility Preservation Services	The goal of this program is provide these services for eligible Medicaid participants who have been diagnosed with, or are at risk for, iatrogenic infertility, and whose related treatment may cause a substantial risk of sterility, to receive coverage for fertility preservation services, including storage of sperm and oocytes. This may include participants receiving gender-affirming services or cancer treatment, thereby expanding access to the same reproductive services as others and improving their ability to start families.	To improve access to medically necessary services by increasing the number of health care visits and rendered services for Medicaid participants who are diagnosed with, or at risk for, iatrogenic infertility.
Express Lane Eligibility	ELE for the non-MAGI population will reduce the administrative burden, diminish churn, and improve customer service by using available eligibility information, thereby improving participants' health care access, and ultimately their health.	To increase the proportion of non-MAGI adults who are renewed through the expedite, or automatic, renewal process.

Evaluation Design

The Department will test the following proposed research questions and hypotheses as part of each program's evaluation, in alignment with the goals and objectives of the overall HealthChoice demonstration.

The table below outlines the proposed research questions, hypotheses, and potential data sources for this amendment that would allow the Department to effectively test each of the specific hypotheses.

Table 3. Research Questions and Hypotheses

Program	Research Question	Hypothesis	Potential Data Source
ACIS Pilot	Does the ACIS pilot improve health outcomes for participants?	The ACIS pilot reduces unnecessary health services use, increases housing stability, and improves health outcomes for Medicaid participants at risk of institutional placement or homelessness.	Continue to utilize approved §1115 HealthChoice Demonstration Waiver (Project Number: 11-W-00099/3) evaluation design for the ACIS pilot
Fertility Preservation Services	Do fertility preservation services increase the number of health care visits to address iatrogenic infertility for Medicaid participants?	This amendment will allow individuals who are diagnosed with, or at risk for, iatrogenic infertility to preserve their ability to have children in the future.	MMIS, data from regional health information exchange (CRISP)
Express Lane Eligibility	How does the use of available SNAP data impact the proportion of non-MAGI participants whose coverage is automatically renewed; therefore eliminating the need to complete a manual renewal process?	This amendment will improve health care access for the non-MAGI population by enabling participants to remain enrolled in their Medicaid coverage automatically, without requiring a manual renewal.	State eligibility and enrollment data

Section 5: §1115 Waiver and Expenditure Authorities Proposed for Amendment

The State is requesting the below list of waivers and expenditure authorities pursuant to section 1115(a)(1) of the Social Security Act to enable Maryland to implement the amendment:

Table 4. Waiver and Expenditure Authorities

Waiver Authority	Rationale for Waiver
Section 1902(a)(10)(B) Amount, Duration, and Scope of Services and Comparability	<p>To enable the State to provide benefits specified in the special terms and conditions to HealthChoice demonstration participants enrolled in the ACIS Pilot program which are not available to other individuals under the Medicaid State Plan.</p> <p>To enable the State to vary the amount, duration, and scope of services provided to eligible Medicaid participants seeking fertility preservation services.</p>
Section 1902(a)(10)(A), Section 1902(a)(10)(C)(i)-(iii), and Section 1902(a)(17) - Eligibility Procedures and Standards	To enable the State to use streamlined eligibility procedures for the non-MAGI adult population.
Expenditure Type	Rationale for Expenditure Authority
Expenditures Related to Fertility Preservation Services	Expenditures for fertility preservation services, including storage of sperm and oocytes, rendered to eligible Medicaid participants.

Section 6: Demonstration Budget Neutrality

ACIS Program

Based on service utilization to date, if the ACIS pilot program spaces were expanded to 2,140, the Department estimates that it would service an additional 250 ACIS participants each subsequent year of the waiver period.

Pending CMS approval, the Department will expand the cap on the program from 900 to 2,140, and offer ongoing, competitive funding opportunities. Total program expenditures necessary to serve up to 2,140 participants, would require up to \$5.4 million in matching Federal Funds requested annually, and when combined with the newly appropriated \$5.4 million in State General Funds, ACIS Pilot expenditures would total up to \$10.8 million annually.

ACIS LEs are required to provide a minimum of three services per month to each ACIS participant to receive reimbursement in a given month. The Department will then pay the LE for the ACIS services per a standard monthly ACIS unit rate which shall be the average cost of the total of a minimum of three ACIS tenancy-based case management services/tenancy support services and housing case management services. Since 2018, the pilot has utilized a cost based budgeting model, with annual, individual budget negotiations to determine each LEs unit rate. Moving forward, the Department will create a standard billing code and unit rate based on past pilot expenditures and the prior cost based budgeting work.

Table 5. Total Anticipated Expenditures with Increased Participant Cap

Amendment Component	Estimated Projected Expenditures				
	DY01*	DY02**	DY03**	DY04**	DY05**
ACIS					
<i>Enrollment</i>	900	1,150	1,400	1,650	1,900
<i>Projected Expenditures</i>	\$4,532,999	\$5,792,165	\$7,051,331	\$8,310,498	\$9,569,664

*Assumes an effective date beginning July 1, 2025.

**Assumes award allocation of existing 280 spaces during SFY 2025.

Fertility Preservation Services

Multiple conditions have the potential to cause iatrogenic infertility; however, the majority of examples found based on publicly available information are procedures for cancer for those under the age of 50 and as a result of gender-affirming care. A small number of individuals may seek care due to other conditions, such as sickle cell disease. The Department estimates that annually, an average of 1,978 individuals will access these services due to iatrogenic infertility, including 150 individuals following receipt of certain gender-affirming services. The estimated fiscal impact of covering these services is \$6,410,118 annually, including the cost for storage of sperm or oocytes.

Table 6. Total Anticipated Expenditures and Enrollment for Fertility Preservation

Amendment Component	Estimated Projected Expenditures				
	DY01*	DY02	DY03	DY04	DY05
Fertility Preservation					
<i>Enrollment</i>	1,978	1,978	1,978	1,978	1,978
<i>Projected Expenditures</i>	\$6,410,118	\$6,410,118	\$6,410,118	\$6,410,118	\$6,410,118

*Assumes an effective date of July 1, 2025.

ELE for the Non-MAGI Population

Due to the maintenance of effort requirements enacted by FFCRA during the COVID-19 Public Health Emergency, this program will not result in additional costs.

Table 7. Total Anticipated Expenditures and Enrollment for ELE

Amendment Component	Estimated Projected Expenditures				
	DY01*	DY02	DY03	DY04	DY05
Non-MAGI ELE*					
<i>Enrollment</i>					
<i>Projected Expenditures</i>	N/A	N/A	N/A	N/A	N/A

*Assumes an effective date beginning July 1, 2025.

Section 7: State Public Process and Indian Consultation Requirements

The Department provided public notice and solicited stakeholder participation for this amendment application per the requirements in 42 C.F.R. §431.408. Notice was published in the Maryland Register on September 23, 2024 and October 7, 2024, as well as on the Department's website on October 7, 2024 (See Appendix B: List of Attachments). The Department provided a 30-day public comment period, from October 7, 2024 through November 6, 2024.

In addition to publishing these notices, the Department conducted two public hearings on the amendment application. The first hearing was held on October 10, 2024. The second hearing was held on October 24, 2024 during the Maryland Medicaid Advisory Committee (MMAC) meeting, to facilitate attendance by MMAC members and stakeholders attending this public forum. Both hearings were accessible by audio conference and presented as a webinar so that slides would also be visible to participants. Agendas and slides from both hearings were shared with registrants prior to the meeting and were later posted to the Department website linked below.

During these hearings, the Department presented a summary of the amendment draft and accepted verbal and written comments from stakeholders (see Appendix A: Summary of Public Comments and Maryland §1115 Waiver Amendment Attachments for additional information on comments received). The public was also able to access information about the amendment and submission of comments on the Department's website via the link:

<https://health.maryland.gov/mmcp/Pages/1115-HealthChoice-Waiver-Renewal.aspx>

Additionally, on October 7, 2024, the Department sent an overview of the §1115 amendment application to Ms. Kerry Hawk-Lessard, Executive Director of Native American LifeLines of Baltimore, for input and comments. On November 4, 2024, Ms. Hawk-Lessard provided written feedback. Despite high levels of homelessness and high utilization of ED among the American Indians and Alaska Natives (AI/AN) population, Ms. Hawk-Lessard raised a concern that housing and tenancy-based case management services are not generally being received by the AI/AN population. Additionally, Ms. Hawk-Lessard highlighted a key concern in her feedback related to the lack of reporting and inclusion of AI/AN population in the ACIS program evaluation. Her comment suggested that AI/AN be included in demographic data for the ACIS evaluation. In addition, Ms. Hawk-Lessard expressed concern over how omission, underreporting or identifying AI/AN population as "other" has serious implications by preventing information to resources and interventions to reach where they are needed. In the end, Ms. Hawk-Lessard expressed full support on behalf of the Native American LifeLines in favor of the expansion of the ACIS pilot and advocated for improved data collection practices and outreach to Maryland's AI/AN communities.

Ms. Hawk-Lessard expressed support for the Department's proposal to cover fertility preservation services as it would ensure Two-Spirit identifying AI/AN individuals would have access to these services before gender transition. Additionally, she stressed that this would align with the work of the Indian

Health Service. Moreover, Ms. Hawk-Lessard supports the amendment to utilize ELE for non-MAGI Medicaid participants. She states that AI/AN people make up 4.5 times the amount of SNAP participants when compared to non-Hispanic white counterparts and this will be especially important for this community to improve and retain enrollment in Medicaid.

Beyond these requirements, the Department continually consults with stakeholders on the HealthChoice program through the MMAC. The MMAC meets monthly and receives reports on regulatory and waiver changes, including amendments to the HealthChoice demonstration. Annually, the MMAC provides feedback on the HealthChoice evaluation report. Notice of the amendment, and public hearings, was distributed to the MMAC stakeholder email list, with instruction to submit written comments to the Department's stakeholder email address, MDH.healthchoicerenewal@maryland.gov.

Section 8: State Contact Information

Dr. Ryan Moran, Deputy Secretary, Health Care Financing and Medicaid Director, Maryland Department of Health

Telephone Number: (410) 767-5343

Email Address: Ryan.Moran@maryland.gov

Tricia Roddy, Deputy Medicaid Director, Maryland Department of Health

Email Address: Tricia.Roddy@maryland.gov

Section 9: Appendices

Appendix A: Summary of Public Comments

The Department received a total of eleven verbal and written comments from eight separate organizations. Four stakeholders provided written comments, and five people voiced comments during the two public meetings (see Table 8). The comments were broadly supportive of the waiver amendment, with other comments posing questions related to specific aspects of the demonstration.

Table 8. Public Comments by Source

Source	Number of Comments Received
Public Hearing #1	4
Public Hearing #2	2
Written Comment via Email	5
Total Comments	11

ACIS Program

Of the eleven comments received by the Department, six were related to the ACIS program expansion. Key stakeholders expressed their support for the Waiver Amendment and appreciated the successful implementation of the ACIS pilot and its contribution to the improvement of health outcomes in Maryland. Maryland's participation in the 2024 Housing and Services Partnership Accelerator was also appreciated for providing avenues to increase access to housing for Maryland Medicaid's most vulnerable members. The Department received two questions from stakeholders. One of them asked about the process for jurisdictions to apply for participant spaces, while the second question was about the process for ACIS rate setting. The Department responded to both the questions asked and provided additional clarification based on the existing plans.

Fertility Preservation Services

The Department received four comments related to fertility preservation services. Three of the four comments expressed support for the Department's request to cover fertility preservation services, including storage of oocyte and sperm. The Department also received two questions from stakeholders. One question asked how Medicaid participants will access these services, while the second asked if children under 18 and young adults aged between 19 and 22 would be eligible. The Department responded to both questions with additional information about the proposed implementation of the benefit.

ELE for the Non-MAGI Population

Four stakeholders commented on the Department's proposal to utilize express lane eligibility for the non-MAGI population. Of those comments, two requested clarifications about the proposal's optics. Two comments strongly supported the use of express lane eligibility to streamline eligibility processes.

Appendix B: List of Attachments

Attachment 1: Budget Neutrality Worksheet

Attachment 2: Public Notice & Indian Consultation Documentation

Attachment 3: Public Comments Documentation

Attachment 1: Budget Neutrality Worksheet

Please see "MD BN Workbook - HealthChoice - 1115 PMDA-20210307 v2.13_Qtr
ending 3.31.22_final" (Excel Spreadsheet).

Attachment 2: Public Notice & Indian Consultation Documentation



FULL PUBLIC NOTICE
HEALTHCHOICE SECTION 1115 DEMONSTRATION AMENDMENT

§1115 HealthChoice Demonstration Waiver Amendment

The Maryland Department of Health (the Department) is seeking an amendment to the §1115 HealthChoice Demonstration Waiver (HealthChoice demonstration) (Project Number: 11-W-00099/3) approved by the Centers for Medicare & Medicaid Services (CMS).

The amendment seeks federal approval to update existing payment methodologies and request additional participant spaces for the Assistance in Community Integration Services (ACIS) pilot to support statewide expansion. Additionally, the Department seeks approval to cover fertility preservation procedures for individuals with iatrogenic infertility, including those receiving gender-affirming services. Finally, the Department is seeking authority to include the non-Modified Adjusted Gross Income (non-MAGI) adult population in the previously submitted amendment requesting authority for an Express Lane Eligibility (ELE) program, enabling Maryland to renew Medicaid coverage for certain adults based on Supplemental Nutrition Assistance Program (SNAP) data.

Pursuant to CMS requirements for substantial amendments to existing demonstration programs, the Department is providing this full public notice in alignment with federal public notice rules at 42 CFR 431.408 to describe the key components of the proposed amendment. The amendment application, and other related public notice materials are available for review and public input for a minimum 30-day period starting October 7, 2024, and ending on November 6, 2024, as described in this notice.

Program Descriptions

ACIS Pilot Program

Under the existing ACIS Pilot Program, the Department works with local government agencies, known as Lead Entities (LE), to provide a set of home and community-based services (HBCS) to eligible participants. The ACIS pilot has been in effect since July 1, 2017. Under this pilot, tenancy-based case management services/tenancy support services and housing case management services, are provided to eligible Medicaid participants to assist them in obtaining the services of state and local housing programs.

To qualify for ACIS, Medicaid participants must meet specific health and housing needs-based criteria. The Department requests an amendment to ACIS' existing Special Terms and Conditions (STCs) to expand the pilot to better serve this population. This expansion is facilitated by the inclusion of \$5.4 million in state general funds. To this end, the Department submits a twofold request: 1) update

existing payment methodologies to require ACIS LEs to bill through the standard claiming process; and 2) to allow an additional 1,240 participant spaces for the ACIS pilot to facilitate participation from additional jurisdictions within Maryland.

Fertility Preservation Services

House Bill 283—Maryland Medical Assistance Program - Gender-Affirming Treatment (Trans Health Equity Act)—(Ch. 253 of the Acts of 2023) requires Maryland Medicaid to cover fertility preservation procedures for participants receiving certain gender-affirming services.

In response to this legislation, the State proposes in this amendment to cover these services for all Medicaid eligible participants who have been diagnosed with, or are at risk for, iatrogenic infertility, and whose related treatment may cause a substantial risk of sterility, to receive coverage for fertility preservation services, including storage of sperm and oocytes. This may include Medicaid participants receiving gender-affirming services or cancer treatment, thereby expanding access to the same reproductive services as others and improving their ability to start families.

The Department notes that implementation of this section is contingent upon enactment of statutory changes by the Maryland General Assembly and availability of State General Funds.

Express Lane Eligibility for the Non-MAGI Population

This amendment will facilitate streamlined and efficient Medicaid renewals by allowing qualifying non-MAGI adult participants to maintain Medicaid coverage more easily without disruption, improving their health care access, and ultimately their health. Under the ELE process, eligible non-MAGI adults who receive SNAP benefits and meet Medicaid income thresholds may be automatically renewed in Medicaid, contingent on meeting other Medicaid eligibility criteria as defined by the Department. The process applies to the following population:

1. Adults aged 19 to 64 whose SNAP verified income is at or below 300 percent of the Federal Benefit Rate (FBR).

Program Objective & Goals

These programs aim to promote the objectives of Maryland Medicaid by improving participant health outcomes and quality of life. Through the amendment, Maryland Medicaid will promote this objectives through the following goals:

1. Expanding housing and tenancy-based case management to reduce unnecessary healthcare utilization and address housing related to social determinants of health;
2. Improving access to medically necessary services; and
3. Reducing the administrative burden on Medicaid participants, diminish churn, and improve customer service by using available eligibility information.

Program	Program Goal	Amendment Objective
ACIS Pilot	The goals of the ACIS program are to reduce unnecessary health services use, increase housing stability, and improve health outcomes for Medicaid participants at risk of institutional placement or homelessness.	To expand existing participant spaces and simplify payment methodologies thereby encouraging additional LEs to participate in ACIS and serve more Medicaid participants.
Fertility Preservation Services	The goal of this program is to provide these services for eligible Medicaid participants who have been diagnosed with, or are at risk for, iatrogenic infertility, and whose related treatment may cause a substantial risk of sterility, to receive coverage for fertility preservation services, including storage of sperm and oocytes. This may include participants receiving gender-affirming services or cancer treatment, thereby expanding access to the same reproductive services as others and improving their ability to start families.	To improve access to medically necessary services by increasing the number of health care visits and rendered services for Medicaid participants who are diagnosed with, or at risk for, iatrogenic infertility.
Express Lane Eligibility	ELE for the non-MAGI population will reduce the administrative burden, diminish churn, and improve customer service by using available eligibility information, thereby improving participants' health care access, and ultimately their health.	To increase the proportion of non-MAGI adults who are renewed through the ex parte, or automatic, renewal process.

Impacts of Programs on Health Care Delivery System, Eligibility Requirements, and Benefit Coverage and Cost Sharing

The amendment does not propose any changes to existing Medicaid state plan health care delivery system, eligibility, and cost sharing. Standards for these features are set forth under the State Plan. Participant eligibility will continue to be determined through the Medicaid State Plan and is subject to all applicable Medicaid laws and regulations in accordance with the Medicaid State Plan. This amendment will not restrict existing program eligibility or enrollment.

The amendment proposes to expand and add the following benefits:

1. ACIS Pilot Program: Update existing payment methodologies and increase participant spaces to support statewide expansion; and

2. **Fertility Preservation:** Coverage of fertility preservation procedures for individuals with or at risk for iatrogenic infertility, including due to gender-affirming services.

Enrollment and Expenditures

The table below outlines the anticipated costs of the three benefits described above to eligible Medicaid participants over the next five years.

Amendment Component	Estimated Projected Expenditures				
	DY01*	DY02**	DY03**	DY04**	DY05**
ACIS					
<i>Enrollment**</i>	900	1,150	1,400	1,650	1,900
<i>Projected Expenditures</i>	\$4,532,999	\$5,792,165	\$7,051,331	\$8,310,498	\$9,569,664
Fertility Preservation					
<i>Enrollment</i>	1,978	1,978	1,978	1,978	1,978
<i>Projected Expenditures</i>	\$6,410,118	\$6,410,118	\$6,410,118	\$6,410,118	\$6,410,118
Non-MAGI ELE***					
<i>Enrollment</i>	N/A	N/A	N/A	N/A	N/A
<i>Projected Expenditures</i>	N/A	N/A	N/A	N/A	N/A
Total Expenditures	\$10,943,117	\$12,202,283	\$13,461,449	\$14,720,616	\$15,979,782

*Assumes an effective date beginning July 1, 2025.

**Assumes award allocation of existing 280 spaces during state fiscal year 2025.

***Due to the maintenance of effort requirements enacted in the FFCRA during the COVID-19 Public Health Emergency (PHE), ELE for the non-MAGI population will not result in additional costs.

Hypotheses and Evaluation Parameters

The Department will test the following proposed research questions and hypotheses as part of each program's evaluation, in alignment with the goals and objectives of the Waiver.

The table below outlines the proposed research questions, hypotheses, and potential data sources for this amendment that would allow the Department to effectively test each of the specific hypotheses.

Program	Research Question	Hypothesis	Potential Data Source
ACIS Pilot	Does the ACIS pilot improve health outcomes for participants?	The ACIS pilot reduces unnecessary health services use, increases housing stability, and improves health outcomes for Medicaid participants at risk of institutional placement or homelessness.	Continue to utilize approved \$1115 HealthChoice Demonstration Waiver (Project Number: 11-W-00099/3) evaluation design for the ACIS pilot

Program	Research Question	Hypothesis	Potential Data Source
Fertility Preservation Services	Do fertility preservation services increase the number of health care visits to address iatrogenic infertility for Medicaid participants?	This amendment will allow individuals who are diagnosed with, or at risk for, iatrogenic infertility to preserve their ability to have children in the future.	MMIS, data from regional health information exchange (CRISP)
Express Lane Eligibility	How does the use of available SNAP data impact the proportion of non-MAGI participants whose coverage is automatically renewed; therefore, eliminating the need to complete a manual renewal process?	This amendment will improve health care access for the non-MAGI population by enabling participants to remain enrolled in their Medicaid coverage automatically, without requiring a manual renewal.	State eligibility and enrollment data

§1115 Waiver and Expenditure Authorities Proposed for Amendment

The State is requesting the waiver and expenditure authorities listed below, pursuant to section 1115(a)(1) of the Social Security Act to enable Maryland to implement the amendment:

Waiver Authority	Rationale for Waiver
Section 1902(a)(10)(B) Amount, Duration, and Scope of Services and Comparability	<p>To enable the State to provide benefits specified in the special terms and conditions to HealthChoice demonstration participants enrolled in the ACIS Pilot program which are not available to other individuals under the Medicaid State Plan.</p> <p>To enable the State to vary the amount, duration, and scope of services provided to eligible Medicaid participants seeking fertility preservation services.</p>
Section 1902(a)(10)(A), Section 1902(a)(10)(C)(i)-(iii), and Section 1902(a)(17) - Eligibility Procedures and Standards	To enable the State to use streamlined eligibility procedures for the non-MAGI adult population.
Expenditure Type	Rationale for Expenditure Authority
Expenditures Related to Fertility Preservation Services	Expenditures for fertility preservation services, including storage of sperm and oocytes, rendered to eligible Medicaid participants.

Public Notice and Comment Process

As announced in the abbreviated public notice released in the Maryland General Register on October 4, 2024, the draft §1115 amendment and related public notice materials are posted for a minimum 30-day public comment period, starting October 7, 2024 and ending on November 6, 2024, on the §1115 HealthChoice Demonstration Waiver homepage located on the Department's website:

<https://health.maryland.gov/mmcp/pages/1115-healthchoice-waiver-renewal.aspx>.

Interested parties may submit written comments electronically via email to mdh.healthchoicerenewal@maryland.gov or may send written comments concerning the waiver amendment to:

Alyssa Brown, Director
Medicaid Office of Innovation, Research and Development
Maryland Department of Health
201 West Preston Street, Room 223
Baltimore, MD 21201

Two public hearings will be held to solicit input on the proposed amendment. The date, time, and location of the public hearings are listed below:

Public Hearing #1:

Thursday, October 10, 2024; 1:00PM–2:00PM

In-person: Rockville Memorial Library, 21 Maryland Ave, Rockville, MD 20850

Virtual/Audio: GoToWebinar Virtual Platform. To participate in the public hearing remotely, please visit:

<https://attendee.gotowebinar.com/register/4139728790215225440>

Public Hearing #2:

Thursday, October 24, 2024; 1:00PM–3:00PM

In-person: Maryland Department of Health - Level L-Room L1, 201 West Preston Street, Baltimore, Maryland 21201

Virtual/Audio: GoToWebinar Virtual Platform. To participate in the public hearing remotely, please visit:

<https://attendee.gotowebinar.com/register/3613407961570427992>

Please note that if you desire to make a public comment, you may attend the meeting in person, or if you'd like to appear virtually, register via the link above. After registering, you will receive a confirmation email containing audio and visual information about joining the webinar.

Individuals needing special accommodation, please contact Claire Gregory at (410)-935-3938.



Maryland Register

Issue Date: October 4, 2024

Volume 51 • Issue 20 • Pages 889 — 914

IN THIS ISSUE

Governor
Regulatory Review and Evaluation
Regulations
Errata
Special Documents
General Notices

Pursuant to State Government Article, §7-206, Annotated Code of Maryland, this issue contains all previously unpublished documents required to be published, and filed on or before September 16, 2024 5 p.m.

Pursuant to State Government Article, §7-206, Annotated Code of Maryland, I hereby certify that this issue contains all documents required to be codified as of September 16, 2024.

Gail S. Klakring
Administrator, Division of State Documents
Office of the Secretary of State



Information About the Maryland Register and COMAR

DEPARTMENT OF THE ENVIRONMENT

Subject: Public Meeting

Date and Time: October 23, 2024, 9 a.m.

Place: Via Google Hangouts, Meet, and in person at 1800 Washington Boulevard, Baltimore MD 21230.

Add'l. Info: A portion of this meeting will be held in closed session.

Contact: Amanda Redmiles 410-537-4466

[24-20-01]

OFFICE OF FINANCIAL REGULATION/ADVISORY BOARD FOR THE MARYLAND COMMUNITY INVESTMENT VENTURE FUND

Subject: Public Meeting

Date and Time: October 25, 2024, 10 a.m. — 12 p.m.

Place: Office of Financial Regulation, Maryland Dept. of Labor, 100 S. Charles St., Baltimore, MD 21201; Google Meet Information for participation via web conference will be posted to the Office of Financial Regulation's website.

Add'l. Info: This is the first meeting of the Advisory Board for the Maryland Community Investment Venture Fund assembled to assist the Office of Financial Regulation pursuant to Financial Institutions Article, §2-118.1, Annotated Code of Maryland.

If necessary, the Advisory Board will convene in a closed session to seek the advice of counsel or review confidential materials, pursuant to General Provisions Article, §3-305, Annotated Code of Maryland.

Contact: Stephen J. Clampett 443-915-2383

[24-20-19]

MARYLAND DEPARTMENT OF HEALTH

Subject: Public Hearings

Date and Time: October 10, 2024, 1 — 2 p.m.; October 24, 2024, 1 — 3 p.m.

Place: Please see details below.

Add'l. Info: §1115 WAIVER AMENDMENT

The Maryland Department of Health (the Department) is proposing an amendment to its §1115 demonstration waiver known as HealthChoice, which the Centers for Medicare and Medicaid Services have authorized through December 31, 2026.

The Department is submitting this §1115 demonstration waiver amendment to update existing payment methodologies and request additional participant spaces for the Assistance in Community Integration Services pilot to support Statewide expansion. Additionally, the Department seeks approval to cover fertility preservation procedures for individuals with iatrogenic infertility, including those who received gender-affirming services, as required by House Bill 283 Maryland Medical Assistance Program — Gender-Affirming Treatment (Trans Health Equity Act) — (Ch. 253, Acts of 2023). Finally, the Department is seeking authority to include the non-Modified Adjusted Gross Income adult population to the proposed Express Lane Eligibility waiver that would authorize Maryland to renew Medicaid coverage for members of an eligible adult Supplemental Nutrition Assistance Program household up to age 65 that are already enrolled in Medicaid.

The State's 30-day public comment period will open on October 7, 2024, and run through November 6, 2024. Electronic copies of the draft waiver amendment application will be available on that date and may be downloaded from <https://mmcp.health.maryland.gov/Pages/1115-HealthChoice-Waiver-Renewal.aspx>. Hard copies of the application may be obtained by calling 410-935-3938.

Interested parties may send written comments concerning the waiver amendment to Alyssa Brown, Office of Innovation, Research and Development, Office of Health Care Financing, Maryland Department of Health, 201 West Preston Street, Room 223, Baltimore, MD 21201, or via email to mdh.healthchoicerenewal@maryland.gov. The Department will accept comments from October 7, 2024, until November 6, 2024.

The following public hearings will discuss the content of the waiver amendment and solicit feedback and input from public stakeholders. Both hearings will be held on a hybrid basis; information for both in-person and remote participation is below.

Public Hearing #1

Thursday, October 10, 2024

1 — 2 p.m.

Rockville Memorial Library

21 Maryland Ave

Rockville, MD 20850

To participate in the public hearing remotely, please visit <https://attendee.gotowebinar.com/register/4139728790215225440>.

Please note that if you desire to make a public comment, you will need to register via the link above. After registering, you will receive a confirmation email containing audio and visual information about joining the webinar.

Public Hearing #2

Thursday, October 24, 2024

1 — 3 p.m.

Maryland Department of Health

201 West Preston Street

Lobby Level — Room L1

Baltimore, MD 21201

October MMAC Meeting
GoToWebinar Virtual Platform

To participate in the public hearing remotely, please visit <https://attendee.gotowebinar.com/register/3613407961570427992>.

Please note that if you desire to make a public comment, you will need to register via the link above. After registering, you will receive a confirmation email containing audio and visual information about joining the webinar.

Contact: Alyssa Brown 410-767-9795

[24-20-14]

MARYLAND DEPARTMENT OF HEALTH

Subject: Receipt of Application

Add'l. Info: The Maryland Department of Health (MDH) is currently accepting applications and nominations for pharmacists to serve on the Maryland Medicaid Drug Use Review (DUR) Board beginning January 2025. The DUR Board is comprised of up to 12 licensed and actively practicing physicians and pharmacists in Maryland. Members are appointed by the Secretary of MDH and serve one term of 3 years from the date of their appointment with the option to serve an additional 3-year term.

All interested applicants are required to submit a formal application through the Maryland Department of Health's Office of Appointments and Executive Nominations application link for DUR Board DUR Application. The deadline to submit applications is October 11, 2024.

Thank you for your consideration of this request.

Contact: Mangesh Joglekar, mangesh.joglekar@maryland.gov; Lynn Frendak, lynn.frendak@maryland.gov; and Nisha Purohit, nisha.purohit1@maryland.gov

[24-20-06]

MARYLAND DEPARTMENT OF HEALTH/PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

Subject: Public Meeting

Date and Time: November 7, 2024, 9 a.m. — 1 p.m.

Place: Virtual meeting — please see details below.

Add'l. Info: As soon as available, classes of drugs to be reviewed, speaker registration guidelines, and procedure to register to attend the virtual meeting will be posted on the Maryland Pharmacy Program website at:

<https://health.maryland.gov/mmcp/pap/Pages/Public-Meeting-Announcement-and-Procedures-for-Public-Testimony.aspx>.

Submit questions to: mdh.marylandpdlquestions@maryland.gov.

Contact: Deborah Washington 410-767-1455

[24-20-04]

MARYLAND DEPARTMENT OF HEALTH/TELEPHARMACY WORKGROUP

Subject: Public Meeting

Date and Time: October 9, 2024, 10 a.m. — 12 p.m.

Place: Via Google Meet — please see details below.

Add'l. Info: Google Meet joining info:

Video call link:

<https://meet.google.com/nuz-mepe-hzz>

Or call: (US) +1 315-754-3354

PIN: 339 146 105#

Contact: Jody Sheely 443-683-1511

[24-20-05]

MARYLAND STATE LOTTERY AND GAMING CONTROL COMMISSION

Subject: Public Meeting

Date and Time: October 24, 2024, 10 a.m. — 1 p.m.

Place: Montgomery Business Park, 1800 Washington Blvd., Ste. 330, Baltimore, MD

Add'l. Info: The meeting will be in person and via livestream available on the website the day of the meeting at <https://www.mdgaming.com/commission-meeting-10-24-2024/>.

Contact: Kathy Lingo 410-230-8790

[24-20-08]

MARYLAND HEALTH CARE COMMISSION

Subject: Public Meeting

Date and Time: October 17, 2024, 1 — 4 p.m.

Place: 4160 Patterson Ave., Baltimore, MD

Add'l. Info: Meeting will be hybrid. Please register to attend virtually at <https://mhcc.maryland.gov>.

Contact: Valerie Wooding 410-764-3570

[24-20-03]



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Section Menu



1115 HealthChoice Waiver Renewal and Amendments

Fall 2024 §1115 Waiver Amendment – Public Notice

In support of its commitment to advancing health outcomes for Marylanders with complex medical and social needs, the Maryland Department of Health (the Department) is requesting an amendment to its existing §1115 HealthChoice Demonstration Waiver. Specifically, Maryland is seeking approval to authorize:

- An expansion of the existing Assistance in Community Integration Services pilot program;
- Coverage of fertility preservation services; and
- An expansion of Express Lane Eligibility for non-Modified Adjusted Gross Income adults.

This proposed amendment seeks to implement these services and anticipates their inclusion in the overarching renewal of the HealthChoice demonstration, effective January 2027.

- [Full Public Notice of Fall 2024 Waiver](#)
- [Full Draft Waiver Amendment Application with Appendices](#)

As announced in the abbreviated public notice released in the Maryland General Register on October 4, 2024, the draft §1115 amendment and related public notice materials are posted for a minimum 30-day public comment period, starting October 7, 2024 and ending on November 6, 2024.

Interested parties may submit written comments electronically via email to mdh.healthchoicerenewal@maryland.gov or may send written comments concerning the waiver amendment to:

Alyssa Brown, Director
Medicaid Office of Innovation, Research and Development
Maryland Department of Health
201 West Preston Street, Room 223
Baltimore, MD 21201

Two public hearings will be held to solicit input on the proposed amendment. The date, time, and location of the public hearings are listed below:

Public Hearing #1:

Thursday, October 10, 2024; 1:00PM–2:00PM

In-person: Rockville Memorial Library, 21 Maryland Ave, Rockville, MD 20850

Virtual/Audio: GoToWebinar Virtual Platform. To participate in the public hearing remotely, please visit:

<https://attendee.gotowebinar.com/register/4139728790215225440>

Public Hearing #2:

Thursday, October 24, 2024; 1:00PM–3:00PM

In-person: Maryland Department of Health - Level L-Room L1, 201 West Preston Street, Baltimore, Maryland 21201

Virtual/Audio: GoToWebinar Virtual Platform. To participate in the public hearing remotely, please visit:

<https://attendee.gotowebinar.com/register/3613407961570427992>

Please note that if you desire to make a public comment, you may attend the meeting in person, or if you'd like to appear virtually, register via the link above. After registering, you will receive a confirmation email containing audio and visual information about joining the webinar.

Individuals needing special accommodation, please contact (410)-935-3938.

2022-2026 Renewal Period

Effective January 1, 2022, the Centers for Medicare & Medicaid Services (CMS) approved and renewed Maryland's §1115 demonstration waiver, known as HealthChoice, for a period of five years. The Maryland Department of Health (MDH) accepted public comments from May 4, 2021, through June 4, 2021.

HealthChoice, first implemented in 1997 under the authority of Section 1115 of the Social Security Act, is Maryland's statewide mandatory managed care program for Medicaid enrollees. Under HealthChoice, eligible families and individuals are required to enroll in a managed care organization that has been approved by the Maryland Department of Health. Each managed care organization is responsible for ensuring that HealthChoice enrollees have access to a network of medical providers that can meet the health needs of each enrollee. For more information, see the current [§1115 Waiver Special Terms and Conditions](#).

Pending CMS Approval

2024 §1115 Waiver Amendment



2023 §1115 Waiver Amendment



2022-2026 Approved

2022 §1115 Waiver Amendment



2021 §1115 Waiver Renewal Application



WBCCHP Sunset Transition Plan



2017-2021 Renewal Period

Effective January 1, 2017, the Centers for Medicare & Medicaid Services (CMS) approved and renewed Maryland's §1115 demonstration waiver, known as HealthChoice, for a period of five years. The Maryland Department of Health accepted public comments from April 29, 2016, through May 31, 2016.

2017-2021 Approved

2019 §1115 Waiver Amendment



2018 §1115 Waiver Amendment



2016 §1115 Waiver Renewal Application



Quick Links

Notices, Reports and Regulations

- [Public Notices](#)
- [Reports and Publications](#)
- [Maryland Medicaid Parity Compliance Report](#)
- [Medicaid Data Requests](#)
- [Maryland Medicaid State Plan](#)

Contact

- mdh.healthchoicerenewal@maryland.gov



Maryland Department of Health
201 W. Preston Street, Baltimore, MD 21201
(410)767-6500 or 1-877-463-3464

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Hannah Markus -MDH- <hannah.markus@maryland.gov>

Requesting Feedback: Draft MD Section 1115 Waiver submission - Amendment Application

Hannah Markus -MDH- <hannah.markus@maryland.gov>

Mon, Oct 7, 2024 at 9:44 AM

To: kerry@nativelifelines.org, kerrylessard@me.com

Cc: "Alyssa L. Brown -MDH-" <alyssa.brown@maryland.gov>, Laura Goodman -MDH- <laura.goodman@maryland.gov>, Claire Gregory -MDH- <claire.gregory@maryland.gov>, Elizabeth Kasameyer -MDH- <elizabeth.kasameyer@maryland.gov>, Sharon Neely -MDH- <sharon.neely@maryland.gov>, "Nancy C. Brown -MDH-" <nancyc.brown@maryland.gov>, Sania Rahman -MDH- <sania.rahman@maryland.gov>, "Meredith J. Lawler -MDH-" <meredith.lawler@maryland.gov>, stephanie@nativelifelines.org

Good morning, Ms. Hawk-Lessard,

I work with the Maryland Medicaid Office of Innovation, Research, and Development and wanted to share that the Maryland Department of Health (the Department) is proposing an amendment application to its HealthChoice §1115 demonstration waiver.

In support of its commitment to advancing health outcomes for Marylanders with complex medical and social needs, the Department is requesting an amendment to its existing §1115 HealthChoice Demonstration Waiver. Specifically, the State is seeking approval to authorize:

- An expansion of the existing Assistance in Community Integration Services pilot program;
- Coverage of fertility preservation services; and
- An expansion of Express Lane Eligibility for non-Modified Adjusted Gross Income adults.

The State's public comment period begins today, October 7, 2023 and ends November 6, 2024. I've attached a copy of the draft §1115 Waiver Amendment application and Full Public Notice document in case it's helpful, but they can also be found on our [1115 HealthChoice Waiver Renewal and Amendments](#) webpage.

We are requesting your comments, if you have any, and can set up a phone call if interested to discuss the amendment with you. You may also send written comments concerning the waiver amendment to Alyssa Brown, Office of Innovation, Research, and Development, Office of Health Care Financing, Maryland Department of Health, 201 West Preston Street, Room 224, Baltimore, Maryland 21201 or via email to mdh.healthchoicerenewal@maryland.gov.

Additionally, two public hearings will be held to solicit input on the proposed amendment:

Public Hearing #1:

Thursday, October 10, 2024; 1:00PM–2:00PM

In-person: Rockville Memorial Library, 21 Maryland Ave, Rockville, MD 20850

Virtual/Audio: GoToWebinar Virtual Platform. To participate in the public hearing remotely, please visit:

<https://attendee.gotowebinar.com/register/4139728790215225440>

Public Hearing #2:

Thursday, October 24, 2024; 1:00PM–3:00PM (the October MMAC meeting)

In-person: Maryland Department of Health - Level L-Room L1, 201 West Preston Street, Baltimore, Maryland 21201

Virtual/Audio: GoToWebinar Virtual Platform. To participate in the public hearing remotely, please visit:

<https://attendee.gotowebinar.com/register/3613407961570427992>

Please feel free to reach out if you have any questions or concerns. Thank you for your time!

Kind regards,

--

Hannah Markus (she/her)

Special Assistant to the Deputy Director
Office of Innovation, Research, and Development
Office of Health Care Financing and Medicaid
Maryland Department of Health
201 W. Preston St, Baltimore, MD 21201

We encourage you to check our website and social media often for updates.

For Medicaid-related Coronavirus updates, visit mmcp.health.maryland.gov.

For questions about the Coronavirus, visit coronavirus.maryland.gov.

Follow us @MDHealthDept facebook.com/MDHealthDept and twitter.com/MDHealthDept.

The Maryland Department of Health is committed to customer service. [Click here](#) to take the Customer Satisfaction Survey.

2 attachments



Maryland_1115 Waiver Amendment_Public Comment.pdf
371K



1115 Waiver Amendment Fall 2024 Full Public Notice.pdf
208K



Hannah Markus -MDH- <hannah.markus@maryland.gov>

Requesting Feedback: Draft MD Section 1115 Waiver submission - Amendment Application

Kerry Lessard <Kerry@nativelifelines.org>

Mon, Nov 4, 2024 at 1:05 PM

To: Hannah Markus -MDH- <hannah.markus@maryland.gov>

Good afternoon, Hannah:

Having reviewed the documents you've provided, I wanted to share comments on the amendment as proposed.

ACIS:

While this pilot program has been in effect since 2017, I have never heard from those we serve that they have utilized tenancy-based case management/ supportive services or housing case management services. We know in our community that use of emergency services is high, and that homelessness is equally high. Further, we know that for AI/AN patients, Indian Health Service (IHS) supports such as those we provide could help maximize state resources and provide wraparound services that would better position our relatives for success.

I personally had a very recent example that brings this home. On Sunday, 10/20/2024, a client of Native American LifeLines (NAL) was struck by a vehicle and transported to Johns Hopkins Hospital. This patient is an enrolled tribal citizen and a Medicaid recipient. Despite identifying as homeless and despite my personal involvement as an advocate, the patient was discharged without meaningful case management supports and any solid plan for aftercare, physical or occupational therapy, and pain management. The patient remains in a cast and with limited mobility, and while recovering NAL used IHS funds to temporarily house this patient in a hotel so that they could recuperate after surgery. Again, I am especially concerned given that the patient was discharged with Narcan but no meaningful discussion around pain management, tapering, or how to manage the inevitable symptoms of withdrawal.

A continuing concern is the lack of appropriate data collection, either when gathering or reporting. For example, page 5 cites the Hilltop report and completely omits or ignores AI/AN in its reporting. We have two comments, then.

First, when AI/AN are not being counted or reported, it communicates to our population that we do not count. While I realize that this is a Hilltop report, it is a reminder that the State of Maryland needs to do a better job of not only ensuring that AI/AN is provided as a choice when identifying one's race, but that this information is shared (and without the offensive remark that our relatives are "statistically insignificant"). As Abigail Echo Hawk reminds us, each data point is relative and their lives, their stories are important to us.

Second, where AI/AN is not reported, under-reported, or statistically othered, it prevents important information from being shared that would direct resources and interventions to where they are needed. For example, recent data from the Indian Health Service demonstrates that AI/AN have the highest rates of fatal opioid overdose of any race or ethnicity. The same is true of congenital syphilis, in which Native women experience highest rates. How many AI/AN persons are missed in Maryland's data because they are being assigned to another (or "other") race or are not counted at all. This omission has real-world implications that matter deeply to our relatives and to broader public health concerns.

NAL would like to be a support to Maryland's medical systems, but if our AI/AN eligibles are not counted in data or identified at point of service, our ability to do so is significantly hampered.

That said, NAL is supportive of the proposal to update payment methodologies and to expand ACIS so that the State can increase the number of individuals served. NAL continues to advocate for improved data collection practices around and outreach to Maryland's AI/AN communities. Quoting the National Healthcare for the Homeless Council (who certainly would not be the first), housing is healthcare. When we meaningfully address multiple social determinants of health and syndemic conditions, we can make an impact on the public health of our State.

Fertility Preservation Services:

Native American LifeLines (NAL) is proud to support the total wellbeing of our Two Spirit (2SLGBTQI+) relatives and have heard from many the importance of fertility preservation for those pursuing gender affirming care. This is consistent with the work of the Indian Health Service (IHS), which funds our program.

The IHS is committed to ensuring that Two-Spirit identifying AI/AN individuals and their families receive equal access to health services in the communities where they live. IHS carries out this work by providing enhanced resources for health issues, developing better information regarding health needs, and working to close the health disparities gap that currently exist for our Native Two-Spirit/LGBTQI+ people.

Consistent with this, IHS includes medications used in feminizing and masculinizing regimens and puberty suppression agents have been added to the National Core Formulary. Fertility preservation is recommended for transgender people before gender transitions so they can have biological children in the future if they choose.

As such, NAL supports the Department's proposal to waive Section 1902(a)(10)(b), allowing Medicaid to provide fertility preservation services to eligible participants not currently available under the Medicaid State Plan.

Express Lane Eligibility for the Non-MAGI Population:

The Urban Indian Health Institute (UIHI) found that the proportion of AI/AN children aged 17 and under who lived in households with an income below the poverty level was 4.1 times that of Non-Hispanic Whites (23.8% vs. 5.8%). Further, the proportion of SNAP participation among AI/AN people in NAL's service area was 4.5 times that of Non-Hispanic White people (26.9% vs. 6%). Finally, a tenth of the AI/AN population in NAL's service area (10.3%) reported being uninsured compared with 4.2% of the Non-Hispanic White population. The proportion of uninsured AI/AN children under the age of 19 (3.2%) in NAL's service area was 1.3 times that of their Non-Hispanic White counterparts.

Given these grim statistics, NAL supports the State's request for ELE authority for renewal purposes at the proposed effective date (July 1, 2025) so as to avoid the gap in renewal functionality after current authority expires on June 30, 2025.

NAL also supports the Department's request to waive Section 1902(a)(10)(A), Section 1902(a)(10)(C)(i)-(iii), and Section 1902(a)(17) of the Social Security Act governing eligibility standards and procedures that would allow for the streamlining for the adult non-MAGI population.

This is especially important for AI/AN living in the State of Maryland, where there are no full ambulatory IHS clinics and where NAL relies on connecting beneficiaries with available insurance

and partnerships with area health care providers. Where healthcare outcomes are so poor and access to care so fractionated, anything that can improve and retain enrollment to Medicaid is critical.

If you have any questions, please let me know and we can schedule time to discuss.

Warmly,

Kerry Hawk Lessard, MAA (she/her)
Executive Director

Native American LifeLines
[1 E. Franklin Street, Suite 200](#)
Baltimore, MD 21202
(phone) 410-837-2258 x103
(fax) 410-837-2692

Native American LifeLines is a Title V Urban Indian Health Program (UIHP) serving Baltimore and Boston metropolitan areas and contracting with the [Indian Health Service](#). This contract is administered by the Indian Health Service [Nashville Area Office \(IHS/NAO\)](#).

Be sure to follow us on [facebook](#) and [instagram](#)!

***A Self Care Note:** Your work day/hours may not be the same as mine. So please don't feel obligated to respond outside of your normal working hours.*

From: Hannah Markus -MDH- <hannah.markus@maryland.gov>

Sent: Monday, November 4, 2024 10:20 AM

To: Kerry Lessard <Kerry@nativelifelines.org>; kerrylessard@me.com <kerrylessard@me.com>

Subject: Re: Requesting Feedback: Draft MD Section 1115 Waiver submission - Amendment Application

[Quoted text hidden]

[Quoted text hidden]



Hannah Markus -MDH- <hannah.markus@maryland.gov>

Requesting Feedback: Draft MD Section 1115 Waiver submission - Amendment Application

Hannah Markus -MDH- <hannah.markus@maryland.gov>

Wed, Nov 13, 2024 at 2:54 PM

To: Kerry Lessard <Kerry@nativelifelines.org>

Cc: "Alyssa L. Brown -MDH-" <alyssa.brown@maryland.gov>, Laura Goodman -MDH- <laura.goodman@maryland.gov>, Claire Gregory -MDH- <claire.gregory@maryland.gov>, Sania Rahman -MDH- <sania.rahman@maryland.gov>, "Meredith J. Lawler -MDH-" <meredith.lawler@maryland.gov>

Good afternoon, Ms. Hawk-Lessard,

Thank you for your time and review of this proposed amendment. We greatly appreciate your feedback and support for these initiatives. The Department will include these comments as part of Maryland's §1115 HealthChoice waiver amendment application.

Thank you for bringing the client for Native American LifeLines to our attention. We will reach out to Johns Hopkins to confirm their understanding of community resources, specifically the ACIS program, that are available in Baltimore City. Additionally, we wanted to provide you with the direct contact for the ACIS project lead in Baltimore City at the Mayor's Office of Homeless Services. Our office will send her contact information in a separate email.

The Department, in partnership with the UMBC Hilltop Institute, has dedicated resources to enhancing its race and ethnicity data by combining multiple sources of information, including Medicaid's MMIS, the Maryland Health Benefit Exchange (MHBE), Maryland's state-based marketplace, and the Chesapeake Regional Information System for Our Patients (CRISP), the state's designated health information exchange. As a result, the Department has reduced the percentage of current Medicaid participants with an unpopulated race/ethnicity field from 23% to 1.0%. While this enhanced information was not available for the summative ACIS evaluation published in September 2023, this enhanced information will be incorporated into future evaluations of the ACIS program.

We appreciate your full support on behalf of the Native American LifeLines in favor of the expansion of the ACIS pilot and advocating for improved data collection practices and outreach to Maryland's AI/AN communities.

Thank you,
Hannah

[Quoted text hidden]



§1115 Waiver Public Hearing for Proposed Waiver Amendment

Agenda

Thursday, October 10, 2024

1:00 pm – 2:00 pm

Call-in number: +1 (631) 992-3221

Access code: 263-502-185

Please register for Virtual Webinar and Audio Conference at:

<https://attendee.gotowebinar.com/register/4139728790215225440>.

After registering, you will receive a confirmation email containing information about joining the webinar.

Time	Topic	Presenter
1:00 – 1:05	1. Welcome and Housekeeping	Claire Gregory
1:05 – 1:15	2. HealthChoice Overview a. HealthChoice History b. Current Enrollment c. MCO Market Share	Claire Gregory
1:15 – 1:30	3. Proposed Waiver Amendment Overview a. Assistance in Community Integration Services (ACIS) b. Fertility Preservation Services c. Express Lane Eligibility (ELE) for the Non-MAGI population d. Public Notice	Claire Gregory
1:30 – 2:00	4. Public Comment	Claire Gregory



Fall 2024 §1115 Waiver Amendment Public Hearing #1

Maryland Medical Assistance Program
Office of Innovation, Research, and Development

October 10, 2024



Agenda

- **Welcome**
- **HealthChoice Overview**
- **§1115 Waiver Amendment**
 - Assistance in Community Integration Services (ACIS)
 - Fertility Preservation Services
 - Express Lane Eligibility (ELE) for the Non-Modified Adjusted Gross Income (MAGI) population
- **Public Notice Information**
- **Public Comment**

Housekeeping

- Lines will be muted during the presentations; please also self-mute.
- Please indicate your name, title, organization, and email in the chat.
 - Please indicate if you will be submitting written comments or present verbal comments/questions during today's webinar.
- Send questions you have through the question function; you may also utilize this function to sign up for public comment.
- Additional comments, letters and questions can be submitted via email to mdh.healthchoicerenewal@maryland.gov.

HealthChoice Overview

History of HealthChoice

- HealthChoice, first implemented in 1997 under the authority of §1115 of the Social Security Act, is Maryland's statewide mandatory managed care program for Medicaid enrollees.
- The HealthChoice §1115 Demonstration Waiver was last renewed in 2021; the current waiver term extends for five years (calendar years 2022-2026).
- The HealthChoice program is a mature demonstration that has been proven to increase access to quality health care and reduce overall health care spending.

History of HealthChoice

- In December 2021, the Centers for Medicare and Medicaid Services (CMS) approved Maryland's application for a seventh extension of the HealthChoice demonstration.
- The Department submitted a previous waiver amendment application in October 2023 to establish an Express Lane Eligibility program to utilize data from the Supplemental Nutrition Assistance Program for Medicaid redeterminations, as well as to continue Maryland's waiver of the Four Walls Requirement, as previously granted under the COVID-19 Public Health Emergency. The Department is currently waiting for CMS approval.
- The Department also submitted a waiver amendment application in March 2024 to establish a Reentry Demonstration program to offer a set of targeted Medicaid services to certain incarcerated populations who are soon to be released from state prison or jail.
- This current waiver amendment application will be submitted to CMS in November.

Current Enrollment

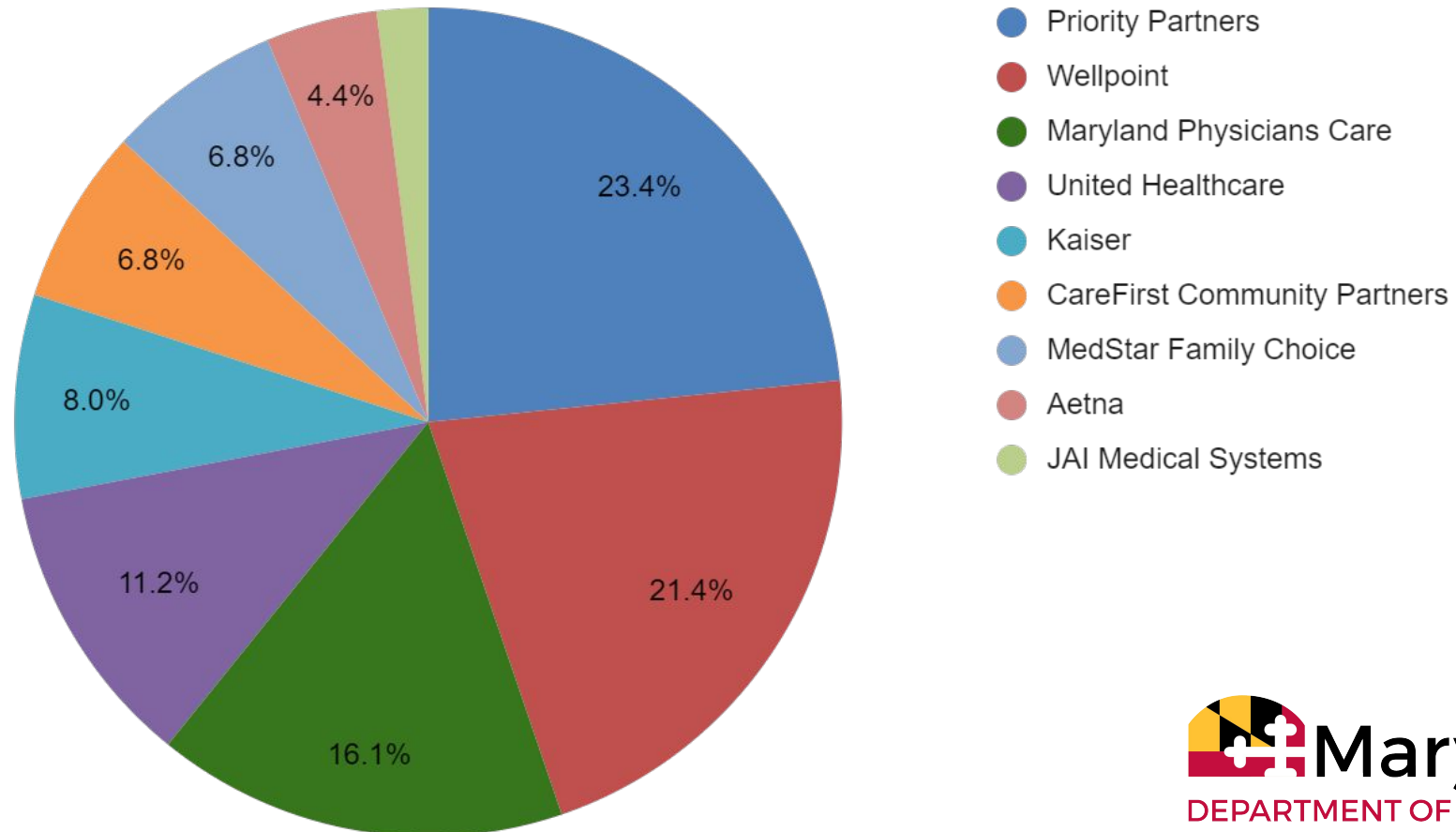
As of August 2024...

- There were 1,417,342 individuals enrolled in HealthChoice, representing 87 percent of total Maryland Medicaid enrollment.
- 387,204 adults were enrolled through the ACA Medicaid expansion in HealthChoice; 23,130 adults were enrolled through ACA Medicaid in the fee-for-service (FFS) program.

MCO Market Share

Nine managed care organizations (MCOs) participate in the HealthChoice program. Below is the MCO market share:

MCO Market Share, August 2024



§1115 Waiver Amendment

Goals and Objectives

The programs included in this amendment aim to promote the mission of the Moore-Miller Administration and of the Maryland Medicaid program by improving social determinants of health (SDOH) and overall access to care.

Maryland Medicaid will promote this objective through the following goals:

- Expanding housing and tenancy-based case management to reduce unnecessary healthcare utilization and address housing related SDOH;
- Improving access to medically necessary services; and
- Reducing the administrative burden on Medicaid participants, diminish churn, and improve customer service by using available eligibility information.

§1115 Waiver Amendment Initiatives

The Department is seeking approval for three programs:

- *Assistance in Community Integration Services*
 - Expand available spaces and update payment methodology
- *Fertility Preservation Services*
 - Coverage of services for individuals with or at risk for, iatrogenic infertility
- *Express Lane Eligibility for the Non-MAGI population*
 - Implement an Express Lane Eligibility option for Maryland's non-Modified Adjusted Gross Income population

Assistance in Community Integration Services Pilot Overview

- ACIS pilot has been in effect since July 1, 2017.
- Provides housing and tenancy related services and supports to qualifying individuals experiencing housing insecurity.
- Local health departments or other local governmental entities are eligible to apply and serve as Lead Entities; contract with local service providers to deliver services.
- To qualify for ACIS, Medicaid participants must meet specific health and housing needs-based criteria.
- Currently Maryland has 900 spaces allocated across Baltimore City, Cecil, Montgomery and Prince George's County.

ACIS Expansion

- The Department is requesting an amendment to expand the Pilot to better serve the eligible population, facilitated by the inclusion of \$5.4 million in state general funds.
- The Department's request is twofold:
 - 1) To update existing payment methodologies to require ACIS LEs to bill through the standard claiming process; and
 - 2) To allow an additional 1,240 participant spaces for the ACIS pilot to facilitate participation from additional jurisdictions within Maryland.

Fertility Preservation Services

- “*Fertility preservation services*” are defined as procedures that are considered medically necessary to preserve fertility due to a need for medical treatment that may directly or indirectly cause iatrogenic infertility.
 - “*Iatrogenic Infertility*” is the impairment of fertility by surgery, radiation, chemotherapy or other medical treatments or interventions affecting reproductive organs or processes. Examples include, but are not limited to, treatments for cancer and certain gender-affirming procedures.
- Eligible Medicaid participants under this program must be of reproductive age and be diagnosed with, or are at risk for, iatrogenic infertility.

Fertility Preservation Services, continued

The Department is requesting to cover the following services:

- Fertility preservation consultation;
- Fertility preservation procedures such as applicable laboratory assessments, medications and medically-necessary treatments;
- Ovulation induction, monitoring and oocyte retrieval;
- Oocyte cryopreservation and evaluation;
- Ovarian tissue cryopreservation and evaluation; Transposition of the ovary(s);
- Sperm extraction, cryopreservation and evaluation;
- Gonadal suppression with GNRH analogs; and
- Storage of cryopreserved sperm and oocytes for up to three years on a non-renewable basis, *i.e.*, a single payment in a one-time increment.

Express Lane Eligibility for the Non-MAGI Population

- The Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) authorized states to establish express lane eligibility (ELE) to efficiently enroll eligible children in Medicaid and the Children's Health Insurance Program (CHIP).
- ELE permits states to rely on findings, such as income, household size, or other factors of eligibility from another program designated as an express lane agency (ELA) to facilitate enrollment in Medicaid/CHIP.
- During unwinding of the continuous eligibility provisions of the Families First Coronavirus Response Act (FFCRA), Maryland received CMS approval under §1902(e)(14)(A) of the Social Security Act to temporarily renew Medicaid eligibility for individuals who are also receiving benefits under the Supplemental Nutrition Assistance Program (SNAP) for the non-MAGI population (both children and adults). This authority will expire after June 2025.

Express Lane Eligibility, continued

- Under the proposed ELE process, eligible non-MAGI adults who receive SNAP benefits and meet Medicaid income thresholds may be automatically renewed in Medicaid, contingent on meeting other Medicaid eligibility criteria as defined by the Department.
- Maryland is requesting to continue the ELE flexibility for non-MAGI adults aged 19 to 64 whose income is at or below 300 percent of the Federal Benefit Rate (FBR) when the §1902(e)(14)(A) authority sunsets.
- The Department is pursuing separate SPA authority for the MAGI and non-MAGI child population and has requested authority for the MAGI adult population in a previous amendment application.

Public Notice

The Department is accepting comments from Monday, October 7, 2024 to Wednesday, November 6, 2024.

The following public hearings will discuss the content of the waiver renewal and solicit feedback and input from stakeholders:

- **First Public Hearing: 10/10/2024, 1:00-2:00 pm (today)**

In-Person Meeting Location: Rockville Memorial Library, 21 Maryland Ave, Rockville, MD 20850.

- **Second Public Hearing: 10/24/2024, 1:00-3:00 pm**

In-Person Meeting Location: Maryland Department of Health, Room L1, 201 West Preston Street, Baltimore, MD 21201. Also accessible online.

General Information

- The §1115 waiver amendment draft is available here:
 - On the [1115 HealthChoice Waiver](#) page;
 - Directly in [PDF form](#); and
 - With a [summary document](#).
- Hard copies may be obtained by calling (410) 767-5683.
- Interested parties may send written comments concerning the waiver amendment electronically via email to mdh.healthchoicerenewal@maryland.gov or via mail to:

Alyssa Brown, Director

Medicaid Office of Innovation, Research and Development

Maryland Department of Health

201 West Preston Street, Room 223

Baltimore, MD 21201

Questions and Public Comment



Thank you for attending Public Hearing #1 §1115 Waiver Demonstration Amendment Application (October 2024)

1 message

MDH HealthChoiceRenewal -MDH- <mdh.healthchoicerenewal@maryland.gov>

Fri, Oct 11, 2024 at 9:46 AM

To: MDH HealthChoiceRenewal -MDH- <mdh.healthchoicerenewal@maryland.gov>
Bcc: Chris Coats -MDH- <chris.coats@maryland.gov>, Sandra Kick -DHMH- <sandra.kick@maryland.gov>, Joanna Ruth -MDH- <joannae.ruth@maryland.gov>, Carrol Barnes -MDH- <carrol.barnes@maryland.gov>, Lauren Brunet -MDH- <lauren.brunet@maryland.gov>, Lorie Mayorga -MDH- <lorie.mayorga@maryland.gov>, "Ozor, Jenny" <jenny.ozor@carefirst.com>, Claire Gregory -MDH- <claire.gregory@maryland.gov>, Jcox1@baltimorecountymd.gov, suzanne@healthcareforall.com, Ellen Dalina -MDH- <ellen.dalina@maryland.gov>, YinYin Win -MDH- <yinyin.win@maryland.gov>, Meredith Lawler -MDH- <meredith.lawler@maryland.gov>, Hannah Markus -MDH- <hannah.markus@maryland.gov>, crespess@pathwaysdc.org, Tricia Roddy -DHMH- <tricia.rodgy@maryland.gov>, "Alyssa L. Brown -DHMH-" <alyssa.brown@maryland.gov>, Laura Goodman -DHMH- <laura.goodman@maryland.gov>, Sania Rahman -MDH- <sania.rahman@maryland.gov>, gharter@pathwaysdc.org, nicole@mdcbh.org, kdetwile@childrensnational.org

Good morning,

Thank you for attending Public Hearing #1 for the Department's Fall 2024 §1115 Waiver Demonstration Amendment Application. Attached are the agenda and slides.

Electronic copies of the draft waiver amendment application are available and may be downloaded from the [§1115 HealthChoice Waiver Renewal and Amendments website](#). Interested parties may send written comments concerning the waiver amendment to Alyssa Brown, Director, Office of Innovation, Research and Development, Office of Health Care Financing, Maryland Department of Health, 201 West Preston Street, Room 223, Baltimore, Maryland 21201 or via email to mdh.healthchoicerenewal@maryland.gov. **The Department will accept comments until November 6, 2024.**

The Department will host a second public hearing to discuss the content of the waiver amendment and solicit feedback from public stakeholders. See below for additional information:

Public Hearing #2:

Thursday, October 24, 2024; 1:00PM–3:00PM

In-person: Maryland Department of Health - Level L-Room L1, 201 West Preston Street, Baltimore, Maryland 21201

Virtual/Audio: GoToWebinar Virtual Platform. To participate in the public hearing remotely, please visit:

<https://attendee.gotowebinar.com/register/3613407961570427992>

Please note that if you desire to make a public comment, you may attend the meeting in person, or if you'd like to appear virtually, register via the link above. After registering, you will receive a confirmation email containing audio and visual information about joining the webinar.

Happy Friday,
Hannah

2 attachments



10.10.2024_§1115 Waiver Amendment Public Hearing Agenda.pdf
92K



10.10.2024_§1115 Waiver Amendment Public Hearing Slides.pdf
616K



Maryland Register

Issue Date: October 18, 2024

Volume 51 • Issue 21 • Pages 915 — 956

IN THIS ISSUE

Governor
Regulatory Review and Evaluation
Regulations
Special Documents
General Notices

Pursuant to State Government Article, §7-206, Annotated Code of Maryland, this issue contains all previously unpublished documents required to be published, and filed on or before September 30, 2024 5 p.m.

Pursuant to State Government Article, §7-206, Annotated Code of Maryland, I hereby certify that this issue contains all documents required to be codified as of September 30, 2024.

Gail S. Klakring
Administrator, Division of State Documents
Office of the Secretary of State



Information About the Maryland Register and COMAR

MARYLAND REGISTER

The Maryland Register is an official State publication published every other week throughout the year. A cumulative index is published quarterly.

The Maryland Register is the temporary supplement to the Code of Maryland Regulations. Any change to the text of regulations published in COMAR, whether by adoption, amendment, repeal, or emergency action, must first be published in the Register.

The following information is also published regularly in the Register:

- Governor's Executive Orders
- Attorney General's Opinions in full text
- Open Meetings Compliance Board Opinions in full text
- State Ethics Commission Opinions in full text
- Court Rules
- District Court Administrative Memoranda
- Courts of Appeal Hearing Calendars
- Agency Hearing and Meeting Notices
- Synopses of Bills Introduced and Enacted by the General Assembly
- Other documents considered to be in the public interest

CITATION TO THE MARYLAND REGISTER

The Maryland Register is cited by volume, issue, page number, and date. Example:

- 19:8 Md. R. 815—817 (April 17, 1992) refers to Volume 19, Issue 8, pages 815—817 of the Maryland Register issued on April 17, 1992.

CODE OF MARYLAND REGULATIONS (COMAR)

COMAR is the official compilation of all regulations issued by agencies of the State of Maryland. The Maryland Register is COMAR's temporary supplement, printing all changes to regulations as soon as they occur. At least once annually, the changes to regulations printed in the Maryland Register are incorporated into COMAR by means of permanent supplements.

Notice of ADA Compliance

The State of Maryland is committed to ensuring that individuals with disabilities are able to fully participate in public meetings. Anyone planning to attend a meeting announced below who wishes to receive auxiliary aids, services, or accommodations is invited to contact the agency representative at least 48 hours in advance, at the telephone number listed in the notice or through Maryland Relay.

MARYLAND DEPARTMENT OF HEALTH

Subject: Public Hearing

Date and Time: October 24, 2024, 1 — 3 p.m.

Place: Maryland Department of Health

201 West Preston Street, Lobby Level – Room L1, Baltimore, MD

Add'l. Info: GENERAL NOTICE – §1115 WAIVER AMENDMENT The Maryland Department of Health (the Department) is proposing an amendment to its §1115 demonstration waiver known as HealthChoice, which the Centers for Medicare and Medicaid Services has authorized through December 31, 2026. The Department is submitting this §1115 demonstration waiver amendment to update existing payment methodologies and request additional participant spaces for the Assistance in Community Integration Services pilot to support statewide expansion. Additionally, the Department seeks approval to cover fertility preservation procedures for individuals with iatrogenic infertility, including those who received gender-affirming services, as required by House Bill 283–Maryland Medical Assistance Program - Gender-Affirming Treatment (Trans Health Equity Act)–(Ch. 253 of the Acts of 2023). Finally, the Department is seeking authority to include the non-Modified Adjusted Gross Income adult population to the proposed Express Lane Eligibility waiver that would authorize Maryland to renew Medicaid coverage for members of an eligible adult Supplemental Nutrition Assistance Program household up to age 65 that are already enrolled in Medicaid.

The State's 30-day public comment period will open on October 7, 2024 and run through November 6, 2024. Electronic copies of the draft waiver amendment application will be available on that date and may be downloaded from <https://mmcp.health.maryland.gov/Pages/1115-HealthChoice-Waiver-Renewal.aspx>. Hard copies of the application may be obtained by calling 410-935-3938.

Interested parties may send written comments concerning the waiver amendment to Alyssa Brown, Office of Innovation, Research and Development Office of Health Care Financing, Maryland Department of Health, 201 West Preston Street, Room 223, Baltimore, Maryland 21201 or via email to: mdh.healthchoicerenewal@maryland.gov. The Department will accept comments from October 7, 2024 until November 6, 2024.

The following public hearings will discuss the content of the waiver amendment and solicit feedback and input from public stakeholders. Both hearings will be held on a hybrid basis; information for both in-person and remote participation is below. The first Public Hearing was held on Thursday, October 10, 2024.

Public Hearing #2 will be held on Thursday, October 24, 2024; 1–3 p.m. Maryland Department of Health 201 West Preston Street, Lobby Level Room L1 Baltimore, MD 21201

October MMAC Meeting GoTo Webinar Virtual Platform To participate in the public hearing remotely, please visit: <https://attendee.gotowebinar.com/register/3613407961570427992> Please note that if you desire to make a public comment, you will need to register via the link above. After registering, you will receive a confirmation email containing audio and visual information about joining the webinar.

Contact: Alyssa Brown 410-767-9795

[24-21-02]

MARYLAND DEPARTMENT OF HEALTH

Subject: Public Meeting

Date and Time: November 7, 2024, 9 a.m. — 1 p.m.

Place: Virtual meeting — please see details below.

Add'l. Info: Please be advised that the November 7, 2024, Pharmacy and Therapeutics (P&T) Committee public meeting will be conducted virtually via a Webinar. As soon as available, classes of drugs to be reviewed, speaker registration guidelines, and procedure to register to attend the virtual meeting will be posted on the Maryland Pharmacy Program website at: <https://health.maryland.gov/mmcp/pap/Pages/Public-Meeting-Announcement-and-Procedures-for-Public-Testimony.aspx>. Submit questions to: mdh.marylandpdlquestions@maryland.gov

Contact: Deborah Washington 410-767-1455

[24-21-01]

STATE BOARD OF INDIVIDUAL TAX PREPARERS

Subject: Public Meeting

Date and Time: November 18, 2024, 10 a.m. — 12 p.m.

Place: Via Google Meet — please see details below.

<https://meet.google.com/qga-mpea-wfp?authuser=0>,

Contact: Christopher Dorsey 410-230-6318

[24-21-03]7

MARYLAND MEDICAID ADVISORY COMMITTEE

DATE: Thursday, October 24, 2024
TIME: 1:00 - 3:00 p.m.
LOCATION: GoToWebinar

MMAC meetings will continue to be held through GoToWebinar only.

Please register for MMAC Meeting on October 24, 2024, 1:00 p.m. EST at:

<https://attendee.gotowebinar.com/register/3613407961570427992>

After registering, you will receive a confirmation email containing information about joining the webinar.

Those who would like to make public comment should email Ms. Meredith Lawler at, meredith.lawler@maryland.gov or use the question feature to submit questions to the host.

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AGENDA

- I. Departmental Report
- II. Fall 2024 §1115 Waiver Amendment Public Hearing
- III. Waiver, State Plan and Regulations Changes
- IV. Public Comments
- V. Adjournment

Staff Contact: Ms. Meredith Lawler
meredith.lawler@maryland.gov

**MARYLAND MEDICAID ADVISORY COMMITTEE
MINUTES**

September 26, 2024

MEMBERS PRESENT:

Ms. Stephanie Scharpf
Adeteju Ogunrinde, M.D.
Mr. Ben Steffen
Ms. Shannon Hall
Ms. Jessica Dickerson
Rachel Dodge, M.D.
Ms. Vickie Walters
Mr. William Webb
Ms. Nicole McCann
Ms. Nora Hoban
The Hon. Tiffany Alston
The Hon. Heather Bagnall

MEMBERS ABSENT:

Winifred Booker, D.D.S
Theodora Balis, M.D.
The Hon. J.B. Jennings
The Hon. Antonio Hayes
Kathryn Fiddler, DNP
Mr. Kenneth Garove
Mr. Floyd Hartley
Mr. Paul Miller
Ms. Diane McComb
The Hon. Matthew Morgan

Maryland Medicaid Advisory Committee

September 26, 2024

Call to Order and Approval of Minutes

Ms. Nicole McCann, Chair, called to order the meeting of the Maryland Medicaid Advisory Committee (MMAC) at 1:05 p.m. Committee members approved the minutes from the July 25, 2024, meeting as written.

Departmental Report

Dr. Ryan Moran, Deputy Secretary, Medicaid Director, Office of Health Care Financing, provided a Departmental update and opening remarks on today's meeting agenda.

After extensive contract negotiations with Kaiser, last Friday the Department announced that it elected to not enter a contract with Kaiser as one of its managed care organizations (MCOs) for 2025. Last night both the Department and Kaiser released a joint statement:

“The Department is pleased to have reached an agreement with Kaiser that will enable Kaiser to participate as a HealthChoice managed care organization in calendar year 2025. The agreement supports historic changes that increase MCO accountability and responsibility while placing particular focus on the Moore-Miller administration's efforts to achieve health equity and improve health outcomes for Marylanders. Working in partnership with Kaiser as well as our other eight MCOs, the Department is committed to continuing to deliver quality care to the states 1.4 million individuals enrolled in the HealthChoice Program.”

It was stressed that these new contracts that go into place for MCOs do make significant progress in terms of our goals to address health equity and improve population health. Hallmarks of the 2025 contracts include:

- 1) All MCOs will be required to achieve National Committee for Quality Assurance (NCQA) health equity accreditation. This means that they will be required to meet rigorous health equity standards. The NCQA oversees that work by implementing new ways to collect data, focusing on organizational diversity and inclusion goals and looking at data to improve quality outcomes to reduce disparities and bias throughout the health plan and operations.
- 2) Targeted staffing requirements – there are requirements to have key positions that will oversee quality and regulatory oversight of the MCOs. There are fourteen key leadership positions that all MCOs will be required to maintain specifically devoted to the Maryland

plan. In, terms of health equity, there will be a leader on the senior leadership of each MCO team to oversee health equity efforts.

- 3) Starting January 1, 2025, Medicaid programs across the country are required to cover services for justice involved youth. We've been partnering with the Department of Juvenile Services on the implementation and start of this very important work. The MCOs are going to be responsible for the case management services and supporting the Department with youth exiting those facilities to ensure that post-release youth are connected to necessary and critical health care services.
- 4) MCOs will be required to adopt a standard way to screen enrollees for social needs information including food, housing, transportation and employment. They will partner with the Department in collecting that data to find community resources for participants to meet their social needs.
- 5) Also included in the contract are opportunities to close gaps in maternal health disparities. The MCOs will be required to participate in a grant opportunity the Department has to conduct risk assessments among pregnant individuals to identify opportunities to reduce maternal morbidity and mortality.

The Department looks forward to implementing all these provisions as part of the future work we have with each of our nine MCOs in 2025.

The Department participated in providing a comprehensive overview of the transition to the new Administrative Service Organization (ASO) Carelon, which will be starting January 1, 2025. That overview was provided to the Behavioral Health Commission and the Behavioral Health Access Council. The Department has also provided a legislative report indicating where we are in the transition process. We are currently just about to begin testing on October 4, 2024. First, we will be going out into the field to test the build and development that Carelon has been working on since the March 2024 start of their contract. We remain on track to have a successful January 1, 2025 implementation.

As part of today's agenda, there are some significant updates in progress to our 1115 Waiver Amendment submission. Today, the team will announce three components of an amendment authority that we will soon be seeking from CMS, including statewide expansion of housing supports, through our Assistance and Community Integration Services (ACIS) program. The current year's budget provided a statewide investment of \$5.5 million to improve access to housing for vulnerable Marylanders and will discuss how that pilot program will go statewide in submission of this waiver amendment. Pending budget considerations and changes to statute in the future, we will discuss updating our amendments with the provision of fertility preservation. The submission will also include expansion of our work related to SNAP and linking eligibility for the modified adjusted gross income (MAGI) population by adding to the amendment non-MAGI populations. This was work that was put into place during the last year of Unwinding.

The Maryland Health Benefits Exchange will give the Committee an update on open enrollment and the Maryland Health Care Commission will speak on the experiences of families with individuals in nursing homes as part of a report they did as well as a gender affirming care access report, which is critical for the Department with our work to expand and implement the Trans Health Equity Act last year.

Fall 1115 Waiver Amendment

Ms. Tricia Roddy, Deputy Medicaid Director, reported that the Department is pursuing a few changes to its 1115 HealthChoice Waiver. These align with the goals of the Moore-Miller Administration and of the Medicaid program by improving social determinants of health and overall access to health care.

Specifically, the Governor provided monies in the FY 2025 budget to expand the Assistance in Community Integration Services (ACIS) program. The monies are intended to expand the pilot program to be statewide and not rely on local dollars to support the state fund contribution. The federal government stated that Maryland Medicaid will need to seek permission for this expansion through the 1115 Waiver authority.

Additionally, the Department will be asking to cover storage of cryopreserved sperm and oocytes under our fertility preservation services. Maryland is currently prohibited by statute from covering this service. Although Maryland Medicaid has started the 1115 waiver amendment process, we recognize that it will be contingent on both statute changes and budget.

Lastly, the Department is requesting to further its request to use Supplemental Nutrition Assistance Program (SNAP) enrollment information to automatically renew Medicaid eligibility. The request is to use SNAP enrollment information for all Medicaid populations.

The federal government said that it will expedite the review of these requests and have a response by next Spring.

Ms. Meredith Lawler, Health Policy Analyst, Office of Innovation, Research and Development, informed the Committee that the waiver will also include Express Lane Eligibility for non-MAGI individuals. We are already providing Express Lane Eligibility for the non-MAGI population through the unwinding (e)(14) waiver, but this will extend our temporary unwinding flexibility and make it permanent.

Current total Medicaid enrollment is 1,628,612 individuals which includes total MAGI, non-MAGI, Duals and CHIP individuals (see graph).

Maryland Health Benefits Exchange Open Enrollment

Ms. Michele Eberle, Executive Director, informed the Committee that this is their twelfth open enrollment period since the inception of the Affordable Care Act (ACA). Over the past eleven

years the Maryland Health Benefits Exchange (MHBE) has worked tirelessly to provide affordable quality health insurance to more Marylanders (see presentation).

We have continued to see double digit growth in our marketplace over all particularly in the areas that we focus on. Last year over year our black consumer growth was up twenty four percent, and our Hispanic consumer growth has been up twenty three percent. Young adults were up forty six percent. This is an area we have been focusing on to make sure younger folks get coverage. We have our new young adult subsidy program and the enrollment in that program for subsidies grew fifty six percent. We also saw over the last year special enrollees with incomes less than one hundred fifty percent federal poverty level increase nearly twice what they were year over year in August.

This is a demonstration of the Exchange as a safety net for people coming out of Medicaid as the Public Health Emergency (PHE) unwound and people who were used to not paying anything for health insurance now had to find new affordable health insurance. The Exchange was able to find low or no cost coverage for those individuals.

What we are starting to see now are outcomes. We've known anecdotally the positive outcomes of our work for the health of Marylanders by having Exchange products but have not seen the studies come to light as quickly as we would have liked, but now we are starting to see that. In June 2024 the American Surgeon published that Howard University participated in research on diabetes that was Maryland specific. It looked at revascularization versus amputation in diabetic patients in Maryland pre-ACA and post-ACA. The study found that amputation rates dropped from fifty six percent to twenty three percent after the ACA implementation while the revascularization rates soared from forty four percent to seventy seven percent. They concluded that the broader insurance coverage enabled people to obtain basic routine care which in turn lead to better preventative measures for people with diabetes. The study also confirmed what the Exchange has seen in our re-insurance payments we make to carriers for high-cost conditions. Diabetes is always at the top of the list for high-cost conditions. What we have seen over the last four years is the cost going down for that condition while other conditions continue to go up.

This is a true testament to the collaboration and partnership of Maryland across agencies to look at diabetes as a state issue and all the work the Department of Health and the Exchange has done with plan designs and making sure we are working together to drive down the cost of these chronic conditions.

Nursing Home Family Experience of Care Survey

Stacy Howes, PhD, Chief, Long Term Care Quality Initiatives, Maryland Health Care Commission, shared the results of the 2023 Nursing Home Family Experience of Care Survey (see presentation).

Gender Affirming Care

Mr. Shakar Mesta, Chief, Cost and Quality, Maryland Health Care Commission, gave the Committee an overview of gender affirmation treatment services in Maryland from 2021-2022 (see presentation).

Waiver, State Plan and Regulation Changes

Mr. Lucas Rodriguez, Medicaid Provider Services, gave the Committee a status update on waivers, regulations, and state plan amendment changes (see handouts).

Public Comments

There were no public comments.

Adjournment

Ms. McCann adjourned the meeting at 2:15 p.m.



Fall 2024 §1115 Waiver Amendment Public Hearing #2

Claire Gregory, Senior Program Manager
Office of Innovation, Research, and Development

October 24, 2024



Agenda

- **Housekeeping**
- **HealthChoice Overview**
- **§1115 Waiver Amendment**
 - Assistance in Community Integration Services (ACIS)
 - Fertility Preservation Services
 - Express Lane Eligibility (ELE) for the Non-Modified Adjusted Gross Income (MAGI) population
- **Public Notice Information**
- **Public Comment**

Housekeeping

- Lines will be muted during the presentations; please also self-mute.
- Please indicate your name, title, organization, and email in the chat.
 - Please indicate if you will be submitting written comments or present verbal comments/questions during today's webinar.
- Send questions you have through the question function; you may also utilize this function to sign up for public comment.
- Additional comments, letters and questions can be submitted via email to mdh.healthchoicerenewal@maryland.gov.

HealthChoice Overview

History of HealthChoice

- HealthChoice, first implemented in 1997 under the authority of §1115 of the Social Security Act, is Maryland's statewide mandatory managed care program for Medicaid enrollees.
- The HealthChoice §1115 Demonstration Waiver was last renewed in 2021; the current waiver term extends for five years (calendar years 2022-2026).
- The HealthChoice program is a mature demonstration that has been proven to increase access to quality health care and reduce overall health care spending.

History of HealthChoice

- In December 2021, the Centers for Medicare and Medicaid Services (CMS) approved Maryland's application for a seventh extension of the HealthChoice demonstration.
- The Department submitted a previous waiver amendment application in October 2023 to establish an Express Lane Eligibility program to utilize data from the Supplemental Nutrition Assistance Program for Medicaid redeterminations, as well as to continue Maryland's waiver of the Four Walls Requirement, as previously granted under the COVID-19 Public Health Emergency. The Department is currently waiting for CMS approval.
- The Department also submitted a waiver amendment application in March 2024 to establish a Reentry Demonstration program to offer a set of targeted Medicaid services to certain incarcerated populations who are soon to be released from state prison or jail.
- This current waiver amendment application will be submitted to CMS in November.

Current Enrollment

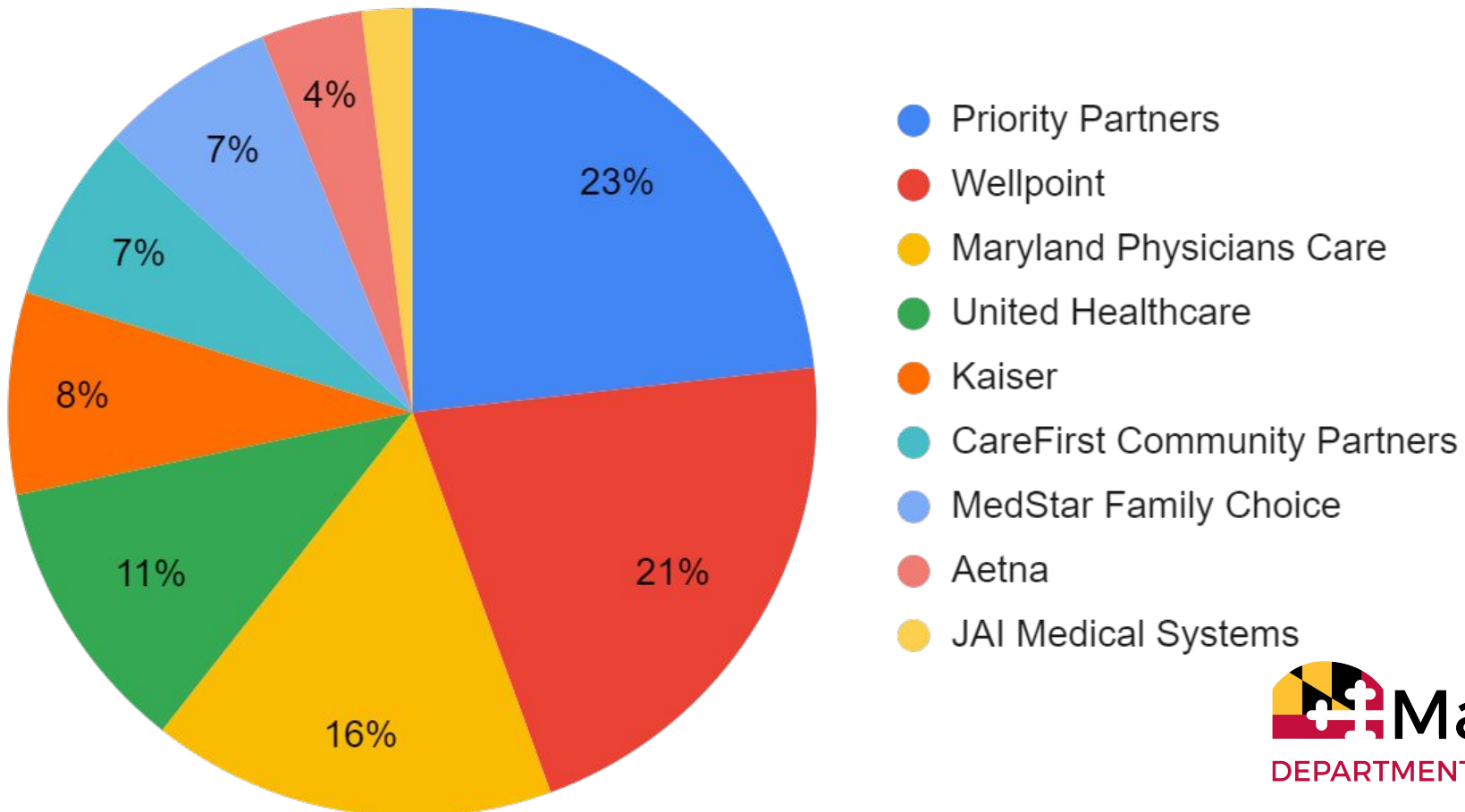
As of September 2024...

- There were 1,407,134 individuals enrolled in HealthChoice, representing 87 percent of total Maryland Medicaid enrollment.
- 380,261 adults were enrolled through the ACA Medicaid expansion in HealthChoice; 21,648 adults were enrolled through ACA Medicaid in the fee-for-service (FFS) program.

MCO Market Share

Nine managed care organizations (MCOs) participate in the HealthChoice program. Below is the MCO market share:

MCO Market Share, September 2024



§1115 Waiver Amendment

Goals and Objectives

The programs included in this amendment aim to promote the mission of the Moore-Miller Administration and of the Maryland Medicaid program by improving social determinants of health and overall access to care.

Maryland Medicaid will promote this objective through the following goals:

- Expanding housing and tenancy-based case management to reduce unnecessary healthcare utilization and address housing related SDOH;
- Improving access to medically necessary services; and
- Reducing the administrative burden on Medicaid participants, diminish churn, and improve customer service by using available eligibility information.

§1115 Waiver Amendment Initiatives

The Department is seeking approval for three programs:

- *Assistance in Community Integration Services*
 - Expand available spaces and update payment methodology
- *Fertility Preservation Services*
 - Coverage of services for individuals with or at risk for, iatrogenic infertility
- *Express Lane Eligibility for the Non-MAGI population*
 - Implement an Express Lane Eligibility option for Maryland's non-Modified Adjusted Gross Income population

Assistance in Community Integration Services Pilot Overview

- ACIS pilot has been in effect since July 1, 2017.
- Provides housing and tenancy related services and supports to qualifying individuals experiencing housing insecurity.
- Local health departments or other local governmental entities are eligible to apply and serve as Lead Entities; contract with local service providers to deliver services.
- To qualify for ACIS, Medicaid participants must meet specific health and housing needs-based criteria.
- Currently Maryland has 900 spaces allocated across Baltimore City, Cecil, Montgomery and Prince George's County.

ACIS Expansion

- The Department is requesting an amendment to expand the Pilot to better serve the eligible population, facilitated by the inclusion of \$5.4 million in state general funds.
- The Department's request is twofold:
 - 1) To update existing payment methodologies to require ACIS LEs to bill through the standard claiming process; and
 - 2) To allow an additional 1,240 participant spaces for the ACIS pilot to facilitate participation from additional jurisdictions within Maryland.

Fertility Preservation Services

- “*Fertility preservation services*” are defined as procedures that are considered medically necessary to preserve fertility due to a need for medical treatment that may directly or indirectly cause iatrogenic infertility.
 - “*Iatrogenic Infertility*” is the impairment of fertility by surgery, radiation, chemotherapy or other medical treatments or interventions affecting reproductive organs or processes. Examples include, but are not limited to, treatments for cancer and certain gender-affirming procedures.
- Eligible Medicaid participants under this program must be of reproductive age and be diagnosed with, or are at risk for, iatrogenic infertility.

Fertility Preservation Services, continued

The Department is requesting to cover the following services:

- Fertility preservation consultation;
- Fertility preservation procedures such as applicable laboratory assessments, medications and medically-necessary treatments;
- Ovulation induction, monitoring and oocyte retrieval;
- Oocyte cryopreservation and evaluation;
- Ovarian tissue cryopreservation and evaluation; Transposition of the ovary(s);
- Sperm extraction, cryopreservation and evaluation;
- Gonadal suppression with GNRH analogs; and
- Storage of cryopreserved sperm and oocytes for up to three years on a non-renewable basis, *i.e.*, a single payment in a one-time increment.

Express Lane Eligibility for the Non-MAGI Population

- The Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) authorized states to establish express lane eligibility (ELE) to efficiently enroll eligible children in Medicaid and the Children's Health Insurance Program (CHIP).
- ELE permits states to rely on findings, such as income, household size, or other factors of eligibility from another program designated as an express lane agency (ELA) to facilitate enrollment in Medicaid/CHIP.
- During unwinding of the continuous eligibility provisions of the Families First Coronavirus Response Act (FFCRA), Maryland received CMS approval under §1902(e)(14)(A) of the Social Security Act to temporarily renew Medicaid eligibility for individuals who are also receiving benefits under the Supplemental Nutrition Assistance Program (SNAP) for the non-MAGI population (both children and adults). This authority will expire after June 2025.

Express Lane Eligibility, continued

- Under the proposed ELE process, eligible non-MAGI adults who receive SNAP benefits and meet Medicaid income thresholds may be automatically renewed in Medicaid, contingent on meeting other Medicaid eligibility criteria as defined by the Department.
- Maryland is requesting to continue the ELE flexibility for non-MAGI adults aged 19 to 64 whose income is at or below 300 percent of the Federal Benefit Rate (FBR) when the §1902(e)(14)(A) authority sunsets.
- The Department is pursuing separate SPA authority for the MAGI and non-MAGI child population and has requested authority for the MAGI adult population in a previous amendment application.

Public Notice

The Department is accepting comments from Monday, October 7, 2024 to Wednesday, November 6, 2024.

The following public hearings discussed the content of the waiver renewal and solicited feedback and input from stakeholders:

- **First Public Hearing: 10/10/2024, 1:00-2:00 pm**

In-Person Meeting Location: Rockville Memorial Library, 21 Maryland Ave, Rockville, MD 20850.

- **Second Public Hearing: 10/24/2024, 1:00-3:00 pm (today)**

In-Person Meeting Location: Maryland Department of Health, Room L1, 201 West Preston Street, Baltimore, MD 21201. Also accessible online.

General Information

- The §1115 waiver amendment draft is available here:
 - On the [1115 HealthChoice Waiver](#) page;
 - Directly in [PDF form](#); and
 - With a [summary document](#).
- Hard copies may be obtained by calling (410) 767-5683.
- Interested parties may send written comments concerning the waiver amendment electronically via email to mdh.healthchoicerenewal@maryland.gov or via mail to:

Alyssa Brown, Director

Medicaid Office of Innovation, Research and Development

Maryland Department of Health

201 West Preston Street, Room 223

Baltimore, MD 21201

Questions and Public Comment

Attachment 3: Public Comments Documentation



To: Maryland Department of Health

Subject: Support of §1115 Waiver Amendment Request – Fertility Preservation Services

Date: October 21, 2024

The Maryland Affiliate of the American College of Nurse Midwives (ACNM) strongly supports the Maryland Department of Health (MDH's) request for an amendment to the §1115 Waiver. MDH is proposing to cover fertility preservation services for all Medicaid participants who are at risk for infertility as the result of medical treatment, such as certain types of gender affirming care or cancer treatment. ACNM supports coverage for fertility preservation services by Maryland Medicaid to advance reproductive health equity. All people, regardless of income or insurance status, should be able to undergo medical treatment and still safeguard their ability to have children in the future.

If we can provide any additional information in supporting this waiver request, please contact Robyn Elliott at relliott@policypartners.net.



November 1, 2024

Ryan Moran, DrPH
Deputy Secretary, Health Care Financing
Maryland Department of Health
Office of the Secretary
201 West Preston Street, 5th Floor
Baltimore, MD 21201
Delivered electronically

Dear Dr. Moran:

Thank you for the opportunity to comment on the draft Maryland HealthChoice Program 1115 Waiver Renewal Application. Johns Hopkins serves thousands of Medicaid recipients throughout Maryland and remains deeply committed to ensuring these patients have access to high-quality care. We support the State's efforts to expand the services requested in this waiver application and are proud to partner with the State.

ACIS Pilot Program

Johns Hopkins is very pleased to see the inclusion of the Assistance in Community Integration Services (ACIS) in the application. The ACIS pilot was very successful in helping some of the most vulnerable Medicaid enrollees get access to the important wraparound services required to truly improve their health. Johns Hopkins Hospital has been an active participant in the pilot and saw the value firsthand. Dr. Redonda Miller, President of The Johns Hopkins Hospital, reported that, "we found the pilot ultimately demonstrated that this model had a significant impact on reducing the overall number of hospital visits, including a 19 percent drop in individuals utilizing hospital services, including Emergency Department visits."

Fertility Preservation Services

Johns Hopkins provided testimony in support of the legislation that expanded reimbursement for fertility preservation therefore requiring this amendment to the waiver. Fertility preservation is a crucial service to cover, and we support this amendment. Our physician experts testified to the importance of covering these services for physical and mental health of their transgender patients.

Express Lane Eligibility for the Non-MAGI Population

Johns Hopkins is pleased to see the inclusion of this workflow in the application. We know how important health care coverage is to create a healthy Maryland. Johns Hopkins employs financial counselors who are responsible for, among other things, assisting patients with enrollment in Medicaid; therefore, we can attest to the benefits associated with streamlining the enrollment



process from firsthand experience. Streamlining access to coverage can make a huge difference for individuals and families. Whether it's simplifying the application process, expanding outreach, or increasing funding for programs, every effort helps ensure that more Marylanders can get the care they need.

This is especially the case as the State continues to unwind and dis-enroll individuals from Medicaid as part of the end of the public health emergency.

Thank you again for the opportunity to provide comment on the 1115 Waiver Application. We are very excited about the potential expansion of these services which will allow the State to serve Maryland's Medicaid population more holistically.

Sincerely,



Maria Harris Tildon
Vice President, Government, Community & Economic Partnerships

November 6, 2024

Alyssa Brown, Director
Medicaid Innovation, Research and Development
Maryland Department of Health
201 West Preston Street
Room 223
Baltimore, MD 21201

Submitted via email to mdh.healthchoicerenewal@maryland.gov

RE: Fall 2024 Maryland Department of Health Section 1115 Waiver Amendment

Dear Ms. Brown:

CareFirst BlueCross BlueShield Community Health Plan Maryland (CareFirst CHPMD) appreciates the opportunity to voice our support for the Maryland Department of Health's (MDH) proposed Section 1115 demonstration amendment issued on October 7, 2024 to expand the Assistance in Community Integration Services (ACIS) program, provide coverage for fertility preservation services, and implement an Express Lane Eligibility option for Maryland's non-Modified Adjusted Gross Income (MAGI) population.

As a HealthChoice Managed Care Organization (MCO) proudly serving over 95,000 Marylanders, promoting health outcomes for the communities we serve is central to our mission. CareFirst CHPMD applauds the efforts of MDH to address social drivers of health, improve access to medically necessary services and reducing the administrative burden on Medicaid participants through these proposed amendments. By expanding access to programs that directly impact quality of life and health outcomes, the Maryland Medicaid program will be better positioned better serve all its members, especially those with complex medical and social needs.

It is often cited that more than 80% of one's health outcomes are attributable to nonmedical factors, such as access to stable housing. We are pleased to see the proposal not only increase the number of participant slots in the ACIS program, but also expand it from just four Maryland counties to statewide. We believe the ACIS program, which provides tenancy-case management services, is an important tool for reducing unnecessary health care utilization and addressing unmet health-related social needs, especially for those experiencing or are at risk of homelessness. As reported by the Hilltop Foundation, the ACIS program yielded promising results for participants in its pilot program phase, including 77% of pilot participants receiving stable housing and statistically significant declines in the average number of emergency department (ED) visits, avoidable ED visits, and inpatient admissions for ACIS participants during the first year following enrollment in

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the program. Additional funding for the program has the potential to amplify the positive impacts of the program by reaching a greater number of participants. Additionally, because the majority of ACIS participants during the pilot phase are from communities of color, expanding access to this program will aid in addressing structural inequities for historically marginalized and underserved members. Moreover, given that Maryland was selected to participate in the 2024 Housing and Services Partnership Accelerator, the state is even better equipped to improve health outcomes by providing avenues to increase access to housing for Maryland Medicaid's most vulnerable members.

CareFirst CHPMD also supports Medicaid-eligible participants who have been diagnosed with, or who are at risk for, iatrogenic infertility, receiving coverage for fertility preservation services, including storage. This proposal will help advance health equity for all members, especially those receiving gender-affirming care or cancer treatment, by bolstering access to comprehensive reproductive health services. We understand that implementation of this provision to provide Medicaid coverage for storage is contingent upon a change in State statute and availability of State funding; CareFirst CHPMD looks forward to seeing the issues being addressed in the 2025 Legislative Session.

Lastly, CareFirst CHPMD supports creating Express Lane Eligibility when establishing and recertifying eligibility in Medicaid for non-MAGI members. Providing Express Lane Eligibility for non-MAGI members and MAGI members, as noted in a previous Section 1115 waiver amendment, will help to reduce administrative burden and churn by utilizing data from other sources such as Supplementary Nutrition Assistance Program (SNAP) income data to verify Medicaid eligibility. Leveraging other sources of data, such as SNAP, during the Medicaid unwinding process had a markedly positive impact in ensuring eligible Medicaid beneficiaries remained enrolled, and we look forward to potential CMS approval for long-term implementation of this mechanism.

Once again, CareFirst CHPMD applauds MDH for pursuing these amendments to the Section 1115 demonstration waiver. We look forward to our continued collaboration and partnership with you.

Sincerely,

A solid black rectangular box used to redact the signature of Mike Rapach.

Mike Rapach
President and CEO

November 6, 2024

Alyssa Brown, Director
Medicaid Office of Innovation, Research and Development
Maryland Department of Health
201 West Preston Street, Room 223
Baltimore, MD 21201



Submitted via email at: mdh.healthchoicerenewal@maryland.gov

Dear Ms. Brown:

Thank you for the opportunity to provide comment on the §1115 HealthChoice Demonstration Waiver Amendment sought by the Maryland Department of Health (the Department). We support the Department's Amendment in its entirety, and we particularly commend the amendment to seek federal approval to update existing payment methodologies and request additional participant spaces for the Assistance in Community Integration Services (ACIS) pilot to support statewide expansion.

Health Care for the Homeless, established in 1985, is Maryland's leading nonprofit provider of integrated health services and supportive housing for people experiencing homelessness. We deliver medical care, mental health services, state-certified addiction treatment, dental care, social services, housing support services, and housing for over 11,000 Marylanders annually at sites in Baltimore City and Baltimore County. We envision a community where everyone is healthy and has a safe home in a just and respectful community. To bring about that future, the organization works to end homelessness through racially equitable health care, housing and advocacy in partnership with those of us who have experienced it.

Health Care for the Homeless shows every day that permanent supportive housing¹ works to improve health and end homelessness. A key pillar of our permanent supportive housing work is the ACIS program, which delivers housing and tenancy-based services to qualifying individuals experiencing housing insecurity. Health Care for the Homeless has served as a service provider for ACIS since the pilot began in 2017.

The ACIS pilot has proven to be tremendously successful and has been transformative in our housing stability work. In Baltimore alone, we've ended the homelessness of 300 households, a third of Maryland's waiver "slots." A 5-year Hilltop Institute study² of the program demonstrated long-term retention in housing and statistically significant reductions in emergency department visits and hospitalizations. Clearly the program ends homelessness, improves health, and lowers public costs.

In order for the program to continue – and expand to serve more people – Maryland must provide the match for federal funds and fully incorporate ACIS in its Medicaid program. We are thrilled that the Department

¹ Permanent supportive housing is an intervention that combines affordable housing assistance with voluntary support services to address the needs of people who experience chronic homelessness. The services are designed to build independent living and tenancy skills and connect people with community-based health care, treatment and employment services. See [National Alliance to End Homelessness' definition](#).

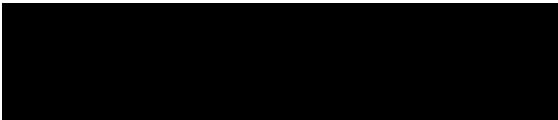
² The Hilltop Institute UMBC, *Summary Report: Assistance in Community Integration Services (ACIS) Program Assessment*, CY 2018 to CY 2021 (Sept. 15, 2023), available at [Summary Report: ACIS Program Assessment \(hilltopinstitute.org\)](#).

supports statewide expansion, and we strongly urge Centers for Medicare & Medicaid Services (CMS) to approve their application and enable the Department to maximize the impact of this effective program.

Homelessness and health are inextricably linked. The program ends homelessness, improves health, and lowers public costs. The data proves it's a worthwhile and cost-saving investment and should be expanded to more households. More Maryland families now live more stable lives; this housing stability improves health and lowers public costs.

We fully support the Department's §1115 HealthChoice Demonstration Waiver Amendment, and we appreciate the opportunity to comment on these important programs.

Sincerely,



Kevin Lindamood, President & CEO
Health Care for the Homeless
klindamood@hchmd.org
Mobile: 410-916-6364